Speech By

Hon. Cameron Dick

MEMBER FOR WOODRIDGE

Record of Proceedings, 12 May 2016

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

Hon. CR DICK (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (8.40 pm), in reply: It is my very pleasant duty and privilege to speak in reply to address some of the issues raised during the debate and to summarise the debate this afternoon and this evening. I thank all members for their contributions to the debate and particularly those members who have today shown their commitment to improving outcomes for nurses and patients by speaking in support of this important bill.

This House is privileged to have so many members who have worked as healthcare professionals or who are the partners or families of healthcare professionals. One of the themes that ran through the debate tonight was the number of people who have been touched by nursing, either because of a professional commitment they made or because of the human connection they have with a family member who has served in the profession of nursing. I put myself in that group and I acknowledge my mother, who worked for many years as a nurse and a midwife. I acknowledge all of the midwives in Queensland. One of the themes tonight was not just the human connection that nurses make every day and the work that they do but also the human connections we feel in our own families because of the connections with family members and friends who work in the great profession of nursing.

Nurses have been instrumental in advocating for this legislation. Central to that advocacy has been the Queensland Nurses' Union. I add my thanks and appreciation to the leadership and advocacy of the Queensland Nurses' Union: president Sally-Anne Jones; secretary Beth Mohle; and assistant secretary Sandra Eales. Since my appointment about 15 months ago it has been my privilege to work with them as the Minister for Health. This moment would not have arrived without their dedication to developing an appropriate legislative framework to implement nurse-to-patient ratios. I acknowledge their contribution. I acknowledge the members of the Australian Labor Party in this parliament who worked so hard in opposition, in particular the Premier. I acknowledge and thank her for her fortitude, her courage and her commitment during those hard years in opposition to bring this moment to pass. I join with the Premier too in acknowledging the member for Bundamba and her work during the period she served as the shadow minister for health.

As the largest clinical workforce in the health system and at the epicentre of hospital activity, nurses are uniquely placed to advise on where improvements can be made. Nursing is not just a profession; it is a vocation and, as we heard from the member for Greenslopes and others, a very human one. Patients are at the centre of everything that nurses do. Patient care is more than just providing nursing care to support treatment for a particular illness or injury; it is holistic and it involves caring for the whole patient. The complexity of care in our hospitals has grown dramatically over the past decade due to an increasing population, chronic diseases such as diabetes and obesity and more complex medical and surgical treatments. This has increased the intensity of nursing care required to support patients.

The member for Greenslopes, himself a nurse, reminded us that every time a nurse or midwife is stretched too far something is not done. Our nurses are concerned that their workloads do not give them enough time to provide all of their patients with the individual attention that they need. They are also concerned that patients are reluctant to ask questions or seek their help or reassurance when they see that nurses are busy. This increases the risk of adverse incidents if, in an attempt to lessen the load on nurses, well-meaning patients try to help themselves or do not immediately alert nurses to important issues such as if they are starting to feel unwell. Our nurses have told us of their concerns for the future sustainability of the nursing workforce if their workload issues are not addressed, and we have listened. The legislative framework proposed by this bill ensures patients will continue to receive compassionate, professional care in Queensland's public health system. Our nurses can be assured of more manageable workloads and increased job satisfaction.

I would like to turn now to some of the points made during the debate, particularly those made by members of the opposition. Professor Christine Duffield commented, regarding research evidence for ratios, 'There is no doubt that nurse-to-patient ratios improve patient outcomes. That is really a bit of a no-brainer.' Frankly, this debate should have been a no-brainer. Despite the summary of evidence I provided of the studies conducted globally in this area, the opposition steadfastly maintains there is no evidence to justify the application of specific ratios. It has become obvious that the opposition has failed to understand the basics of this bill, particularly the relationship between the minimum ratios applied by the bill and the business planning framework, or the BPF, as applied through the proposed standard. As Dr John Wakefield, deputy director of the Clinical Excellence Division of the Department of Health explained to the committee during its inquiry, the ratios operate as a safety net. Skill mix and the appropriate balance of staff on a ward are determined by the diligent application of the standard. To describe this legislation as a one-size-fits-all approach, as the member for Surfers Paradise did, confirms that members opposite do not understand the bill. Working together, minimum ratios and the standard will ensure appropriate staffing levels that take into account the complexities of patient activity and acuity on different wards and in different hospital and health services.

A lot has been said today about research. All research studies have limitations. No study is perfect. However, when taken together the significant body of research in this area clearly demonstrates the benefit of having the right ratio of nurses to patients. The bill achieves this through the application of the standard and by ensuring a minimum staffing floor. The member for Moggill and other LNP members referred to Dr Aiken's work, suggesting her research project should have been conducted before the legislation was proposed. We do not need more research. As I have described, there are many studies demonstrating the benefits of having more nurses and having appropriate nurse-to-patient ratios. The aim of Dr Aiken's work is to gather comprehensive data on nurse staffing to evaluate the legislation in the Queensland context. As part of the evaluation, Dr Aiken will gather data before the legislation commences to develop a baseline. The baseline will create a picture of our starting point so that the impact of the legislation can be accurately assessed at the end of 2017. Evaluation, by definition, must occur after something has happened.

The member for Mudgeeraba claims that the department did not furnish the committee with documents used in the consultation regarding the legislation. I am advised that the director-general did, in fact, give a full written summary of the consultation. It is not feasible to capture every conversation, every email and every single ancillary document, nor is it fair on the committee secretariat to have to work through all of that material.

The member for Surfers Paradise indicated that the legislation would undermine the autonomy of hospital and health services. I welcome the member for Surfers Paradise to the portfolio and acknowledge that it is the Labor Party that has over successive years—in fact, decades—introduced autonomous health authorities and services in this state. The 1923 Hospitals Act passed by the Theodore Labor government and the 1936 Hospitals Act passed by the William Forgan Smith Labor government reaffirmed the independence of hospital boards. It was the government of the former National Party member for Surfers Paradise, Rob Borbidge, that removed autonomous health services when they were converted to administrative units in the Department of Health. It was the Bligh Labor government that brought back autonomous health services by the passage of the Hospital and Health Boards Act 2011. It is the Labor Party that cultivates independent autonomous health services; it is the party of the member for Surfers Paradise that stops it.

As I foreshadowed in my second reading speech, I will be moving amendments during consideration in detail to make clear that only those nurses or midwives who directly provide patient care may be counted in ratios. The member for Surfers Paradise has also circulated amendments to the bill. The net effect of the amendments proposed by the member for Surfers Paradise is to preserve the status quo, that is, staffing arrangements on wards would continue to be determined by the business planning framework. Legislation is not required to achieve this. The BPF is already an industrially

mandated instrument. The member for Surfers Paradise professes to support 'quality, individualised, safe nursing care'. He has moved amendments to this bill in the hope that somewhere someone will mistake these amendments as evidence that the LNP supports nurses and midwives. Those amendments simply do not.

The reality is that the LNP has moved amendments designed to block the important reforms contained in the bill and preserve the status quo. They are blocking the reforms because they fail to understand the relationship between minimum safe ratios and the requirement for health and hospital services to comply with the standard proposed in the bill. As I have already said, the application of the standard, not the ratios, will determine how hospital and health services calculate nursing and midwifery hours, decide skill mix and meet service demands on prescribed wards. The application of the standard, not the ratios, gives hospital and health services the flexibility to respond to the complexities experienced in different wards. Patient acuity and activity varies between wards and hospital and health services. The application of the standard takes account of that. When made, the standard will enshrine the methodology contained in the BPF in a legislative framework comprising the bill, the regulation and the standard. I repeat: minimum ratios act as a safety net. They operate together with the requirements of the standard to ensure a minimum number of nurses or midwives will be present on prescribed wards.

The amendment circulated by the member for Surfers Paradise demonstrates that the LNP has no concept of how to draft effective and enforceable legislation. While the BPF is an essential tool in workforce planning, it is not expressed in terms that can be applied or readily enforced through legislation. More importantly, the BPF is the product of an agreement between the Department of Health, hospital and health services and the Queensland Nurses' Union. It can be amended without reference to parliament. Given the member for Surfers Paradise's criticism of the 'Charlotte Street approach'—as if such a thing even existed—it is ironic that he would be the architect of a legislative framework that places Charlotte Street at the heart of workforce planning. By contrast, our bill ensures changes to the workforce planning framework enshrined in the standard will be the subject of appropriate parliamentary scrutiny.

In summary, I again thank the members of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee and their staff for their consideration of the bill. In particular, I thank the chair of the committee, the member for Nudgee, Leanne Linard, for her outstanding work. I thank all of the stakeholders who contributed to the committee inquiry. I note the member for Thuringowa's comments about the positive feedback received during the committee's extensive consultations, both here in Queensland and interstate.

I join with the Premier in acknowledging the staff of the Department of Health who have been so critical and instrumental in the development of this bill. The staff of hospital and health services and the Department of Health are often the subject of criticism. I can only commend them for the work that they have done. In particular, I acknowledge Dr Natalie Spearing, Frances Peart, Shane Hawes, Juliet Graham, Jacqui Thompson and Elizabeth Callaghan from the Clinical Excellence Division and David Harmer, Loretta Carr and Alessandra Atkinson from one of the best legislative policy units in government. I thank Mark Davey, Francis Price, Dr Frances Hughes and Dr Lesley Fleming, who are no longer with the department but who nevertheless also made a significant contribution to this bill and the implementation of the government's important nursing election commitments. I commend the bill to the House.