

~~Mr PITT: I rise to a point of order. In no way have I opposed anything to do with cost of living measures. All I have asked is that this urgency motion be opposed.~~

~~Mr DEPUTY SPEAKER: Order! That is a point of view. The Treasurer has the call.~~

~~Mr PITT: Mr Deputy Speaker, I was not finished. I find those comments offensive and ask that they be withdrawn.~~

~~Mr DEPUTY SPEAKER: Order! The member has asked for the comments to be withdrawn.~~

~~Mr NICHOLLS: I retract. Here we have a cunning plan by the member for Inala, who wants to protect her position as Leader of the Opposition. Where is the member for South Brisbane? I have not seen the member for South Brisbane.~~

~~A government member interjected.~~

~~Mr NICHOLLS: I apologise. The member for South Brisbane has entered the chamber. Here we have the cunning plan: the member for Inala is putting the member for Mulgrave up as the fall guy for not delivering cost of living savings to Queenslanders as soon as they possibly can. I am sorry, member for Mulgrave, you have fallen for the plan. Member for Mulgrave, get behind it and support the urgency motion. Please, for the sake of Queenslanders and for yourself, get behind the plan.~~

~~Mr MULHERIN (Mackay ALP) (Deputy Leader of the Opposition) (4.29 pm): The opposition is not opposed to the bill—we will scrutinise the bill—but what we are opposed to is this urgency motion. As the member for Nicklin says, these changes in legislation will come into effect on 1 July. We have nine~~

~~Mr DEPUTY SPEAKER (Dr Robinson): Member for Mackay, my apologies, but I need to put the motion to the House.~~

~~Division: Question put—That the motion be agreed to.~~

~~AYES, 77—Barton, Bates, Bennett, Berry, Bleijie, Boothman, Cavallucci, Choat, Costigan, Cox, Crandon, Cripps, Crisafulli, Davies, C Davis, T Davis, Dempsey, Dickson, Dillaway, Douglas, Dowling, Driscoll, Elmes, Emerson, Frecklington, Gibson, Grant, Grimwade, Gulley, Hart, Hathaway, Hobbs, Holswich, Hopper, Johnson, Judge, Katter, Kaye, Kempton, King, Knuth, Krause, Langbroek, Latter, Maddern, Malone, Mander, McArdle, McVeigh, Millard, Minnikin, Molhoek, Newman, Nicholls, Ostapovitch, Powell, Pucci, Rice, Rickuss, Ruthenberg, Seeney, Shorten, Shuttleworth, Sorensen, Springborg, Stevens, Stewart, Stuckey, Symes, Trout, Walker, Watts, Wellington, Woodforth, Young. Tellers: Menkens, Smith~~

~~NOES, 7—Byrne, Mulherin, Palaszczuk, Pitt, Trad. Tellers: Miller, Scott~~

~~Resolved in the affirmative.~~

~~Debate, on motion of Mr Pitt, adjourned.~~

HEALTH AND HOSPITALS NETWORK AND OTHER LEGISLATION AMENDMENT BILL

Message from Governor

~~Hon. LJ SPRINGBORG (Southern Downs—LNP) (Minister for Health) (4.38 pm): I present a message from Her Excellency the Governor.~~

~~The Deputy Speaker read the following message—~~

~~MESSAGE~~

~~HEALTH AND HOSPITALS NETWORK AND OTHER~~

~~LEGISLATION AMENDMENT BILL 2012~~

~~Constitution of Queensland 2001, section 68~~

~~I, PENELOPE ANNE WENSLEY, Governor, recommend to the Legislative Assembly a Bill intituled—~~

~~A Bill for an Act to amend the *Health and Hospitals Network Act 2011* and the *Industrial Relations Act 1999* and to make minor or consequential amendments of Acts as stated in the schedule.~~

~~(sgd)~~

~~GOVERNOR~~

~~Date: 16 MAY 2012~~

~~Tabled paper: Message, dated 16 May 2012, from Her Excellency the Governor recommending the Health and Hospitals Network and Other Legislation Amendment Bill.~~

Introduction

~~Hon. LJ SPRINGBORG (Southern Downs—LNP) (Minister for Health) (4.39 pm): I present a bill for an act to amend the Health and Hospitals Network Act 2011 and the Industrial Relations Act 1999 and to make minor or consequential amendments of acts as stated in the schedule. I table the bill and explanatory notes. I nominate the Health and Disabilities Committee to consider the bill.~~

Tabled paper: Health and Hospitals Network and Other Legislation Amendment Bill.

Tabled paper: Health and Hospitals Network and Other Legislation Amendment Bill, explanatory notes.

For me, as a member of parliament and a Queenslander, this is a once in a lifetime opportunity. This bill will significantly change the health landscape in Queensland and lead to the decentralisation of healthcare services across the state. This will in turn lead to improvements in patient care and community involvement and confidence in these critical services.

The bill will amend the act to establish hospital and health boards to oversee hospital and health services throughout the state. To reflect this, the name of the act will be amended to the Hospital and Health Boards Act.

Members would be aware that this has been a longstanding Liberal National Party policy. Today will see this government establish hospital boards in Queensland under a model that will not only deliver health reforms all Queenslanders desire but also ensure that the boards are accountable for the overall performance of the services that they govern. This bill through the provisions which allow for local boards to manage their resources will deliver on this policy. I expect the boards to exercise due diligence in decision making so as to ensure that services are appropriate to meet the needs of their local communities.

The provisions of the current act prohibit hospital and health services from employing staff other than executives. This would not allow hospital and health boards to do their job properly. We cannot expect boards to effectively manage their operations if they cannot even employ staff to work in their hospitals. Under the amendments that this government is proposing, hospital and health boards will be given much greater responsibilities under the legislation.

To this end, this bill will amend the act to enable hospital and health services to employ staff once the service is prescribed under regulation. This will not be automatic and I expect hospital and health boards to be able to demonstrate to me that they have both the capability and the capacity to take on this important and additional responsibility. Once this has been demonstrated, the required changes will be prescribed by regulation and all relevant staff will transfer to becoming employees of that service on the same terms and conditions.

To ensure equitable pay and conditions across the state, the act will retain a state-wide approach to enterprise bargaining and award arrangements. This will require consequential amendments to the Industrial Relations Act so that the departmental chief executive is the employer party for awards and certified agreements.

These changes will mean that hospital and health boards will be able to respond in a flexible manner to meet community and clinical needs. For example, if a hospital has a long waiting list in a particular specialist area, such as gastroenterology, then rather than having the patient wait to see a specialist the hospital will be able to respond by establishing a specialist nursing service staffed with nurses with advanced clinical practice skills to work with the medical and other staff to provide a timely, responsive and clinically appropriate service to patients.

The current act prohibits the ownership of land and buildings by hospital and health services. This government believes that, to operate a health service, boards need to have greater control over their facilities. This government therefore proposes to put in place a process to transfer the land and buildings to hospitals and health services. If this power is exercised, the Minister for Health and Treasurer will of course ensure that the public interest is protected by reserving the right to consent to or reject a proposed sale or acquisition of an asset or loan.

It is essential that there are strong lines of communication between boards and their chief executives and that clear accountability arrangements are in place. To that end, this government is further amending the act. This amendment will require each hospital and health board to establish an executive committee of the board to work with the health service chief executive to oversee strategic issues, such as the service's performance against targets detailed in the hospital and health service agreement.

The executive committee will also be responsible for overseeing a most important component of the accountabilities of the new hospital and health boards—that is, clinical and community engagement. A number of reviews and inquiries into health services in Queensland and nationally have clearly identified that engagement with staff and with the community is a critical success factor for the decentralised management of health services. To this end, I will require these executive committees to oversee three specific areas—namely, the clinician engagement strategy, the consumer and community engagement strategy and the medicare local protocol. This arrangement was sadly missing in the act.

The membership of the executive committee, which is to be chaired by the chair or deputy chair of the board, will include clinical members of the board. This is an important amendment to the bill which will enhance the clinical involvement and clinical leadership within the hospital and health services. I consider that this will, to a significant degree, give effect to a weakness in the act as it relates to clinical

involvement in decision making. The chief executive of the service will participate in committee meetings.

Communities have consistently requested a greater say in the running of their hospitals and health services. To meet this need, I propose to amend the act to enable the minister to establish ancillary boards. These ancillary boards will provide advice to hospital and health boards on the operations of specific hospitals or health services within their region. These ancillary boards will be composed of members of the local community who can provide advice, support and expertise on health related matters. This amendment will mean that there is greater community involvement with our health services.

The government is of the view that the current health district boundaries are too large and will require reduction in size to further devolve decision making to more local communities of interest. The establishment of ancillary boards will also allow the progressive establishment of new, further devolved hospital and health service areas as capacity, capability and confidence grows in returning decision making and control of hospitals to local communities.

This bill will also amend the act to support the new national health funding arrangements under the National Health Reform Agreement. All jurisdictions have agreed to introduce legislation to give effect to the agreement. These arrangements will strengthen the accountability and transparency of the funding of public sector hospitals and other health services.

To achieve this outcome, the bill establishes the position of the administrator of the national health funding pool. The role of the administrator will be to oversee the payment of Commonwealth and state funds into a separate state pool account. This will be a critical first step for Queensland as we move forward with activity based funding which I anticipate will lead to greater efficiency of our health services.

One of the administrator's roles is to publicly report on payments into and out of the accounts. This reporting will be done on a monthly basis with an annual report to be tabled in parliament. The revised national health funding arrangements will come into place once all jurisdictions have enacted their legislation, an administrator is appointed and the necessary systems are established for the funding arrangements.

In my time as a member of parliament, the thing that has struck me in my travels around the state is that our health services staff identify with the hospital and health centres in which they work. The amendments that I am proposing in this bill will strengthen this as a consequence of hospitals and health services, firstly, being the employer of our top-class, front-line services staff who deliver outstanding services, and being the owner of the land and capital infrastructure in which they work, and by enhancing clinical involvement in decision making that impacts on healthcare services provided in our community. I commend the bill to the House.

First Reading



Hon. LJ SPRINGBORG (Southern Downs—LNP) (Minister for Health) (4.49 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to the Health and Disabilities Committee

Madam SPEAKER: In accordance with standing order 131, the bill is now referred to the Health and Disabilities Committee.

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~~HEALTH LEGISLATION (HEALTH PRACTITIONER REGULATION NATIONAL LAW) AMENDMENT BILL~~

Introduction



~~**Hon. LJ SPRINGBORG** (Southern Downs—LNP) (Minister for Health) (4.50 pm): I present a bill for an act to amend the Ambulance Service Act 1991, the Child Protection Act 1999, the Commission for Children and Young People and Child Guardian Act 2000, the Dental Technicians Registration Act 2004, the Disability Services Act 2006, the Forensic Disability Act 2011, the Health Act 1937, the Health and Hospitals Network Act 2011, the Health Practitioner Registration Boards (Administration) Act 1999, the Health Practitioners (Professional Standards) Act 1999, the Health Practitioners (Special Events Exemption) Act 1998, the Health Quality and Complaints Commission Act 2006, the Mental Health Act 2000, the Nuclear Facilities Prohibition Act 2007, the Radiation Safety Act 1999, the Speech~~