



Submission to Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Health Legislation Amendment Bill 2019

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submission

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for the opportunity to provide feedback on the *Health Legislation Amendment Bill 2019*.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives (RM), nurse practitioners (NP), enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 61,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU.

The QNMU predominantly supports the Health Legislation Amendment Bill 2019 (the Bill). The following submission provides our considerations regarding specific aspects of the bill.

Recommendation

The QNMU supports the *Health legislation Amendment Bill 2019*, with some recommendations.

1. Networked Governance

The QNMU supports the dual amendments to the *Hospital and Health Board Act* and the *Ambulance Service Act*, to reflect the mutual obligations and reciprocity of both services to coordinate and contribute to health system outcomes. We support the view that such formal recognition will provide greater accountability for both services to operate within a framework of shared responsibility.

We recommend that the amendments are accompanied by a detailed implementation plan to support these legislative changes, particularly in relation to 'co-operation' between Hospital and Health Services (HHS) and the Queensland Ambulance Service (QAS). The QNMU acknowledges that the bill is not intended to specifically monitor the implementation of the provisions, and this will be developed through shared partnerships. However, we believe that further consideration should be given to the consequences of non-compliance with the provisions.

Ideally, the QNMU believes that a formal review of the effectiveness of the legislated changes be undertaken, for example after two years, should be undertaken to evaluate whether the intent of the legislation has translated into actual improvements in the operation of:

- Queensland Health, the HHSs and Ambulance Service in terms of overall system operation and integration
- private hospitals regulation
- the Mental health Commission

The QNMU supports the intention of the amendments to the Hospital and Health Boards Act and the Ambulance Act to strengthen the devolved governance framework by recognising that Queensland Health is a networked system. However, the current model often challenges rather than enhances the interactions between health services (Willis et al., 2012).

The QNMU opposes the view that the devolved governance model operates well. In our view, the model presents significant practical challenges for health services and health practitioners operating cooperatively within a health system. For instance, there are jurisdictional issues with Nurse Navigators and Nurse Practitioners working beyond HHS boundaries and recognition of Nurse Practitioner referrals across health services. We consider that the current devolved model is inconsistent in its application, particularly when applying the Business Planning Framework (BPF) across health services. The QNMU suggests that further initiatives aimed at strengthening networked governance requires a strong centralised system manager to ensure that good governance is universally practiced and, if necessary, enforced.

Networked Governance in Prison facilities could be strengthened by expanding the role of the Officer of Prisoner Health and Wellbeing. We recommend that the Officer of Prisoner Health and Wellbeing should include the authority to manage governance and clinical governance across prison services for all HHSs rather than the current iterative approach.

2. Commitment to Health Equity

Improving health equity for Aboriginal and Torres Strait Islander (ATSI) peoples is a longstanding challenge. The QNMU supports the commitment to improve health equity for Aboriginal and Torres Strait Islander peoples. In our view, improving the representation of Aboriginal and Torres Strait Islander peoples across HHS board member positions will empower ATSI peoples to have greater control over public health services outcomes. The QNMU supports the Health Equity Strategy and public reporting of its outcomes and we encourage each HHS to report this data on an annual basis.

The QNMU recommends that Aboriginal and Torres Strait Islander board members are given a significant opportunity to develop strategies on behalf of ATSI populations. We believe this recommendation will further strengthen the Government's commitment to health equity and represent strategies for Aboriginal and Torres Strait Islander populations that are developed by appropriately skilled and experienced Aboriginal and Torres Strait Islander people.

3. Public Health Regulation 2018

The QNMU supports the repeal of unnecessary provisions relating to the now redundant Pap Smear Register. We have no further considerations.

4. Public Health Act 2005

The bill seeks to make conversion therapy provided by a health service provider a misdemeanour. The QNMU resoundingly supports this move to protect the public from the harm caused by such therapy services.

We wish to extend our broad support for the amendments and commend the leadership of Queensland Health, as the first jurisdiction to introduce reforms of this kind. We commend Queensland Health on their efforts to engage and account for public considerations in the development of this well informed and considered bill.

Nurses and Midwives are required to disclose any offence they are charged with that carries a 12-month imprisonment or more as well as any conviction or guilty finding for an offence punishable by imprisonment to the relevant regulatory bodies (Australian Health Practitioner Registration Agency, 2019). The QNMU supports that members will be required to report an offence such as practicing conversion therapy. We recommend that the notification process be made clear given the coregulatory model between the Office of the Health Ombudsman (OHO) and the Australian Health Practitioners Regulation Agency (AHPRA) in Queensland.

5. Private Health Facilities Act 1999

The QNMU supports the proposed amendments to the Private Health Facilities Act to align with the National Accreditation Scheme and review the relevancy of licencing conditions prescribed in the Act.

We endorse the amendment of Clause 21 to provide that compliance with the Australian Health Service Safety and Quality Accreditation Scheme is a condition of licencing. However, the QNMU finds the current Queensland licencing conditions lack enforceability under the provisions of the *Private Health Facilities Act* and regulation. Robust and appropriate licencing provisions are necessary to ensure public safety. We suggest that the bill further considers the consequences of non-compliance with licencing standards.

There are inconsistencies with the application of professional standards, such as the Clinical Services Capability Framework (CSCF) and Critical Care standards. We recommend that the bill consider that recognition and compliance with professional standards and guidelines (including nursing and midwifery professional standards and guidelines) is a condition of licencing.

We consider that implementing interim reporting and assessment cycles will strengthen the consistency of health service compliance. In addition, we recommend that all compliance issues with issuing a licence are publicly reported. To that end, we suggest that compliance status should be published by the Nursing and Midwifery Colleges and Associations to improve public awareness and accountability.

6. Queensland Mental Health Commission Act 2013

The QNMU endorses the proposed amendments to the Mental Health Commission Act 2013. We support the view that expanding the term of office timeframe to five years will improve the continuity and appeal of the role of the Queensland Mental Health Commissioner. We recommend that the Commissioner be appointed the authority to employ staff. Primarily, we suggest that the Commissioner employ a Chief Mental Health Nurse, who will come under the authority of the Commission. A Chief Mental Health Nurse will represent and promote the Mental Health nursing profession, specifically through professional leadership, advocating for best practice standards and workforce planning, in concert with Queensland's Chief Nursing and Midwifery Officer (Victoria State Government, n.d).

7. References

Australian Health Practitioner Registration Agency. (2019). Criminal History Checks. Retrieved from <https://www.ahpra.gov.au/Registration/Registration-Process/Criminal-history-checks.aspx>

Victoria State Government. (n.d). Productivity Commission mental Health Inquiry Whole of Victorian Government Submission. Retrieved from https://www.pc.gov.au/__data/assets/pdf_file/0015/241341/sub483-mental-health.pdf

Willis, C.D., Riley, B.L., Best, B., Ongolo-Zogo, P. (2012). Strengthening health systems through networks: the need for measurement and feedback, *Health Policy and Planning*, 27(4), 62–66.