

NMHS

Nurse/Midwife to
Patient Ratios
Workload
Planning
Framework

Adult Inpatient Medical and Surgical Wards

Purpose

This document supports the application of [MP 0187/24 Nurse/Midwife to Patient Ratios Policy](#). It outlines specific protocols and processes that must be used when implementing Nurse/Midwife to Patient Ratios (NMTPR) in relevant wards/units at North Metropolitan Health Service (NMHS).

Ward Classifications

Current Classifications

All relevant wards/units have been assigned a classification by the System Manager based on the type of service delivered, historical Nursing Hours per Patient Day benchmarking and consultation with NMHS.

These classifications dictate the relevant NMTPR to be applied to the NMHS ward/unit. Classification definitions can be found in Appendix 1.

As of 7 October 2024, the wards/units listed below must implement NMTPR as outlined in the policy.

Metropolitan Adult Inpatient – Medical/Surgical

NMHS	Osborne Park	6 Surgical
NMHS	Sir Charles Gairdner	C16 (Acute Medical/Delirium)
NMHS	Sir Charles Gairdner	C17 GEM (Medical)
NMHS	Sir Charles Gairdner	G53 (Surgical /orthopaedics)
NMHS	Sir Charles Gairdner	G61 (Surgical)
NMHS	Sir Charles Gairdner	G66 (Surgical/Neurosurgery)
NMHS	Sir Charles Gairdner	G73 (Medical Specials)
NMHS	Sir Charles Gairdner	G74 (Medical)
NMHS	Sir Charles Gairdner	Woods Ward

Reporting Compliance

Compliance with NMTPR must be reported on a 6-monthly basis as per the policy utilising the NMHS NMTPR Reporting dashboard. The dashboard utilises rostering and ward/unit occupancy data to report the NMTPR for each shift.

Escalation of Non-Compliance

Non-compliance with NMTPR is defined as any shift that does not have sufficient Nurses and/or Midwives to meet the minimum NMTPR. Shifts that staff more Nurses/Midwives than the minimum NMTPR do not comprise non-compliance.

For every shift that does not meet minimum NMTPR a Non-Compliance Form (Refer to Appendix 2) must be completed and submitted to the NMHS Steering Committee within 4 weeks of the shift concluding. NMHS must consider making the form available to staff in alternative formats such as an online form.

The form must be completed to provide sufficient detail of the reason/s for non-compliance and a comprehensive approach to mitigation. The NMHS Steering

Committee must either approve the form, or not approve the form and provide an alternative mitigation strategy for action.

Repeated instances of non-compliance that represent a risk to staff and/or patient safety must be managed by the NMHS Steering Committee on a case-by-case basis.

Escalation of Workload Concerns

The Workload Management Concern Escalation Form (Refer to Appendix 3) may be used to report workload concerns.

Steering Committees

NMHS must stand up a Steering Committee when instructed by the Department of Health utilising the terms of reference found at Appendix 4.

APPENDIX 1

Ward Classification Definitions

Metropolitan Adult Inpatient Medical/Surgical	A multi-day inpatient ward located in the greater Perth area, in which adult patient presentations include acute or chronic illness/injury, multiple comorbidities and patients recovering from surgery. The ward is also an area of a hospital into which patients admitted via the emergency department are transferred for the provision of high complexity acute health care.
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APPENDIX 2

Nurse/Midwife to Patient Ratios (NMTPR) NMHS Non-Compliance Form

This form is required to be completed in every instance that relevant NMTPR are not met.

The NMTPR for Medical/Surgical areas in adult services are:

- 1:4 + 1 Shift Coordinator (AM)
- 1:4 + 1 Shift Coordinator (PM)
- 1:7 (Night)

The Nurse Unit Manager (or equivalent) must complete the relevant sections of this form detailing instances of non-compliance and identify a mitigation strategy to avoid non-compliance in the future.

When completed, please email to SCGOPHCG.NMTPR@health.wa.gov.au

For Ward/Unit Completion

Non-Compliance Incident

Health Service Provider	North Metropolitan Health Service
Hospital	
Ward or Unit	
Shift	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Night
Assigned NMTPR	
Actual NMTPR	
Reason for non-compliance	

Mitigation Strategy

Please select the most appropriate mitigation strategy or strategies from the list below. If your strategy is not in the list, please select other option and provide sufficient detail.

- Identify what is the current capacity and capability of the Nursing/Midwifery resources and reallocate resources as required.
- Change/alter patient/consumer activity/demand where possible.
- Change/alter Nursing/Midwifery skill mix where possible.
- Seek assistance from Nursing/Midwifery support services to seek additional staffing.
- Escalate the identified imbalance(s) through the governance framework.
- Other (provide detail).

Additional Details

For NMHS Steering Committee Completion

Approval

- Approved
- Not Approved

If not approved, outline next steps

APPENDIX 3

NMHS Workload Management Concern Escalation Form

This form enables all Nursing and Midwifery staff and relevant unions to raise a Nursing and Midwifery workload concern in relation to Nurse/Midwife to Patient Ratios at NMHS.

Your Details

To be completed by individual raising a concern

Name	
Position	
Date Workload Concern Raised	
In what capacity are you raising the concern?	

Workload Concern Details

Health Service Provider	North Metropolitan Health Service
Hospital	
Ward	
Shift	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Night <input type="checkbox"/> Other
Date of Workload Concern	
Description of Workload Concern <i>Please provide as much detail as possible regarding your workload management concern</i>	

Please submit the form to your line manager for progression.

NMHS Workload Concern Management

To be completed by the NMHS responsible officer/s managing the concern

Please provide details as to the relevant Stage/s the concern was escalated to and the associated mitigation strategies to address the concern. Any relevant documents to support this outcome must be attached to this form.

The Escalation Process as outlined in Part 2, Clause 10, Subclause 12 of the *WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2022*.

Stage 1: Raise matter with your relevant line manager responsible for ensuring the ratio have been correctly applied. Matter may be resolved within the shift.

Stage 2: If unresolved at Stage 1, refer to nominated nursing and midwifery executive (Nursing/Midwifery Director or higher).

Stage 3: If unresolved at Stage 2, refer to relevant Health Service Provider or Hospital Steering Committee.

Stage 4: If unresolved at Stage 3, the matter is referred to the WA Industrial Relations Commission.

Stage 1	
Date Stage Commenced	
Date Stage Closed	
Summary of Outcome <i>Please attach relevant documents</i>	

Was the matter closed at this Stage?

Yes

No

If no, proceed to next Stage.

Stage 2	
Date Stage Commenced	
Date Stage Closed	
Summary of Outcome <i>Please attach relevant documents</i>	

Was the matter closed at this Stage?

Yes

No

If no, proceed to next Stage.

Stage 3	
Date Stage Commenced	
Date Stage Closed	
Summary of Outcome <i>Please attach relevant documents</i>	

Was the matter closed at this Stage?

Yes

No

If no, proceed to next Stage.

Stage 4	
Date Stage Commenced	
Date Stage Closed	
Summary of Outcome <i>Please attach relevant documents</i>	

APPENDIX 4

North Metropolitan Health Service Nurse/Midwife to Patient Ratios Steering Committee

Terms of Reference

1. Name

The Committee shall be known as the North Metropolitan Health Service (NMHS) Nurse/Midwife to Patient Ratios Steering Committee (Steering Committee).

2. Purpose

In accordance with the Nurse/Midwife to Patient Ratios (NMTPR) Policy the purpose of the Steering Committee is to provide local-level support and oversight for the effective implementation and monitoring of NMTPR.

The Steering Committee holds responsibility for local-level implementation of the Nurse/Midwife to Patient Ratios Policy and all related documents at NMHS.

3. Functions

The Steering Committee will provide oversight of the implementation of NMTPR. Specific responsibilities include:

- Oversight of the implementation of NMTPR.
- Providing advice and recommendations regarding the local operational application and implementation of NMTPR.
- Providing advice and expertise regarding the effective and efficient management of resources and workloads relating to NMTPR.
- Identifying, monitoring, and planning around associated NMTPR risks.

3.1 Reporting Oversight

The Steering Committee holds oversight of compliance reporting for NMTPR as per the Policy.

The Steering Committee is responsible for monitoring reporting and identifying instances where actions such as ward reclassification may need to be undertaken to meet service needs.

3.2 Management of Non-Compliance

In all instances of NMTPR non-compliance, the relevant unit/ward will submit a Non-Compliance Form to the Steering Committee. The Steering Committee is responsible for reviewing and approving the form within 4 weeks of receiving the form.

Should the Steering Committee elect to not approve the form, an alternative mitigation strategy must be developed and returned to the relevant ward/unit for action.

In instances of repeated non-compliance, the Steering Committee must work directly with the relevant ward/unit to develop effective mitigation strategies. The Steering Committee will monitor the effectiveness of these strategies and intervene and/or escalate as necessary.

3.3 Management of Workload Concerns

The Steering Committee may need to address and manage workload concerns raised by Nursing and Midwifery staff or relevant unions. Concerns will be escalated to the Steering Committee if they are unable to be addressed in the first 2 stages of escalation (at a line manager or relevant executive representative level).

3.4 Feedback to System Manager

The Steering Committee will serve as the central point for feedback collection from the relevant HSP in relation to NMTPR. The Steering Committee will raise feedback and concerns to the Department of Health as necessary.

4. Authority

The Steering Committee functions under the authority of the NMHS Chief Executive and is accountable to the NMHS Executive Team (NET) via the Chair and Executive Sponsor.

4.1 Working Groups

The Steering Committee may establish Working Groups to assist in carrying out its purpose and responsibilities. Their Terms of Reference will be subject to endorsement by the Steering Committee. Minutes from each Project Working Group are to be tabled for noting at Steering Committee meetings.

5. Membership

Specific members are to be confirmed by the Chairperson. Membership comprises of:

- Area Director of Nursing and Midwifery, NMHS (Executive Sponsor)
- Director Nursing and Midwifery – Workforce Projects, NMHS (Chair)
- Women and Newborn Health Service (WNHS) Director of Midwifery and Nursing
- Mental Health, Public Health and Dental Services (MHPHDS) Director of Nursing
- SRN10 Sir Charles Gairdner Osborne Park Hospital Group x 2
- SRN10 WNHS
- SRN 7 MHPHDS
- NMHS Industrial Relations Representative
- NMHS Corporate Communications representative
- NMHS Consumer representative/s

- Australian Nursing Federation Representative
- United Workers Union Representative
- Minister for Health Representative
- Department of Health Representative

The Steering Committee or its Chairperson may co-opt temporary members onto the group or invite non-members to participate as required. This will be undertaken when it is considered they are directly involved in the matter(s) at hand or have expertise to assist in advising on matters as required.

All new members to the Steering Committee are oriented to their role and receive copies of Terms of Reference and Conflict of Interest declaration documents and meeting schedule. This is the responsibility of the Chairperson.

6. Frequency of Meetings

Meetings will be held monthly at a minimum. A schedule of meetings will be agreed in advance. The Chairperson may call additional meetings as necessary to address any matters referred to the Steering Committee or in respect of matters the committee wishes to pursue within its terms of reference.

7. Quorum

A minimum attendance of 50% plus one of the Steering Committee members will constitute a quorum. The Steering Committee members should appoint a suitable proxy if they are unable to attend.

8. Apologies

Members who will be absent from a meeting are required to submit an apology to the Secretary and/or Chairperson.

Members must nominate a suitable proxy to attend in their absence. The proxy may be another member of the Steering Committee. The proxy will have full voting rights.

9. Conduct of Meetings

The decision of the Chairperson is final in all matters of procedure. All meetings shall be conducted in accordance with the HSP values.

10. Reporting

The Steering Committee provides ratified minutes and action list from the meeting to the NET for tabling.

Issues unable to be resolved by the meeting are escalated to the NET.

11. Confidentiality

The discussions and decisions of the meeting shall not be conveyed to unauthorised persons.

12. Secretariat

A secretariat will be appointed by the Chairperson and shall be responsible for ensuring the minutes of meetings are circulated to members within five (5) days following the meeting.

The agenda, previous minutes and accompanying documents are circulated to the Steering Committee at least two (2) working days prior to each scheduled meeting.

The secretariat shall be responsible for all record keeping associated with the Steering Committee.

13. Conflict of Interest

Working Group members are required to comply with the [Managing Conflicts of Interest Policy MP0138/20](#).

14. Approval

These Terms of Reference shall be altered on the recommendation and approval of the Steering Committee. The Chair shall be responsible for initiating this process. The members are responsible for the development, amendment and adoption of any updated Terms of Reference.

Signature of Chairperson on behalf of Steering Committee

Name of Chairperson on behalf of Steering Committee

Date

Document History

Version	Date	Changed by	Nature of amendment

Previous version should be recorded and available for audit.