Speech By

Ros Bates

MEMBER FOR MUDGEERABA

Record of Proceedings, 12 May 2016

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

Ms BATES (Mudgeeraba—LNP) (5.28 pm): I rise to make a contribution to the debate on the Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015. This bill establishes a legislative framework for particular nursing and midwifery staff numbers and mandatory nurse-to-patient and midwife-to-patient ratios and workload provisions in public sector health service facilities. As a former deputy chair and member of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee which considered this bill, I have reservations about the bill in its current form.

There can be no doubt that nurses in our private and public sector hospitals do an outstanding job, and it is vitally important that as a parliament we support our nurses and ensure that their workload is manageable. As members are aware, today is International Nurses Day. Today is an opportunity to take a moment to thank our nurses throughout this state for the outstanding job that they do in often exceptional circumstances.

In my maiden speech in this place I reflected on the role nursing had played in my life. I said—

The health system is very close to my heart.

...

I am still a registered nurse in Queensland.

And I still am. That still holds true, 7½ years later. I have always been a vocal advocate for health issues and particularly for the future of nursing. In my maiden speech I vowed to represent nurses in parliament. I said—

I am particularly delighted that I will be able to provide to this place that vocal and credible representation that nurses are so rightly demanding. I will ensure that this most trusted and dedicated profession gets the acknowledgement it deserves.

Since this time I have been proud to stand up for nurses in this place and provide a unique view on issues facing the nursing profession, whether it be staffing numbers, culture, bullying and intimidation, safety or the conditions they face every day on the job. Nurses not only provide specialist advice and treatment to Queenslanders in need but also provide them with the care and understanding they deserve.

Just as nurses care for us, Queenslanders rightfully expect their government and their parliament to care for nurses. It was disappointing, though, to see the Minister for Health neglect to acknowledge me as a registered nurse during his statement earlier today. Nor did he invite me, as the only registered nurse on the opposition benches, to his International Nurses Day reception this morning.

As a registered nurse I know that the nature of this job is incredibly demanding. Often as a nurse you go through your shift without a break as you work around the clock to ensure the continued health and wellbeing of your patients. Unfortunately, there can be no certainty that a legislative requirement to fix nurse-to-patient and midwife-to-patient ratios is necessary to achieve what we set out to do—that is, deliver better outcomes for nurses and better health outcomes for patients.

This is an area where research is scant, with no universal agreement that nurse-to-patient and midwife-to-patient ratios will deliver better health outcomes. As I have visited hospitals throughout this state, including accompanying staff as they completed shifts at Gold Coast University Hospital and Robina Hospital last year, not one nurse thought nurse-to-patient or midwife-to-patient ratios imposed by legislation would allow for greater care for patients or ease their burden. No nurse that I spoke to thought it was a panacea.

I am disappointed that, in a hasty attempt to appease the Queensland Nurses' Union, this Labor government has chosen to introduce this piece of legislation with insufficient evidence to support the need for it. In Queensland public hospitals, some form of these ratios already exists through a formula contained in *Business planning framework: nursing resources*, which is industrially mandated under the Nurses and Midwives (Queensland Health) Certified Agreement 2012.

As we consider this bill today, it is important to note that this business planning framework has not been proven ineffective. At the public briefing officers from Queensland Health advised—

The BPF sets out the workload management methodology for calculating the nursing and midwifery hours required to provide an appropriate, professional and safe standard of health service. In practice, the BPF is underpinned by adherence to nursing and midwifery professional college standards and the application of good clinical judgement in determining the appropriate nursing and midwifery staffing levels and skill mix to meet service demand.

As such, under the BPF we already have a regime whereby we can determine the staffing levels and skill mixes needed to meet service demand without a legislative provision for nurse-to-patient and midwife-to-patient ratios.

Throughout the committee's consideration of this bill, which took us through regional Queensland in an effort to broaden our consultation, I raised a number of additional concerns about the introduction of this legislation and how it would impact on the nursing profession and their ability to care for Queenslanders. In particular, I expressed concern about data modelling used to create nurse-to-patient ratios and the number of nurses need to implement ratios created by the bill. In turn, the department conceded that there was a need to refine the data modelling in order to apply it to a range of scenarios. In our public briefing from departmental officers I asked Dr Fleming, the acting chief nursing and midwifery officer, about the data modelling used in this bill. I said—

You said initially that 250 nurses would be needed to implement the ratio but that you are going to have to do further data modelling. So the truth is that you do not yet actually know how many new nurses you need.

Dr Fleming replied—

In terms of saying, 'Do we have a final number that will absolutely say that every scenario will be covered?,' I take your point. It is a complex issue that we do need to refine and understand in the data modelling to give you a range of options and scenarios. It will be unlikely in any data modelling scenario that we come up and say, 'The answer is X.' It will depend a lot on the scenarios: the occupancy of hospitals, the acuity of hospitals, those sorts of things.

Through my questioning it became clear to non-government members of the committee that, despite assurances that 250 nurses would be needed to implement the ratio, in reality there is no concrete data modelling that will effectively conclude the precise number of nurses needed to implement the provisions of this bill. This unclear data modelling has cost implications for the implementation of this bill. I went on to raise concerns with the department that their costings were drawn from a variety of assumptions which could cast doubt on the presumed $25.9 million cost. In our public hearing I said—

So we do not have a cost of implementation of this policy?

Dr Fleming replied—

I think the preliminary data modelling identified 250 nurses so that gave, I think, the costing of around $25.9 million. As I said, once we do further modelling or refinement of the data modelling that costing will also be refined.

I then asked what assumptions were used in determining the cost of the bill's implementation. Dr Fleming advised—

The assumptions were based on the wards that were identified as acute medical and surgical wards. They were based on the legislation that identifies which wards would be included; they were based on occupancy of the acute hospital surgery and medical wards.

I then asked Dr Wakefield, the deputy director-general, to confirm that the cost is based on the implementation in particular hospitals identified by the department, like those in Atherton, Bundaberg and Caboolture. Dr Wakefield responded 'Correct.' I then sought clarification, asking, 'If you have to expand that, then it is going to cost more.' Dr Wakefield responded, 'That is correct.'

What we have therefore seen is an estimated cost associated with this bill that could blow out as a result of what appears to be insufficient or ineffective data modelling. As a consequence, the implementation of this bill could far exceed the $25.9 million estimated by the department.

Later in the public hearing I raised concerns about the apparently broad scope of the consultation for the bill which was conducted by the department. In my questions for departmental officers I noted that no documents or submissions in relation to the consultation had been provided to the committee. The department indicated that it would take the question on notice and seek the director-general's approval for the release of the documents. The department to date has not provided the working documents.

At our public hearing in Gladstone I also raised the issue of recruitment in regional areas of nurses and midwives which may prevent the effective implementation of nurse-to-patient and midwife-to-patient ratios. In particular I raised the culture of bullying and intimidation within Queensland Health as a key factor in recruitment difficulties of nurses and midwives in rural and regional areas. My concerns were noted by Mr Lawson, the nursing unit manager, who in turn reflected on the notion that there is a culture of bullying and intimidation and a focus on money in Queensland Health. Mr Lawson noted issues surrounding recruitment are 'endemic across the whole of regional Queensland'. He said—

> When you get outside the south-east corner that is the reality; however, I think there are other issues at the forefront here. It is a poor culture. Culture is the basis of everything and if we are not respecting our health professionals, whether it is nurses, doctors, midwives or allied health, we are not going to attract them. Some of the reasons why Central Queensland fail to fill and attract vacancies is because of the culture that exists.

He later reflected—

> … the culture is bullying and intimidating and the culture is about money. The culture is not about patient safety; it is about money.

At our public hearing in Cairns I again raised the issue of a culture of bullying and intimidation within Queensland Health and how this could affect recruitment of nurses and midwives during the implementation of the bill.

In closing, it appears that there are significant limitations when it comes to the implementation of this bill, and a lack of consideration has been given. The Labor government is introducing a piece of legislation to create mandatory nurse-to-patient and midwife-to-patient ratios when the workload management methodology for calculating nursing and midwifery hours required to provide quality health care is already contained in the business planning framework.

Through our committee consultations we have also seen issues arising in relation to incomplete data modelling, potentially unknown implementation costs, a lack of evidence of consultation, the difficulty in recruiting more nurses and an associated culture of bullying and intimidation within Queensland Health. I remain seriously concerned about the issues I have outlined arising from this bill's introduction which remain unaddressed, and I do not believe that ratios are the panacea sold to nurses by the QNU.