



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 2017 – 31 December 2017

NHpPD Final Interim Report V5.0

Document History

Version	Version Date	Author	Description
1.0	8 March 2018	Regina Browne	First draft – NHpPD reporting and Variance reports.
2.0	11 April 2018	Jo Reid	Draft sent to WAHNMAC for review and comments.
3.0	27 April 2018	Jo Reid	WACHS Data updated using NWMS. Variation reports amended. Table 1, 4 & 5 amended.
4.0	9 May 2018	Jo Reid	Amendment to grievance terminology following committee meeting. Grammatical errors addressed.
5.0	13 June 2018	Jo Reid	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. Each financial year two reports are produced by the Nursing Midwifery Office (NMO) in collaboration with Health Service Providers. The NHpPD Interim Report, for the period 1 July 2017 to 31 December 2017 and the NHpPD Annual Report for the period 1 July 2017 to 30 June 2018.

Significant reform within Western Australia Department of Health (WA Health) continues which requires attention and includes but is not limited to the implementation of *the Health Services Act 2016* (HS Act), the WA Health Reform Program 2015-2020, the WA Health Strategic Intent and the Sustainable Health Review (SHR). 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 for those reasons outlined above. In the last annual NHpPD report 1 July 2016 to 30 June 2017 the Emergency Departments and Geraldton Regional Resource Centre (RRC) were not reported. Processes have been developed and put in place to ensure data can be reported for these areas. It should be noted that additional work is ongoing to define definitions associated with Full Time Equivalent (FTE) when reporting data.

The WA health system is dynamic and as such some areas have changed functionality since the last annual report and therefore caution is advised in comparing NHpPD data with previous reports.

Data is reflective of both the Metropolitan Health Service Providers and WA Country Health Service including Small Hospital and Primary HealthCare Centres. The body of the report includes specific commentary associated with Princess Margaret Hospital, the Emergency Departments and benchmark and reclassification. 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.

Contents

Introduction	1
Nursing Hours per Patient Day Reporting	2
Context for reporting	2
Reporting tools	2
Reporting structure	2
Metropolitan Health Service Provider Data	4
Child and Adolescent Health Service - Princess Margaret Hospital	5
WA Country Health Services	5
Regional Resource Centres Data	5
Small Hospitals/Primary Health Care Centres	6
Emergency Departments WA Health	6
Benchmarks and Reclassification	8
Workforce Excellence	8
Appendices	9
Appendix 1 – Metropolitan Health Services	9
East Metropolitan Health Service	9
North Metropolitan Mental Health Service	12
North Metropolitan Health Service	13
South Metropolitan Health Service	14
Women and Newborn Health Service – King Edward Memorial Hospital	17
Western Australia Country Health Service – Regional Resource Centres	18
Appendix 2: WACHS regional reporting of small hospitals/Primary Health Care Centres 2.2.2 sites	21
Appendix 3: Variance reports	25
Appendix 4: Wards reporting less than 10% below target	34

Introduction

The NHpPD interim report provides a summary of the workload of nursing and midwifery staff within the public health care system. 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 – Australian Nursing Federation - Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses, 2016 – Industrial Agreement;*
- *WA Health United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers, 2016 - Industrial Agreement.*

The 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 Health Service Providers (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 NMO on behalf of the Director General subsequent to section 7.2.2 of the *WA Health – Australian Nursing Federation - Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses 2016 – Industrial Agreement; WA Health United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers 2016 - Industrial Agreement.*

The *NHpPD annual report 1 July 2016 to 30 June 2017*, acknowledged the *WA Health Reform Program 2015-2020* and how critical enablers identified in the WA Health Strategic Intent had presented challenges in terms of reporting NHpPD across the WA health system. Challenges highlighted included alignment of cost centres, change in PAS and enhancements of the central reporting tool; all of which require consideration when interpreting and analysing NHpPD data in this interim report.

Every attempt has been made to report on all areas, however similar to the annual report, some areas are unreported. In those instances supporting commentary will be included within the relevant tables. The NMO in collaboration with front line leaders have collaborated and identified processes to rectify previous reporting challenges where areas were unreported, for example the Emergency Department.

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 by 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 HSS tool provides an overview of NHpPD across WA Health, it is antiquated and does not provide timely workforce 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. The fundamental business rules apply in both tools however the PULSE Tool provides more timely data. An example of this is aligned to 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 interim report there are instances where variations in data have been highlighted. An element of caution is required in these situations. The NMO in collaboration with HSS and HSPs has begun preliminary exploration of the capability of the HSS Tool to ascertain if it has similar capability to the PULSE Tool.

Reporting structure

This interim report provides 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.

Table 1 provides NHpPD data for the Metropolitan HSPs and RRC 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 and is available in Appendix 4. All the other area specific data is provided in Appendix 1.

Table 1 NHpPD data across Metropolitan HSPs and RRC

Reporting Period 1 July - 31 December 2107			
NHpPD reporting	Number of Wards		Total number of wards for Metropolitan HSPs and RRC (also represented as total %)
	Metropolitan HSPs	RRC	
Above 10%	52	18	70 (41%)
Above 5 - 10%	28	4	32 (19%)
Above 0 - 5%	27	3	30 (18%)
Below 0 - 5%	20	2	22 (13%)
Below 5 - 10%	6	1	7 (4%)
Below 10% or more	6	3	9 (5%)
Total Wards	139	31	170

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 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 more than 10% below target are provided in Appendix 3.

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

Nursing Hours per Patient Day Reporting					
Directorate	Ward	Target	YTD	Variance	% Variance
Fiona Stanley Hospital	5D	7.95	7.16	-0.80	-10.00
Fiona Stanley Hospital	*SRC - Ward B (Acquired brain injury)	6	0.56	-5.44	-90.61
Fremantle Hospital	B7N	5.75	1.52	-4.23	-73.54
Rockingham Hospital	Aged Care Rehab Unit	5.75	5.13	-0.62	-10.75
Rockingham Hospital	Mental Health Adult High Dependency Unit (HDU) (closed)	11.81	1.86	-9.95	-84.22
Rockingham Hospital	Older Adult MH	7.5	2.08	-5.42	-72.24

*SRC – Ward B – due to misaligned cost centres the HSS-NHpPD tool was unable to draw accurate data for the ward, FSH (Fiona Stanley Hospital) provided the data from PULSE tool

Child and Adolescent Health Service - Princess Margaret Hospital

Princess Margaret Hospital (PMH) data continues to be inaccessible for the HSS Tool so similar to the NHpPD annual report, data has been sourced directly from PMH. Table 3 provides associated data by ward. Those areas that are less than 10% below target have associated commentary provided in Appendix 4.

Table 3 Child and Adolescent Health Service – PMH

Nursing Hours per Patient Day				
Ward	Target	YTD	Variance	% Variance
3B/HDU	12	11.46	-0.54	-4.50
5A	7.5	7.85	0.35	1.33
5C	7.7	7.80	0.10	1.30
6D PICU	31.6	32.60	1.00	3.16
7Teen	7	8.65	1.65	23.57
8A	7.5	8.43	0.93	12.40
9A	8.3	9.11	0.81	9.76

* PMH data within the Interim report has been sourced directly from the health service.

WA Country Health Services

Western Australia Country Health Services (WACHS) facilities are delineated of three types: RRC, Integrated District Health Services (IDHS) and Small Hospitals/Primary Health Care Centres (SH/PHCC)

Regional Resource Centres Data

RRC include Albany, Broome, Bunbury, Hedland Health Campus, Kalgoorlie and Geraldton Hospital. WACHS patient administration system has transitioned from HCare to WebPAS. This has caused reporting challenges and therefore Geraldton Hospital was excluded from the last annual NHpPD report. Table 4 outlines the RRC that are 10% or more below their NHpPD target, with relevant variance reports in Appendix 3. All other NHpPD data for RRC is available in Appendix 1.

Table 4 RRC inpatient wards that are 10% or more below target

Nursing Hours per Patient Day					
Directorate	Ward	Target	YTD	Variance	% Variance
Hedland Health Campus	Dialysis Unit	2.18	1.89	-0.30	-13.53
Headland Health Campus	High Dependency Unit, Medical, Surgical	6.37	4.98	-1.39	-21.82
Kalgoorlie Hospital	Maternity Unit	10.28	8.99	-1.29	-12.54

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 of 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 WA Health

Emergency Department (ED) reporting was excluded from *NHpPD Annual Report, 1 July 2016 to 30 June 2017* due to variances in provision of data across HSPs. The NMO in collaboration with HSPs committed to explore the variances identified and establish more robust processes for the provision of ED data. The NMO has initiated central provision of ED data. The Emergency Department Data Collection (EDDC) unit is part of the Information Data and Standards, Purchasing and System Performance Division of WA Health.

ED models of care vary across WA, for example some EDs have both paediatric and adult areas and new 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 (PLN) 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.

Table 5 reflects the recommended FTE for the ED based on the EDDC data and incorporates feedback from HSPs Directors of Nursing and Midwifery. Further work is required to define FTE in regards to the ED and what this incorporates.

Table 5 Emergency Department nursing workload requirements.

Emergency Department nursing workload requirements - 1 July 2017 to 31 December 2017		
Hospital	Recommended FTE based on EDDC	Feedback from Health Service Providers (HSPs)
Metropolitan Health Sites		
Armadale	70.00	Definitions of FTE (establishment/utilisation) are currently being explored. There has been no decrease in FTE within the ED. NP, Nurse Navigators and PLN are provided to support shift coordinators and patient flow. Casual and agency staff are deployed to the ED in times of high acuity. No staff grievances regarding workload have been received.
Fiona Stanley	140.06	
King Edward	11.43	
Perth Children's	60.65	
Rockingham	61.81	
Royal Perth	96.14	
Sir Charles Gardiner	98.29	
WACHS		
Albany	28.02	Definitions of FTE (establishment/utilisation) are currently being explored. There has been no decrease in FTE within the ED. NP, Nurse Navigators and PLN are provided to support shift coordinators and patient flow. Casual and agency staff are deployed to the ED in times of high acuity. No staff grievances regarding workload have been received.
Broome	23.38	
Bunbury	46.50	
Hedland	19.95	
Kalgoorlie	19.46	
Geraldton	28.31	

In preparing this report, all Executive Director of Nursing and Midwifery have confirmed no grievances have been made associated with workloads within the ED (Metropolitan HSPs and RRC).

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 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 6 reflects new benchmarks and reclassifications that have been approved over the interim reporting period from July 2017 to December 2017.

Table 6 Benchmark and reclassification approvals

Hospital	Ward	Previous NHpPD category	Revised NHpPD category
Bunbury	Maternity	D+ del 8.3	B+ del 10.22
Osborne Park	Older Adult Mental Health Program (OAMHP)	C 5.75	A 7.8
Selby Lodge	Pink Grey Blue Lemon	Pink - A+ 8.15 Grey - B+ 6.41 Blue - B+ 6.41 Lemon – B+ 6.41	A 7.53
Sir Charles Gairdner Hospital	Mental Health Observation Area (MHOA)	A+ 9.9	A+ 12.75
Sir Charles Gairdner Hospital	G53	B+ 6.5	B+ 6.8

Workforce Excellence

The *Nursing and midwifery: strategic direction 2015-2017* incorporates the strategic priorities of workforce excellence, optimise activity and enhance care continuum. The NMO facilitate GradConnect which is the primary method of recruitment for nursing and midwifery graduates within WA Health. The 2018 GradConnect recruitment process offered 789 positions within WA Health and some private providers. 53 participants of Leading Great Care, a post graduate course that aims to develop strong leadership and management skills in senior nurses and midwives graduated from Notre Dame University. Key achievements associated with the *Nursing and midwifery: strategic direction 2015-2017* can be found in the quarterly reports available on the Nursing and Midwifery Office website. The *Nursing and Midwifery Strategic Priorities 2018-2021* is expected to be released early 2018

Appendices

Appendix 1 – Metropolitan Health Services

East Metropolitan Health Service

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

EMHS - Armadale Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Anderton	5.50	5.38	-0.12	-2.18
Banksia MHS for Older People	8.00	7.34	-0.66	-8.25
Campbell Paediatrics	6.00	13.06	7.06	117.61
Canning Ward (Medical)	6.00	6.03	0.03	0.53
Carl Streich - Rehab & Aged Care	5.00	5.27	0.27	5.30
Colyer Surgical	5.75	6.05	0.30	5.16
Dialysis	2.18	2.34	0.16	7.34
Intensive Care Unit	23.70	28.89	5.19	21.91
Karri Ward (MH)	8.00	8.44	0.44	5.48
Maud Bellas Ward	7.02	8.53	1.51	21.56
Medical Admissions Unit	6.00	7.09	1.09	18.17
Moodjar (Mental Health Open Ward)	7.50	10.65	3.15	42.04
Same Day Ward	6.00	20.59	14.59	243.14
Special Care Nursery	6.00	11.73	5.73	95.47
Yorgum HDU	12.00	30.09	18.09	150.74

Table 8: EMHS – Bentley Hospital (BH)

EMHS - Bentley Hospital	NHpPD - Reporting			
Ward	Target	YTD	Variance	% Variance
John Milne Centre	5.00	6.20	1.20	23.93
Older Adult Mental Health	6.50	9.05	2.55	39.17
2 (Maternity)	6.86	14.96	8.10	118.10
3 (Medical/Surgical)	5.00	7.98	2.98	59.53
4	5.00	5.42	0.42	8.37
5	5.75	6.07	0.32	5.51
6 (Secure Unit)	11.20	12.88	1.68	14.96
7 (Adult Acute)	6.00	5.96	-0.04	-0.72
8 (Adult Acute)	6.00	7.41	1.41	23.53
10	7.50	7.54	0.04	0.51

Table 9: EMHS – Royal Perth Hospital

EMHS - Royal Perth Hospital Ward	NHpPD - Reporting			
	Target	YTD	Variance	% Variance
Acute Medical Unit	6.83	6.88	0.05	0.76
Coronary Care Unit	11.10	16.55	5.45	49.13
Intensive Care Unit	26.67	30.85	4.18	15.69
SMTU	10.00	9.85	-0.15	-1.55
2K (Mental health)	6.00	6.29	0.29	4.81
3H (Orthopaedics)	5.75	6.32	0.57	9.97
4A (D023/47)	6.00	56.95	50.95	849.08
5G	6.00	6.49	0.48	8.08
5H (Neurosurgical)	7.50	7.21	-0.29	-3.82
6G (Gen Surg/vascular)	6.00	6.54	0.54	9.00
6H (ENT/Plastics/Maxfac)	6.00	6.35	0.35	5.75
7A	5.75	5.79	0.04	0.67
9A (Neurology/Gastro)	6.00	6.52	0.52	8.64
9C (Resp/nephrology)	6.85	7.05	0.20	2.92
10C (Immunology)	6.00	6.30	0.30	5.06

* Due to reconfiguration of services at RPH Wards 8A and 10A have not be included in the interim report

North Metropolitan Mental Health Service

Table 10: NMMHS - Graylands Hospital (GH)

NMHS - Graylands		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
Dorrington (Acute open)	7.5	9.25	1.75	23.33
Ellis (Hospital extended care)	7.5	9.52	2.02	26.96
Frankland	9.3	10.56	1.26	13.49
Hutchinson Forensic	4.56	10.14	5.58	122.4
Montgomery (Acute secure)	8.66	11.75	3.09	35.72
Murchison	7.5	9.62	2.12	28.31
Osborne Park (Older adult MH)	5.75	7.53	1.78	30.99
Yvonne Pinch	15.00	22.28	7.28	48.52
SCGH Mental Health Unit	10.54	10.28	-0.26	-2.44
SCGH MH Observation Area	12.75	18.44	5.69	44.59
Selby Acute	7.53	9.07	1.54	20.47
Smith (Acute secure)	8.66	17.93	9.27	107.01
Susan Casson (Hospital extended care)	8.51	12.28	3.77	44.32

* The three wings of Selby were combined and reclassified and reported as one unit since November 2017

* The three wings of the Franklin Centre were combined and have been reported as one unit in February 2017

* Osborne Park (Older adult MH) is reported over 5 months as the ward was reclassified in December 2017, the new target A+ (7.80),

North Metropolitan Health Service

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

NMHS - SCGH	NHpPD - Reporting			
	Ward	Target	YTD	Variance
Coronary Care Unit (Med Specs)	14.16	14.52	0.36	2.57
C 16 (Acute Medical/Delirium)	6.00	6.33	0.33	5.42
C17 Gem (medical)	5.75	6.21	0.46	8.00
G41 (Med Specs/Cardiology)	6.50	8.66	2.16	33.23
Ward G45 HDU (Medical)	12.00	16.12	4.12	34.32
G51 (Medical speciality)	6.75	7.23	0.48	7.11
G52 (Neurosurgery)	9.51	9.48	-0.03	-0.35
G53 (Surgical /orthopaedics)	6.80	7.19	0.39	5.69
G54 (Resp Medicine)	7.50	8.03	0.53	7.04
G61 (Surgical)	7.50	8.15	0.65	8.64
G62 (Surgical)	7.50	8.11	0.61	8.16
G63 (Med Specs)	6.80	7.40	0.60	8.75
G64 (ENT/Plastics/ophthalmology/Surgical)	7.50	8.28	0.78	10.40
G66 (surgical/Neurosurgery)	7.00	7.91	0.91	12.95
G71 (Medical)	7.50	7.69	0.19	2.49
G72 (MAU)	7.50	8.62	1.12	14.96
G73 (Med Specials)	6.00	6.35	0.35	5.86
G74 (Medical)	6.00	7.09	1.09	18.14
Intensive Care Unit (Medical)	31.60	29.31	-2.29	-7.24

Table 12: NMHS – Osborne Park Hospital (OPH)

NMHS-OPH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
Birth Suite/maternity	8.97	8.93	-0.04	-0.48
3 Aged Care & Rehab	5.00	4.95	-0.05	-1.10
4 Rehab	5.75	5.72	-0.03	-0.58
5 GEM & Rehab	5.75	5.64	-0.11	-1.94
6 Surgical	5.75	6.89	1.14	19.74

South Metropolitan Health Service

Table 13: SMHS – Fremantle Hospital (FH)

SMHS - FH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
4.1 (MH)	11.2	11.33	0.12	1.12
4.2 (MH)	6	6.16	0.16	2.67
4.3 (MH)	6	6.53	0.53	8.81
5.1 (MH)	6	6.04	0.04	0.61
B7N	5.75	1.52	-4.23	-73.54
B9S (General Medicine)	5.75	6.25	0.5	8.72
Peri - Op Care Unit	12	88.46	76.46	637.15
Restorative Unit	5.75	5.51	-0.24	-4.17

*Due to reconfigurations within the SMHS Wards 8N, 9N, 7S, 8S and V6 have not been included in this report as they have been closed from 2 – 5 months during the reporting period.

Table 14: SMHS – Fiona Stanley Hospital

SMHS - FSH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
Coronary Care Unit	14.16	14.42	0.26	1.81
Day Surgical Unit	4.37	9.61	5.24	119.83
Intensive Care Unit	31.60	29.07	-2.54	-8.02
3A (paeds med/surg)	6.00	9.12	3.12	51.97
3B (Neonatal medicine)	12.00	11.63	-0.38	-3.13
3C (Maternity)	6.00	7.68	1.68	27.92
4A (Orthopaedics)	6.00	6.43	0.43	7.08
4B (Burns)	11.91	10.97	-0.94	-7.88
4C (Cardio/Vascular surgery)	7.50	7.13	-0.37	-4.98
4D (Cardiology)	7.50	7.17	-0.33	-4.44
5A (AMU) & 5B (+HDU)	8.22	8.37	0.15	1.82
5C (Nephrology & Gen Med)	6.50	6.34	-0.16	-2.54
5D +Resp HDU	7.95	7.16	-0.80	-10.00
6A	6.00	7.10	1.10	18.31
6B	6.00	6.09	0.09	1.47
6C (General Medicine)	6.00	6.26	0.26	4.25
6D (Acute care of the elderly)	6.00	5.86	-0.14	-2.28
7A (Colorectal, upper GI, Gen surg)	6.00	6.30	0.30	4.97
7B ASU	7.50	7.50	0.00	0.04
7C (Oncology)	6.00	6.34	0.34	5.64
7D + BMTU	6.61	6.44	-0.17	-2.62
MHU- Ward A (MH Adolescent)	12.00	12.27	0.27	2.25
MHU - Ward B (MH Assessment)	12.00	11.55	-0.45	-3.78
MHU – (Mother Baby Unit)	12.00	13.58	1.58	13.18

SMHS - FSH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
SRC - Ward 1A (Spinal Unit)	7.50	8.12	0.62	8.20
SRC - Ward 2A (Multi-trauma Rehab)	5.75	5.87	0.12	2.03
SRC - Ward A (Neuro rehab)	5.75	5.75	0.00	0.03
*SRC - Ward B (Acquired Brain Injury)	6.00	6.77	0.77	12.89
SRC - Ward B (Acquired brain injury)	6.00	0.56	-5.44	-90.61

*SRC – Ward B – due to misaligned cost centres the HSS-NHpPD tool was unable to draw accurate data for the ward, FSH provided the data from PULSE tool

Table 15: SMHS – Rockingham General Hospital (RGH)

SMHS - RGH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
Aged Care Rehab Unit	5.75	5.13	-0.62	-10.75
Intensive Care Unit	23.70	22.37	-1.34	-5.63
*Medical Assessment Unit/Short Stay Unit	6.00	11.15	5.15	85.86
Medical Ward	5.75	5.79	0.04	0.70
Mental Health Adult (open)	6.00	12.42	6.42	106.92
Mental Health Adult HDU (closed)	11.81	1.86	-9.95	-84.22
Multi Stay Surgical Unit	5.75	6.25	0.50	8.75
**Obstetric Unit	10.80	8.47	-2.33	-21.54
Older Adult MH	7.50	2.08	-5.42	-72.24
Older Adult MH (open)	6.00	8.94	2.94	49.00
Paediatrics Ward	6.00	11.43	5.43	90.50

*Medical Assessment Unit and Short Stay Unit reported as a combined unit

** Obstetric Unit and Neonatal Unit have a shared cost centre which is causing data integrity issues. The data retrieved by the HSS-NHpPD tool is not an accurate reflexion of the activity.

Women and Newborn Health Service – King Edward Memorial Hospital

Table 16: Women and Newborn Health Service (WNHS) – King Edward Memorial Hospital (KEMH)

WNHS - KEMH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
3 (Obstetrics)	6.75	6.79	0.04	0.54
4 (Obstetrics)	6.75	6.91	0.15	2.30
5 (Obstetrics)	6.75	6.84	0.09	1.26
6 (Gyn/onco)	7.50	7.15	-0.35	-4.67
Adult Special Care Unit	12.00	19.44	7.44	62.00
Mother Baby Unit	12.00	16.40	4.40	36.67

Western Australia Country Health Service – Regional Resource Centres

Table 17: Goldfields

Goldfields - Kalgoorlie Regional Hospital	NHpPD reporting			
	Ward	Target	YTD	Variance
Children's Ward	5	9.30	4.30	86.04
Dialysis Unit	2.18	2.65	0.47	21.48
High Dependency Unit	12	16.95	4.95	41.26
Maternity Unit	10.28	8.99	-1.29	-12.54
Medical Ward	5.75	6.40	0.65	11.37
Mental Health Unit	7.71	13.12	5.41	70.21
Surgical Unit	5.75	7.00	1.25	21.78

Table 18: Great Southern

Great Southern - Albany Regional Hospital	NHpPD Reporting			
	Ward	Target	YTD	Variance
Dialysis Unit	2.18	3.26	1.08	49.54
High Dependency Unit	12	16.96	4.96	41.37
Maternity	9.95	16.30	6.35	63.78
Medical/Children's/Surgical	5.5	5.75	0.25	4.58
Mental Health Inpatients	6.28	9.42	3.14	49.95
Subacute	5	5.33	0.33	6.66
Surgical	5.75	6.18	0.43	7.51

Table 19: Kimberley

Kimberley - Broome Regional Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
General Ward/Maternity/HDU/Paediatrics	6.33	6.56	0.23	3.58
Psychiatric Ward	10.38	10.09	-0.29	-2.79

Table 20: Mid-West

Mid-West - Geraldton Regional Hospital	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
General Ward	5.75	9.75	4.00	69.62
High Dependency Unit	12	39.87	27.87	232.24
Maternity Unit	8.55	10.02	1.47	17.15
Renal Dialysis Unit	2.18	2.77	0.59	26.91

Table 21: Pilbara

Pilbara - Hedland Health Campus	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Children's Ward	5	11.50	6.50	129.90
Dialysis Unit	2.18	1.89	-0.30	-13.53
High Dependency Unit (HDU), Medical, Surgical	6.37	4.98	-1.39	-21.82
Maternity Unit	6.43	7.67	1.24	19.28

Table 22: Southwest

Southwest - Bunbury Regional Hospital	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
High Dependency Unit	12	15.22	3.22	26.85
Maternity Ward	8.3	9.42	1.12	13.51
Medical	5.75	5.63	-0.12	-2.07
Mental Health	6.16	6.44	0.28	4.49
Paediatrics	6	6.39	0.39	6.46
Psych Intensive Care Unit	12	12.65	0.65	5.43
Surgical	5.75	5.30	-0.45	-7.78

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

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Goldfields				
Laverton	Yes	Transfers Acuity Roster shortage	Yes	0
Leonora	Yes	Transfers Acuity Roster shortage	Yes	0
Norseman	Yes	Transfers Acuity Roster shortage	Yes	0
Great Southern				
Gnowangerup	Yes	Transfers Acuity Roster shortage	Yes	0
Kojonup	Yes	Transfers Acuity Roster shortage	Yes	0
Ravensthorpe	Yes	Transfers Acuity Roster shortage	Yes	0
Kimberley				
Wyndham	Yes	Acuity/ Activity	Yes	0
Hospital	Additional staff	Reason	Additional staff	Workload grievance

	required		supplied	
Mid-West				
Dongara	Yes	Transfers Acuity Roster shortage	Yes	0
Exmouth	Yes	Transfers Acuity Roster shortage	Yes	0
Kalbarri	Yes	Transfers Acuity Roster shortage	Yes	0
Meekatharra	Yes	Transfers Acuity Roster shortage	Yes	0
Morawa	Yes	Transfers Acuity Roster shortage	Yes	0
Mullewa	Yes	Transfers Acuity Roster shortage	Yes	0
Northampton	Yes	Transfers Acuity Roster shortage	Yes	0
North Midlands	Yes	Transfers Acuity Roster shortage	Yes	0
Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Pilbara				

Onslow	Yes	Transfers Acuity Roster shortage	Yes	0
Roebourne	Yes	Transfers Acuity Roster shortage	Yes	0
Paraburdoo	Yes	Transfers Acuity Roster shortage	Yes	0
Tom Price	Yes	Transfers Acuity Roster shortage	Yes	0
South West				
Augusta	Yes	Transfers Acuity Roster shortage	Yes	X2 events of Home Nurse Sick leave
Boyup Brook	Yes	Activity/ acuity	Yes	0
Donnybrook	Yes	Transfers Acuity Roster shortage	Yes	0
Nannup	Yes	Transfers Acuity Roster shortage	Yes	0
Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
South West				
Pemberton	Yes	Transfer	Yes	0

		Acuity Roster shortage		
Wheatbelt				
Beverley	Yes	Acuity	Yes	0
Boddington	Yes	Acuity	Yes	0
Bruce Rock	Yes	Acuity	Yes	0
Corrigin	Yes	Acuity	Yes	0
Dalwallinu	Yes	Acuity	Yes	0
Dumbleyung	No			
Goomalling	No			
Kellerberrin	Yes	Acuity	Yes	0
Kondinin	No			
Kununoppin	Yes	Acuity	Yes	0
Lake Grace	No			
Narembeen	Yes	Acuity	Yes	0
Quairading	Yes	Acuity	Yes	0
Southern Cross	Yes	Acuity	Yes	0
Wagin	No			
Wongan	No			
Wyalkatchem	Yes	Acuity	Yes	0
York	Yes	Acuity	Yes	0

*If no reason, X2 events of Home Nurse Sick leave. Other comments include appointments rescheduled.

Appendix 3: Variance reports

Hospital: Kalgoorlie Regional Hospital		Target NHpPD: 10.28	
Ward: Maternity	Reported NHpPD: 10.28	Variance: -1.29	% Variance -12.54
<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 Midwifery Manager assesses staffing levels and skill mix on a shift by shift basis. 		
<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"> There are ongoing recruitment drives to fill any vacancies with suitably qualified midwives. 		
<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"> Targeted recruitment campaigns have been initiated to fill seasonal vacancies in WACHS. Suitable applicants are offered options to rotate across WACHS sites and regions. Kalgoorlie Hospital has implemented a program of upskilling of RNs, within their scope of practice, and under the direction of a midwife, to meet the needs in special care nursery. 		

Hospital: Hedland Hospital	Target NHpPD: 2.18		
Ward: Dialysis Unit	Reported NHpPD: 1.89	Variance: -0.30	% Variance -13.53
<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"> To meet the requirements of the uni rostering arrangements have been reviewed and modified to ensure 3 staff have been rostered to work per shift.. This addresses the workload within the unit which is predominantly planned. In instances where unplanned leave occurs this is filled with casual staff. 		
<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 Nurse Unit Manager (NUM) assesses the staffing levels and skill mix on a shift by shift basis. 		
<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"> Staffing levels continue to be monitored to ensure safe staffing is always maintained. Targeted recruitment campaigns have been initiated to fill seasonal vacancies in WACHS; suitable applicants are offered options to rotate across WACHS sites and regions. 		

Hospital: Hedland Health Campus	Target NHpPD: 6.37		
Ward: HDU, Medical, Surgical	Reported NHpPD: 4.98	Variance: -1.39	% Variance -21.82
<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"> • Data has been identified as inaccurate for this reporting period. Manual entry of data is not always completed when clinical care is required. At times of higher acuity data gaps have been identified. • Hedland Health Campus are working with central office to translate manual data entry to an automated system which will streamline processes. 		
<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 NUM assesses the staffing levels and skill mix on a shift by shift basis. 		
<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 staffing levels continue to be monitored to ensure safe staffing is always maintained • NMO, HSS and HSPs continue to investigate and monitor data discrepancies. 		

Hospital: Fiona Stanley Hospital		Target NHpPD: 7.95	
Ward: 5D	Reported NHpPD: 7.16	Variance: -0.80	% Variance -10.00
<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"> Ongoing monitoring and review of seasonal bed plans. 		
<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"> Continue to monitor workload and ensure that patient safety is 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"> Aim for full speciality occupancy. Continue to monitor NHpPD with fluctuations of occupancy. 		

Hospital: Fiona Stanley Hospital		Target NHpPD: 6.00	
Ward: State Rehabilitation Service (SRS) Ward B	Reported NHpPD: 0.56	Variance: -5.44	% Variance -90.61
<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</p>	<ul style="list-style-type: none"> State Rehabilitation Service (SRS) Ward B – Acquired Brain Injury – Data provided is incorrect for this ward. The PULSE Tool provided accurate data which indicated that there was no variance. Data extracted is included below. <ul style="list-style-type: none"> Over the period July – Dec 2017 the average NHpPD was 6.77 NHpPD Jul - 		

area.	<p>7.67</p> <ul style="list-style-type: none"> ○ Aug - 6.62 ○ Sept - 6.28 ○ Oct - 6.49 ○ Nov - 6.65 ○ Dec – 6.93
<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>	Please note information above.
<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>	Please note information above.

Hospital: Fremantle Hospital	Target NHpPD: 5.75		
Ward: B7N	Reported NHpPD: 1.52	Variance: -4.23	% Variance -73.54
<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 NHpPD Summary Report in Pulse which pulls data at 15 minutely intervals from WebPAS and Rostar. • The 6 month summary report in the PULSE tool indicates that Ward B7N was at 7.70 NHpPD which is significantly above target exceeding 15 percent. • NHpPD was 6.20 for December which is within 10 percent. 		

<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"> • No further action required as NHpPD over target.
<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"> • No further action required as NHpPD was over target,

Hospital: Rockingham General Hospital	Target NHpPD: 5.75		
Ward: Aged Care Rehabilitation Unit (ACRU)	Reported NHpPD: 5.13	Variance: 0.62	% Variance -10.75
<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"> • ACRU has a large number of patients that require specialising. • This special may be either a qualified nurse or a non-qualified nurse, depending on requirements. • The use of qualified nurses may have an effect on the shift requirements for the ward. • There have been occasions when qualified nurses who are specialising are noted to be 'non-clinical' on the roster. 		
<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 patient requirements on ACRU are continually monitored. • ACRU has never been below nursing profile. • ACRU is a multi-disciplinary area with high numbers of allied health disciplines that compliment nursing profiles. 		
<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 staffing levels continue to be monitored to ensure safe staffing is always maintained. 		

Hospital: Rockingham General Hospital		Target NHpPD: 11.81	
Ward: Mental Health Adult Closed Unit		Reported NHpPD: 1.86	Variance: -9.95
		% Variance -84.22	
<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>	<p>Due to previous staffing structures within the Mental Health Inpatient Unit the FTE are not reflected accurately within the NHpPD reports. Data cleansing work is currently underway between Mental Health (MH) and the Human Resource (HR) department to align the correct positions with the correct cost centres. Once complete this will provide a more accurate report regarding FTE and NHpPD.</p> <ul style="list-style-type: none"> • The acuity levels within the adult closed unit have been particularly high with a significant number of patients with high risk of aggression and self-harm within the unit. • The high acuity is also reflective of a range of patients who were residents at the same times within the unit with co-morbid presentations of eating disorders. Interventions for these patients required consistent 24 hour per day specialising to minimise the risk to themselves and others. 		
<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 numbers in the report do not accurately reflect the NHpPD allocations. During the reporting period the rosters reflect the NHpPD and thus a more realistic picture of the staffing allocations. • As per the first point above completion of the work between MH and HR will provide a more accurate report 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"> • As indicated above the data cleansing work currently underway with MH and HR will provide information which will reflect a more accurate NHpPD report. 		

Hospital: Rockingham General Hospital		Target NHpPD: 7.5	
Ward: Mental Health Older Adult		Reported NHpPD: 2.08	Variance: -5.42
		% Variance -72.24	
<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"> • Due to previous staffing structures within the Mental Health Inpatient Unit the FTE are not reflected accurately within the NHpPD reports. Data cleansing work is currently underway between MH and the HR department to align the correct positions with the correct cost centres. Once complete this will provide a more accurate report regarding FTE and NHpPD. • The Older Adult Closed Unit was closed until the beginning of August 2017 thus impacting on the overall reported NHpPD. 		
<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 numbers in the report do not accurately reflect the NHpPD allocations. During the reporting period the rosters reflect the NHpPD and thus a more realistic picture of the staffing allocations. • As per the first point above completion of the work between MH and HR will provide a more accurate report 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"> • As indicated above the data cleansing work currently underway with MH and HR will provide information which will reflect a more accurate NHpPD report. 		

Appendix 4: Wards reporting less than 10% below target

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

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Armadale Hospital	Banksia MHS for Older People	8.00	7.34	-0.66	-8.25	Incorrect cost of nursing staff, ward staffed according to patient acuity and NHpPD
Fiona Stanley Hospital	Intensive Care Unit	31.60	29.07	-2.54	-8.02	FSH ICU has a combined ICU/HDU both having a different NHpPD. Target is 28.42. Reported for this time 29.07 (2% Variance). Factors for Variance, ICU unplanned admissions after commencement of shift. Unable to control the number of ICU/HDU patients within numbers.
Fiona Stanley Hospital	4B (Burns)	11.91	10.97	-0.94	-7.88	The number of patients with burns varies. When the beds are occupied by outlying patients they do not require the same level of nursing care. Patient safety is always assured.
Bunbury Hospital	Surgical Ward	5.75	5.30	-0.45	-7.78	A workload grievance was received and managed between ward staff and management. Strategies have been implemented including daily review of staffing levels by NUM.
Sir Charles Gairdner Hospital	Intensive Care Unit (Medical)	31.60	29.31	-2.29	-7.24	In times of ICU decreased acuity, HDU patients occupy beds and are less acute requiring only 1:2 nursing, not 1:1. At times of unplanned sickness the admission resource has been unable to be replaced. Staff supported by non-clinical staff such as SDN/CNS where shortages exist.
Rockingham General Hospital	Intensive Care Unit	23.70	22.37	-1.34	-5.63	ICU is a combined unit with HDU. ICU patients are nursed on 1:1 allocation as per Australian and New Zealand Intensive Care Society (ANZICS) guidelines. HDU patients are nurses on 1:2 ratios as per ANZICS guidelines, ward ready patients are nursed as per acuity. NHpPD and patient acuity is continually

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
						monitored by the NUM.
Graylands Hospital	Osborne Lodge	7.80	7.41	-0.39	-4.98	Osborne Park Lodge was reclassified in November 2018, from a C 5.75 to A 7.80. The new classification provides additional qualified staff to provide safe care for all patients. The unit is actively recruiting. An increased need for nursing specials has contributed to the variance.
Fiona Stanley Hospital	4C (Cardio/Vascular surgery)	7.50	7.13	-0.37	-4.98	The NHpPD Summary Report in Pulse which pulls data at 15 minutely intervals from WebPAS and RoStar for last 6 months indicates that the actual NHpPD is 7.30 (variance -0.20). Reduction due to utilisation of over census however ward profile maintained.
King Edward Memorial Hospital	Ward 6 (Gyn/onco)	7.50	7.15	-0.35	-4.67	The ward reported below target due to resignations, retirements and unplanned sick leave. A recruitment drive was undertaken in late 2017. not all positions were filled. A second process is currently being undertaken.
Princess Margaret Hospital	3B/HDU	12.00	11.46	-0.54	-4.50	Ward 3B is used for surgical over flow patients who require a lesser NHpPD resulting in a variance.
Fiona Stanley Hospital	4D (Cardiology)	7.50	7.17	-0.33	-4.44	The NHpPD Summary Report in Pulse which pulls data at 15 minutely intervals from WebPAS and RoStar for last 6 months indicates that the actual NHpPD is 7.35 (variance of -0.15). Reduction due to utilisation of over census however ward profile maintained.
Fremantle Hospital	Restorative Unit	5.75	5.51	-0.24	-4.17	Varying occupancy of beds has attributed to variation in NHpPD. Staffing is reviewed on a shift by shift basis.
Royal Perth Hospital	Ward 5H (Neurosurgical)	7.50	7.21	-0.29	-3.82	5H has multiple specialties resulting in variability in acuity requirements. Staffing is reviewed on a shift by

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
						shift basis.
Fiona Stanley Hospital	MHU - Ward B (MH Assessment)	12.00	11.55	-0.45	-3.78	All avenues always explored to ensure shifts are covered including extra shifts for part time, casual and agency staff and overtime. Co-located wards are utilised for support and to cover breaks when unable to cover the shift by the above mentioned avenues. CNS, Clinical Educator, Hospital Out Of Hours Team (HOOT) MH and NUM supplement the ward when unable to fill NHpPD gaps. These positions are not included in the NHpPD data.
Fiona Stanley Hospital	3B (Neonatal medicine)	12.00	11.63	-0.38	-3.13	Timing of admission of pre term babies from labour ward and ability to bridge to next shift. Patient safety always assured.
Broome Hospital	Psychiatric Ward	10.38	10.09	-0.29	-2.79	NUM assesses staffing levels on a daily basis. A recruitment drive to fill vacancies is ongoing.
Fiona Stanley Hospital	7D + BMTU	6.61	6.44	-0.17	-2.62	Data from PULSE indicates the actual NHpPD is 6.58, variance of - 0.03. Patient safety always assured.
Fiona Stanley Hospital	5C (Nephrology & Gen Med)	6.50	6.34	-0.16	-2.54	Data from PULSE indicates actual NHpPD is 6.52, variance 0.02, patient safety always assured.
Sir Charles Gairdner Hospital	Mental Health Unit	10.54	10.28	-0.26	-2.44	The number of patients requiring specials has reduced therefore the staffing profile reflects the variance. The NUM assesses patient acuity and staffing needs each shift.

Fiona Stanley Hospital	6D (Acute care of the elderly)	6.00	5.86	-0.14	-2.28	Ward moved to Service 4 in July 2017. Ward under target. Review of ward profile against occupancy and NHpPD, increased profile on week day night duty shifts.
Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Armadale Hospital	Anderton	5.50	5.38	-0.12	-2.18	The ward has reported below target due to resignations, retirements and unplanned leave. A recruitment drive was conducted in 2017, however all positions were not filled. A second recruitment process has been undertaken and it is anticipated vacant positions will be filled. Nursing staff were supported by staff development and clinical nurse specialists on shift.
Bunbury Hospital	Medical Ward	5.75	5.63	-0.12	-2.07	Two additional beds were opened over this time period resulting in higher than usual activity. Recruitment has occurred and staff deficits have now been rectified.
Osborne Park Hospital	Ward 5 GEM & Rehab	5.75	5.64	-0.11	-1.94	Wards 3, 4 & 5 are rehabilitation and aged care wards. Variance can be explained by replacing 8 hour shifts with 6 hour casual and agency shifts, other shortfalls assisted by non-clinical staff (e.g. SDN/CNM).
Royal Perth Hospital	SMTU	10.00	9.85	-0.15	-1.55	SMTU have a resulting variable NHpPD depending on acuity requirements and patient activity numbers in area.
Osborne Park Hospital	Ward 3 Aged Care & Rehab	5.00	4.95	-0.05	-1.10	Wards 3, 4 & 5 are rehabilitation and aged care wards. Variance can be explained by replacing 8 hour shifts with 6 hour casual and agency shifts, other shortfalls assisted by non-clinical staff (e.g. SDN/CNM).
Bentley Hospital	Adult Acute Ward 7	6.00	5.96	-0.04	-0.72	Ward 7 staff needed to be redeployed to other areas to assist with staffing shortfalls at the same campus. Recruitment, patient acuity and unplanned leave

						resulted in only short shifts being available through relief staffing to fulfil these deficits.
Osborne Park Hospital	Ward 4 Rehab	5.75	5.72	-0.03	-0.58	Wards 3, 4 & 5 are rehabilitation and aged care wards. Variance can be explained by replacing 8 hour shifts with 6 hour casual and agency shifts, other shortfall assisted by non-clinical staff (e.g. SDN/CNM).
Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Osborne Park Hospital	Birth Suite/maternity	8.97	8.93	-0.04	-0.48	Variance accounted for by replacing 8 hours sick leave with 6 hour casual and agency shifts. MUM assesses ward prior to short shift replacement.
Sir Charles Gairdner Hospital	Ward G52 (Neurosurgery)	9.51	9.48	-0.03	-0.35	Ward HDU beds not utilised or staffed as HDU beds for most of the time. No extra support required as there was no high acuity patients in the 2 ward HDU beds.

This document can be made available in alternative formats on request for a person with a disability.

© Department of Health 2018

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.