



Government of **Western Australia**
Department of **Health**
Chief Nursing and Midwifery Office

Nursing Hours per Patient Day Interim Report

Chief Nursing and Midwifery Office

1 July 2019 – 31 December 2019

NHPPD Interim Report V6.0

Document History

Version	Version Date	Author	Description
1.0	31/01/2020	M. Book	CNMO Draft Report compiling NHpPD data and Variance reports as verified by HSP
2.0	06/02/2020	R. Redknap	CNMO review, then Draft Report sent to IR & WAHNMAC for review and comment
3.0	06/03/2020	M. Book	Feedback from IR & WAHNMAC compiled into Draft V3; resent to CNMO for review
4.0	09/03/2020	M. Book / R. Redknap	Draft Report for circulation to Nursing Workload Consultative Committee including Agenda
5.0	19/03/2020	R. Redknap	No feedback or corrections recommended
6.0	19/03/2020	M. Book	Final Report

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Executive Summary

Nursing Hours per Patient Day (NHpPD) is a workload monitoring and measurement system that should be applied in association with clinical judgement and clinical need. Each financial year, two reports are produced by the Chief Nursing Midwifery Office (CNMO) in collaboration with Health Service Providers;

- the NHpPD Interim Report for the period 1 July to 31 December,
and
- the NHpPD Annual Report for the period 1 July to 30 June.

Significant reform within Western Australia Department of Health (WA Health) continues, in addition, challenges associated with alignment of cost centres, change in Patient Administration Systems (PAS) and enhancements of the central reporting tool require consideration when interpreting and analysing the NHpPD data in this report. Whilst every effort has been made to report upon all areas, some will be unreported, and for those reasons are outlined above. The WA health system is dynamic, and areas often change functionality, therefore caution is also advised in comparing NHpPD data with previous reports.

Data is reflective of both the Metropolitan Health Service Providers (HSP) and WA Country Health Service (WACHS) including Regional Resource Centres (RRC), Integrated District Health Services (IDHS) and the Small Hospital (SH). The body of the report includes specific commentary associated with Emergency Departments and NHpPD benchmark reclassifications. The Appendices provide data for all areas as well as variance reports where appropriate. Commentary has been provided by all managers and directors in areas which have reported between 0-10% below their NHpPD target.

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Introduction

This Nursing Hours per Patient Day (NHpPD) Interim Report provides a summary of the workload of nursing and midwifery staff within the public health care system from 1 July 2019 to 31 December 2019. This is consistent with the Western Australian Department of Health (WA Health) continued application of NHpPD principles as required and in accordance with the:

- WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2018 (ANF Agreement); and
- WA Health System – United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2018 (EN Agreement).

The Health Services Act (HS Act), together with its subsidiary legislation became law in Western Australia on 1 July 2016. The *HS Act* introduced new and contemporary governance arrangements for the WA health system, clarifying the roles and responsibilities at each level of the system and introducing robust accountability mechanisms. The Director General is established as the System Manager, and HSPs are established as statutory authorities, responsible and accountable for the provision of health services to their area. This Interim Report has been collated by the CNMO on behalf of the Director General, subsequent to Schedule A – Exceptional Matters Order, Section 7.2.2 of the ANF Agreement; and, Schedule A – Workload Management Exceptional Matters Order, Section 7.2.2 of the EN Agreement.

This NHpPD Interim Report 1 July 2019 to 31 December 2019, acknowledges ongoing *WA Health Reform Program 2015-2020* and how critical enablers identified in the WA Health Strategic Intent present challenges in terms of reporting NHpPD across the WA health system. Challenges highlighted included alignment of cost centres, change in the patient administration system (WebPAS), enhancements of the central reporting tool, and reconfiguring of services; all of which require consideration when interpreting and analysing NHpPD data in this report.

Every attempt has been made to report on all areas; however, there are some areas where data did not retrieve adequately. In those instances, supporting commentary will be included within the relevant tables. The CNMO, in collaboration with front line leaders, commit to collaborating and identifying processes to rectify previous reporting challenges where areas were inadequately reported.

Nursing Hours per Patient Day Reporting

Context for reporting

The NHpPD report provides information on the staffing of wards and units which have been allocated a benchmark target. The report is released six (6) monthly to the Australian Nursing Federation (ANF) and United Voice (UV) by the WA Health Chief Executive Officer as the system manager in accordance with section 19 (2) of the *HS Act*. The report is designed to show the progress against the NHpPD targets and to report on areas that have not met their benchmark target.

Reporting tools

Historically NHpPD data has been collated centrally through a reporting tool which is supported through Health Support Services (HSS). HSS is WA Health's shared service centre, providing a suite of technology, supply, workforce and financial services to Western Australia's public health services. Whilst the NHpPD HSS tool provides an overview of NHpPD across WA Health, it does not provide easy to access data to assist front line leaders in staffing services, in real time.

To meet the requirements of Health Service Providers (HSPs), local tools have been developed which are more agile. The "PULSE Tool" developed by the Data and Digital Innovation (DDI) division within East Metropolitan Health Service (EMHS) is currently used by a number of HSPs. Fundamental business rules apply in both tools however the PULSE Tool provides more timely data. An example of this is measurement of occupancy which is calculated every minute in the PULSE Tool but only in fifteen-minute snap shots in the HSS Tool.

In collating data for the annual report there are instances where variations in data have been highlighted. An element of caution is required in these situations. The CNMO continues to collaborate with HSS and HSPs in identifying and repairing data anomalies, as well as testing the NHpPD HSS Tool to ascertain its capability against the PULSE Tool. However, for the purpose of objective system governance, the PULSE Tool is mostly an adjunct tool used to support the NHpPD HSS Tool.

WACHS manually enter NHpPD data into the Nursing Workload Monitoring System (NWMS) Program. Sites enter monthly data by the 16th day of the month, for previous months data. The NHpPD HSS Tool is not able to consistently report WACHS NHpPD due to varied configuration arrangements, including cost centre numbers aligned to multiple WebPAS locations.

Reporting structure

This NHpPD Interim Report covers all inpatient areas within country and metropolitan HSPs. Wards reporting 10% or more below their target nursing hours are tabled within the body of the report and require variance reports explaining what action has been taken to relieve or alleviate the workload.

Table 1 provides NHpPD data for the Metropolitan HSPs, RRC and IDHS and the associated percentage of both above and below the NHpPD target. All areas that have reported between 0-10% below their target have provided commentary on action taken to relieve or alleviate the workload which is available in Appendix 6. All the other area specific data is provided in Appendix 1.

Table 1. NHpPD data across Metropolitan HSPs, WA Country Health RRC & IDHS

Reporting Period 1 July 2019 – 31 December 2019				
NHpPD reporting	Number of Wards			Total number of wards for Metropolitan HSPs and WACHS RRC & IDHS (also represented as total %)
	Metropolitan HSPs	RRC	IDHS	
Above 10%	54	18	12	84 (44%)
Above 5 - 10%	14	6	3	23 (12%)
Above 0 - 5%	28	1	2	31 (16%)
Below 0 - 5%	28	4	1	33 (17%)
Below 5 - 10%	15	1	0	16 (8%)
Below 10% or more	3	0	2	5 (3%)
Total Wards	142	30	20	192

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Metropolitan Health Service Data

Data for the Metropolitan HSP hospitals that have reported 10% or more below their allocated NHpPD target are outlined in Table 2. Data provided includes the hospital, ward, NHpPD target, Year to Date (YTD) data and the variance both in figures and as a percentage. Variance reports for applicable inpatient areas that are between zero and -10% below target are provided in Appendix 5.

Table 2. Metropolitan HSP inpatient wards that are 10% or more below target

Nursing Hours per Patient Day Reporting						
Hospital	Ward	Category	Target	YTD	Variance	% Variance
Sir Charles Gairdner	Intensive Care Unit (Medical)	ICU	31.60	27.04	-4.56	-14.44
Fiona Stanley	4B (Burns)	A+	11.91	10.31	-1.60	-13.43
Fiona Stanley	6A (NeuroSurg/ENT /Plast/MaxFac/Urol)	B+ & HDU	7.86	7.00	-0.86	-10.90

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WA Country Health Service Data

WACHS facilities are delineated as follows:

- Regional Resource Centres (RRC),
- Integrated District Health Services (IDHS), and
- Small Hospitals (SH).

Regional Resource Centres (RRC)

RRCs form the basis network for their respective region and act as the regional referral centre for diagnostic, secondary-level acute and procedural (surgical) services, emergency and outpatient services, specialist services (e.g. maternity, mental health) and the coordination of outreach specialist services. WACHS operate six RRCs at Albany, Broome, Bunbury, Geraldton, Kalgoorlie and Port Hedland.

There were no RRCs reporting 10% or more below their NHpPD target.

Integrated District Health Services (IDHS)

IDHS provide diagnostic, emergency, acute inpatient and minor procedural services, low-risk maternity services (by GP/obstetricians and midwives) and aged care services (where required), coordination for acute, primary and mental health services at the district level.

The *WA Health Clinical Services Framework 2014-2024* state 15 IDHS are located at Busselton, Carnarvon, Collie, Derby, Esperance, Katanning, Kununurra, Margaret River, Merredin, Moora, Narrogin, Newman, Nickol Bay (Karratha), Northam and Warren (Manjimup). Five additional hospitals not considered SH, and not classified IDHS, will be reported within the IDHS NHpPD, and these are Denmark, Plantagenet (Mount Barker), Fitzroy, Halls Creek, and Harvey.

Table 3 outlines the IDHS that are 10% or more below their NHpPD target, with a variance report in Appendix 5.

Table 3. IDHS inpatient wards that are 10% or more below target

Nursing Hours per Patient Day					
Hospital	Ward	Target	YTD	Variance	% Variance
Moora inpatients	E+F	4.3	2.41	-1.89	-43.88
Denmark	E+Del	4.56	3.59	-0.97	-21.24

Small Hospitals (SH)

Small Hospitals provide emergency department and acute inpatient care (smaller bed numbers) with many of the sites providing residential aged care and ambulatory care. There are 50 Small Hospital sites that have a 2:2:2 roster, reported on a monthly basis in respect of workload. Staffing is based on safe staffing principles. The WACHS regional reporting tool for small hospitals 2:2:2 sites is available in Appendix 4.

No unresolved workplace grievances have been reported during the reporting period as confirmed by the Executive Director Nursing & Midwifery.

Emergency Departments WA Health

ED models of care vary across WA, for example some EDs have both paediatric and adult areas and various nursing roles have been introduced to support the provision of patient care. Some of those roles include Nurse Navigator, Nurse Practitioner (NP) and Psychiatric Liaison Nurse which have historically not been considered when reporting on nursing workload within the ED. It is important to note that the ED is unpredictable in nature and therefore staffing is fluid dependant on the number of presentations, the acuity (based on the Australasian Triage Score) and complexity. The Emergency Department Data Collection (EDDC) unit, part of the Information Data and Standards, Purchasing and System Performance Division of WA Health, provides the ED data to all HSPs monthly.

Table 4 reflects the recommended FTE for the ED as well total number of presentations based on the EDDC data. All Executive Directors of Nursing and Midwifery for the respective health service providers (HSPs) have confirmed where there were or were not any grievances lodged associated with workloads within the ED (Metropolitan HSPs and RRC) in Table 4.

Table 4. Emergency Department nursing workload requirements.

Emergency Department nursing workload requirements - 1 July 2019 to 31 December 2019			
Hospital	Recommended FTE based on EDDC data	Number of ED presentations based on EDDC data	Feedback from Health Service Providers (HSPs)
Metropolitan Health Sites			
Armadale	72.78	31,874	Nil to report
Fiona Stanley	134.01	57,092	Nil to report
King Edward Memorial	7.34	5,710	Nil to report
Perth Children's	69.23	35,508	Nil to report
Rockingham General	65.00	29,657	Multiple workload grievances/nurse practice risk forms lodged. Current FTE being reviewed by DoN, Nursing Co-Director and NUM.
Royal Perth	112.66	38,053	Nil to report
Sir Charles Gardiner	97.56	36,880	Nil to report

Hospital	Recommended FTE based on EDDC data	Number of ED presentations based on EDDC data	Feedback from Health Service Providers (HSPs)
WA Country Health Service			
Albany	31.44	14,091	Nil to report
Broome	22.89	12,914	
Bunbury	49.14	21,083	
Hedland	22.55	12,550	
Kalgoorlie	27.51	13,116	
Geraldton	35.69	16,716	

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Benchmarks and Reclassification

An initial benchmarking process was undertaken between 2000 and 2001 at which time all Metropolitan HSPs, RRC, IDHS and SH were consulted, to identify categories for clinical areas. Subsequently all inpatient wards and units were allocated a benchmark NHpPD category.

Reclassification of NHpPD category can occur where the complexity or relative proportions of ward activity or a relative number of deliveries to Occupied Bed Days change. Submission of a business case is required to have an area reclassified and the associated category changed. Governance for reclassification is through the State Workload Review Committee (SWRC).

Table 5 reflects new benchmarks and reclassifications that have been approved over the reporting period from July to December 2019.

Table 5. Benchmark and reclassification approvals

Hospital	Ward	Previous NHpPD category	Revised NHpPD category
Fiona Stanley	Day surgery/Short Stay Unit	G+ (4.37)	C (5.75)
Fiona Stanley	Ward 6A – Surgical Specialities	B (6.00)	B+HDU (7.86)
Perth Children's	Ward 4A - Adolescents	B (7.00)	A+ (9.00)
Perth Children's	Ward 4B – Long Stay Surgical	A (7.50)	A+ (9.60)
Rockingham General	Obstetrics	C+Delivery (10.8)	B (6.00)
Royal Perth	Acute Medical Unit	B+ (6.83)	A- (7.30)

Workforce Excellence

The *WA Health Nursing and Midwifery Strategic Priorities 2018-2021* incorporating the strategic priorities of Workforce Excellence, Optimise Activity and Enhance Care Continuum can be found on the [Chief Nursing and Midwifery Office website](#).

Key achievements associated with the *WA Health Nursing and Midwifery Strategic Priorities 2018-2021*, can be found in the 'Our achievements' section within quarterly Achievement Reports, also available on the [Chief Nursing and Midwifery Office website](#).

Appendix 1: Metropolitan Health Services

Child and Adolescent Health Service - Perth Children's Hospital

Table 6. Child and Adolescent Health Service (CAHS) – Perth Children's Hospital (PCH)

CAHS – PCH	NHpPD Reporting				
Ward	Category	Target	YTD	Variance	% Variance
1A (Onc & Haem)	HDU	12.00	11.21	-0.79	-6.60
1B (Burns Ortho Plast)	A	7.70	8.11	0.41	5.37
2A (Specialty Medical)	A	7.50	7.58	0.08	1.04
2B (General Medical)	A+	8.30	8.87	0.57	6.81
3A (Paed Crit Care)	ICU	23.76	34.18	10.42	43.86
3C (Same Day)	B	6.00	29.15	23.15	385.83
4A (Adolescents)	A+	9.00	8.54	-0.46	-5.13
4B (Gen Surg ENT Ophth)	A+	9.60	11.36	1.76	18.30
5A (Mental Health)	HDU	12.00	15.37	3.37	28.08

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East Metropolitan Health Service

Table 7: East Metropolitan Health Service (EMHS) – Armadale Hospital

EMHS - Armadale Hospital	NHpPD Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Anderton Ward (Palliative)	D+	5.50	6.01	0.51	9.24
Banksia Ward (Older Aged Mental Health)	A+	8.00	8.34	0.34	4.29
Campbell (Paediatrics)	B	6.00	12.86	6.86	114.33
Canning Ward (Medical)	B	6.00	5.82	-0.19	-3.08
Carl Streich - Rehab & Aged Care	D	5.00	5.15	0.15	3.07
Colyer (Surgical)	C	5.75	5.79	0.22	4.01
Intensive Care Unit	ICU	23.70	34.54	10.84	45.74
Karri Ward (Mental Health)	A+	8.00	8.31	0.31	3.85
Maud Bellas Ward (Maternity)	B	6.00	6.99	0.99	16.50
Medical Admissions Unit	A+	6.00	7.97	0.47	6.24
Same Day Unit	B	6.00	33.99	27.99	466.42
Special Care Nursery	B	6.00	11.08	5.08	84.58
Moodjar/Yorgum (Mental Health)	A+	7.50	8.37	0.87	11.62

East Metropolitan Health Service

Table 8: EMHS – Bentley Hospital

EMHS - Bentley Hospital	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
John Milne Centre	D	5.00	6.04	1.04	20.77
2 (Maternity)	D+Del	6.86	14.77	7.91	115.31
3 (Medical/Surgical)	D	5.00	8.61	3.61	72.27
4 (Aged Care Rehab)	D	5.00	5.93	0.93	18.67
5 (Subacute & Stroke Rehab)	C	5.75	5.63	0.05	0.99
6 (Secure Unit)	A+	11.20	11.08	-0.12	-1.10
7 (Adult Acute)	B	6.00	6.78	0.78	13.00
8 (Adult Acute)	B	6.00	7.06	1.06	17.67
10A (MH Older Adult)	A	7.50	6.84	-0.66	-8.87
11 (MH Youth Unit)	HDU	12.00	13.93	1.93	16.07

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East Metropolitan Health Service

Table 9: East Metropolitan Health Service (EMHS) – Royal Perth Hospital (RPH)

EMHS - RPH	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Acute Medical Unit	A-	7.30	7.15	-0.15	-2.03
Coronary Care Unit	A+	11.10	15.50	4.40	39.65
Intensive Care Unit	ICU/HDU	26.67	31.27	4.60	17.24
SMTU	A + HDU	10.00	10.52	0.51	5.15
2K (Mental health)	B	6.00	7.85	1.85	30.86
3H (Orthopaedics)	C	5.75	6.30	0.55	9.48
4A (D023/47)	B	6.00	15.40	9.40	156.64
5G (Orthopaedics)	B+	6.60	6.36	-0.24	-3.69
5H (Ortho/Neuros/Urol)	A-	7.30	6.83	-0.47	-6.46
6G (Vascular/Gen Surg)	A	7.50	7.04	-0.46	-6.16
6H (/Plastics/ENT/Oral)	B+	6.20	6.30	0.10	1.64
7A (Geriatric Medicine)	C	5.75	5.69	-0.06	-1.01
8A (Neurology/Gastro)	B	6.00	5.70	-0.30	-4.97
9C (Resp/nephrology)	B + HDU	6.85	6.69	-0.16	-2.29
10A General Medicine	B	6.00	6.08	0.08	1.25
10C (Immunology)	B	6.00	6.62	0.61	10.25

North Metropolitan Mental Health Service

Table 10: North Metropolitan Mental Health Service (NMMHS)

NMMHS	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
* Dorrington (Acute open)	A	7.5	7.50	0.00	0.00
* Ellis (Hospital extended care)	A	7.5	7.57	0.07	0.93
* Frankland	A+	9.3	9.91	0.61	6.58
* Montgomery (Acute secure)	A+	8.66	9.77	1.11	12.86
* Murchison East	D	5.0	5.16	0.16	3.13
* Murchison West	A	7.5	8.42	0.92	12.24
* Smith (Acute secure)	A+	8.66	9.79	1.13	13.03
* Susan Casson (Hospital extended care)	A+	8.51	9.54	1.03	12.10
* Yvonne Pinch (Acute secure)	A+	15.00	21.39	6.39	42.58
* Selby Acute	A	7.53	7.94	0.41	5.47
* Osborne Lodge (Older adult MH)	A	7.8	9.50	1.70	21.82
* SCGH MH Observation Area	A+	12.75	15.16	2.41	18.88
* SCGH Mental Health Unit (Tanimi, Karajini & Jurabi)	A+	10.54	10.89	0.35	3.30

* NMMHS identified anomalies comparing ALL NHpPD HSS Tool data with the manually recorded HSP NHpPD data, therefore HSP NMMHS data has been used.

North Metropolitan Health Service

Table 11: NMHS – Sir Charles Gairdner Hospital (SCGH)

NMHS - SCGH	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Coronary Care Unit (Med Specs)	CCU	14.16	15.71	1.55	10.91
C 16 (Acute Medical/Delirium)	B	6.00	6.03	0.03	0.44
C17 Gem (medical)	C	5.75	5.92	0.17	2.93
G41 (Med Specs/Cardiology)	B+	6.50	7.91	1.41	21.64
G45 HDU (Medical)	HDU	12.00	20.12	8.12	67.63
G51 (Medical speciality)	B+	6.75	7.03	0.27	4.07
G52 (Neurosurgery)	B + HDU	9.51	8.85	-0.66	-6.96
G53 (Surgical /orthopaedics)	B+	6.80	7.13	0.33	4.83
G54 (Resp Medicine)	A	7.50	7.64	0.14	1.80
G61 (Surgical)	A	7.50	7.39	-0.11	-1.51
G62 (Surgical)	A	7.50	7.73	0.23	3.00
G63 (Med Specs)	B+	6.80	7.13	0.33	4.88
G64 (ENT/Plastics/Ophthalmology/Surgical)	A	7.50	7.92	0.42	5.62
G66 (surgical/Neurosurgery)	B+	7.00	7.33	0.33	4.64
G71 (Medical)	B+	6.50	7.91	1.41	21.69
G72 (MAU)	A	7.50	8.74	1.24	16.58
G73 (Med Specials)	B	6.00	6.21	0.21	3.44
G74 (Medical)	B+	7.00	7.57	0.57	8.17
Intensive Care Unit (Medical)	ICU	31.60	27.04	-4.56	-14.44

North Metropolitan Health Service

Table 12: NMHS – Osborne Park Hospital (OPH)

NMHS - OPH	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Birth Suite/Maternity	D+Del	8.97	11.44	2.47	27.54
3 (Aged Care & Rehab)	D	5.00	4.76	-0.24	-4.87
4 (Rehab)	C	5.75	5.53	-0.22	-3.82
5 (GEM & Rehab)	C	5.75	5.38	-0.37	-6.46
6 (Surgical)	C	5.75	6.95	1.20	20.93

Table 13: Women and Newborn Health Service (WNHS) – King Edward Memorial Hospital (KEMH)

WNHS - KEMH	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
3 (Maternity)	B+	6.75	7.88	1.13	16.74
4 (Maternity)	B+	6.75	7.53	0.78	11.58
5 (Maternity)	B+	6.75	8.02	1.27	18.79
6 (Gynae/Oncology)	A	7.50	8.70	1.20	16.04
Adult Special Care Unit	HDU	12.00	21.43	9.43	78.54
Mother Baby Unit	HDU	12.00	14.12	2.12	17.69

South Metropolitan Health Service

Table 14: South Metropolitan Health Service (SMHS) – Fiona Stanley Hospital (FSH)

SMHS - FSH	NHpPD – Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Coronary Care Unit	CCU	14.16	13.39	-0.77	-5.46
*Short Stay Unit	C	5.75	-	-	-
Intensive Care Unit	ICU	28.42	28.59	0.17	0.60
3A (Pads Med/Surg)	B	6.00	8.36	2.36	39.31
3B (Neonatal medicine)	HDU	12.00	11.51	-0.49	-4.11
3C (Maternity)	B	6.00	6.66	0.66	11.03
4A (Orthopaedics)	B	6.00	6.24	0.24	3.92
4B (Burns)	A+	11.91	10.31	-1.60	-13.43
4C (Cardio/Vascular surgery)	A	7.50	7.24	-0.26	-3.42
4D (Cardiology)	A	7.50	7.11	-0.39	-5.18
5A (AMU) & 5B (+HDU)	A+ & HDU	8.22	8.03	-0.19	-2.31
5C (Nephrology & Gen Med)	B+	6.50	6.25	-0.25	-3.79
5D +Resp HDU	B+ & HDU	7.95	7.20	-0.75	-9.43
6A (NeuroSurg/ENT/Plast/MaxFac/Urol)	B+ & HDU	7.86	7.00	-0.86	-10.90
6B (Neuro/Rheum/Derm)	B	6.00	6.98	0.98	16.36
6C (General Medicine)	B	6.00	6.29	0.29	4.81
6D (Acute care of the elderly)	B	6.00	5.97	-0.03	-0.47
7A (Colorectal, upper GI, Gen Surg)	B	6.00	6.15	0.15	2.47
7B ASU	A	7.50	6.99	-0.51	-6.76
7C (Oncology)	B	6.00	6.78	0.78	13.00
7D + BMTU	B+	6.61	6.46	-0.15	-2.24
MHU- Ward A (MH Adolescent)	HDU	12.00	12.79	0.78	6.54
MHU - Ward B (MH Assessment)	HDU	12.00	11.34	-0.66	-5.51
MHU – (Mother Baby Unit)	HDU	12.00	12.83	0.83	6.90

SMHS - FSH	NHpPD – Reporting				
Ward	Category	Target	YTD	Variance	% Variance
SRC - Ward 1A (Spinal Unit)	A	12.00	7.36	-0.15	-1.93
SRC - Ward 2A (Multi-trauma Rehab)	C	7.50	5.22	-0.53	-9.19
SRC - Ward A (Neuro rehab)	C	5.75	5.37	-0.38	-6.61
SRC - Ward B (Acquired Brain Injury)	B	6.00	5.76	-0.25	-4.08

* Short Stay Unit reclassification endorsed late December 2019. HSS tool configurations not established in time for report. PULSE had limitations regarding SSU bed variance therefore also unable to accurately reflect SSU NHpPD.

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Table 15: SMHS – Fremantle Hospital (FH)

SMHS - FH	NHpPD – Reporting				
Ward	Category	Target	YTD	Variance	% Variance
4.1 (Secure MH)	A+	11.20	11.03	-0.17	-1.55
4.2 (Adult MH)	B	6.00	5.91	-0.09	-1.56
4.3 (Older Adult MH)	B	6.00	6.30	0.30	5.03
5.1 (Adult MH)	B	6.00	5.90	-0.10	-1.69
B7N (Ortho Geriatrics & Geriatric Medi)	C	5.75	5.55	-0.20	-3.45
B7S (Aged Care)	C	5.75	5.68	0.11	1.97
B8N (Surgical Specialties /PCU)	A	7.50	6.79	-0.71	-9.44
B9N (Gen Med & Geriatric Medicine)	C	5.75	5.58	-0.17	-2.90
B9S (General Medicine)	C	5.75	5.60	-0.15	-2.58
Restorative Unit	C	5.75	5.56	-0.19	-3.36

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Table 16: SMHS – Rockingham General Hospital (RGH)

SMHS - RGH	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Aged Care Rehab Unit	C	5.75	5.68	-0.07	-1.19
Intensive Care Unit	ICU	23.70	22.55	-1.15	-4.85
Medical Assessment Unit/ Short Stay Unit	B	6.00	7.28	1.28	21.31
Medical Ward	C	5.75	5.84	0.09	1.48
Mental Health Adult (open)	B	6.00	8.06	2.06	34.39
Mental Health Adult HDU (closed)	A+	11.81	11.35	-0.46	-3.90
Multi Stay Surgical Unit	C	5.75	5.94	0.19	3.33
Neonatal Unit	B	6.00	10.69	4.69	78.08
* Obstetric Unit	B	6.00	7.07	1.07	17.83
Older Adult MH	A	7.50	11.09	3.59	47.82
Older Adult MH (Open)	B	6.00	8.83	2.83	47.22
Paediatrics Ward	B	6.00	11.27	5.27	87.78
Murray District Hospital – Ward 1	E	5.65	0.96	20.40	5.65

* Reclassification for Obstetrics Unit occurred Dec 2019. Configuration within the HSS Tool has not been adequately established in time for this report, therefore the “average” NHpPD was extracted from the PULSE Tool.

Appendix 2: WACHS regional reporting of Regional Resource Centres

Table 17: Western Australia Country Health Service (WACHS) – Goldfields region

Kalgoorlie Regional Hospital	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Paediatric Ward	D	5.00	14.79	9.79	195.77
Dialysis Unit	2°	2.18	2.10	-0.08	-3.82
High Dependency Unit	HDU	12.00	19.36	6.27	61.36
Maternity Unit and Special Care Nursery	D+Del	10.28	11.99	1.71	16.67
Medical Ward	C	5.75	6.77	1.02	17.80
Mental Health Unit	A,B,C	7.71	13.98	6.27	81.34
Surgical Unit	C	5.75	6.45	0.70	12.23

Table 18: WACHS - Great Southern region

Albany Regional Hospital	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Dialysis Unit	2°	2.18	2.86	0.68	30.96
High Dependency Unit	HDU	12.00	15.77	3.77	31.44
Maternity	D+	9.95	13.09	3.14	31.56
Medical/Paediatric/Surgical	C + D	5.50	6.23	0.73	13.27
Mental Health Inpatients	HDU	8.93	9.54	0.61	6.85
Subacute	D	5.00	5.21	0.21	4.23
Surgical	C	5.75	6.69	0.94	16.35

Western Australia Country Health Service – Regional Resource Centres

Table 19: WACHS – Kimberley region

Broome Regional Hospital		NHpPD - Reporting			
Ward	Category	Target	YTD	Variance	% Variance
General	B	6.33	6.72	0.39	6.11
High Dependency Unit	HDU				
Maternity	B+Del				
Paediatric	B				
Mental Health Unit	A+	10.38	10.34	-0.04	-0.39

Table 20: WACHS - Mid-West region

Geraldton Regional Hospital		NHpPD - Reporting			
Ward	Category	Target	YTD	Variance	% Variance
General Ward	C	5.75	6.18	0.43	7.48
High Dependency Unit	HDU	12.00	15.79	3.79	31.56
Maternity Unit	D+Del	8.55	10.80	2.25	26.34
Renal Dialysis Unit	2°	2.18	2.46	0.28	13.00

Table 21: WACHS – Pilbara region

Hedland Health Campus		NHpPD - Reporting			
Ward	Category	Target	YTD	Variance	% Variance
Paediatric Ward	D	5.00	10.36	5.36	107.10
Dialysis	2°	2.18	2.04	-0.14	-6.27
General	B	6.37	7.03	0.65	10.28
High Dependency Unit	HDU				
Maternity Unit and Special Care Nursery	D+Del	6.43	7.76	1.33	20.71

Western Australia Country Health Service – Regional Resource Centres

Table 22: WACHS – Southwest region

Bunbury Regional Hospital	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Maternity Ward	B+Del	10.22	9.98	-0.24	-2.35
Medical	C	5.75	6.22	0.47	8.20
Mental Health	A + C	6.16	6.14	-0.02	-0.35
Paediatrics	B	6.00	6.80	0.80	13.28
Psych Intensive Care Unit	HDU	12.00	12.84	0.84	7.04
Surgical	C	5.75	6.32	0.57	9.94

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Appendix 3: WACHS regional reporting of Integrated District Health Services

Table 23: WACHS – Goldfields region

Goldfields	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Esperance inpatients	E+Del	4.88	5.82	0.94	19.23

Table 24: WACHS – Great Southern region

Great Southern	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
*Denmark	E+Del	4.56	3.59	-0.97	-21.24
Katanning inpatients	F	4.94	6.76	1.82	36.91
*Plantagenet (Mt Barker)	E+Del	4.68	6.42	1.74	37.11

* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 25: WACHS – Kimberley region

Kimberley	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Derby inpatients	D+Del	5.34	5.42	0.08	1.53
*Fitzroy Crossing Hospital	D	5.27	6.7	1.43	27.1
*Halls Creek inpatients	D	5.24	7.35	2.11	40.27
Kununurra inpatients	D+Del	5.32	5.49	0.17	3.13

* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 26: WACHS - Mid-West region

Mid-West	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Carnarvon inpatients	E+D+Del	5.20	8.09	2.89	33.6

Table 27: WACHS – Pilbara region

Pilbara	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Newman inpatients	D	5.00	11.58	6.58	131.6
Karratha Health Campus	D+Del	5.80	7.29	1.49	25.72

Table 28: WACHS – Southwest region

Southwest	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Busselton inpatients	D+Del	5.26	5.83	0.57	10.9
Collie inpatients	E+Del	4.72	5.05	0.33	7.03
*Harvey inpatients	E+F	4.54	4.84	0.3	6.64
Margaret River inpatients	E+Del	4.72	5.26	0.54	11.44
Warren inpatients	E+Del	4.71	5.42	0.71	15.04

* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 29: WACHS – Wheatbelt region

Wheatbelt	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Merredin inpatients	F	4.23	9.6	5.37	127.03
Moora inpatients	E+F	4.3	2.41	-1.89	-43.88
Narrogin inpatients	D+Del	5.16	5.12	-0.04	-0.71
Northam inpatients	E+Del	4.73	5.37	0.64	13.6

Appendix 4: WACHS regional reporting of Small Hospitals 2:2:2 sites

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Goldfields				
Laverton	Multiple events	<ul style="list-style-type: none"> Acuity Transports/escorts Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Leonora	Multiple events	<ul style="list-style-type: none"> Acuity Transports/escorts Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Norseman	Multiple events	<ul style="list-style-type: none"> Acuity Transports/escorts Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Great Southern				
Gnowangerup	Multiple events	<ul style="list-style-type: none"> Ensuring clinical safety ie Triage Transports/escorts Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Kojonup	Multiple events	<ul style="list-style-type: none"> Transports/escorts Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Ravensthorpe	Multiple events	<ul style="list-style-type: none"> Acuity Transports/escorts Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Kimberley				
Wyndham	Multiple events	<ul style="list-style-type: none"> Transports/escorts Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Mid-West				
Dongara	Multiple events	<ul style="list-style-type: none"> Acuity Transports/escorts Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Exmouth	Multiple events	<ul style="list-style-type: none"> Acuity Transports/escorts Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Kalbarri	Multiple events	<ul style="list-style-type: none"> Acuity Transports/escorts Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Meekatharra	Multiple events	<ul style="list-style-type: none"> Acuity Transports/escorts Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Mid-West (continued)				
Morawa	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Mullewa	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Northampton	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
North Midlands	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Pilbara				
Onslow	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Roebourne	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Paraburdoo	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Tom Price	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
South West				
Augusta	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Boyup Brook	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Bridgetown	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Donnybrook	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Nannup	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Pemberton	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Wheatbelt				
Beverley	Multiple events		All clinical events covered	Nil unresolved reported
Boddington	Multiple events		All clinical events covered	Nil unresolved reported
Bruce Rock			All clinical events covered	Nil unresolved reported
Corrigin	Multiple events		All clinical events covered	Nil unresolved reported
Dalwallinu	Multiple events		All clinical events covered	Nil unresolved reported
Dumbleyung			All clinical events covered	Nil unresolved reported
Goomalling			All clinical events covered	Nil unresolved reported
Kellerberrin	Multiple events		All clinical events covered	Nil unresolved reported
Kondinin			All clinical events covered	Nil unresolved reported
Kununoppin	Multiple events		All clinical events covered	Nil unresolved reported
Lake Grace			All clinical events covered	Nil unresolved reported
Narembeen	Multiple events		All clinical events covered	Nil unresolved reported
Quairading	Multiple events		All clinical events covered	Nil unresolved reported
Southern Cross	Multiple events		All clinical events covered	Nil unresolved reported
Wagin			All clinical events covered	Nil unresolved reported
Wongan			All clinical events covered	Nil unresolved reported

Wyalkatchem	Multiple events		All clinical events covered	Nil unresolved reported
York	Multiple events		All clinical events covered	Nil unresolved reported

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Appendix 5: Formal Variance Reports

Hospital: Moora Hospital		Ward: General/Aged Care	
Target NHpPD: 4.30	Reported NHpPD Ave YTD: 2.41	Variance: - 1.89	% Variance : - 43.88%
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Patient Care Assistants (PCA) are rostered in addition to nursing staff on each shift 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The rostering of PCA has been practiced at Moora for many years. The staffing mix meets clinical needs of the hospital 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The hospital is staffed according to clinical needs. A clinical assessment is made on each shift by the Nurse Manager with additional staff being rostered where required. 		

Hospital: Denmark		Ward: General Ward	
Target NHpPD: 4.56	Reported NHpPD Ave YTD: 3.59	Variance: - 0.97	% Variance : - 21.24%
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Nursing staff support by Patient Care Assistants to ensure safe patient care, nursing staff in non-clinical roles provide care in peak times. Clinical need assessed on a shift by shift and staff provided according to acuity and patient needs. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> On call roster implemented to provide staff for peak periods, Clinical Nurse Manger provides clinical care in peak times 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Monitor nursing hours, roster under review, reviewing strategies to ensure safe staffing. 		

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Hospital: Sir Charles Gairdner		Ward: Intensive Care Unit (Medical)	
Target NHpPD: 31.60	Reported NHpPD Ave YTD: 27.04	Variance: - 4.56	% Variance: - 14.44%
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The workload of ICU is constantly reviewed and monitored. The patient population in this ICU often has at least 2 to 4 instances whereby those patients do not require 1:1 nursing as they only require HDU level of care. • At times when agency or casual staff are not available other clinical support staff such as SDN may take a patient load. • The flexibility of beds is monitored daily and in combination with general HDU needs. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Sourcing appropriately skilled clinical staff from other areas. • Use of appropriately trained casual and agency staff. • Improve planning of patient flow between ICU & general HDU. • Robust management of any FTE shortfall and recruiting appropriate skilled staff. • Consider recruiting extra staff for known busy winter period in the future. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Implementing a combined ICU and general HDU NHpPD approach. • Identification of opportunities for upskilling of general HDU staff to manage the care of ICU patients to increase the staffing pool. • Conducting upskilling course for Registered Nurses transitioning into ICU (previously successful). 		

Hospital: Fiona Stanley		Ward: 4B (Burns)	
Target NHpPD: 11.91	Reported NHpPD Ave YTD: 10.31	Variance: - 1.60	% Variance : - 13.43%
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • 4B is a 10 bedded state wide Burns service for WA, its category is reflective in the work load needed to look after 10 burns patients. The number of patients within the burns unit occupying the 10 beds have not required the nurse to patient ratio required for major burns. • Often the burns beds if not required by burns patients are allocated to non-burns patients such as surgical or orthopaedic. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Daily review of patients with the Burns Unit by the NUM ensure that safe staffing levels are maintained. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • As previously mentioned the Burns unit is staffed to care for state wide burns patients, the demand for major burns beds for this period has not been required for the patients who are currently occupying the burns beds. 		

Hospital: Fiona Stanley		Ward: 6A ((NeuroSurg/ENT/Plast/ MaxFac/Urol)	
Target NHpPD: 7.86	Reported NHpPD Ave YTD: 7.00	Target NHpPD: - 0.86	Reported NHpPD: - 10.90%
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • 6A has recently been reclassified (July 2019) from a B category to a B+ HDU • Reclassification of ward was to address the increasing demand of post op airway patients requiring 1:2 nursing ratios. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • During the festive season planned head and neck surgery has been reallocated to dates outside of public holiday dates. This decrease in surgeries also has an effect on the number of patients on 6A requiring 1:2 nurse to patient ratios. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Nurse to patient ratios are dictated by the surgical demand and post op recovery of airway patients requiring 1:2 nursing care. 		

Appendix 6: Wards reporting less than 10% below target

(Information within the following table is presented from highest % variance to lowest)

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Dot point to explain the variance
Fremantle	B8N (Surgical Specialties /PCU)	A	7.50	6.79	-0.71	-9.44	NHppD monitored daily; NHppD reflective of occupancy demands on capacity.
Fiona Stanley	5D +Resp HDU	B+ & HDU	7.95	7.20	-0.75	-9.43	General NHppD incorporates a winter and Summer allocation to match seasonal respiratory demand; NHppD are managed with a flex dependant on the number of HDU vs Cat B beds in use - 3 as standard in summer, up to 6 in winter. Additional staffing requirements are assessed on a shift by shift basis, managed by the NUM & Shift Coordinator. Shifts are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6 hour shift allocation.
Fiona Stanley	SRC - Ward 2A (Multi-trauma Rehab)	C	7.50	5.22	-0.53	-9.19	Staffing profile adjusted day by day to meet ward activity variance. Occasional unfilled backfill to unplanned leave due to nil available staff. NHppD in this ward is complimented by an AIN profile to support rehabilitation care needs.
Bentley	10A (Older Adult MH)	A+	7.50	6.84	-0.66	-8.87	Unable to source replacement staff for sickness.
Sir Charles Gairdner	Ward G52 (Neurosurgery)	B & HDU	9.51	8.85	-0.66	-6.96	Ward HDU swing beds largely populated by less acute patients so higher staffing levels not always required. NHppD monitored shift-by-shift and staffing adjusted accordingly.
Fiona Stanley	7B Acute Surgical Unit	A	7.50	6.99	-0.51	-6.76	Staffing adjusted to reflect limited downward movement of surgical patients and acuity on ward remaining static for this period.
Fiona Stanley	SRC - Ward A (Neuro rehab)	C	5.75	5.37	-0.38	-6.61	Staffing profile adjusted day by day to meet ward activity variance. Occasional unfilled backfill to unplanned leave due to nil available staff. NHppD in this ward is complimented by an AIN profile to support rehabilitation care needs.

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Dot point to explain the variance
Perth Children's	Ward 1A - Onc & Haem	HDU	12.00	11.21	-0.79	-6.60	The ward manages staffing to acuity. Due to issues relating to lack of a transplant medical specialist, children are being transferred to Brisbane for unrelated bone marrow transplants. This has decreased ward acuity. Permanent contracts were issues throughout 2010 to staff who had been temporarily employed in 2018 to deal with an increase in new diagnosis.
Royal Perth	5H (Ortho NeuroS Urol)	A-	7.30	6.83	-0.47	-6.46	CI23 process impeding recruitment of staff to vacancies. Lack of NurseWest and Agency availability leading to unfilled shift deficits. Casual staff wanting to work shorter shifts also reduced ability to fully utilise NHpPD hours.
Osborne Park	Ward 5 (GEM & Rehab)	C	5.75	5.38	-0.37	-6.46	Replacing 8 hours sick leave shifts with 6 hour Casual or Agency. Additional staffing issues due to workers compensation and high levels of long service leave at times throughout this period. NHpPD and skill mix monitored daily with appropriate replacement staff sourced. Within -10% threshold.
Hedland Health Campus	Dialysis	Renal 2°	2.18	2.04	-0.14	-6.27	Unplanned leave at short notice unable to be covered, Clinical Nurse Manager assists with direct care when backfill not available. Establishment review to be undertaken, proactive recruitment continues.
Royal Perth	6G (Vasc Gen Surg)	A	7.50	7.04	-0.46	-6.16	CI23 process impeding recruitment of staff to vacancies. Lack of NurseWest and Agency availability leading to unfilled shift deficits. Casual staff wanting to work shorter shifts also reduced ability to fully utilise NHpPD hours.
Fiona Stanley	MHU - Ward B (MH Assessment)	HDU	12.00	11.34	-0.66	-5.51	Youth Unit budget built to last years average occupancy. When Unit occupancy goes beyond last years average, a contingent workforce is used to staff the unit, this includes casual and agency staff who are rostered for 6 hour shifts.

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Dot point to explain the variance
Fiona Stanley	Coronary Care Unit	CCU	14.16	13.39	-0.77	-5.46	Staffing adjusted to match reduction in cardiology demand - utilising the beds for general patients requiring A cat NHpPD not CCU.
Fiona Stanley	4D (Cardiology)	A	7.50	7.11	-0.39	-5.18	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort, dependant on cardiology demand 4D is often used to outlie less acute patients that would otherwise be on a 'B' category ward. Additional staffing requirements are assessed and managed daily by NUM & Shift coordinator. Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6 hour shift allocation; Within 10% variation.
Perth Children's	Ward 4A (Adolescents)	A+	9.00	8.54	-0.46	-5.13	PCH requested a reclassification of this ward in 2019 to reflect the high patient acuity with mental health and eating disorder patients. Only an interim reclassification was approved. Temporary contracts have been issued against the interim reclassification. Permanent contracts will be offered with a permanent endorsement of the nursing hours per patient day.
Royal Perth	8A (Neurology Gastro)	B	6.00	5.70	-0.30	-4.97	Bed activity has been unpredictable. Overall increased occupancy compared with budgeted beds. Minimum safe staffing methodology employed with non-establishment replacement staff at reduced hours.
Osborne Park	Ward 3 Aged Care & Rehab	D	5.00	4.76	-0.24	-4.87	Replacing 8 hours sick leave shift with 6 hour Casual or Agency. NHpPD and staffing monitored daily and staffing adjusted accordingly.
Rockingham General	Intensive Care Unit	ICU	23.70	22.55	-1.15	-4.85	Staffing profiles adjusted to patient requirements e.g. ward ready patients are cared for in a reduced ratio. Ward based staff rotate through the area on a 6 month programme in order to increase the pool of upskilled HDU staff. Continual monitoring by NUM.

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Dot point to explain the variance
							Additional clinical support from the SDN and NUM as required. Continual monitoring.
Fiona Stanley	3B (Neonatal medicine)	HDU	12.00	11.51	-0.49	-4.11	NHpdPD monitored daily; NHpdPD reflective of occupancy demands on capacity.
Fiona Stanley	SRC - Ward B (Acquired Brain Injury)	B	6.00	5.76	-0.25	-4.08	Staffing profile adjusted day by day to meet ward activity variance. Occasional unfilled backfill to unplanned leave due to nil available staff. NHpdPD in this ward is complimented by an AIN profile to support rehabilitation care needs.
Rockingham General	Mental Health Adult HDU (closed)	A+	11.81	11.35	-0.46	-3.90	The MH Adult Closed Unit is always staffed to profile. The variance is due to administrative issues associated with staff movements within the Mental Health Unit to ensure appropriate skill/gender mix to meet the patient care needs. Resource balancing the staff movement has not been accurate. Increased supervision for patients is managed through the use of an additional nurse/AIN (depending on the care requirement). Security staff are also used on occasions where the patient is high risk of aggression. Closer monitoring of roster changes will occur to minimise the potential for incorrect data reporting.
Kalgoorlie Regional	Dialysis	Renal 2°	2.18	2.10	-0.08	-3.82	Unplanned leave at short notice, recruitment to increase casual and permanent staff ongoing.
Osborne Park	Ward 4 Rehab	C	5.75	5.53	-0.22	-3.82	Replacing 8 hours sick leave shift with 6 hour Casual or Agency. NHpdPD and skill mix requirements are assessed daily by the nurse manager and shift coordinator. Some additional staffing issues presented due to workers compensation and long service leave.

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Dot point to explain the variance
Fiona Stanley	5C (Nephrology & Gen Med)	B+	6.50	6.25	-0.25	-3.79	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort - Reduction in nephrology transplants at this site for first half of 19/20. Additional staffing requirements are assessed and managed daily by NUM & Shift coordinator. Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6 hour shift allocation; Within 10% variation.
Royal Perth	5G (Orthopaedics)	B+	6.60	6.36	-0.24	-3.69	CI23 process impeding recruitment of staff to vacancies. Lack of NurseWest and Agency availability leading to unfilled shift deficits. Casual staff wanting to work shorter shifts also reduced ability to fully utilise NHpPD hours.
Fremantle	B7N (Ortho Geriatrics & Geriatric Medi)	C	5.75	5.55	-0.20	-3.45	NHpPD monitored daily; NHpPD reflective of occupancy demands on capacity.
Fiona Stanley	4C (Cardio/Vascular surgery)	A	7.50	7.24	-0.26	-3.42	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort; Additional staffing requirements are assessed and managed daily by NUM & Shift coordinator; Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6 hour shift allocation; Within 10% variation.
Fremantle	Restorative Unit	C	5.75	5.56	-0.19	-3.36	NHpPD monitored daily; NHpPD reflective of occupancy demands on capacity.
Armadale	Canning Ward (Medical)	B	6.00	5.82	-0.19	-3.08	Recruitment has been labour and time intensive and compounded by delays in CI23 process. Increasing activity with ongoing issues re replacement staff.
Fremantle	B9N (Gen Med & Geriatric Medicine)	C	5.75	5.58	-0.17	-2.90	NHpPD monitored daily; NHpPD reflective of occupancy demands on capacity.
Fremantle	B9S (General	C	5.75	5.60	-0.15	-2.58	NHpPD monitored daily; NHpPD reflective of

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Dot point to explain the variance
	Medicine)						occupancy demands on capacity.
Bunbury Regional	Maternity	B+Del	10.22	9.98	-0.24	-2.35	Unexpected peaks in midwifery activity, additional agency/casual staff employed when available. Staff Development and managers work in clinical roles to ensure safe patient care.
Fiona Stanley	5A (AMU) & 5B (+HDU)	A+ & HDU	8.22	8.03	-0.19	-2.31	NHppD reflect inclusion of HDU profile. Staffing reflects patient acuity.
Royal Perth	9C (Resp/ Nephrology)	B & HDU	6.85	6.69	-0.16	-2.29	Reduction and unpredictability in bed occupancy.
Fiona Stanley	7D + BMTU	B+	6.61	6.46	-0.15	-2.24	Management of the 8 BMTU beds, reduce staffing according to patient acuity within those beds. Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6 hour shift allocation.
Royal Perth	Acute Medical Unit	A-	7.30	7.15	-0.15	-2.03	Working towards the new FTE target after reclassification.
Fiona Stanley	SRC - Ward 1A (Spinal Unit)	A	12.00	7.36	-0.15	-1.93	Staffing profile adjusted day by day to meet ward activity variance. Occasional unfilled backfill to unplanned leave due to nil available staff. NHppD in this ward is complimented by an AIN profile to support rehabilitation care needs.
Fremantle	5.1 (Adult MH)	B	6.00	5.90	-0.10	-1.69	Increase in staff sickness and three staff members on maternity leave and another member starting maternity leave. Staff on 72hr contracts doing the 6 hour contracts, which will reflect in a variance.
Fremantle	4.2 (Adult MH)	B	6.00	5.91	-0.09	-1.56	New contracts being offered at 72hr with 6 hour shifts so there will times during the day that there is reduced staff during the overlap.

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Dot point to explain the variance
Fremantle	4.1 (Secure MH)	A+	11.20	11.03	-0.17	-1.55	Staffing reduced on a weekend, due to reduced activity i.e. less reviews from the MHRT, Outpatient appts requiring escort, less court appearances. Many of the staff on the wards have a 72hr contract and work 6 hour shifts, there will be times when there are less staff on the ward during the cross-over time.
Sir Charles Gairdner	Ward G61 Gen Surg	A	7.50	7.39	-0.11	-1.51	Replacing 8 hours sick leave shift with 6 hour Casual or Agency.
Rockingham General	Aged Care Rehab Unit	C	5.75	5.68	-0.07	-1.19	ACRU is a multi-disciplinary area with a high level of allied health personnel to support nursing staff. Additional AINs to support staff; additional 'specials' staff, as risk assessed; additional clinic support from the SDN and NUM as required. Continual monitoring by NUM.
Bentley	6 (Secure Unit)	A+	11.20	11.08	-0.12	-1.10	Unable to source replacement staff for sickness.
Royal Perth	7A (Geriatric Medicine)	C	5.75	5.69	-0.06	-1.01	Overall increased occupancy compared with budgeted beds. Replacement non-establishment replacement staff at reduced hours.
Narrogin inpatients	Narrogin inpatients	E+Del	5.16	5.12	-0.04	-0.71	unplanned leave at short notice unable to be covered, position back filled by Clinical Nurse Manager and Staff development, ongoing recruitment to increase staff availability.
Fiona Stanley	6D (Acute care of the elderly)	B	6.00	5.97	-0.03	-0.47	HSP declare NHpPD 6.0 for 6 month period July to December 2019 that NHpPD on target - possible minor discrepancy between HSS Tool and PULSE tool.
Broome Regional	Psychiatric Ward	A+	10.38	10.34	-0.04	-0.39	Difficulty in replacing unplanned leave at short notice, current strategy is to recruit 5.00 FTE to increase permanent workforce. Recruitment process for this increased FTE is currently underway. Aboriginal Liaison Officers used to support nursing staff.

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Dot point to explain the variance
Bunbury Regional	Mental Health	A&C	6.16	6.14	-0.02	-0.35	Increase in sick leave unable to be filled at short notice, recruitment process conducted to fill shortages, includes increasing casual staff, fixed term contracts to cover temporary vacancies.

NHPPD Interim Report V6.0

RHHPD Interim Report V6.0

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