MP 0187/24
Effective from: 30 September 2024
Amended on: 20 October 2026

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/units are bound by this policy. All other clinical care areas remain under current workload management methodologies, such as Nursing Hours per Patient Day (NHpPD), until their transition phase commences, at which time this policy will be updated accordingly.

This policy is not applicable to:

- Assistants in Nursing (AINs).

This policy is a mandatory requirement for Health Service Providers under the *Clinical Services and Planning 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.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for

ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

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 Staffing 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 who provide direct care for the entirety of their shift. AINs must not be included in the ratio.

3.2.3 Supernumerary Roles
The *Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation* document outlines the required supernumerary roles for each ward/unit where relevant. Where a supernumerary role is required, the role must not be included in the number of nurses/midwives providing direct care and must not be counted in the ratio. Supernumerary roles include:

- Hands - free Shift Coordinator (HSFC).

3.2.4 Rounding
When calculating ratios, HSPs must ensure the final step in determining the staffing number for the ward/unit is to round the staffing number up to the nearest whole number.

3.2.5 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.

3.2.6 Flexibility of Application
HSPs must ensure that the overall ratio for a ward/unit is met on all shifts. This does not preclude individual nurses/midwives from carrying a patient load that is below or above the ratio, as long as the overall ratio at a ward/unit level is met.

3.3 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*.

3.4 Ratio 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 required supernumerary roles as outlined in the Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation document.

The four months immediately following a ward/unit's transition to ratios is known as the reporting grace period. Non-compliance reporting will not be required in this period. HSPs must commence reporting 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.

Relevant units/wards must report all instances of ratios non-compliance to the HSP Steering Committee, as soon as practicable following the end of the non-compliant shift, using the *Nurse/Midwife to Patient Ratios Non-Compliance Form*, available via the Ratios Dashboard, or hard copy via HSP unit/ward managers.

The Steering Committee must review non-compliance 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.

HSPs must submit a summary of compliant and non-compliant shifts by ward/unit per month, every 6 months to the Chief Nursing and Midwifery Office (CNMO) as detailed in section 4 of this policy.

3.5 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.

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

HSPs must submit a summary of workload concerns raised within their services every 6 months to the CNMO as detailed in section 4 of this policy.

3.6 Nursing and Midwifery Workforce Planning Framework

HSPs must complete the *Workforce Planning Framework Service Profile Template Executive Summary* (executive summary) using the *Nursing and Midwifery Workforce Planning Framework* (WPF) for wards/units in scope for the implementation of ratios. The

executive summary outlines the minimum mandatory information required to complete a service profile for a particular ward/unit.

HSPs are required to submit executive summaries to the CNMO for each ward/unit in scope for the implementation of ratios,

- within 6 months of the ward/unit transitioning to ratios
- annually, by 31 March each year
- anytime when requesting a staffing uplift above the assigned minimum ratio,

as per section 4 of this policy.

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 a staffing uplift above its minimum ratio.

3.7 Emergency Departments

Prior to transition, Emergency Departments with a nursing/midwifery staffing profile meeting or exceeding the minimum ratio, including required supernumerary roles, will retain their existing staffing profile and model of care. Ratios must be incorporated into these existing models of care. This does not preclude these Emergency Departments from using the WPF to request a staffing uplift above the minimum ratio according to service requirements upon transition.

4. Compliance Monitoring

Compliance monitoring commences at the end of the grace period. The due date for reporting for each ward/unit transitioning to ratios is 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 6-monthly summary of the percentage of compliant and non-compliant shifts by ward/unit per month over the relevant 6-month period.
- An average of compliant and non-compliant shifts by ward/unit over the 6-month period.
- A summary of any workload concerns received over the 6-month period.

Reporting periods are 6 monthly from 1 January to 30 June and 1 July to 31 December each year, with reports due to the CNMO via CNMO.CED@health.wa.gov.au one month afterwards.

In addition, HSPs must provide to the CNMO via CNMO.CED@health.wa.gov.au

- Copies of local procedures for non-compliance and escalation of workload concerns 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.
- Initial executive summaries of each ward/unit within 6 months of transition to ratios.
- Executive summaries to be reviewed, updated and submitted 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
Direct care	Care which involves any direct interaction with allocated patients/clients, including treatments, counselling, self-care, patient education and administration of medication.
Grace period	The four-month period immediately following a ward/unit's transition to ratios where non-compliance reporting and escalation of workload concerns related to ratios will not be required.
Hands-free shift coordinator	Suitable experienced registered nurse or midwife who oversees a ward/unit for the entirety of the shift in a supernumerary role.
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.
Ratios Dashboard	The ratios dashboard is a ratio compliance monitoring tool, which relies on data being transferred from WA Health business systems, including rostered staff and bed numbers and occupancy.
Supernumerary roles	For the purposes of ratios, a supernumerary role is a nurse/midwife not providing direct care to an allocated patient load for the entirety of the shift.
WA health system	The WA health system is comprised of: (i) the Department of Health; (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 minimum ratio. The Workforce Planning Framework is a useful guide for completion of the Executive Summary.

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.

- 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.
  - 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/Unis 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	Amendments as listed below.
• 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’.			
MP 0187/24 v.3.0	20 October 2026	July 2027	Policy review and amendments as listed below.
• Applicability section updated to include the contracted health entities statement for contractual agreements that are included within the ratios workload methodology. • Policy requirements section: Removal of Section 3.3 Calculation of Ratios section and re-arranged the policy requirements under 3.2 Ratios Requirements section for improved clarity and readability. Updated 3.2.3 Supernumerary roles and 3.4 non-compliance reporting sections. Title change and re-wording of 3.6 Nursing and Midwifery Workforce Planning Framework and inclusion of 3.7 Emergency Department. • Compliance Monitoring section updated to include a summary of any workload concerns received over the 6-month period.			

- Related documents section: Updated Nurse/Midwife to Patient Ratios: Wards/Units in Scope for Implementation; Nurse/Midwife to Patient Ratios Steering Committee Terms of Reference Template and Workforce Planning Framework Service Profile Template-Executive Summary.
- Supporting Information section: updated Nursing and Midwifery Workforce Planning Framework and Workforce Planning Framework Service Profile Template.
- Definitions: Inclusion of defined terms: Grace period and Ratios Dashboard.

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

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