



Nurse/Midwife to Patient Ratios Policy

1. Purpose

Nurse/Midwife to Patient Ratios (ratios) are the proportion of nurses/midwives working on a ward or unit in relation to the number of patients under their care. The purpose of the *Nurse/Midwife to Patient Ratios Policy* (policy) is to outline the approach to implementing ratios across Health Service Providers (HSPs) that provide clinical services. This includes prescribing the mandatory minimum requirements for staffing levels specific to the care delivered.

In alignment with the [WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled \(Mental Health\) and Enrolled \(Mothercraft\) Nurses – Industrial Agreement 2024 \(ANF Agreement\)](#) and the [WA Health System – United Workers Union \(WA\) – Enrolled Nurses, Assistants in Nursing, Aboriginal Health Workers, Ethnic Health Workers and Aboriginal Health Practitioners Industrial Agreement 2024 \(UWU Agreement\)](#), WA Health is committed to transitioning to the ratios model across the WA health system.

Ratios will be implemented in a phased approach. Only specified metropolitan wards are bound by this policy. All other clinical care areas remain under the Nursing Hours per Patient Day methodology until their transition phase commences, at which time this policy will be updated accordingly.

This policy is not applicable to:

- Assistants in Nursing (AINs).
- Nurses/midwives not delivering direct care to patients, with the exception of the hands-free shift coordinator (HFSC).

This policy is a mandatory requirement for HSPs under the *Clinical Services Planning and Programs Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

2. Applicability

This policy is applicable to specified wards in the following metropolitan HSPs:

- Child and Adolescent Health Service.
- East Metropolitan Health Service.
- North Metropolitan Health Service.
- South Metropolitan Health Service.

3. Policy Requirements

3.1 Commencement of Ratios

Implementation of ratios commences in relevant wards/units as outlined in the [Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation](#) document.

3.2 Ratios Requirements

3.2.1 Minimum Requirements

HSPs must staff their wards/units at the minimum ratio applied to the ward/unit as outlined in the [Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation](#) document. Individual wards/units may be staffed above the ratio if determined to be clinically required.

3.2.2 Roles Included in Ratios

The ratio must only be applied to enrolled nurses, registered nurses, and midwives. AINs must not be included in the ratio.

3.3 Calculation of Ratios

HSPs must ensure a HFSC is rostered on as specified in the [Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation](#) document. The HFSC must be a suitably senior clinician as determined by the HSP. The HFSC is not counted in the ratio and must not be included in the number of nurses/midwives providing direct care.

HSPs must consider if a HFSC in addition to the minimum ratio is clinically necessary on night shift, where it is specified in the [Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation](#) document, that a HFSC on night shift is not required for the purposes of ratios compliance.

In critical care areas, HSPs must consider the need for additional staffing as per the [Australian College of Critical Care Nursing \(ACCCN\) Workforce Standards](#).

3.3.1 Supernumerary Roles

Roles that are not providing direct patient care for the entirety of the shift are supernumerary to the ratio and must not be used when calculating the ratio. HSPs must calculate the ratio by only using enrolled nurses, registered nurses, and midwives who provide direct patient care for the entirety of their shift.

3.3.2 Rounding

When calculating ratios, HSPs must ensure the staffing number for the ward/unit is rounded up to the nearest whole number.

3.3.3 Skill Mix

HSPs must use clinical judgement to determine the required skill mix within the ratio based on the demand and acuity of the ward/unit.

3.4 Application of Ratios

3.4.1 Flexibility of Application

HSPs must ensure that the overall ratio for a unit/ward is met on all shifts. This does not preclude individual Nurses/Midwives from carrying an individual patient load that is below or above the ratio, as long as the overall ratio at a ward/unit level is met.

3.5 Steering Committee

HSPs must establish a Steering Committee to oversee the implementation of ratios. The Steering Committee must be established at least one month prior to ratios commencing in the HSP and operate in accordance with the [Nurse/Midwife to Patient Ratios Steering Committee Terms of Reference Template](#).

3.6 Non-Compliance Reporting

A non-compliant shift is one that does not staff at sufficient level to meet the minimum relevant ratio, and/or a shift that does not staff a HFSC when required.

The four months immediately following a ward/unit's transition to ratios is known as the grace period. Non-compliance reporting will not be required in this period. HSPs must commence reporting of non-compliance on the first day of the first pay cycle following the conclusion of the grace period, as outlined in the [Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation](#) document.

HSPs must report all instances of ratios non-compliance as soon as practicable following the end of the non-compliant shift using the [Nurse/Midwife to Patient Ratios Non-Compliance Form](#). HSPs must make the form available to relevant staff in both a hard copy and electronic format.

The non-compliance form must be escalated to the relevant HSP Steering Committee. The Steering Committee must review the form and determine an outcome within six (6) weeks of the non-compliant shift concluding.

HSPs must develop a local procedure for escalating non-compliance including internal governance processes to ensure non-compliance reporting occurs within the mandated timeframes. The procedure must also include record keeping requirements as per local record keeping policies.

3.7 Escalation of Workload Concerns

HSPs must ensure nurses, midwives, and relevant union representatives are aware of how and when to report workload concerns related to ratios utilising the four-step process outlined in Part 2, Clause 10, Subclause 9 of the ANF Agreement and Part 2, Clause 12A, Subclause 9 of the UWU Agreement.

As per the ANF and UWU Agreements, HSPs must ensure that the dispute resolution process does not begin until the conclusion of the grace period, i.e. four months after ratios are implemented in the relevant ward/unit, as per the date outlined in the [Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation](#) document.

HSPs must develop a procedure for the management of the escalation of workload concerns as per the ANF and UWU Agreements, and recordkeeping requirements as per local record keeping policies.

3.8 Service Profile Record Management

Within six months of initial transition to ratios, all wards/units must submit a workforce planning framework service profile template executive summary (executive summary) to the Chief Nursing and Midwifery Office (CNMO). Executive summaries must be endorsed by the HSP Area or Executive Director of Nursing and Midwifery, or delegated authority, prior to submission to the CNMO. The CNMO must maintain accurate records of executive summaries received and will coordinate a review of the staffing profile if the ward/unit is requesting staffing above its current ratio category.

The executive summary must then be reviewed and endorsed annually by the HSP and resubmitted to the CNMO by 31 March.

4. Compliance Monitoring

Compliance monitoring requirements commence on the relevant date found in the [Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation](#) document.

The CNMO, on behalf of the Department of Health will monitor compliance with this policy by requiring HSPs to report on the following:

- A six-monthly summary of the percentage of compliant and non-compliant shifts by ward/unit by month over the relevant six-month period.
- An average of compliant and non-compliant shifts by ward/unit over the six-month period.
- Provision of copies of local procedures for non-compliance and escalation of workload concerns to CNMO.CED@health.wa.gov.au on a 12-monthly basis from the relevant date. Provision of the procedure/s must also occur as soon as practicable should updates be made.
- Provision of the initial Executive Summary within 6 months of transition to ratios and this Executive Summary to be reviewed, updated and submitted to CNMO.CED@health.wa.gov.au by 31 March each year.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- [Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation](#)
- [Nurse/Midwife to Patient Ratios Non-Compliance Form.](#)
- [Nurse/Midwife to Patient Ratios Steering Committee Terms of Reference Template](#)
- [Workforce Planning Framework Service Profile Template - Executive Summary](#)

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [Nurse/Midwife to Patient Ratios Workload Concern Escalation Form](#)
- [Nursing and Midwifery Workforce Planning Framework](#)

- [Workforce Planning Framework Service Profile Template](#)

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Australian College of Critical Care Nursing (ACCCN) Guidelines	Guidelines developed to safeguard the provision of an appropriate intensive and critical care nursing workforce, with the aim to ensure a safe and sustainable workforce that achieves the best outcomes for critically ill patients.
Direct care	Care which involves any direct interaction with a patient, including treatments, counselling, self-care, patient education and administration of medication.
Hands free shift co-ordinator (HFSC)	Suitably senior registered nurse or midwife who oversees a ward/unit for the entirety of their shift in a supernumerary capacity.
Health Service Provider Steering Committee	A Health Service Provider level Steering Committee, established to provide local-level support and oversight for the effective implementation and monitoring of ratios.
Supernumerary	For the purposes of ratios, supernumerary Nurses and Midwives are those not counted in the ratio due to not spending an entire shift providing direct patient care.
WA health system	The WA health system is comprised of: <ul style="list-style-type: none"> (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.
Workforce planning framework	A framework to guide HSPs in completing the service profile template and executive summary, inclusive of steps and processes to develop a complete service profile.
Workforce Planning Framework Service profile template	A comprehensive overview of the services provided by a ward/unit. Completion of the template will support the determination of nursing and midwifery human resource requirements in the context of the services provided.
Workforce Planning Framework Service Profile Template - Executive Summary	The executive summary is a summarised version of the service profile template and is required within 6 months of transition to ratios, annually, and when requesting a staffing uplift above the prescribed minimum ratio. The

	workforce planning framework is a useful guide for completion of the service profile template executive summary.
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8. Policy Contact

Enquiries relating to this policy may be directed to:

Title: Chief Nursing and Midwifery Officer

Directorate: Office of the Chief Nursing and Midwifery Officer

Email: CNMO.CED@health.wa.gov.au

9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0187/24	30 September 2024	April 2025	Original version
MP 0187/24 v.1.0	1 July 2025	January 2026	Policy review and amendments as listed below.
<ul style="list-style-type: none"> • Purpose section refined to reflect the updated 2024 Agreement and the updated applicable entities. • Applicability updated from NMHS to HSPs metropolitan wards/units classified as medical and surgical • Policy requirements 3.1, 3.2, 3.3 and 3.4 updated to reflect expanded applicability entities. • Requirements 3.5, 3.6 and 3.7 in previous version reordered for ease of reading. <ul style="list-style-type: none"> ○ Policy requirement 3.7 changed to 3.5 and name updated to Governance (from NMHS Steering Committee). ○ Policy requirement 3.5 changed to 3.6 (Non-Compliance Reporting) and requirement to have a local procedure added. ○ Policy requirement 3.6 changed to 3.7 and renamed Escalation of Workload Concerns (from Escalation of Workload Grievances). • Compliance Monitoring section updated to reflect policy ownership. • Related documents: Inclusion of 'Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation', 'Nurse/Midwife to Patient Ratios Non-compliance Form and 'Nurse/Midwife to Patient Ratios Steering Committee Terms of Reference Template. Removal of 'NMHS Nurse/Midwife to Patient Ratios Workload Planning Framework' • Supporting Information: Inclusion of 'Nurse/Midwife to Patient Ratios Workload Concern Escalation Form. Removal of the following documents: Nurse/Midwife to Patient Ratios Frequently Asked Questions; Nurse/Midwife to Patient Ratios Information Sheet – NMHS; Nurse/Midwife to Patient Ratios Information Sheet-System-wide and Nurse/Midwife to Patient Ratios Take 5-NMHS. • Definitions section – removal of terms 'Metropolitan adult inpatient medical/surgical' and 'Nurse Unit Manager'. Addition of 'Steering Committee' • Contact Section: Updated from Director Strategic Workforce and Development to Chief Nursing and Midwifery Officer. 			
MP 0187/24 v.2.0	16 February 2026	January 2027	Policy review and amendments as listed below.
<ul style="list-style-type: none"> • Purpose section refined to include alignment with the WA Health System United Workers Union (WA) Industrial Agreement. 			

- Applicability section updated with the removal of medical/surgical areas to reflect the applicability to broader range of wards/units.
- Policy requirements refined and updated. Removal of section 3.2.3 and 3.2.4. Updated section 3.3 Calculation of Ratios. Section 3.6 Non-Compliance Reporting updated to specify the grace period timeframes and the timeframe for HSP steering committees to review non-compliance forms extended from four to six weeks. Section 3.7 Escalation of Workload Concerns refined. Inclusion of Section 3.8 Service Profile Record management to specify Workforce Planning Framework Service Profile Template – Executive Summary requirements.
- Compliance Monitoring section: Inclusion of HSPs to provide the initial Executive Summary within 6 months of transition to ratios and the reviewed/updated Executive Summary annually by 31 March each year.
- Related Document: Inclusion of ‘Workforce Planning Framework Service Profile Template – Executive Summary’. Updated Nurse/Midwife to Patient Ratios Steering Committee Terms of Reference to reflect alignment with WA Health System United Workers Union (WA) Industrial Agreement.
- Supporting Information: Inclusion of: ‘Nursing and Midwifery Workforce Planning Framework’ and ‘Workforce Planning Framework Service Profile Template’.
- Definitions section: Inclusion of the following definitions ‘Australian College of Critical Care (ACCCN) Guidelines’, ‘Workforce Planning Framework’, ‘Workforce Planning Framework Service Profile Template’, and ‘Workforce Planning Framework Service Profile Template – Executive Summary’.

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Sash Tomson, A/Assistant Director General, Strategy and Governance Division
Approval date	24 September 2024

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

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