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| Phase three amendments to the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*  |
| Frequently asked questions |
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Establishment of the Act delivered on a key government 2014 election commitment to enshrine into legislation the nurse to patient and midwife to patient ratios that were previously contained in the ‘Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2012-2016’ (the Enterprise Agreement).

Two phases of amendments to the Act have already been passed in 2019 and 2020.

The Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025 (the Bill) was introduced into Parliament on 18 February 2025.

## What do the current ratios look like for nurses and midwives?

ICUs: The Safe Patient Care Act does not currently specify ratios for ICUs.  While 1:1 staffing is standard practice in ICUs for ICU equivalent patients, the Bill formalises this practice to ensure patient safety and reduce clinical risk.

EDs: The Act currently provides for one nurse for each resuscitation bed in the emergency department on the afternoon and night shifts but only one nurse for every three resuscitation beds on morning shift. The amendment to this ratio will ensure consistency across the daily roster by providing a dedicated nurse for resuscitation beds on all shifts throughout the day in hospitals specified in Schedule 3, Part 1 of the Principal Act.

Antenatal and postnatal: The Act currently specifies staffing in antenatal and postnatal wards as one staff member to four patients on morning and afternoon shift, with one staff member to six patients on night shift. The Bill brings staffing on night shift in prescribed antenatal and postnatal wards in line with morning and afternoon shifts.

HDU/CCU: In CCUs and standalone HDUs the Act currently provides for a nurse in charge on the morning and afternoon shift (but not the night shift). Introducing an in-charge nurse on night duty ensures consistency across the daily roster.

## What components of the election commitment are being legislated with this Bill?

At the 2022 election, the government committed to protect and strengthen ratios through a range of initiatives. The components included in this Bill are:

* introducing staffing ratios into Intensive Care Units (ICUs) through the introduction of a 1:1 ratio for ICU-equivalent patients on all shifts in Level 1 and Level 2 hospital ICUs.
* improving staffing ratios in resuscitation cubicles in Emergency Departments on morning shift by prescribing one nurse for each resuscitation cubicle in hospitals specified in Schedule 3 Part 1 of the Act.
* improving staffing ratios in postnatal and antenatal wards by enshrining a 1:4 midwifery ratio on night shift in prescribed health services (It is intended to prescribe Maternity Capability Level 5 and 6 and Level 4 services that are part of a larger multicampus metropolitan health service)
* in-charge nurse on night duty in Coronary Care Units and standalone High Dependency Units in level 1 hospitals
* Nurse in charge and team leader in addition to the prescribed 1:1 ratios for ICU equivalents on shifts in SPC Act Level 1 and Level 2 hospital ICUs, and ICU liaison nurses in addition to prescribed 1:1 ratios for ICU equivalents on shift in Level 1 and Level 2 hospitals.

In addition, to support contemporary administration of the Act, the hospital names in the Schedules are being updated to ensure they reflect current terminology.

## Why are nurse to patient and midwife to patient ratios being amended further?

The government is committed to the ongoing successful implementation of the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015. A commitment at the 2022 State Election was to further strengthen and protect staffing ratios to deliver better care for patients and provide greater support for nurses and midwives.

The amendments in this Bill reflect a continuous improvement process to ensure the Safe Patient Care Act remains fit for purpose and acknowledges increasing patient complexity, changing models of care and the growing demand for health services.

## When will the amendments take affect?

The amendments will take effect the day after Royal Assent of the Bill. Royal Assent occurs after the Bill is passed by both houses of Parliament.

To ensure health services are adequately supported and prepared to action these changes, the amendments will be rolled out in a staged process comprised of three tranches.

This includes:

* Tranche 1: 25 per cent of amendments being implemented the day after Royal Assent
* Tranche 2: 75 per cent from 1 December 2025
* Tranche 3: 100 per cent from 1 July 2026 and ongoing.

Health services will also be exempt from the local dispute resolution process for any breaches of the new ratios for a period of 8 months for the first tranche (i.e. 25%) and 7 months for the second tranche (i.e. 75%). Health services will be able to enter into local agreements to avoid being in breach of the new ratios at the point of full (i.e. 100%) implementation.

## What is Royal Assent?

The Governor of Victoria gives Royal Assent to Bills passed by both Houses of Parliament. This refers to the formal approval of the Governor, which creates an Act of Parliament, thereby becoming the law of Victoria.

The amendments will take effect the day after Royal Assent of the Bill. Royal Assent usually occurs the Tuesday after the Bill is passed by the Legislative Council.

Comprehensive communications with health services will keep health services informed so that they can prepare for the commencement of the amendments.

## How will we operationalise the phased approach to the ratios?

To achieve the phasing requirements, it is proposed that an increase in roster hours equivalent to the relevant percentage increase for the applicable amendment be implemented incrementally on the day after Royal Assent, 1 December 2025 and 1 July 2026.

When determining how to staff the ward with the additional hours to meet the new ratio requirements, hospitals are expected to consult with staff.

A staggered commencement will help ensure hospitals can plan any training and recruitment processes to meet the staffing requirements to implement the new ratios.

## Who will be affected by the improvements to the Safe Patient Care Act?

The amendments will apply to:

* Level 1 and level 2 hospitals in Schedule 1 to the Act with intensive care units - this includes 23 hospitals across metropolitan Melbourne and regional Victoria
* Hospitals with emergency departments outlined in Part 1 in Schedule 3 to the Act - 22 hospitals across metropolitan Melbourne and regional Victoria
* Maternity Capability Level 5 and 6 services and Level 4 services that are part of a larger multicampus metropolitan health service – this includes 18 hospitals across metropolitan Melbourne and regional Victoria
* Standalone High Dependency Units in level 1 hospitals and Coronary Care Units in hospitals across metropolitan Melbourne and regional Victoria.

The legislation does not apply to clinical services within public health services that are not required to have ratios under the Act. These clinical services are predominantly same-day hospital services where patients do not stay overnight. Furthermore, these ratios will not apply in private hospitals or private aged care settings.

A list of health services in scope of the amendments can be found at Appendix A of the *Guide to implementation of amendments to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015.*

## How will health services be supported to implement the amendments?

The 2023-24 State Budget allocated a total of $101.3 million over three years and $59.868 million ongoing to support health services fund the wages of the additional nurses and midwives required to meet the new staffing ratios.

The government is also progressing initiatives to build the supply of the nursing and midwifery workforce including through the $270 million Making it free to study nursing and midwifery initiative, which will support 17,000 nurses and midwives in the Victorian public health system by 2026.

The amendments will be rolled out in a staged approach to ensure health services are adequately supported and prepared to action these changes.

## The Explanatory Memorandum mentions staff being consulted on the allocation of additional shifts to meet the phased implementation, what does this mean?

Health services have the discretion and the final decision-making authority regarding how rosters are prepared, and additional shifts are allocated to meet the phased implementation requirements in accordance with the Act.

Where appropriate, health services may decide to consult relevant hospital staff to gain a broader understanding of where the additional shifts may be best allocated to support service delivery and address service demand during Tranche 1 and Tranche 2 of implementation.

## What guidance is available to support the operationalisation of the Team Leader and ICU Liaison Nurse roles?

It is acknowledged that similar positions have varying names and descriptors in ICUs across Victorian public health services. For example, the ICU Liaison Nurse may be known as an ICU Outreach Nurse at some services. To guide health services to operationalise these roles in the context of the Act, based on feedback from stakeholders, the following descriptors have been developed. These descriptors are intended to be iterative and may be updated over time.

**Team Leader** means *a senior registered nurse who is an additional resource to assist ICU bedside nurses and patient care coordination. Ideally, the team leader is critical care trained, or working towards*.

**An ICU liaison nurse** means *a registered nurse, who provides clinical leadership and assistance, both within and outside of the ICU dependent on need. This clinical leadership and assistance may include but is not limited to ICU discharges, responding to hospital emergency calls (i.e. MET and code blue calls) and support for the care of complex patients to prevent deterioration and reduce readmission rates. Ideally, the ICU liaison nurse is critical care trained, or working towards*.

To support specific service models and care delivery needs, where these descriptors do not meet the need of individual health services, health services have the flexibility to develop their own descriptors or to adopt descriptors informed by relevant best practice guidelines such as the [Australian College of Critical Care Nurses Workforce Standards for Intensive Care Nursing](https://acccn.com.au/wp-content/uploads/Workforce-Standards.pdf) < https://acccn.com.au/wp-content/uploads/Workforce-Standards.pdf>, providing the intent of these roles in the Act will be met.

In accordance with Clause 7 of the Act ‘*Act not to affect employment contracts or workplace instruments*’, the terms ‘liaison nurse’ and ‘team leader’ in the Act do not assume to inform the classification of these roles under the enterprise agreement.

## Why have the Schedules to the Act been updated?

Since the Act has been in force, a number of health services have been established (i.e., Grampians Health), changed name or been amalgamated. This has resulted in an outdated list of hospital names in the Schedules to the Act.

The Bill updates the names of hospitals in the Schedules to the Act to ensure they reflect current nomenclature.

There has been no change to the classification or level of hospitals in the Schedules to the Act.

## What happens if ratios can’t be met immediately?

Following the implementation of the first two tranches of increases to the ratios, provisions have been made for a no dispute period. Providing health services with greater flexibility and removing possible penalties, this provision will ensure that during implementation where it is alleged a breach of a staffing requirement has occurred local dispute processes do not apply.

If health services are unable to meet the ratios following the no dispute period due to workforce shortages, they may enter into an agreement with the relevant union to amend either the ratio or the application of a rounding method as set out in the Act.

Health services will have the opportunity to raise any implementation matters with the department through their regular performance meetings.

## What if recruitment doesn’t occur in time to meet the ratios?

The aim of the no dispute periods for the first two tranches is to provide time for health services to recruit staff to meet the ratios. In accordance with clause 36 ‘*Local agreements to vary*’ of the Act, health services that are unable to meet the ratios following a no dispute period due to workforce shortages should discuss opportunities to vary either the ratio or the application of a rounding method with the relevant union.

Compliance reporting provided to the department during implementation may be used to support health services with local agreements.

## Will a rounding method be applied to the new ratios?

To align with the implementation of ratios in intensive care units, section 12 *‘Rounding method’* of the Principal Act has been amended to include intensive care units in level 1 and level 2 hospitals. The rounding method already applies to ratios in emergency departments, postnatal and antenatal units, coronary care units and high dependency units.

## Previous amendments enabled rounding down of ratios, is this the case with these amendments?

To address the inconsistency in the application of the rounding method, rounding down was removed from the Act through the 2019 amendments. The rounding up provision now applies to all ratios, including the ICU team leader and liaison nurse.

## What will the implementation guide include?

The implementation guide will provide further detail to help health services to understand and implement the legislated amendments.

This will include further information on applying the ratios, compliance reporting and context and direction of how the amendments will be operationalised.

## How will the implementation of the ratios be evaluated?

An evaluation of the implementation of ratios through the *Safe Patient Care (nurse to patient and midwife to patient ratios) Act 2015* to date will be conducted. This will ensure that these amendments are achieving their desired outcomes.  The scope of the evaluation will be determined in due course.

## In which hospitals will the new ICU ratios apply?

The ICU ratio changes will apply in ICUs within Level 1 and Level 2 hospitals currently outlined in Schedule 1 of the Act as follows:

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| **Level 1 hospitals** | **Level 2 hospitals** |
| Alfred Hospital | Ballarat Base Hospital |
| Austin Hospital | Bendigo Hospital |
| Box Hill Hospital | Goulburn Valley Health |
| Casey Hospital | Latrobe Regional Hospital |
| Dandenong Hospital | Maroondah Hospital |
| Footscray Hospital | New Mildura Base Hospital |
| Frankston Hospital | Northeast Health Wangaratta |
| Monash Children's Hospital | Warrnambool Base Hospital |
| Monash Medical Centre (Clayton) | Werribee Mercy Hospital |
| Northern Hospital |  |
| St Vincent's Hospital |  |
| Sunshine Hospital |  |
| The Royal Children's Hospital |  |
| The Royal Melbourne Hospital |  |
| University Hospital Geelong |  |

It is noted that several hospitals listed in Schedule 1 to the Principal Act do not currently have an ICU so will not be subject to the ICU ratios at this time. These hospitals include Level 1 hospitals; Heidelberg Repatriation Hospital and the Peter MacCallum Cancer Centre and Level 2 hospitals; Mercy Hospital for Women, The Royal Women's Hospital.

## In which hospitals will the new Emergency Department ratios apply?

The one nurse for each resuscitation cubicle in Emergency Departments on morning shift will apply in hospitals specified in Schedule 3 Part 1 of the Act as outlined below:

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| **Metropolitan services** | **Regional services** |
| Alfred Hospital | Ballarat Base Hospital |
| Angliss Hospital | Bendigo Hospital |
| Austin Hospital | Goulburn Valley Health (Shepparton campus) |
| Bendigo Hospital | Latrobe Regional Hospital |
| Box Hill Hospital | Mildura Base Public Hospital |
| Casey Hospital |  |
| Dandenong Hospital |
| Footscray Hospital |
| Frankston Hospital |
| Maroondah Hospital |
| Monash Medical Centre (Clayton) |
| Northern Hospital |
| St Vincent's Hospital |
| Sunshine Hospital |
| The Royal Children's Hospital |
| The Royal Melbourne Hospital (City campus) |
| University Hospital Geelong |
| Werribee Mercy Hospital |

## In which hospitals will the new midwifery ratios apply?

The one midwife to four patient ratio on night shift will apply in prescribed health services which will be listed in the Regulations. The prescribed health services are derived from the department’s Maternity Capability Framework and include Level 5 and 6, and Level 4 services that are part of a larger multicampus metropolitan health service.

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| **Maternity Service**  | **Maternity Capability level** |
| Eastern Health - Angliss Hospital | 4 |
| Mercy Werribee Hospital | 4 |
| Monash Health - Casey Hospital | 4 |
| Monash Health - Dandenong Hospital | 4 |
| Monash Health Women’s - Sandringham | 4 |
| Albury Wodonga Health (Wodonga campus) | 5 |
| University Hospital Geelong | 5 |
| Bendigo Health | 5 |
| Eastern Health - Box Hill Hospital | 5 |
| Goulburn Valley Health (Shepparton campus)  | 5 |
| Grampians Health - Ballarat Base Hospital | 5 |
| Latrobe Regional Hospital | 5 |
| Northern Health - The Northern Hospital | 5 |
| Peninsula Health - Frankston Hospital | 5 |
| Mercy Hospital for Women | 6 |
| Monash Medical Centre Clayton | 6 |
| The Royal Women's Hospital - Parkville | 6 |
| Western Health - Sunshine Hospital | 6 |

## In which hospitals will the in-charge nurse on night duty in Coronary Care Units apply?

All hospitals that have a Coronary Care Unit.

## In which hospitals will the in-charge nurse on night duty in stand alone High Dependency Units apply?

All level 1 hospitals listed in Schedule 1 (and outlined below) to the Act, noting that not all services listed have a standalone HDU, this amendment will only apply where there is a standalone HDU.

| **Level 1 hospitals**  |
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| Alfred Hospital |
| Austin Hospital |
| Box Hill Hospital |
| Casey Hospital |
| Dandenong Hospital |
| Footscray Hospital |
| Frankston Hospital |
| Monash Children's Hospital |
| Monash Medical Centre (Clayton) |
| Northern Hospital |
| St Vincent's Hospital |
| Sunshine Hospital |
| The Royal Children's Hospital |
| The Royal Melbourne Hospital |
| University Hospital Geelong |

## Why does the Intensive Care Unit (ICU) 1:1 ratio reference beds as opposed to patients?

Due to the unpredictable nature of ICUs a 1:1 ratio for nurses to occupied beds is referenced which differs to the nurse-to-patient ratio referenced for other clinical areas specified in the Act. Application of the nurse to occupied bed ratio will ensure that operational ICU beds are staffed with appropriately qualified nursing staff enabling those beds to become occupied as and when they are needed.

This approach is also consistent with the staffing requirements for neonatal intensive care units, which reference ‘cots’ as opposed to ‘patients’.

## Does ICU include just adult ICU or paediatric ICUs and NICU?

Section 28 of the Act ‘*Neonatal intensive care units’*, outlines the pre-existing ratios for NICUs, these have not changed. In terms of the new Intensive Care Unit ratios, these will apply to both adult and paediatric ICUs.

## Are any changes required to the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Regulations 2015*?

The Regulations will sunset 10 years after the day of making on 22 December 2025. In advance of the sunset date the Regulations will be reviewed, updated as appropriate and result in a new version of the Regulations be issued.

To reflect amendments to the Act updates will include a list of ‘prescribed health services’ where a ratio of 1 midwife to 4 patients on night shift will apply.

Additional updates to the Regulations may be made to provide further clarification. The department will consult with impacted health services to update the Regulations.

**Where can I find full details of the Bill, Regulations and the amended Act?**

Relevant legislation is available for download and printed copies can be purchased at [Victorian Legislation](http://www.legislation.vic.gov.au) <http://www.legislation.vic.gov.au>

**Where can I find further information?**

Updates, as available, will be published on the Safe Patient Care Act [webpage](https://www.health.vic.gov.au/nursing-and-midwifery/nursing-and-midwifery-legislation-and-regulation) <https://www.health.vic.gov.au/nursing-and-midwifery/nursing-and-midwifery-legislation-and-regulation>

Impacted health services can direct questions to: ratios@health.vic.gov.au

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