




Speech By
Hon. Cameron Dick

MEMBER FOR WOODRIDGE

Record of Proceedings, 1 December 2015

HOSPITAL AND HEALTH BOARDS (SAFE NURSE-TO-PATIENT AND MIDWIFE-TO-PATIENT RATIOS) AMENDMENT BILL

Introduction

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (2.30 pm): I present a bill for an act to amend the Hospital and Health Boards Act 2011 to provide for minimum nurse-to-patient ratios and midwife-to-patient ratios and other workload matters for public sector health services to ensure patient safety and the delivery of high quality health services. I table the bill and the explanatory notes. I nominate the Health and Ambulance Services Committee to consider the bill.

Tabled paper: Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015 [[1770](#)].

Tabled paper: Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015, explanatory notes [[1771](#)].

The Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015 delivers on the Palaszczuk government's election commitment to legislate for safe ratios and workload provisions to ensure better patient safety and better quality health care. Over decades it has been Labor governments which have introduced significant legislation in this place to improve the health system.

In 1923, under the government of Labor premier EG Theodore, the Hospitals Act established hospital districts and boards, with state and local governments guaranteeing board funding. In 1945, under the government of Labor premier Frank Cooper, the Hospital Benefits Act, which established free hospitals in Queensland, was passed. This legislation came into effect on 1 July 1946 when Ned Hanlon, another reforming Labor figure, was premier.

In 2015, under the leadership of Premier Anastacia Palaszczuk, another Labor government will introduce legislation that will significantly improve our state's health system. It is with great pride that I stand in the same place as health ministers in 1923 and 1945 to introduce another piece of health legislation that will benefit both patients in the health system and those who work in that system.

In standing here, I can see in the public gallery today representatives of the nursing profession in our state and the Queensland Nurses' Union. They understand the historic importance of this legislation. Nurses, represented by the QNU, have been instrumental in advocating for this legislation. Nurses and their union have been critical in helping us develop this legislation. Nurses and their union will be essential to implementing this legislation. I want to thank nurses and their QNU representatives here today for their advocacy and their assistance in developing this legislation. I thank them and say, because of you, we will have a better system of health in Queensland that will be safer for patients.

We know this because there is such strong research evidence. Research has been published in a range of prestigious academic journals, such as the *British Medical Journal*, the *Lancet* and the *International Journal of Nursing Studies*. One paper in particular, published in 2002 in the *Journal of the*

American Medical Association, found that for each additional patient beyond four assigned to a registered nurse the risk of death increases by seven per cent for all patients.

There are, of course, also benefits for staff. For nurses and midwives it provides a safer workload and that, in turn, enables them to deliver a better level of expert professional service to their patients. The bill establishes the legislative framework to enable minimum nurse-to-patient and midwife-to-patient ratios and workload provisions to be mandated in public sector health service facilities. In particular, it provides a head of power to enable minimum nurse-to-patient and midwife-to-patient ratios and requirements relating to the nursing and midwifery skill mix to be prescribed via a regulation known as a nursing and midwifery regulation.

It also provides flexibility for ratios to be prescribed by stated hospital and health services, by stated facilities or parts of facilities, at stated times and in stated circumstances. This flexibility will enable ratios to be gradually implemented in hospital and health services in a phased manner from 1 July 2016.

The bill enables the minister to grant a hospital and health service a temporary exemption from compliance with a nursing and midwifery regulation for a stated period of up to three months. The exemption may exempt a service from all or part of the regulation or vary the application of the regulation so that it imposes a lesser requirement on the service. The bill also enables the minister to place conditions on a temporary exemption and to extend the temporary exemption for a further period up to three months if required.

The bill provides that, before deciding to apply a nursing and midwifery regulation to a service or grant or extend a temporary exemption, the minister will be required to consider the service's capability to comply with the regulation and the likely effects of compliance. The bill also includes examples of matters that the minister may consider when making the decision.

In addition to requiring prescribed facilities to comply with ratios, the bill requires prescribed facilities to comply with workload provisions as a means of ensuring safe staffing levels. To achieve this, the bill enables the chief executive of the department to make a standard that outlines requirements about nursing and midwifery workload management by a hospital and health service. The standard may include requirements for how a service calculates its nursing and midwifery staffing requirements, develops and implements strategies to manage staff supply and demand or evaluates staff performance. A standard made by the chief executive will be binding on a hospital and health service in respect of those hospital wards to which ratios apply.

Finally, the bill includes provisions enabling the chief executive of the department to require hospital and health services to provide the chief executive with nursing and midwifery workload information, and also enabling the chief executive to publish that information.

As previously mentioned, aspects of the legislative framework will be prescribed in a nursing and midwifery regulation. A draft version of the regulation has been prepared by the Office of the Queensland Parliamentary Counsel. The regulation will amend the Hospital and Health Boards Regulation 2012. I table the draft amendment regulation and explanatory notes to assist the Health and Ambulance Services Committee and the House in its consideration of the bill.

Tabled paper: Hospital and Health Boards Amendment Regulation (No. ...) 2016: tabling draft [[1772](#)].

Tabled paper: Hospital and Health Boards Amendment Regulation (No. ...) 2016: tabling draft, explanatory notes [[1773](#)].

The amendment regulation prescribes ratios of one nurse or midwife to every four patients for morning and afternoon shifts and one nurse or midwife to every seven patients for a night shift. In addition to prescribing the minimum nurse-to-patient and midwife-to-patient ratios, the amendment regulation defines what is meant by a morning shift, afternoon shift and night shift for the purpose of applying the ratios on a ward.

It also details a methodology to assist hospital and health services to calculate the correct number of nurses or midwives required when the application of the required ratio to the number of patients on a ward does not result in a whole number of nurses or midwives. The amendment regulation also prescribes the Queensland public sector hospitals, and acute wards within those hospitals, to which ratios are proposed to apply from 1 July 2016.

Honourable members will note that nearly all of the major facilities in Queensland are covered. I am advised that the regulation will cover 80 per cent of the medical and surgical beds in Queensland. We know that the majority of hospitalisations in the public system are characterised as medical or surgical in nature.

I also want to assure those nurses here today that this is not the end of our commitment to safe nurse-to-patient and midwife-to-patient ratios. This is just the first step. We will be working with nurses and their representatives to look at those areas not covered by the regulation to consider the appropriate ratios for those areas.

As I said at the outset, this legislation fulfils an election commitment. It is notable that the Premier joins us in the House today for this historic occasion when this legislation is introduced into the Legislative Assembly. This legislation benefits both patients and the people who look after them. For patients, it is part of our broader commitment to ensuring that our public hospitals provide safe, quality health care and the best possible outcomes. For our hardworking nurses and midwives, this legislation will empower them to deliver safe nursing and midwifery services. I commend the bill to the House.

First Reading

Hon. CR DICK (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (2.39 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to the Health and Ambulance Services Committee

Madam DEPUTY SPEAKER (Ms Grace): In accordance with standing order 131, the bill is now referred to the Health and Ambulance Services Committee.