




Speech By
Ros Bates

MEMBER FOR MUDGEERABA

HEALTH OMBUDSMAN BILL

 **Ms BATES** (Mudgeeraba—LNP) (5.17 pm): I rise to make a contribution to the Health Ombudsman Bill 2013. It would be remiss of me not to say that the chair of our committee, the member for Kallangur, has done an extraordinary job. We routinely have to put up with the exploits of the member for Bundamba, like we did again today with her strutting around here with her chest puffed out like an angry little chickenhawk, feigning outrage whilst trying to reinvent history, when it was she and her Labor and union mates who caused all of the problems that the minister now has to address. I am sure that many members in this House will feel that that was 42 minutes of their lives they will never get back.

This bill is about public safety, it is about promoting professional and safe health services in Queensland and maintaining the public's confidence in this state's exemplary health practitioners. The HQCC's time frames in delivering outcomes in this regard have simply not been up to the standards that Queenslanders should and do expect. Queenslanders expect an effective mechanism that patients and their families can use to ensure the high levels of health care delivered by second-to-none health professionals in Queensland continues. Timeliness is a significant element of this expectation. Addressing this expands on the changes that we have already made in health. The establishment of the hospital and health boards across the state continues to deliver good local management for Queenslanders and the results since their establishment tell part of that story. Queensland Health has seen its emergency department performance and its financial performance reach their best figures on record and the state-wide in-hospital mortality rate is at its lowest. This is in the face of shock budget cuts by the federal Labor government.

Through the multiple inquiries and reports established to ensure its adequacy, the HQCC has been found to be lacking. It is lacking in the delivery of effective oversight. The presence of delays in acting on serious allegations is unjustified. There is confusion regarding the multiple entities charged with ensuring health complaints are dealt with. There is a lack of consistency in approach and a lack of consistency in the outcomes. Most concerning is a lack of ability to take immediate action in a case where there is a reasonable belief of a threat to public safety.

In addressing these deficiencies, firstly, the bill strengthens how in Queensland we deal with serious allegations. It empowers the newly established Health Ombudsman to immediately act to protect the public from rogue operators in the health sphere. The power for immediate action is paramount. If there is a threat to the public, it must be addressed and addressed immediately. Queenslanders expect no less. Suspension or the placing of conditions on a health practitioner's registration is within the Health Ombudsman's power, as is immediate action in relation to practitioners who are not registered.

An interim prohibition order may be issued against any practitioner at any time, restricting that practitioner from providing any health services or imposing restrictions to protect public health and safety. A range of matters are considered to determine whether such a person poses a serious risk. These include making false or misleading claims regarding the health benefits of a particular health

service or qualifications, financial exploitation, intoxication while practising and, obviously, improper sexual relationships. A show-cause process may be undertaken. However, if the public or individuals are at risk or the evidence is clear, the Health Ombudsman may take action without such a procedure. There are built-in procedures that ensure fairness to both patients and health professionals.

This bill removes confusion for the public by establishing a single body to which complaints regarding health services within Queensland can be directed. It is incredibly frustrating for members of the public to be handballed from phone number to phone number when all they want is for someone to listen to their story and address their complaint. That seems to be part of the issue that has blown out time frames in the past. Patients with serious illnesses are experiencing one of the most stressful and uncomfortable periods in their lives and they need confidence in their health professionals. That confidence is potentially enhanced by this bill. For those with possibly terminal illnesses, maybe among the only things they can truly put their faith in at a time when there are many unknowns are the skills and expertise of their health provider.

An effective and timely system is part of the story in building public confidence; another part is the transparent nature of the proposed system. The bill sets a standard where on most matters investigations must be complete within a 12-month period. That is in comparison to the current system that can take up to three years in some cases. On a personal note, my mother would have been one of those cases. It took 18 months for her to die from a malpractice that occurred in a hospital setting. The matter was not investigated in an appropriate time. Unfortunately, when you are dead there is nothing that you or your family can do about it. Therefore, I take my hat off to the Minister for Health for this bill.

Within the terms of reference of his report, Kim Forrester examined 596 files from the HQCC. Of those, 363 were considered to be either not dealt with in a timely or appropriate manner or not dealt with in compliance with the objectives of the legislation in question. According to the HQCC's own annual health check report of 2012, during that period 44 per cent of its investigations took more than 12 months to resolve, with some three per cent still being investigated 3½ years after the initial complaint. Again, as I mentioned, in the meantime patients die and their families do not get the closure that they want.

The investigation of complaints should never be allowed to drag on this long. I understand that sometimes there will be extenuating circumstances, but a standard of 12 months and a system in place to ensure such standards are strived towards not only ensures the efficient use of resources but also gives certainty. It gives certainty to patients and their families who do not want to feel like they have been ignored, but by lodging a complaint they must feel, fairly or unfairly, that they have been let down by the system or by a health professional. It gives certainty to those health professionals who I know, through my own experience, in most cases are incredibly dedicated, skilled and knowledgeable individuals whose patients' wellbeing is first and foremost in their minds at all times in their professional lives. Certainly the dedication and care that I have seen exhibited by nurses belies the idea that their profession is just a job; for nurses, it is a vocation.

The Health Ombudsman must publicly report if investigations take more than 12 months and must alert the minister and the Health and Community Services Committee should an investigation take more than two years. Two years is a long time for a career to be placed in limbo and it is a long time for a patient and their family to wait for an outcome. These circumstances must remain as outliers—that is, against the norm. The bill will provide for that.

The requirement of the Health Ombudsman to provide reports on the progress of an investigation at least every three months is a requirement that should be more widespread within ombudsmen and related offices. Too often while complaints from the public are being investigated, the complainant and the individual whose conduct is being investigated are left in the dark. I am sure my colleagues in this place would have received similar contact to that which I have received from constituents, stating that they have requested a matter be investigated but believe nothing is being done and that they have been forgotten. This should ensure that that does not happen and will add to the confidence the public should have in the new independent office.

The independence of the Health Ombudsman is vital to the public perception of the office as an effective one that is not beholden to the interests of the government of the day or to the health professionals with whom the Health Ombudsman is charged with dealing. This bill provides that independence and requires that at all times the Health Ombudsman acts in the public interest. I commend the bill to the House and I am looking forward to the establishment of this new office. I think it will be appreciated by patients and health professionals alike. It is a continuation of the hard work the government and the Minister for Health have exerted in reforming and improving our health system.