

**SAFE PATIENT CARE (NURSE TO PATIENT AND MIDWIFE TO PATIENT RATIOS)
AMENDMENT BILL 2018**

TABLING OF STATEMENT OF COMPATIBILITY AND SECOND READING SPEECH

Tabling of Statement of Compatibility

In accordance with section 28 of the *Charter of Human Rights and Responsibilities Act 2006*, I table a statement of compatibility for the **Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2018**.

Second Reading Speech

I move that this Bill be now read a second time.

This Bill presents a significant opportunity to improve the safety and quality of patient care for all Victorians, and improve the workload arrangements for our dedicated and caring nurses and midwives.

Safety is our highest priority, and through improving nurse to patient and midwife to patient ratios, we are supporting nurses and midwives in our public hospitals and health services to deliver the best possible care.

The landmark introduction of the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act* in 2015 was a significant achievement for Victoria, as the first state in Australia to legislate minimum nurse and midwife staffing in public hospitals.

The Safe Patient Care Act has successfully protected minimum workload arrangements – creating a safe, supportive and productive environment for nurses, midwives and patients.

Now is the time to make improvements to staffing ratios to minimise any risk to patients where ratios are no longer fit for purpose and do not reflect best practice or safe staffing levels.

Nurses and midwives are an integral workforce in our health system and continue to be the most trusted profession in Australia.

There are over 50,000 nurses and midwives in our public health system committed to providing patient-centred, empathetic and individualised care. These staff are managing patients in an environment of increasing patient complexity, changing models of care and the growing demand for health services.

International and local evidence also confirms a direct relationship between workload levels, patient outcomes and nurse-reported quality of care. In addition, increasing workloads have the potential to lead to burnout, absenteeism, job dissatisfaction, attrition and poor retention.

In summary, higher staffing numbers lead to better patient outcomes, and an increasingly engaged workforce.

As such, it is now time to improve workload arrangements, create positive, healthy and productive environments and advance the health system for better patient safety.

This Bill specifies minimum staffing levels for a range of clinical settings. Updating the Safe Patient Care Act will guarantee consistency and create greater certainty around the provision of safe and high-quality patient care by ensuring that health services provide a higher number of nurses and midwives where required in more complex and specialised environments.

The Bill advances the intent of the Safe Patient Care Act and demonstrates the Andrews Government's greater focus on safe and high-quality patient care.

This Bill enhances the Act in four ways:

Firstly, the Bill improves a number of existing ratios to reflect evolving nursing and midwifery practices in response to advancing technologies, changing service models and increasing patient acuity and complexity.

Amendments to the rounding methodology will mean that, in most circumstances, nurses and midwives will no longer be required to carry an additional workload that can at times be 50 per cent greater than the specified ratio.

Ratios in palliative care, birthing suites, special care nurseries and emergency departments will also be updated to maintain their relevance and to reflect contemporary practice and community expectations. This includes updating the special care nurseries ratios to respect the skills and knowledge of our dedicated midwives.

Secondly, the Bill is creating new ratios to better manage highly complex patients in a range of clinical settings that use advanced technologies and specialised treatments.

New minimum safe staffing levels are now provided for inpatient multi-day speciality areas of haematology, oncology and acute stroke units. Managing ratios within mixed speciality wards is also clarified.

These enhancements will create statewide consistency in service provision and ensure the delivery of high-quality individualised care that reflects treatment complexity.

Thirdly, as part of a continuous improvement process, the Bill removes redundant and outdated sections of the Act.

Removing the night duty formula in specified emergency departments and the local capacity to vary ratios will reduce confusion and ambiguity, and advance uniform workload management processes.

Finally, the Bill improves the overarching structural and operational functionality of the Act to deliver a contemporary and responsive regulatory instrument that reflects modern practices, and protects patient-care models for all Victorians.

The Andrews Government has committed to establishing a \$50 million Nursing and Midwifery Workforce Development Fund to support the recruitment, transition to practice and professional development of more nurses and midwives. In particular, \$10 million will be dedicated to support initiatives in rural and regional Victoria.

The vision and objectives of the Bill and Workforce Development Fund will be achieved over the next five years. Further to these improvements, the Government will continue to work with nurses, midwives and health services to introduce a future amendment Bill to ensure we have enough staff when and where they are needed most.

Every day our nurses and midwives work hard to put patients first – delivering person-centred healthcare and high-quality outcomes.

This Bill will finish what we started – improve nursing and midwifery workload arrangements for a significant and lasting impact on the provision of safe, empathetic and high-quality patient-centred care for all Victorians.

I commend the Bill to the house.