




Speech By
Stephen Andrew

MEMBER FOR MIRANI

Record of Proceedings, 28 November 2019

HEALTH TRANSPARENCY BILL

 **Mr ANDREW** (Mirani—PHON) (4.27 pm): I rise to speak in support of the Health Transparency Bill 2019. My dear mother, who turned 80 last year, spent 14 years of her life working night shift looking after the elderly. That is why I learned to cook—because she was not there to cook. I hope I have someone like her looking after me when I am old, because she did a fine job.

I thank the public for the wide range of contributions that were made to form this important bill that seeks to improve the care and welfare of Queenslanders. This bill creates a legislative framework for the collection and publishing of information about hospitals and aged care as well as associated information relating to the quality and safety of these services. I note from a recent ministerial reply to my own question on notice that the government is not yet prepared to publish all of the data collected. I am speaking specifically of some health and hospital services being forthcoming on their annual metrics related to severity assessment codes, which is a small step towards being more honest with the people of Queensland. It is certainly not a good look for the minister, on the eve of this bill being debated, to acknowledge that the health service delivery standards do not require SAC data to be published and make no commitment to changes.

While speaking of service delivery standards, this bill makes amendments to the Hospital and Health Boards Act 2011 to establish nurse-to-resident ratios in state aged-care facilities. International data shows that failures in care are closely related to staffing levels and ratios. The recent examples of poor quality care at Earle Haven retirement village and 50 per cent of Bupa nursing homes failing their quality tests show what can happen when the mix of staff ratios and financial priorities do not correspond with the provision of quality care to residents. Average direct care nursing levels in Australia stand at just 2.8 hours per day. This figure is a long way behind what research regards as necessary and well below the 4.1 hour minimum set in the United States.

Clause 10 of the Health Transparency Bill 2019 requires the residential aged-care sector to provide information relating to the nursing and personal care staffing provided to residents and the reporting of average daily resident care hours for facilities. Ultimately the community is right to be outraged at the disturbing cases involving elder abuse in health facilities throughout Australia in recent years. One of my constituents, Mr David Farrow, came to me about what happened to his wife. It was absolutely disgusting. It was prior to my appointment as the member. I have written letters and made submissions to the federal government in relation to that issue.

The aged care royal commission stated in its interim report titled *Neglect* that both commissioners were appalled at the findings, stating that substandard care is much more widespread and much more serious than they had first anticipated. Major issues highlighted in the report include inadequate wound and continence management, widespread malnutrition, dehydration and the overuse of physical and chemical restraints.

The ABC *Four Corners* program 'Who Cares?' has also generated community outrage with its revelations of the extent to which the public has been deliberately misled and denied vital information over the years. Some of the issues exposed by the ABC program included the following facts: (1) the

levels of nursing staff and other skilled staff have declined to dangerously unsafe levels; (2) the regulatory system which developed has remained more concerned with protecting government and the industry than the elderly—which is shocking; (3) the aged-care sector is run by managers who are not required to have any experience in aged care or health but rather are experts in finance and business management; (4) the complaints system has never adequately investigated complaints or acted on them; (5) those in charge of enforcing regulations have been more concerned with secrecy and keeping information about failures behind closed doors than they have been about the public safety or the public's right to know; and (6) a revolving door of collusion between government regulators and industry has been created that conspires to collect the minimum of data and what it does collect is kept away from the public eye. We need to adopt a policy of zero tolerance when it comes to abuse and neglect of vulnerable members of our community. Caring for older Australians should not be left in the hands of profit driven industry insiders any longer.

On a final note, this bill also makes amendments to the Health Ombudsman Act 2013. The Office of the Health Ombudsman has dealt with a significant increase in health service complaints each year since it commenced operation in 2014-15. Year on year increases of 28 per cent, 12 per cent and 19 per cent are stark. Most obviously, the Health Ombudsman has been serving an important function but is reliant on having sufficient internal resources and efficient cooperation with QCAT, AHPRA, national boards and other state and federal agencies. Might the measures contained within this bill serve as a means to weed out the failures of the health and aged-care system that prevents many issues from happening in the first instance.