




Speech By
Ros Bates

MEMBER FOR MUDGEERABA

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HEALTH TRANSPARENCY BILL

 **Ms BATES** (Mudgeeraba—LNP) (4.31 pm): I rise to speak on the Health Transparency Bill 2019 introduced in the parliament on 4 September 2019 and reviewed by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee. It is ironic that we are here today debating health transparency because when it comes to health transparency this health minister and this Palaszczuk Labor government have been anything but transparent. We have seen cover-ups and secret reports. We have seen that when the going gets tough, this minister hides behind bureaucrats and hides as much information as he can. This is a minister who would not know transparency if he fell over it in the street. Only recently I had to complain to the Speaker about three questions on notice that were not answered properly that the minister has to answer again and provide a more fulsome response. How embarrassing!

Dr MILES: Mr Deputy Speaker, I rise to a point of order. The member is clearly not speaking to the bill and I ask that you direct her to do so.

Mr DEPUTY SPEAKER (Mr Weir): I think the member is coming back to talk to the bill.

Ms BATES: I refer to the long title of the bill, which is the Health Transparency Bill, and that includes health transparency. You need to know the standing orders, Minister.

Dr MILES: Mr Deputy Speaker, I rise to a point of order. The bill clearly does not relate to questions on notice and the Speaker's guidance in relation to those questions on notice. I ask that you provide the member guidance.

Mr DEPUTY SPEAKER: It is about health transparency. I will listen closely. The entire contribution is not going to be along those lines. We need to discuss the bill, but the bill opens itself up for a bit of leniency. Hold on a second longer while I take some advice. The long title of the bill states 'an act to facilitate the publication and collection of information about public facilities and private facilities that provide health services' et cetera. Member for Mudgeeraba, you have the call.

Ms BATES: Of course, this also comes on the back of the fact that in response to surgery waiting lists blowing out and emergency departments in crisis, rather than addressing the core issues and providing better patient care, the Palaszczuk Labor government just tries to quietly scrap the targets. So much for striving for better performance!

The committee recommended that the bill be passed and made a total of seven recommendations to improve the operation of the bill. As a former member of that committee, I want to thank them for their work on this bill which will enhance the objectives if these seven recommendations are adopted. What Queenslanders want to see is world-class aged-care facilities that look after our most senior residents. These are Queenslanders who have worked hard all their lives and deserve to be treated with dignity and respect.

There has been a disturbing trend of failures in the system and we need to ensure that standards of care are improved. We need to take the politics out of this issue and focus on better care and improving the system. The LNP supports the federal aged care royal commission and I would hope that

all levels of government can work together in the interests of elderly Queenslanders without the political grandstanding and blame game that we have seen from the Palaszczuk Labor government. There are 16 state owned and operated residential aged-care facilities which have not been included in the review even though I wrote to the committee—and I am still waiting for a response. I also wrote to the minister seeking to visit those 16 state owned residential aged-care facilities and I am still waiting to hear back.

The politicking we have seen from the health minister and the member for Gaven around Earle Haven has been nothing short of a disgrace. The member for Gaven along with her Labor Senate mate Murray Watt even tried to drum up the issue when protesting recently—

Government members interjected.

Mr DEPUTY SPEAKER: Hold on, member for Mudgeeraba. Members to my right—

Ms Farmer interjected.

Mr DEPUTY SPEAKER: Member for Bulimba, I was speaking. You might not like what the member is saying, but as I said, this bill covers a lot of areas and you will get a chance to speak.

Ms BATES: The member for Gaven along with her Labor Senate mate, the failed former state member Murray Watt, even tried to drum up the issue when protesting recently outside the federal member for Moncrieff's office. I table the photographs.

Tabled paper: Photograph of aged care rally involving members of the Labor Party [2155](#).

Tabled paper: Photograph of aged care rally involving members of the Labor Party [2156](#).

They would have been lucky to have 20 people there. They were holding a protest on a Saturday when the member for Moncrieff's office was closed. That was just pathetic and nothing more than a stunt—more political stunts and grandstanding from Labor on an issue that should be about better patient care.

The member for Gaven gave evidence at the parliamentary committee and I asked some pretty pointed questions. In fact, I quote from *Hansard*. It states—

Ms BATES: Thanks, Meaghan, for your evidence.

Mr HARPER: Mr Deputy Speaker, I rise to a point of order. The member is talking about the Earle Haven inquiry, which has nothing to do with the Health Transparency Bill that we are talking about today.

Ms BATES: You just talked about Earle Haven.

Mr DEPUTY SPEAKER: Excuse me! The member is quoting from *Hansard* of hearings into this bill I believe.

Mr Harper: Not this bill, Earle Haven.

Ms BATES: The minister has just raised Earle Haven.

Honourable members interjected.

Ms BATES: We are talking about Earle Haven.

Mr DEPUTY SPEAKER: Member for Mudgeeraba, you have the call.

Ms BATES: During that inquiry I asked the member for Gaven, who has made such a spectacle and a media and public relations exercise for her own benefit, how many times she had visited the Earle Haven high-care facility in the 18 months that she was the member before the tragic circumstances of that night. The answer was that she had not ever visited the high-care facility. Fifty patients were transported from Earle Haven to another nursing home in Nerang, many of whom I presume were voters of the member for Gaven. I actually asked the member for Gaven again how many of those 50 patients who were transferred to Nerang Nursing Centre had she visited since that had occurred. Guess what the answer was? None!

In an article in the *Gold Coast Bulletin* the member for Gaven has either deliberately misled a parliamentary committee or she has misled the readers of the *Gold Coast Bulletin* with a very cryptic answer—

Mr DEPUTY SPEAKER (Mr Weir): Member for Mudgeeraba, if you have issues about misleading the House I suggest you write to the Speaker. I ask you to now come back to the long title of the bill. I have given you enough leeway.

Ms BATES: Thank you. I will table both documents.

Tabled paper: Article by Paul Weston, undated, titled 'Scanlon fires up in LNP pile-on: Aged care sparks political brouhaha' [2157](#).

Tabled paper: Social media posts, dated 20 November, including exchange between the member for Mudgeeraba, Ms Ros Bates MP, and the member for Gaven, Ms Meaghan Scanlon MP [2158](#).

An honourable member interjected.

Ms BATES: You don't like it, do you? When the Carnell review was handed down, the federal government supported all 23 recommendations. In an interview on *ABC Drive* with Steve Austin on 13 November 2019 the minister attacked Kate Carnell, the reviewer, because he could not handle the truth. When asked by Steve Austin to identify some of the failures she addressed in her report, Ms Carnell said—

What we found—that there was different information being held by different parts of government. We knew of the federal government, even the Fair Work Commission had some cases occurring. ASIC was involved, the Queensland government was involved and they didn't share the information.

The health minister said in response—

Well let's first of all be clear, Kate Carnell is not an independent commentator on this—she's a Liberal Party hack who was appointed to do this review ...

...

I think her brief was very clear that she was to ensure that all of the blame did not rest with the Commonwealth ...

What a disgusting slur. It is typical of how this health minister deals with patient care—all politics and nothing else. We saw it with the introductory speech to this bill. He never fronts up when there is a bad news story, he hides behind bureaucrats as his favourite pastime, and when his political agenda gets interrupted with the truth he spits the dummy. Queenslanders have had enough of his 'dog ate my homework' excuses and continually wrong health priorities.

The Carnell report was not about attacking paramedics or any of our hardworking health staff. No-one was doing that. They did a tremendous job in responding to the Earle Haven disaster, which should never have happened. This was about how to ensure Earle Haven never happens again—and, if it does, how best to respond and care for our elderly residents. We are not interested in blaming the state government, the federal government or anyone else; it should always be about the patients.

As outlined in the explanatory notes, the Health Transparency Bill establishes a legislative framework for collecting and publishing information about public and private hospitals and residential aged-care facilities; amends the Hospital and Health Boards Act 2011 to introduce a minimum nurse and support worker skill mix ratio and minimum average daily resident care hours in public residential aged-care facilities; and amends the Health Ombudsman Act 2013 to implement recommendations of the Health, Communities, Disability Services and Domestic and Family Violence Committee's inquiry into the performance of the Health Ombudsman's functions pursuant to section 179 of the Health Ombudsman Act 2013. The minister also tabled two draft regulations that accompany the bill: the draft Health Transparency Regulation 2019 and the draft Hospital and Health Boards (State Aged Care Facilities) Amendment Regulation 2019.

We note that this bill implements an election commitment from the 2017 state election. One could hardly say that this commitment has been a priority, given that it has taken two years to come to fruition and will take another two years for implementation. The draft amendment regulation amends the Hospital and Health Boards Regulation 2012 to prescribe the specific operational aspects of the aged-care ratio for public residential aged-care facilities; a minimum nurse percentage—that is, registered nurses and enrolled nurses—of 50 per cent, with a minimum of 30 per cent required to be registered nurses during a 24-hour period; and a minimum average daily resident care requirement of 3.65 hours. In relation to how the figure of 3.65 hours was determined, the then acting director-general, Dr Wakefield, told the parliamentary committee—

The evidence base that suggests there is a relationship between staffing and outcomes in residential aged care is that there is very little research underpinning that at this stage.

...

We did a traditional literature search looking at literature that may be international. Given that there is little research, one of the commitments under this policy is that that research occur. On this implementation of minimum hours per resident day in the public sector, we would seek to research and evaluate that so we understood what the impact would be of putting a floor into the hours per patient or resident day.

In relation to the actual time spent with each individual resident, the then acting director-general also confirmed to the committee that the calculation is an average across the whole facility, not a guaranteed minimum for each patient. Where one patient might get one hour, another may get eight hours per day. There is no consistency for how the model is to be applied to all aged-care residents and no guaranteed minimum that is reported to families and loved ones.

Implementation and maintenance of the minimum care standards in public RACFs is expected to cost approximately \$10 million annually. This cost will be managed within Queensland Health's existing resources. While I note that Queensland Health has a significant budget—the biggest in

government—it is a concern that these resources are being met internally, which means that existing savings will have to be made. Once again, it shows that this commitment has not been a priority for the Palaszczuk Labor government.

As outlined in the explanatory notes, the bill provides an enabling framework to compel public and private health facilities and residential aged-care facilities to provide information and to enable that information to be published to a public, interactive website. The legislative framework will apply to public and private health facilities, including licensed private hospitals and licensed day hospitals, as well as public and private residential aged-care facilities.

The chief executive—that is, the director-general of Queensland Health—will be empowered to collect and publish general information about public and private health facilities and residential aged-care facilities; quality and safety information for public and private health facilities; and residential care information about public and private residential aged-care facilities.

The bill also enables the chief executive to request other general information, including safety and quality information, from public and private health facilities. The chief executive may also request quality and safety information prescribed in a regulation, with a head of power created in legislation. This will allow future flexibility to expand reporting requirements of health facilities and enables the chief executive to request information outside of existing data collections. Of course, if any further reporting requirements or information is sought in the future, it should be done in consultation with all providers and with their input.

The bill will enable the publishing of information provided under the new framework as well as information provided for another purpose under other legislation. The explanatory notes outline that this could include information such as the Queensland Perinatal Data Collection, Queensland Hospital Admitted Patient Data Collection and Queensland Elective Surgery Data Collection. The information or data published must not contain personal information about an individual. I understand that the information may be published on mechanisms other than the website. I would appreciate the minister elaborating further on what these mechanisms may include in his reply to the second reading debate.

Of course, when one talks about IT projects and Queensland Health and Labor, one begins to shudder. Everyone still remembers the Queensland Health payroll debacle, which still lives on almost a decade later. Of course, that occurred under the Bligh Labor government, when senior members of the current government, including the Premier, Anastacia Palaszczuk, sat around the cabinet table. The Palaszczuk Labor government is no better when it comes to failed IT programs.

Mr HARPER: Mr Deputy Speaker, I rise to a point of order on relevance. The member is drifting away from the long title of the bill.

Ms BATES: Transparency.

Mr DEPUTY SPEAKER (Mr Weir): Transparency. This applies to you as well. It is a very broad-ranging bill.

Ms BATES: There was the bungled rollout of the integrated electronic Medical Record—slammed by the Auditor-General last year—with a \$256 million blowout that has since blown out further, but the minister has said that the rollout has been an incredible success. The AMAQ doctors have also said that the rollout needs to be halted because it is putting patient safety at risk. On top of that there was the medical ordering debacle, with the failed replacement of the old FAMMIS system. This is another debacle that has seen nurses having to order band-aids on the bankcard while small business suppliers are being treated like a bank by Queensland Health and are having to chase up their bills. Recently I referred this program and the bungled rollout to the Auditor-General, because Queensland taxpayers should not have to continually pay for Labor's Health IT debacles and nurses are at their wits' end. I would not let this minister near a keyboard, let alone a multimillion dollar IT project.

We have grave concerns with the implementation of this website and whether it will become yet another Labor IT debacle. We urge the minister to get it right and ensure it is not prematurely launched next year before it is ready to go live. In doing so, I also trust that Queensland Health is liaising with aged-care providers and private hospitals to ensure the appropriate publication of data and how that process works from an administrative point of view.

I also note the amendments that relate to the Health Ombudsman Act 2013. The bill implements recommendations 1, 2 and 4 from a parliamentary committee review that occurred in 2016. The committee made four initial recommendations aimed at improving the performance of the health complaints system.

Recommendation 1 was that the Queensland government investigate the merit of amending the Health Ombudsman Act 2013 to introduce a joint consideration process for health service complaints between the OHO and AHPRA and its national board. Recommendation 2 was that the Queensland

government considers options for ensuring potentially serious professional misconduct matters are able to be dealt with as a whole rather than being split between the OHO and AHPRA and the national boards. Recommendation 3 was that the OHO, AHPRA and the national boards produce a joint plan which identifies the information needs of all parties and any barriers to the sharing of information and an approach to resolving data issues that prevent nationally consistent data about health service complaints. Recommendation 4 was that the Queensland government considers introducing legislative amendments suggested by the Health Ombudsman.

It is vitally important that the Health Ombudsman works in the interests of health consumers and protects public safety—a fundamental pillar of trust and confidence in our public health system. As a nurse, I know that our nurses, doctors, midwives and paramedics do an amazing job every day, but the Health Ombudsman provides a process for complaints to be made and systems errors to be addressed. Queenslanders deserve the world-class public health system that the Palaszczuk Labor government promised at the last state election but is failing to deliver. Our hardworking nurses, doctors, midwives and paramedics need more help on the front line, not more wasted money and wrong priorities. Only the LNP will put patient care ahead of politics. Patient care will always be our No. 1 priority.