



Speech by

**Fiona Simpson**

**MEMBER FOR MAROOCHYDORE**

Hansard Wednesday, 24 May 2006

---

## **HEALTH QUALITY AND COMPLAINTS COMMISSION BILL**

**Miss SIMPSON** (Maroochydore—NPA) (8.35 pm): This new legislation before the House is a result of a crisis in Queensland Health and the fact that the crisis was left unhandled by the government for so long. So, when an answer needed to be found to allow Queenslanders to deal with quality issues and complaints, this new body was the solution which was mooted.

The coalition has certainly championed the need for an overhaul of Queensland Health to address effectively the problems of complaints and certain qualities within sections of Queensland Health. As we know, tragically, it was those very people within the system who sought to speak up as whistleblowers who in fact faced the ire of the bullying culture in Queensland Health—a bullying culture which was aided and abetted by the Queensland government, which has a habit of shooting the messenger and making it very difficult for those who wish to speak out against the status quo and raise issues of concern. This bill is before us because those brave people within Queensland Health spoke out after finding that the current system was so systemically flawed and that the bullying culture had dumbed down the system in regard to hearing the voices of those who had issues and concerns about quality.

All crises have a lead time. In some ways, I feel a smidgin of sympathy for the current health minister because he had a hospital pass handed to him as health minister from his predecessor and particularly former health minister Wendy Edmond. I wish to draw to the attention of this House an incident which occurred in this place in 1998. It was a significant change to the quality and standards that were applied under legislation for the health department in Queensland.

A former health minister, Wendy Edmond, came into this place and put legislation through that gutted the statutory powers of the principal quality monitor in Queensland Health—that is, the chief executive officer. At the time, people probably did not realise how significant it was that the principal quality monitor of the health system in Queensland had their statutory powers ripped away under about 17 acts of parliament by the then health minister. That role, which was previously a truly independent and statutory role, was then made subject to the chief executive officer of Queensland Health. Their reporting structure from that point on was to the chief executive officer of Queensland Health.

I wish to quote something which I think is telling in light of the terrible incidents that have been revealed in Bundaberg and other areas throughout Queensland, where the quality systems failed under this government. I quote—

In most jurisdictions the historical reason for the separation of powers between the financial management and public health streams of the various Health Departments has been the significant number of instances where financial accountabilities sometimes conflict with the action necessary to protect the health of the public. Similarly, there have been many instances in the past and these will no doubt occur again in the future where the bureaucracy wished to prevent the accountable Minister from understanding the full impact of administrative decisions that negatively affected public health and wellbeing. We do not want bean counters in charge of a public health system without appropriate checks and balances and without an independent, impartial and totally transparent system that makes sure that concerns of public health are paramount. It is imperative for an independent, accountable and totally professional medical practitioner to be the holder of the statutory powers not second-hand powers delegated by a chief executive officer. That practitioner should hold the statutory powers in their own right to uphold the public health good for all Queenslanders.

The quote goes on further to state—

Of all the Government departments providing service to Queenslanders, the Health Department is the most important, for the Health Department deals in the sanctity of life. Consequently, no cover-ups, no white washes, no 'sweeping under the carpet' must occur within this Government department. It is interesting to reflect that representatives of a Labor Government who emphasised the need for accountability, transparency, honesty and ethics to ensure that that sad example of what one could expect—Ward 10B—could never occur again are setting the Health Department on a course where, unfortunately, many Ward 10Bs could occur in the future; those same representatives will vote for the removal of the statutory powers from the independent, impartial and accountable officer and place them firmly with the chief bean counter.

That was part of my speech to parliament on 12 November 1998, when the former health minister, Wendy Edmond, gutted the role of the principal quality monitor for Queensland Health, which was the chief health officer. Inevitably, that conflict between the quality side of health and the bean counters resulted in the worse situation in which those who spoke up against failures in quality were bullied to the point at which many people left Queensland Health and, unfortunately, to the point at which those few people who were inept were able to perpetrate unforgivable injury upon innocent patients. That occurred not just because of an incompetent doctor but because of a failure in the system.

This government cannot stand up in this parliament today and say that it had nothing to do with it. Health systems are complex, but the rot set in under this government when it gutted the independent quality checks in the system. Those checks needed to be strengthened, not gutted. So the crises unfolded and today we see a situation in which this new body has to be established to address the unravelling of the quality standards within the public health system.

I acknowledge that the vast majority of people who work within Queensland Health are outstanding in terms of the services that they deliver. But with such a huge system, we need to ensure that there are appropriate checks and balances in place to eliminate any potential conflict between financial management and quality. Those checks were simply removed by this government.

This new body, which this bill creates, will deal with complaints as well as quality. We acknowledge that that will be quite a significant task. Some concern has been expressed about the structure of that new body. We recognise that, although these functions need to be performed, there needs to be a monitoring of them to see how effectively they are performed.

Unfortunately, as I have outlined, the quality systems were gutted by this government. There is now a move to try to re-establish those systems with some independence and accountability. I certainly wish well those who take on the task within this new body, but it is of some concern to me as I think the system of reporting to the parliament still needs to be more transparent. I think parliament has a role to play in monitoring this new body that will deal with health and quality issues. It is probably not possible for a parliamentary committee to deal with individual cases, but it is certainly possible for a parliamentary committee to deal with systems. Certainly, that is the level at which the Legal, Constitutional and Administrative Review Committee deals with the Office of the Ombudsman and the Information Commissioner. As the deputy chair of that committee, I know that at times people bring to that committee individual issues and expect the parliamentary committee to investigate them. Obviously, in that regard parliamentary committees are limited. However, they have a role to play in terms of providing a systemic monitoring of those systems to ensure that they are providing not only good-quality outcomes but also value for money.

As we have seen in the past with other Ombudsman and Information Commissioner regimes where there are complaint mechanisms, there is always the danger that the time frames in which to deal with people's concerns can blow out. The more those time frames blow out, the less satisfactory the outcome may be to those who initially made the complaint. But, of course, a range of potential complaints can come forward. Some will be relatively minor in terms of their clinical complexity but no less important to the people involved. Other matters may be extremely complex and require quite involved independent assessment from those with the clinical expertise.

The opposition supports the principles of this bill, but I will certainly not forget that the crisis that has led to the formation of this new body could have been averted. The appropriate monitoring of the public health system in Queensland was aborted by a former health minister. She ripped from about 17 acts of parliament the powers of the then principal quality monitor and statutory office-bearer, the chief health officer. She significantly downgraded that role. It is history now that that role ultimately failed to perform adequate monitoring, resulting in the events that occurred at Bundaberg Base Hospital. But that role had long ceased to be as effective as it could have been. I think that is the tragedy: at a time when the powers should have been beefed up, they were stripped away. Of course, the patients of Queensland Health were then left vulnerable when they needed a fast and effective investigation of the failures in the system. The failures were not just those of a bad doctor but of a failed system.