

Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015

Explanatory Notes

FOR

Amendments To Be Moved During Consideration In Detail By The Honourable Cameron Dick MP, Minister for Health and Minister for Ambulance Services

Title of the Bill

Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015

Objectives of the Amendments

The amendments to be moved during consideration in detail will clarify which nurses and midwives may be counted for the purposes of ratios under new section 138B.

The Bill amends the *Hospital and Health Boards Act 2011* to insert a head of power (new section 138B) that enables the prescribing of nurse-to-patient and midwife-to-patient ratios. This provision also includes a description of which nurses and midwives may be counted when calculating a ratio.

Currently, new section 138B(3) will enable nurses or midwives who are physically present at or near a prescribed ward and who are available to become immediately involved in delivering patient care on the ward if needed, to be counted in a ratio. This provision was intended to provide sufficient flexibility for Hospital and Health Services, via application of a standard (which codifies the Queensland Health *Business Planning Framework: Nursing Resources* (BPF)), to determine appropriate staffing solutions in response to health service requirements by utilising the skills and abilities of nursing and midwifery staff such as shift co-ordinators, when required. However, as currently drafted, new section 138B(3) would enable nursing or midwifery roles to be counted in ratios irrespective of whether they have been allocated a 'patient load'.

The policy intent is that only those nurses or midwives who are directly involved in delivering patient care (i.e. have been allocated a patient load) may be counted in the ratios. In practice, the management of temporary absences from a ward (such as for meal breaks) will continue to be addressed via application of the standard, and through the exercising of clinical judgement by nursing and midwifery supervisors and managers.

Amendments are required to clarify the policy intent that only nurses or midwives who directly provide patient care may be counted in ratios.

Achievement of the Objectives

The proposed amendments to the Bill will clarify in section 138B(3) that only nurses and midwives who directly provide patient care may be included in the minimum ratios.

Alternative Ways of Achieving Policy Objectives

There are no alternative ways of achieve the policy objectives of this amendment.

Estimated Cost for Government Implementation

This amendment is not expected to materially affect the estimated implementation costs.

Consistency with Fundamental Legislative Principles

The amendments are consistent with fundamental legislative principles.

Consultation

No consultation has been undertaken on the amendments to the Bill. However, the amendments address a matter raised during consideration of the Bill by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee. The amendments clarify the policy intent of the Bill.

Notes on provisions

Amendment 1

Amendment 1 amends clause 5, as it refers to the insertion of new section 138B (***Prescription of minimum nurse-to-patient and midwife-to-patient ratios***) to omit subsection (3) and replace it with new subsection (3) to clarify that, for the purposes of a ratio, a nurse or midwife is taken to be engaged in delivering a health service only if directly involved in providing care to one or more of the patients receiving the service.

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