



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

Nursing Hours per Patient Day (NHpPD) Interim Report

Nursing and Midwifery Office

1 July 2016 – 31 December 2016

Document History

Version #	Version Date	Author	Description
1.0	22 nd March 2017	Regina Browne	First Draft
2.0	31 st March 2017	Regina Browne	Add variance reports for, Broome, Kalgoorlie
3.0	1 st May 2017	Regina Browne	Final Report

Executive Summary

Nursing Hours per Patient Day (NHpPD) is a workload monitoring and measurement system and should be applied in association with clinical judgement and clinical need. The Interim NHpPD report for the period 1 July 2016 to the 31 December 2016 should be interpreted considering the WA Health Reform Program 2015-2020. Ongoing projects and transformations within the WA health system have presented reporting challenges which are currently being addressed. A number of services will be unreported in this interim report including Princess Margaret Hospital (PMH)/Perth Children's Hospital (PCH) and Geraldton Regional Resource Centre (RRC). Since the last annual report confirmation has been received from the Executive Directors of Nursing and Midwifery that no grievances have been lodged by nurses or midwives at both the unreported sites and those within the other Health Service Providers (HSPs).

Areas which have reported 10% or more below their target nursing hours have supporting variance reports which explain what action has been taken to relieve or alleviate the workload. Data within the report is presented for the following clinical areas:

- Metropolitan HSP, inpatient areas (excluding PMH/PCH);
- Regional Resource Centre (RRC), inpatient areas at, Albany, Broome, Bunbury; Kalgoorlie and Port Hedland (excluding Geraldton);
- Metropolitan HSP Emergency Departments(excluding PMH/PCH); and
- RRC, Emergency Departments.

The WA Country Health Service (WACHS) regional reporting tool which was implemented following the last annual report for the 2.2.2 hospital sites continues to be utilised. Since the last annual report no issues or workplace grievances for 2:2:2 sites have been raised.

All emergency departments reported have been either on, above, or less than 10% below target. Reclassification and classification of NHpPD continues to be governed through the State-wide Workload Review Committee (Committee). For the interim reporting period, sixteen areas have either been classified or reclassified and were all supported by the Committee.

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Introduction

The Nursing Hours per Patient Day (NHpPD) interim report provides a summary of the workload of nursing and midwifery staff within our public health care system, and is consistent with the Western Australia (WA) WA health system, continued application of NHpPD principles as required by and in accordance with the WA Health – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement and the WA Health United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement.

The *WA Health Reform Program 2015-2020* is an integrated program of work aligned to the critical enablers identified in the *WA Health's Strategic Intent*. A number of the projects and transformations within the WA health system at a metropolitan and regional level have presented reporting challenges for NHpPD which need to be considered when analysing and interpreting the data within the interim report. Some of those challenges include, but are not limited to, alignment of cost centres and change in Patient Administration Systems (PAS). A number of services will be unreported in this interim report which includes Princess Margaret Hospital (PMH)/Perth Children's Hospital (PCH) and Geraldton Hospital. Whilst these services will not be reported confirmation has been received from the Executive Directors of Nursing and Midwifery that no grievances have been lodged by nurses or midwives in this reporting period.

Reconfiguration within other areas for example Royal Perth Hospital is nearing completion and subsequently wards unreported in the last annual report will now be included. Data presented in this report is reflective of the period 1 July 2016 to the 31 December 2016 and consists of the following clinical areas:

- Metropolitan HSP inpatient areas (excluding PMH/PCH)
- Regional Resource Centre (RRC), inpatient areas at, Albany, Broome, Bunbury, Kalgoorlie and Port Hedland (excluding Geraldton RRC).
- Metropolitan HSP Emergency Departments
- RRC, Emergency Departments

Nursing Hours per Patient Day (NHpPD) 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 Union by the Department Chief Executive Officer as the system manager in accordance with section 19(2) of the *Health Services Act 2016 (WA)* (Act). The report is designed to show progress against the NHpPD targets and to report on areas that have not met their benchmark targets.

The report presents an overview of all wards in both Metropolitan HSPs and RRC. 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. These variance reports are included in Appendix 3. Data for wards reporting above their target or less than 10% below their target are included within Appendix 1.

Table 1 NHpPD data across Metropolitan HSPs and RRC

Reporting period 1 July 2016 – 31 December 2016			
NHpPD reporting	Number of Wards (also represented as total %)		Total Number of Wards for Metropolitan HSPs and RRC (Also represented as total %)
	Metropolitan HSPs	RRC	
Above 10%	42(38%)	16 (59%)	58(42%)
Above 5-10%	12(11%)	1 (4%)	13 (9%)
Above 0-5%	27(25%)	6 (22%)	33 (24%)
Below 0-5%	15(14%)	1 (4%)	16 (12%)
Below 5-10%	8(7%)	0	8 (6%)
Below 10% or more	6(5%)	3 (11%)	9 (7%)
Total Wards	110	27	137

Metropolitan Health Service Provider Data

Data for the Metropolitan HSP hospitals that have reported 10% or more below their allocated NHpPD target are outlined in Table two below. The variance reports for these inpatient areas are reflected in Appendix 3.

Table 2: Metropolitan HSP inpatient wards that are 10% or more below NHpPD targets

Nursing Hours per Patient Day Reporting					
Directorate	Ward	Category	YTD	Variance	% Variance
Bentley Hospital	Older Adult Mental Health	6.5	2.67	-3.83	-58.87
Bentley Hospital	Ward 5	C (5.75)	4.43	-1.33	-23.04
Sir Charles Gairdner Hospital	Intensive Care Unit (Medical)	ICU 31.6	27.34	-4.26	-13.49
Fremantle Hospital	Ward V6	C (5.75)	5.06	-0.69	-12.06
Bentley Hospital	Ward 2 Maternity	D+Del (Bentley)6.86	6.05	-0.82	-11.88
Fiona Stanley Hospital	5D +Resp HDU	B+Resp (HDU) 7.95	7.03	-0.92	-11.55

WA Country Health Service

WACHS facilities are delineated of three types; Regional Resource Centres (RRC), Integrated District Health Services (IDHS) and Small Hospitals/Primary Health Care Centres (SH/PHCC).

Regional Resource Centre (RRC) Data

All reported inpatient data for RRC are provided in Appendix 1. RRC include Albany, Broome, Bunbury, Hedland Health Campus and Kalgoorlie Hospitals (excludes Geraldton for this interim report). Variance reports for wards reporting 10% or more below their NHpPD target are included in Appendix 3.

Table 3: Regional Resource Centres that are 10% or more below NHpPD targets

NHpPD Reporting					
	Ward	Category	YTD	Variance	% Variance
Hedland Health Campus	Dialysis unit	Satellite Dialysis (2.18)	1.93	0.25	-11.47
Kalgoorlie Regional Hospital	Maternity and Special Care Nursery	D+Del+SCN (10.28)	8.17	-2.11	-20.5
Broome Regional Hospital	Acute Psychiatric Unit	A+(APU) (10.38)	9.2	-1.18	-11.35

Small Hospitals/Primary Health Care Centres

Small Hospitals and Primary Health Care Centres (SH/PHHC) with 2/2/2 roster are monitored on a regular basis in respect to workload management and safe staffing principles. The WACHS regional reporting tool for small hospitals 2.2.2 sites is available in Appendix 2. There were no issues raised and no workplace grievances for SH/PHHC during the reporting period as confirmed by the WACHS Executive Director of Nursing and Midwifery.

Emergency Departments

Hospitals and Health Services have provided NHpPD data on MHS and RRC Emergency Departments.

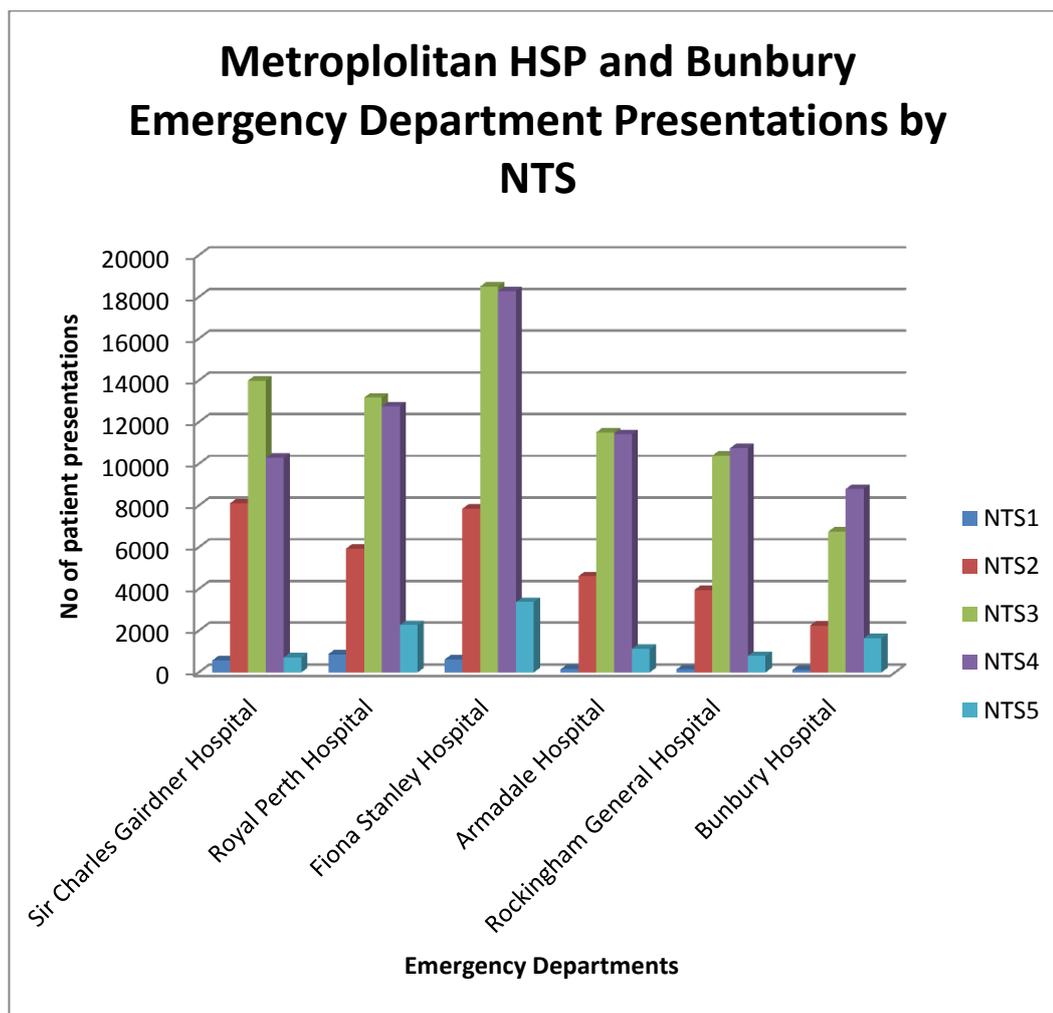
Metropolitan Health Service Provider and Bunbury Emergency Departments

Metropolitan HSP and Bunbury Emergency Department data (Units) covers the period 1 July – 31 December 2016. The data was provided, through the Emergency Department Data Collection Data (EDDC), Integrity Directorate at the Department of Health. EDDC is the agreed single source of data for emergency departments.

Table 4: Identifies the number of patient presentations to Metropolitan HSP and Bunbury emergency departments by National Triage Score (NTS)

Metropolitan HSP and Bunbury Emergency Department Patient Presentations by NTS						
	Sir Charles Gairdner Hospital	Royal Perth Hospital	Fiona Stanley Hospital	Armadale Hospital	Rockingham General Hospital	Bunbury Hospital
NTS1	569	871	615	153	146	126
NTS2	8106	5940	7845	4611	3950	2252
NTS3	13992	13175	18504	11513	10390	6744
NTS4	10284	12757	18281	11423	10746	8800
NTS5	716	2265	3370	1121	789	1635
Total	33667	35008	48615	28821	26021	19557
Required ED FTE based on patient presentations	75.24	76.94	104	56.39	49.59	36.24

Graph 1: Represents data in Table 4 in an alternative format



The nursing Full Time Equivalent (FTE) for Metropolitan HSP and Bunbury emergency departments and observation wards is reflected in Table 5 below. All emergency departments and observation ward data provided by the EDDC, Data Integrity Directorate at the Department of Health and is calculated on the annual standard hours (1972 hour) of a full time nurse.

Table 5: Nursing FTE for Metropolitan HSP and Bunbury Emergency Departments and observation ward

FTE requirements for Metropolitan HSP and Bunbury emergency departments and observation ward						
	Sir Charles Gairdner Hospital	Royal Perth Hospital	Fiona Stanley Hospital	Armadale Hospital	Rockingham General Hospital	Bunbury Hospital
Reported average employed/paid FTE for emergency department and obs ward	119.57	121	140	68.89	60.9	49.9
Recommended FTE for Emergency Department and obs ward	113.36	108.32	147.52	73.53	64.07	45.32
Variance in FTE	6.21	12.68	-7.52	-4.64	-3.17	4.58
Variance %	5.48	11.71	-5.1	-6.31	-4.95	10.11

Regional Resource Centre Emergency Department

RRC Emergency Departments (5 units) provide data via the Nursing Workload Monitoring System (NWMS). The NWMS system is unique to WACHS and following roll out of the new PAS, data will be able to be extracted centrally for the majority of the RRC. Table 6 represents the total number of patient presentations at the RRC by NTS. Graph 2 represents this data in an alternative format.

Table 6: RRC Emergency Department Patient Presentations by NTS

RRC Emergency Department Patient Presentations by NTS				
	Albany Hospital	Broome Hospital	Kalgoorlie Hospital	Hedland Health Campus
NTS 1	85	22	36	61
NTS 2	1513	519	674	811
NTS 3	5097	2429	3185	2962
NTS 4	6879	5588	5179	6526
NTS 5	842	1326	1013	2793
Total Triage	14416	9884	10087	13153

Graph 2: RRC Emergency Department Patient Presentations by NTS

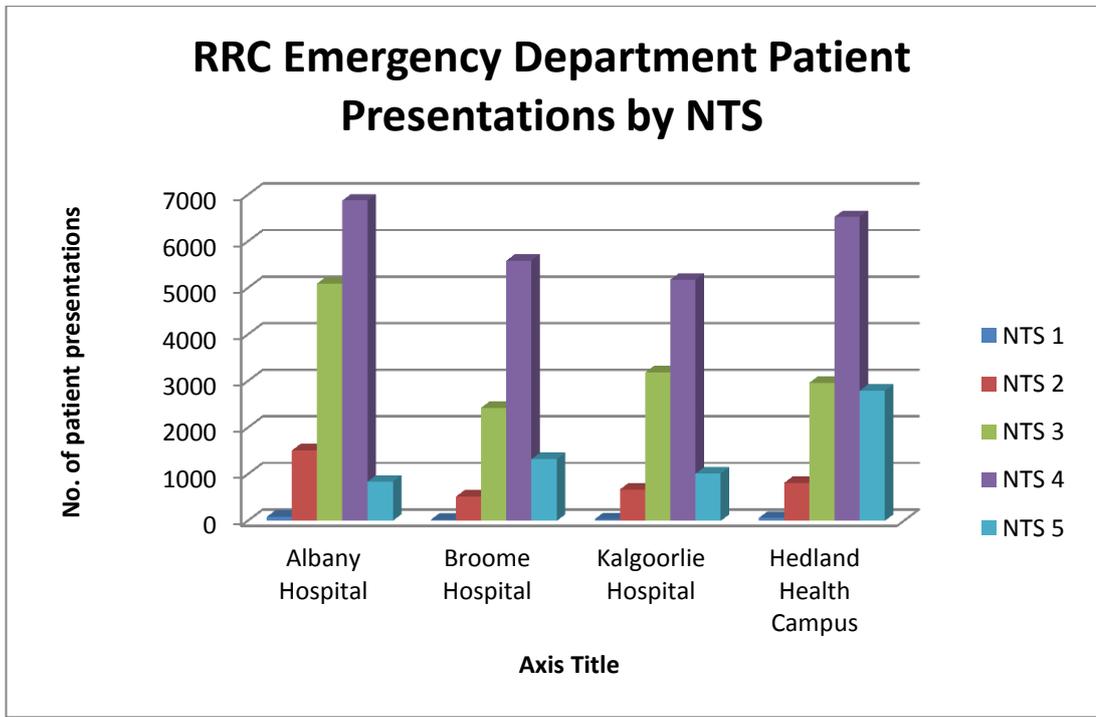


Table 7 below represents data from RRC, using the NWMS. The NWMS calculates the required nursing hours based on the total number of patient presentations. The nursing hours and FTE used to staff the emergency departments are entered manually by the nurse manager into the NWMS. The target FTE is calculated based on the average contracted hours of a full time nurse.

Table 7: Nursing FTE required for RRC emergency departments

Nursing FTE required for RRC emergency departments				
	Albany Hospital	Broome Hospital	Kalgoorlie Hospital	Hedland Health Campus
Total Patient Presentations	14416	9884	10087	13153
Total NHpPD based on pt. presentations	20535.02	11912.9	12943.95	15693.51
Actual rostered nursing hours	17225	15563	19640	18271
Actual FTE	10.39	6.03	6.55	7.94
Target FTE	8.72	7.88	9.94	9.25
Variance	1.68	-1.85	-3.39	-1.3

Benchmarks and Reclassification

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

Reclassification of the NHpPD category can occur where the complexity or relative proportions of ward activity or the relative number of deliveries to the Occupied Bed Days change.

Submission of a business case is required to have the currently assigned NHpPD category altered. Governance for reclassification is through the Committee. The Committee reviews presented information and formally advises on decisions made.

Table 8 below reflects the reclassification and classification which has occurred over the 1 July 2016 – 31 December 2016 reporting period.

Table 8: Hospital wards that have applied for reclassification

Hospital	Ward	Previous NHpPD category	Revised NHpPD category
Armadale/Kalamunda Health Service	Canning Ward	C 5.75	B 6.0
Armadale/Kalamunda Health Service	Medical Admission Unit (AMU)	New classification	B 6.0
Armadale/Kalamunda Health Service	Maternity Ward	Combined ward	B+ 7.02
Armadale/Kalamunda Health Service	Banksia Ward	B 6.0	A+ 8.0
Armadale/Kalamunda Health Service	Moodjar/Yorgum Ward	New ward	A+ 8.6
Armadale/Kalamunda Health Service	Karrie Ward	B 6.0	A+ 8.0
Armadale/Kalamunda Health Service	Anderton Ward	D+ 5.47	D+ 5.5
Plantagenet Hospital	General ward	E+Del 4.68	E+ 4.99
King Edward Memorial Hospital	Ward 3	B 6.0	B+ 6.75
King Edward Memorial Hospital	Ward 4	B 6.0	B+ 6.75
King Edward Memorial Hospital	Ward 5	B 6.0	B+ 6.75
King Edward Memorial Hospital	Ward 6	B 6.0	A 7.5
King Edward Memorial Hospital	Adult Special Care Unit	New classification	HDU 12

Grayland Hospital	Murchison East	New ward	D 5.0
Grayland Hospital	Murchison West	New ward	A 7.5
Osborne Park Hospital	Ward 5	D+ 5.33	C 5.75

Appendices

Appendix 1 – Metropolitan Health Service Providers

North Metropolitan Mental Health Service (NMMHS)

Table 9: NMMHS – Graylands Hospital (GH)

NMHS- Graylands	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Murchison West	7.5	7.27	-0.23	-3.07
SCGH Mental Health Unit	10.54	10.47	-0.07	-0.68
Ellis (Hospital extended care)	7.5	7.47	-0.04	-0.47
Dorrington (Acute open)	7.5	7.56	0.05	0.73
Selby Lodge (OAMHS)	6.41	6.49	0.08	1.27
Osborne Park (older adult MH)	5.75	5.85	0.10	1.68
Murchison East	5	5.23	0.23	4.60
Selby PICU	8.15	8.58	0.43	5.21
Montgomery (Acute secure)	8.66	9.39	0.73	8.45
Susan Casson (Hospital extended care)	8.51	9.70	1.19	13.96

NMHS- Graylands	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Murchison	4.47	5.37	0.90	20.02
Smith (Acute secure)	8.66	12.59	3.93	45.42
SCGH Mental health Observation Area	9.9	18.99	9.09	91.82
Hutchison (SFMH Rehabilitation)	4.56	12.59	8.03	176.02
Yvonne PINCH (Acute secure)	15	45.44	30.44	202.93

Table 10: NMHS – Osborne Park Hospital (OPH)

NMHS - OPH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Ward 5 GEM & Rehab	5.33	5.00	-0.33	-6.19
Ward 3 Aged Care & Rehab	5	4.71	-0.29	-5.80
Ward 5 GEM & Rehab	5.75	5.43	-0.32	-5.57
Ward 4 Rehab	5.75	5.56	-0.19	-3.33
Maternity/birth Suite	8.97	9.47	0.50	5.54
Ward 6 Surgical	5.75	6.23	0.48	8.35

* Ward 5 - is reported twice as the ward was reclassified in November 2016

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

NMHS - SCGH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Intensive Care Unit (Medical)	31.6	27.34	-4.26	-13.49
Ward G52 (Neurosurgery)	9.51	9.12	-0.39	-4.10
Coronary Care Unit (Med Specs)	14.16	13.86	-0.30	-2.10
Ward G54 (Resp Medicine)	7.5	7.42	-0.08	-1.02
Ward G62 (Surgical)	7.5	7.51	0.01	0.09
Ward G73 (Med Specials)	6	6.04	0.04	0.58
Ward G53 (Surgical/orthopaedics)	6.5	6.63	0.13	2.00
G51 (Medical speciality)	6.75	6.89	0.14	2.05
Ward C 16 (Acute Medical/Delirium)	6	6.15	0.15	2.53
Ward G63 (Med Specs)	6.83	7.04	0.21	3.10
C17 Gem (medical)	5.75	5.98	0.23	3.94
Ward G66 (surgical/Neurosurgery)	7	7.45	0.45	6.48
Ward G64 (ENT/Plastics/ophthalmology/Surgical)	7.5	8.02	0.52	6.89
Ward G74 (Medical)	6	6.61	0.61	10.17
Ward G72 (MAU)	7.5	8.28	0.78	10.42
Ward G71 (Medical)	6.5	7.22	0.72	11.04
Ward G41 (Med Specs/Cardiology)	6.5	7.69	1.19	18.26
Ward G45 HDU (Medical)	12	15.42	3.42	28.50

* Ward G61 has been excluded as the ward was closed for a substantial period of time during the reporting time

Women and Newborn Health Service (WNHS) – King Edward Memorial Hospital

Table 12: WNHS – King Edward Memorial Hospital (KEMH)

WNHS - KEMH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Adult Special Care Unit	12	22.64	10.64	88.68
Mother Baby Unit	12	14.94	2.94	24.49
Ward 3 (Obstetrics)	6.75	6.96	0.21	3.07
Ward 4 (obstetrics)	6.75	8.31	1.56	23.11
Ward 5 (Obstetrics)	6.75	6.95	0.20	2.96
Ward 6 (Gyn/onco)	7.5	8.16	0.66	8.73

South Metropolitan Health Service (SMHS)

Table 13: SMHS – Fiona Stanley Hospital (FSH)

SMHS - FSH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
5D +Resp HDU	7.95	7.03	-0.92	-11.55
3B (Neonatal medicine)	12	10.91	-1.09	-9.11
Intensive Care Unit	31.6	28.76	-2.84	-9.00
4C (Cardio/Vascular surgery)	7.5	7.05	-0.45	-6.02
4D (Cardiology)	7.5	7.08	-0.42	-5.64
4B (Burns)	11.91	11.35	-0.56	-4.69
6B	6	5.82	-0.18	-3.03
AMU 5A & B +HDU	8.22	8.01	-0.21	-2.51
7D + BMTU	6.61	6.48	-0.13	-1.92
SRC - Ward A (Neuro rehab)	5.75	5.74	-0.01	-0.23
7B ASU	7.5	7.52	0.02	0.29
6D (Acute care of the elderly)	6	6.06	0.05	0.92
7C (Oncology)	6	6.21	0.21	3.44
SRC - Ward 2A (Multi-trauma Rehab)	5.75	5.97	0.22	3.88
6C (General Medicine)	6	6.24	0.24	4.06
Coronary Care Unit	14	14.57	0.57	4.08
7A (Colorectal, upper GI, Gen surg)	6	6.46	0.46	7.69
5C (Nephrology & Gen Med)	6.5	7.07	0.57	8.72
4A (Orthopaedics)	6	6.59	0.59	9.75
6A	6	6.62	0.62	10.33

SMHS - FSH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
SRC - Ward 1A (Spinal Unit)	7.5	8.66	1.16	15.44
MHU- Ward A (MH Assessment)	12	14.68	2.68	22.36
MHU - MBU	12	15.08	3.08	25.64
MHU - Ward B (Adolescent)	12	16.29	4.29	35.71
Birth suite	10.56	15.81	5.25	49.70
3A (paeds med/surg)	6	9.36	3.36	56.06
Day Surgery Unit	4.37	72.08	67.71	1549.31

*SRC – Ward B (ACQ Brain injury Unit) – RoStar and cost centre alignment has prevented this unit being included in the interim report.

Table 14: SMHS – Fremantle Hospital (FH)

SMHS - FH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Ward V6	5.75	5.06	-0.69	-12.06
Restorative Unit	5.75	5.27	-0.48	-8.43
Ward 5.1 (MH)	6	5.94	-0.06	-1.00
Ward B8S (General surgery & Vascular surgery)	5.75	5.76	0.01	0.20
Ward B9S (General Medicine)	5.75	5.77	0.02	0.29
Ward 4.1 (MH)	11.22	11.44	0.22	1.99
Ward B7N	5.75	5.91	0.16	2.72
Ward 4.2 (MH)	6	6.47	0.47	7.78
Ward 4.3 (MH)	6	7.21	1.21	20.19
Intensive Care Unit	12	28.90	16.90	140.86

Table 15: SMHS – Rockingham General Hospital (RGH)

SMHS - RGH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Aged Care Rehab Unit	5.75	5.55	-0.20	-3.54
Intensive Care Unit	23.7	23.08	-0.62	-2.64
Medical	5.75	5.86	0.11	1.83
Multi Stay Surgical Unit	5.75	5.90	0.15	2.64
Obstetrics	10.08	11.80	1.72	17.10
Older Adult MH (open)	6	9.59	3.59	59.86
Medical Assessment Unit	6	10.00	4.00	66.64
Mental Health Adult (open)	6	10.38	4.38	72.97
Paediatrics Ward	6	11.76	5.76	95.92

East Metropolitan Health Service (EMHS)

Table 16: EMHS – Armadale Kalamunda Group (AKG)

EMHS - AKG	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Moodjar/Yorgan (Mental health)	8.6	8.88	0.28	3.28
Carl Streich - Rehab & Aged Care	5	5.22	0.21	4.30
Banksia_MHS for Older People	8	8.59	0.59	7.35
Intensive Care Unit	23.7	26.72	3.02	12.76
Canning Ward (Medical)	6	6.87	0.87	14.53
Colyer Surgical	5.75	6.71	0.96	16.72
Medical Admissions Unit	6	7.03	1.03	17.14
Karri Ward (MH)	8	8.36	0.36	4.50
Anderton Ward	5.5	6.76	1.26	22.91
Maternity Unit	7.02	10.88	3.86	54.96
Nursery 2	6	11.63	5.63	93.81
Campbell Paediatrics	6	13.91	7.91	131.81

Table 17: EMHS – Bentley Hospital (BH)

EMHS - BH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Older Adult Mental Health	6.5	2.67	-3.83	-58.87
Ward 5	5.75	4.41	-1.34	-23.33
Ward 2 Maternity	6.86	6.05	-0.82	-11.88
Adult Acute Ward 7	6	6.81	0.81	13.47
Ward 4	5	5.73	0.73	14.57
Adult Acute Ward 8	6	7.16	1.16	19.31
Secure Unit Ward 6	11.2	15.06	3.86	34.45
Ward 3 Medical/Surgical	5	7.57	2.57	51.47

Table 18: EMHS – Royal Perth Hospital (RPH)

EMHS - RPH		NHpPD Reporting		
Ward	Target	YTD	Variance	% Variance
Ward 9C (Resp/nephrology)	6.85	6.29	-0.56	-8.13
Ward 5H (Neurosurgical)	7.5	6.96	-0.54	-7.16
SMTU	10	9.41	-0.59	-5.95
Ward 9A (General medicine/orthogeriatrics)	5.75	5.60	-0.15	-2.58
Ward 8A (Neurology/gastro)	6	5.89	-0.11	-1.78
Ward 3H (Orthopaedics)	5.75	5.65	-0.10	-1.74
Ward 10A (General Medicine)	6	5.96	-0.04	-0.61
Ward 5G	6	6.11	0.11	1.78
Ward 6H	6	6.32	0.32	5.33
Ward 6G	6	6.34	0.34	5.72
Acute Medical Admissions(AMU)	6.83	7.34	0.51	7.47
Ward 10C (Immunology/haematology)	6	6.50	0.50	8.31
Intensive Care Unit	26.67	30.27	3.60	13.49
Ward 2K (Mental health)	6	7.06	1.06	17.64

EMHS - RPH		NHpPD Reporting		
Ward	Target	YTD	Variance	% Variance
Coronary Care Unit	11.1	15.19	4.09	36.80
Ward 4A (Plastics/DO23/same day)	6	12.06	6.06	100.94

Regional Resource Centres

Table 19: WACHS – Great Southern

NHpPD Reporting						
site	Ward	Category	Target	YTD	Variance	% Variance
Albany Regional Hospital	Ward E Medical /General	D	5	5.09	0.09	1.78
Albany Regional Hospital	Ward C Paediatric /Medical /Surgical	C&D (Albany)	5.5	5.75	0.25	4.56
Albany Regional Hospital	High Dependency Unit	HDU	12	12.86	0.86	7.20
Albany Regional Hospital	Ward A Surgical	C	5.75	6.38	0.63	11.04
Albany Regional Hospital	Dialysis Unit	Satellite Dialysis	2.18	2.44	0.26	12.09
Albany Regional Hospital	Ward B Maternity	D+Deliv (Albany)	9.95	11.68	1.73	17.39
Albany Regional Hospital	Ward G Mental Health	A&C (Albany)	6.28	11.17	4.89	77.82

Table 20: WACHS - Goldfields

NHpPD Reporting						
site	Ward	Category	Target	YTD	Variance	% Variance
Kalgoorlie Regional Hospital	Maternity and Special Care Nursery	D+Del+SCN (Kalgoorlie)	10.28	8.17	-2.11	-20.51
Kalgoorlie Regional Hospital	Ward B Medical	C	5.75	6.34	0.59	10.30
Kalgoorlie Regional Hospital	High Dependency Unit	HDU	12	16.30	4.30	35.82
Kalgoorlie Regional Hospital	Dialysis Unit	Satellite Dialysis	2.18	3.54	1.36	62.56
Kalgoorlie Regional Hospital	Paediatrics	D	5	9.08	4.08	81.62
Kalgoorlie Regional Hospital	Ward D Surgical	C	5.75	16.11	10.36	180.17
Kalgoorlie Regional Hospital	Mental Health	A,B,C (Kalgoorlie)	7.71	36.57	28.86	374.38

Table 21: WACHS – Kimberley

NHpPD Reporting						
site	Ward	Category	Target	YTD	Variance	% Variance
Broome Regional Hospital	Acute Psychiatric Unit	A+ (APU)	10.38	9.20	-1.18	-11.35
Broome Regional Hospital	General / Maternity	B+Del (Brm)	6.33	6.97	0.64	10.07

Table 22: WACHS – Pilbara

NHpPD Reporting						
site	Ward	Category	Target	YTD	Variance	% Variance
Hedland Health Campus	Dialysis unit	Satellite Dialysis	2.18	1.93	-0.25	-11.47
Hedland Health Campus	Med/Surg/ HDU (Vickers)	B+(Pilbara)	6.37	6.64	0.27	4.29
Hedland Health Campus	Maternity / SCN	D+Del (Hedland)	6.43	8.24	1.81	28.18
Hedland Health Campus	Paediatric	D	5	12.27	7.27	145.33

Table 23: WACHS - Southwest

NHpPD Reporting						
Site	Ward	Category	Target	YTD	Variance	% Variance
Bunbury Regional Hospital	Medical	C	5.75	5.47	-0.28	-4.83
Bunbury Regional Hospital	Surgical	C	5.75	5.75	0.00	0.06
Bunbury Regional Hospital	Maternity	D+Del (Bunbury)	8.3	8.32	0.02	0.26
Bunbury Regional Hospital	Mental Health	C+ (BMH)	6.16	6.34	0.18	3.00
Bunbury Regional Hospital	Paediatrics	B	6	6.72	0.72	11.96
Bunbury Regional Hospital	High Dependency Unit	HDU	12	13.75	1.75	14.59
Bunbury Regional Hospital	PICU (Psychiatric Intensive Care Unit)	A+ (PICU Bunbury)	12	14.71	2.71	22.55

Appendix 2: WACHS regional reporting of small hospitals/Primary Health Care Centres 2.2.2 sites

Table 24: WACHS Regional Reporting of Small Hospitals/Primary Health Care Centres 2.2.2 sites

Hospital	Additional Staff required	Reason	Additional Staff supplied Yes/No	If NO – reason	Workload Grievance submitted Yes/No	Any other comments / actions

A monthly collation of additional staffing requirements is made of all 2:2:2 sites and reviewed regionally by the Regional Nurse Director and centrally by WACHS Area Office Nurse Manager Workforce.

Nil workplace grievances have been lodged by nursing staff at any site.

The 42 small hospital sites reporting are:

Goldfields: Laverton, Leonora, Norseman

Great Southern: Gnowangerup, Kojonup, Ravensthorpe

Pilbara: Paraburdoo, Onslow, Roebourne, Tom Price

Kimberley: Wyndham

Mid-West: Dongara, Exmouth, Kalbarri, Meekatharra, Morawa, Mullewa, Northampton, Three Springs

South West: Augusta, Boyup Brook, Donnybrook, Nannup, Pemberton

Wheatbelt: Beverley, Boddington, Bruce Rock, Corrigin, Dumbleyung, Dalwallinu, Goomalling, Kellerberrin, Kondinin, Kununoppin, Lake Grace, Narembeen, Quairading, Southern Cross, Wagin, Wongan Hills, Wyalkatchem, York

Appendix 3: Variance reports

Hospital: FH		Target NHpPD: 5.75	
Ward: V6		Reported NHpPD: 5.06	Variance: -0.69
		% Variance -12.06	
<p>Clause 7.2.2.2</p> <p>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"> V6 has had significant vacancy within its employed nursing FTE, this has led to backfill with agency and casual staff working shorter shifts, therefore reducing NHpPD. V6 has now employed a number of Registered and Enrolled nurses on temporary contracts whilst a permanent recruitment process takes place. Nursing staff have not been having to absorb any specials during times of decreased staffing, Assistants in Nursing have been available. 		
<p>Clause 7.2.2.3</p> <p>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"> Recent NHpPD report shows Ward V6 tracking within target range. 		
<p>Clause 7.2.2.4</p> <p>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"> Current RN pool for Fremantle Hospital has no more available applicants – work is in progress to close this pool which will allow us to open a new one and subsequently employ nursing staff on permanent contracts. 		

Hospital: Hedland Health Campus	Target NHpPD: 2.18		
Ward: Dialysis	Reported NHpPD: 1.93	Variance: -0.25	-11.47
<p>Clause 7.2.2.2</p> <p>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"> • Work on portfolios has been prioritised with Infection Control and Hand Hygiene portfolio maintained. • Primary Nurses with 8 primary patients are allocated 1 shift per month to attend to their patients' monthly bloods preparation, following up of results and tabulating on monthly bloods spreadsheet and problem list, updating the Dialysis Prescription and Care Plan, etc. • Monthly bloods spreadsheet once updated by all primary nurses, is managed by the CNM in regards to liaising with the nephrologist for changes and orders. 		
<p>Clause 7.2.2.3</p> <p>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"> • Requirements are prioritised ensuring outcomes are met • Non clinical tasks are attended to as time allows 		
<p>Clause 7.2.2.4</p> <p>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 current ratio is 1:4, implemented in 2015 (from 1:3) • NHpPD target is 2.18. Nurse with 4 dialysis patients = $4 \times 2.18 = 8.72$ • Review of requirements inclusive of the level of care required for individual circumstances is to be undertaken with the CON (i.e. 2 person transfers of wheelchair dependent patient) • Ongoing monitoring of clinical incidents and causal factors to ensure safe practices are maintained. 		

Hospital: FH	Target NHpPD: 7.95		
Ward: 5D + Resp HDU	Reported NHpPD: 7.03	Variance: -0.92	% Variance -11.55
<p>Clause 7.2.2.2</p> <p>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 ward composition and associated NHpPD is reflective of 8 HDU beds and 16 ward beds (24 total) which equates to 7.95 NHpPD. The complexity of the two categories needs consideration in the context of the ability to flex up and down dependant on the patient cohort. • Winter bed composition would predominantly consist of 8 HDU patients and 16 ward patients. Summer bed composition predominantly consists of 2-4 HDU patients and therefore 22/20 ward patients. The NHpPD target within the system is always based on the winter bed composition which consequently results in the below target reporting. • In instances where the summer bed composition is reflective this will always result in a under target reporting. • As the patient cohort is unpredictable i.e. in summer there may be instances were all HDU beds are occupied the decision has been made to keep the target at the higher level. 		
<p>Clause 7.2.2.3</p> <p>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 Nurse Director attends the ward daily (Monday to Friday) to review the patient cohort with the Nurse Unit Manager and the Coordinator of the ward and ensure that the NHpPD are assigned according to the HDU/Ward composition. These discussions also occur after hours with the Hospital out of Hours Team. • Clinical requirement for NHpPD is determined on a shift by shift basis where patient acuity, occupancy and complexity are assessed. • The ward is staffed as required and additional causal or agency staff allocated. All shifts are staffed to the ward composition based on the patient cohort. 		

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.

- Discussions have occurred to revise the NHpPD category dependant on the winter/summer configuration. This would ensure that the target was more reflective however as the patient complexity is unpredictable this is not supported.
- Strategies as described above ensure that the ward is staffed according to the patient complexity.

Education of staff in the area of NHpPD has also been considered to ensure an understanding of the ability to flex up and down with NHpPD dependant on the patient cohort. The majority of staff assumes that the target of 7.95 is applicable in both winter and summer when this is not necessarily the case.

Hospital: SCGH	Target NHpPD: 31.6		
Ward: ICU	Reported NHpPD: 27.34	Variance: - 4.26	% Variance -13.49
<p>Clause 7.2.2.2</p> <p>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 Reduced NHpPD in ICU has occurred due recent variations in inpatient acuity in the ICU; <ul style="list-style-type: none"> ○ Dec / Jan saw a reduced occupancy in both GHDU and ICU. Therefore the patients from the GHDU were managed within the ICU. This ensured efficiency in both human and material resource. However the acuity of the activity reduced with the increased number of HDU patients in ICU ○ We have experienced delays in returning patients to ward areas when ready. In particular this has been around returning cardiothoracic patients back to G62 (Surgery) and Neurosurgery G52 (Surgery) This has contributed to the reduced acuity of patient in the ICU ○ These patients can be safely nursed with a HDU staffing profile of 1:2 which reduced the NHpPD. ○ ICU at SCGH has 23 beds (18 Funded) and NHpPD is based on 20 bed capacity. GHDU has 7 beds. This is medically governed as a 30 bedded critical care facility. Patients are allocated to the area that best meets their nursing and medical needs. Nursing staff are flexed across the facility to meet patient need. ○ NHpPD data is monitored as one unit (ICU /GHDU) each fortnight. Data that is 5% above or below the allocated hours is triggered and explanation sought. 		

<p>Clause 7.2.2.3</p> <p>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"> • Workload of nursing staff reflects the acuity of patients and is within Intensive Care Minimum Standards. Also complies with ANF regulations • Increased number of 12 hour shift workers (By Staff Choice) reduces number of staff during afternoon handover. This reduces NHpPD but still provides 1:1 care for the ICU and does not compromise workloads or patient outcomes.
<p>Clause 7.2.2.4</p> <p>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"> • Ongoing monitoring of NHpPD • Flex nurses between ICU and GHU to meet patient acuity needs and demand • Provide nursing hours to meet needs of patient, e.g. extreme high acuity patients e.g. ECMO ratio 2 RNs: 1patient. Delayed discharges and HDU patients 1:2 ratio. • Plans have been put in place with the surgical division and bed management to address exit block from ICU as this ultimately increases the patients LOS. These plans include quarantining beds in surgical wards to facilitate ICU discharge. • Ultimate plans long-term will be towards merging both ICU and GHU.

Hospital: Bentley Hospital	Target NHpPD: 5.75		
Ward: 5	Reported NHpPD: 4.41	Variance:-1.34	-23.33
<p>Clause 7.2.2.2</p> <p>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 ward productivity reports which are completed three times a day and reviewed on a weekly basis demonstrate that NHpPD are above target requirements for the reported period. • Staffing is reviewed daily by the ward Nurse Unit Manager (NUM) for current and consecutive shifts and monitors activity and NHpPD. • Additional staffing above profiled NHpPD is provided if ward activity dictates, due to acuity, nurse specials, and escorts. 		
<p>Clause 7.2.2.3</p> <p>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"> • Staffing requirements are monitored daily and are adjusted for the patient activity and acuity requirements. • The staffing profile on a shift by shift basis for the ward has not been compromised. Inaccuracies in reported as reflected in rostering systems in currently being reviewed. • Weekly monitoring of activity and NHpPD occurs via weekly productivity meetings 		
<p>Clause 7.2.2.4</p> <p>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 staffing profile will continue to be monitored to ensure safe levels of staffing. • Ongoing monitoring of staffing, skill mix and profile will continue, with every effort to replace any nursing shortfall with appropriately skilled staff. • Continue to access and utilise the NHpPD tool to retrospectively monitor data entry to maintain quality. • Review of administration support to Ward Manager to ensure correct recording of ROSTAR codes which will ensure correct application of NHpPD profile. This review has been implemented. • Ensure existing processes are adhered to and continue to monitor for data accuracy. 		

Hospital: Bentley Hospital	Target NHpPD: 6.86		
Ward: 2	Reported NHpPD: 6.05	Variance:-0.82	-11.88
<p>Clause 7.2.2.2</p> <p>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"> • This ward area does not have an exclusive roster – rather it requires a manual process to adjust productive hours on a shift by shift basis. • Costing of staff going out to Visiting Midwife Service commenced on 01/11/2016 in Rostar. Midwife numbers are therefore taken out of the Ward cost centre. The reported NHpPD are consequently not reflective of ward profile. NHpPD is above target. • Additional staffing above profiled NHpPD is provided if ward/labour ward activity dictates. • Staffing is reviewed daily by the ward Nurse Unit Manager (NUM) for current and consecutive shifts and monitors activity and NHpPD. 		
<p>Clause 7.2.2.3</p> <p>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 staffing profile on a shift by shift basis for the ward has not been compromised. Inaccuracies are due to reporting in rostering systems • Staffing requirements are monitored daily and are adjusted for the patient activity and acuity requirements • Weekly monitoring of activity and NHpPD occurs via weekly productivity meetings 		
<p>Clause 7.2.2.4</p> <p>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 staffing profile will be continued to be monitored to ensure safe levels of staffing. • Ongoing monitoring of staffing, skill mix and profile will continue, with every effort to replace any Midwifery shortfall with appropriately skilled staff. • Continue to access and utilise the NHpPD tool to retrospectively monitor data entry to maintain quality. • Review of admin support to Ward Manager to ensure correct recording of ROSTAR codes to ensure correct application of NHpPD profile has been implemented. • Ensure existing processes are adhered to and continue to monitor for data accuracy. 		

Hospital: Bentley Hospital	Target NHpPD: 6.5		
Ward: Older Adult Mental Health (Ward 10)	Reported NHpPD: 2.67	Variance: -3.83	% Variance: -58.87
<p>Clause 7.2.2.2</p> <p>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"> • Since reconfiguration of the East Metropolitan Health Service and movement of Bentley Health Service (BHS) staff into Royal Perth Bentley Group (RPBG) there has been issues with the data integrity for this ward. Currently Ward 10 has three separate areas which all pull into the one report. Senior Nursing staff and Program Managers are currently investigating the data sources to correctly reflect the staffing ratios in this area. • The ward is profiled to meet its target NHpPD and the staffing profiles are adjusted daily to meet the activity requirements based on patient flow and acuity needs. High acuity and high risk patients (delirium/falls risk/absconding risk) are identified and support staff (CNS/SDN) utilised above nursing hours to assist with workload. • A business case has been prepared to reclassify the ward form its current B+ category to a category A for NHpPD. 		
<p>Clause 7.2.2.3</p> <p>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"> • Currently the administration support for Ward 10 is being reviewed to ensure that staff are being correctly entered into ROSTAR. • All other corporate applications including TOPAS names and cost centres are being verified to ensure the correct patient data is being reported for Ward 10. • The ward is profiled to meet its target NHpPD and the staffing profiles are adjusted daily to meet the activity requirements based on patient flow and acuity needs (high acuity patients and one to one nurse special requirements are assessed daily. Weekly monitoring of activity and NHpPD 		
<p>Clause 7.2.2.4</p> <p>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"> • Daily review of the NHpPD used on Ward 10 as well as monthly review of the DoH data to ensure data integrity is present and it accurately reflects the nurse and patient data • The staffing profile will continue to be monitored to ensure safe levels of staffing. • Ongoing recruitment to ensure adequate permanent nursing staff available 		

Hospital: Broome	Target NHpPD:10.38		
Ward: BMHU Mabu Liyan	Reported NHpPD: 9.20	Variance:-1.18	-11.35
<p>Clause 7.2.2.2</p> <p>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"> • We have contacted Perth- briefing note completed to enable the unit to source extra staff. • NurseWest options have been utilized • Agency nurses have been utilized often on 3 and 6 month contracts • Some agency nurses have been rolled over for over a year now. • Recruitment we have advertised 3 times for registered nurses with minimal response. • We are now about to advertise nationally to recruit permanent nursing staff • 12 hour shifts are in place which are rostered with no more than four shifts in a row. 		
<p>Clause 7.2.2.3</p> <p>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"> • Able to source extra nursing FTE via briefing note although this is an ongoing challenge due to employees only committing short term to the area. • We have increased our FTE in employing outside contractors to assist in cleaning the unit and providing general housekeeping duties. • We have increased our casual pool of nurses • We accept regular student placements on the ward which assist staff • Psychiatric liaison service has increased by one FTE provide support to BMHU • Graduate Nursing programme commenced via Broome Hospital psychiatric nurse year placement commenced in February 2017 		

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.

- Recruitment drive to be undertaken nationally

Hospital: Kalgoorlie Hospital	Target NHpPD: 10.28		
Ward: Maternity	Reported NHpPD: 8.17	Variance: -2.11	% Variance: -20.5
<p>Clause 7.2.2.2</p> <p>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"> • Maternity has been allocated NHpPD of 10.28 which includes admissions to Special Care Nursery (SCN). Where SCN is not occupied the unit operates on a NHpPD of 8.2 • High acuity of patients, mothers and baby admissions • Monitoring of acuity of patients in the Unit • Proactive recruitment of specialised Midwives through government websites and recruitment agencies- also including NurseWest and request for agency Midwives. • Nurse manager and Clinical Coordinator providing clinical support to ward areas as required- these hours not captured in the NHpPD direct care rostered hours • Hospital Coordinator and Float Nurse provide additional support as required, including meal break cover for all afternoon and night duty shifts – these hours are also not captured • Willingness to support and recruitment of Registered Nurses in filling direct care ward roles in the maternity area. • Rotation of Paediatric Nurses to the maternity Unit in times of high acuity • Fortnightly staffing meetings occur which identify any additional staff available to assist unit • Ante-Natal classes have been provided by a Midwife from Population Health for 2016 • Staff Development Midwife works flexibly and supportively to provide cover as required. 		

<p>Clause 7.2.2.3</p> <p>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"> • Recruiting Specialised maternity Staff – ongoing process • Recruitment of Graduate Midwives and Student Midwives • Looking at Clinical Refresher Midwives available for employment • Recruiting further Registered Nurses to fulfil the ward components of the Midwifery Unit, with the support of the Staff Development Midwife together with Learning & Development. Education program developed to enable registered nurses to upskill and meet some of the requirements of the unit, as appropriate. • Building capacity within our current nursing teams in Kalgoorlie Hospital by supporting rotations and upskilling into the Midwifery unit • Booking in clinic was removed from the Maternity Unit to be operated from the Out Patients Department.
<p>Clause 7.2.2.4</p> <p>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"> • Requested contracts processed with the commencement of Midwives • N4 Advertising requests completed for Registered Midwives • Recruitment and retention of a Clinical Nurse Manager for the Maternity Unit • N4 Advertising Requests completed for Clinical Midwives • The staffing profile will continue to be monitored to ensure safe levels of staffing and increase in staffing for times of high acuity • Ongoing monitoring of staffing skill mix and profile will continue to ensure replacement of nursing shortfall with appropriately skilled staff and support. • Recruitment is an on-going process which is reviewed weekly by senior management • Graduate Midwifery Program expanded to accommodate 4 Grad Midwives

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