Government of Western Australia
Department of Health

# Nurse/Midwife to Patient Ratios Workload Concern Escalation Form

This form enables nursing staff and relevant unions to raise a nursing workload concern in relation to Nurse/Midwife to Patient Ratios (ratios).

## Your Details

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

## Workload concern details

| | | | |
|---|---|---|---|
| Hospital | | | |
| Ward or Unit | | | |
| Shift | ☐ AM | ☐ PM | ☐ Night Shift |
| Date of Workload Concern | | | |

**Description of Workload Concern:** *Please provide as much detail as possible regarding your workload management concern.* ***Please email this form to your Nurse Manager.***

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# Workload Concern Management

**To be completed by the 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 information to support this outcome must be attached to this form.

The Escalation Process is as outlined in Part 2, Clause 10, Subclause 9 of the *WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2024* and Part 2, Clause 12A, Subclause 9 of 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*.

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

**Stage 2:** If unresolved at Stage 1, refer to nominated nursing leader Coordinator of Nursing (CON). CON to discuss with/inform Co-Director.

**Stage 3:** If unresolved at Stage 2, refer to relevant Health Service Provider (HSP) or Hospital Ratios Steering Committee.

**Stage 4:** If unresolved at Stage 3, the matter may be referred to the WA Industrial Relations Commission (WAIRC).

| **Stage 1 – Nurse Manager to complete** | |
|---|---|
| Date stage commenced | |
| Date closed | |
| Summary of outcome<br><br>Please attach relevant documents | |

**Was the matter closed at this stage?**

☐ Yes: Please forward to: **XXX** (HSP email)

☐ No: Please escalate to CON and proceed to Stage 2.

| **Stage 2 – CON to complete** | |
|---|---|
| Date stage commenced | |
| Date closed | |
| Summary of outcome<br><br>Please attach relevant documents | |

**Was the matter closed at this stage?**

☐ Yes: Please forward to: **XXX** (HSP email)

☐ No: Please forward to: **XXX** (HSP email) and proceed to Stage 3.

| **Stage 3 – Ratios Steering Committee to complete** | |
|---|---|
| Date stage commenced | |
| Date closed | |
| Summary of outcome<br><br>Please attach relevant documents | |

**Was the matter closed at this Stage?**

☐ Yes

☐ No: As per Stage 4, matter may be referred to WAIRC.