

QUEENSLAND Nurses' Union

The union for nurses and midwives

IN ASSOCIATION WITH AUSTRALIAN NURSING FEDERATION QLD. BRANCH

ADDRESS ALL CORRESPONDENCE TO THE SECRETARY, G.P.O. BOX 1289, BRISBANE, Q. 4001.



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IN REPLY PLEASE QUOTE:

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3 August 2007

Health Quality and Complaints Commission
Select Committee
Parliament House
George Street
BRISBANE QLD 4001

Facsimile: 34067509

Dear Mr Lawlor

**Re: Review of the performance of Health Quality and Complaints Commission
and the Health Quality and Complaints Commission Act 2006**

We refer to your correspondence dated 16 July 2007 and thank you for inviting us to make a submission of the review of the operations of the Health Quality and Complaints Commission to the Select Committee.

Please find attached our submission.

Should you wish to discuss our submission in more detail please do not hesitate to contact our legal officer Ms Judith Simpson on 3840 1491.

Yours faithfully

Queensland Nurses' Union
Gay Hawksworth
Secretary

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**Queensland Nurses' Union submission in relation to the Review of
the performance of the Health Quality and Complaints Commission
and the *Health Quality and Complaints Commission Act 2006***

Background- about the QNU

The Queensland Nurses' Union (QNU) is the principal health union operating and registered in Queensland. The QNU also operates as the state branch of the federally registered Australian Nursing Federation. The QNU covers all categories of workers that make up the nursing workforce in Queensland—registered nurses, enrolled nurses and assistants in nursing, employed in the public, private and not-for-profit health sectors including aged care. Our 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 Union has both industrial and professional objectives. We firmly see nurses and nursing as being situated within a societal context—nurses being both providers and consumers of health services. In recent years we have attempted to lead and contribute to the debate within nursing and the wider community about the role and contribution of nursing through the development, implementation and regular review of a Social Charter of Nursing in Queensland. The QNU and the Queensland Nursing Council (QNC) are co-sponsors of this charter and we see this document as forming an important foundation for responsive and innovative nursing practice based on community needs and expectations and mutual respect and trust.

Nurses are the largest occupational group within health, making up over 50% of the total employed health workforce and over 40% of the Queensland Health workforce. Queensland Health currently employs around 24,000 nursing staff (by head count) and 18,199 occupied Full Time Equivalent (FTE) nursing staff, according to the most recent data available from Queensland Health (which is 2005-2006 data). We estimate our membership density within Queensland Health to be around 90%.

Membership of the QNU has grown steadily since its formation in 1982 and as at December 2006 was in excess of 34,000 and still growing. The QNU represents the largest number of organised women workers of any union in Queensland—like the nursing profession as a whole, the overwhelming majority of our members is female (93%).

The Union has a democratic structure based on workplace or geographical branches. Delegates are elected from the branches to attend the annual QNU conference which is the principal policy making body of the union. As such it is rank and file membership that drives the agenda of the QNU. In addition to the annual conference the QNU has an elected council and an elected executive, which in turn have decision-making responsibilities between conferences. Council is the governing body of the union.

Until the recent federal industrial relations changes QNU members working in Queensland Health were employed under federal industrial instruments and the majority of private sector members were employed under state industrial instruments. This situation has now largely been reversed, with most members employed in the private sector now coming under the federal jurisdiction and nurses employed by Queensland Health transferring back to the state jurisdiction. Given the complexity of these changes, the full impact is still being analysed. Since 1994 when no enterprise agreements were in place covering nursing workers, the QNU has become party to

over 300 enterprise agreements which cover a diverse range of health facilities and other non-health establishments where nursing services are provided (e.g. schools, prisons and factories). We therefore have a clear and comprehensive understanding of the complexity of contemporary health service delivery as well as the diversity of locations where health services are delivered.

a. The performance of the Health Quality and Complaints Commission and the operation of the *Health Quality and Complaints Commission Act 2006*, including:

When the Health Quality and Complaints Commission (HQCC) was first established, we experienced communication problems with the HQCC, namely, no acknowledgement by the HQCC of our correspondence being received by them. In our correspondence we had endeavoured to advise the HQCC of serious concerns raised by our members in relation to the alleged inappropriate conduct of a medical specialist. We believed at that time, that the matter should have been dealt with by the HQCC rather than the health service provider. Due to the problems with the communication with the HQCC, the concerns of our members were investigated by the health service provider. The matter was eventually referred to the HQCC for investigation after the investigation by the health service provider was considered flawed.

The QNU acknowledges that this communication problem arose very early in the operation of the HQCC at a time when the various departments were settling into their roles and this may explain the problems we experienced.

We consider the HQCC to be the appropriate body to investigate allegations of inappropriate conduct or concerns about the standard of the delivery of health services because of its independence. It is our experience that health service providers have too much vested in minimising the seriousness of complaints especially when it involves complaints against medical practitioners.

In summary, we welcome the introduction of the *Health Quality and Complaints Commission Act 2006* and the establishment of the HQCC as it now provides an avenue for our members to raise legitimate concerns about health service providers, practitioners and health standards to an independent body which previously was not available to them.

b. Whether the commission has made satisfactory progress toward implementation of:

- **Policies, procedures and systems to resolve complaints in a timely and responsive manner;**

Since the HQCC was established, we have been contacted by a number of our members who have sought our advice and assistance in relation to HQCC investigations.

We received some complaints from our members concerning a HQCC investigation undertaken in North Queensland at the beginning of 2007. We detailed our concerns about the process to the Commissioner. In summary the concerns regarding the HQCC were:

- ❖ Our members were not provided with the option of a telephone interview, a written submission or a deferment of interview to a more suitable day;
- ❖ No terms of reference for the interview was provided to the individual member prior to the interview;
- ❖ We were advised by our members who attended the interviews that they were directed to attend these interviews and did not attend on a voluntary basis.
- ❖ One of our members was directed to attend the interview while on annual leave which then proceeded to bereavement and sick leave. It was only after the intervention of the QNU with the hospital and the HQCC staff that the interview was cancelled.
- ❖ We were advised that the HQCC investigators insist on a face to face interview.

Our members understand the importance of investigating complaints and that as health professionals they will from time to time be required to participate in investigations. However, it should also be acknowledged that an interview undertaken by a body such as the HQCC is stressful for those professionals involved. In this particular case, the health service provider did not inform our members in a timely fashion of the HQCC investigation and proposed interview dates. Clearly, our members should have been provided with information about the role and powers of the HQCC and their rights in relation to attending an interview conducted by the HQCC, in particular, the arranging of a mutually convenient time to conduct the interview. Our members should have been given a proper opportunity to prepare for the interview, which includes sufficient information about the complaint and their involvement in the matter.

Our most recent involvement with the HQCC involved a matter which was comprehensively investigated by the HQCC following a health service complaint. There had been a previous investigation undertaken by a health practitioner regulatory authority about which the HQCC had serious concerns. We considered the subsequent HQCC investigation process and report to be comprehensive which in our view demonstrated the commitment of the HQCC to maintain and assert its independence.

- **Systems to monitor and report on the quality of health services;**

No comment

- **Consumer engagement strategies about consumer rights and quality improvement in health services;**

No comment

- **Strategies to proactively engage providers and other entities about the quality of health services, including the making of standards and quality improvement processes;**

The QNU has not been actively consulted in relation to the making of standards and quality improvement processes. The QNU represents the professional interests of over 34,000 nurses in Queensland and as such we

consider that we are well placed to be an intrinsic partner in this process. Currently this is not the case.

- **Statewide access to the commission's services for consumers and providers; and**

No comment

- c. **Whether the current functions and powers of the commission can be improved and whether any changes are required to the Act**

No comment at this stage