




Speech By  
**Hon. Dr Steven Miles**  
**MEMBER FOR MURRUMBA**

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Record of Proceedings, 27 November 2019

## HEALTH TRANSPARENCY BILL

### Second Reading

 **Hon. SJ MILES** (Murrumba—ALP) (Minister for Health and Minister for Ambulance Services) (4.19 pm): I move—

That the bill be now read a second time.

I quote—

The aged care system lacks fundamental transparency. Witnesses from the Australian Department of Health told us that there is very little information available to the public about the performance of service providers. The number of complaints against them are not published ... The number of staff they employ to provide care are not published ... The Department has said that it will publish differentiated performance ratings of residential aged care providers, but there is still no clarity on what this information will look like.

Those are not my words. That is what the royal commission's interim report into our aged-care sector said. This is why we introduced this bill. The Palaszczuk government cannot and will not wait for the Commonwealth government to act. I thank the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for its careful consideration of the bill. The committee's report on the Health Transparency Bill 2019 made seven recommendations. The first recommendation was that the Health Transparency Bill be passed. I welcome the committee's support for the important changes this bill will bring.

I thank everyone who made submissions to the committee's inquiry and attended the public hearings on the bill. Most stakeholders expressed support for the reforms in the bill. They clearly recognise the importance of providing people with open and accessible information about health and residential aged-care facilities. Just last week the Grattan Institute's Stephen Duckett published a piece for the ABC saying a TripAdvisor for hospitals was sorely needed. We are way ahead on that one. This bill will allow us to gather and publish information about public and private health facilities and residential aged-care facilities. Transparent reporting about health care and aged care will allow more informed decision-making by consumers and lead to improved safety and care outcomes.

On aged care, I do not ever want to see another incident like Earle Haven. It is disgraceful that the Commonwealth took so long to revoke the accreditation of Earle Haven despite the repeated warning signs. During the inquiry into the bill, the committee heard that, while the number of elderly people requiring residential aged care has increased, the number of nurses providing care to seniors in aged-care facilities has fallen. The Royal Commission into Aged Care Quality and Safety's interim report is a heartbreaking read. It describes Australia's aged-care services as fragmented, unsupported and underfunded. It highlights numerous instances of neglect in residential aged care, and it describes a convoluted system that leaves our most vulnerable waiting, sometimes for years, for the care that they need. That is why we are taking action to give consumers greater visibility of Queensland's aged-care sector by asking residential aged-care facilities to report their average care hours.

The Health Transparency Bill addresses three main issues—health transparency in public and private facilities, minimum standards of staffing and care for public residential aged-care facilities, and reforms to the Health Ombudsman Act. The bill establishes minimum standards of staffing and care for public residential aged-care facilities by introducing a minimum nurse and registered nurse skill mix ratio, and a requirement for minimum hours of care to be provided to residents per day. We want to ensure that the residential aged-care facilities operated by the Queensland government are appropriately staffed to provide quality aged care.

The bill also amends the Health Ombudsman Act to implement the recommendations made by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee to improve the operation and efficiency of Queensland's health complaints system. I note that there was general support for these amendments from stakeholders and the committee.

I will now address the main recommendations from the committee's report on the bill and table the government response to their report.

*Tabled paper:* Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee: Report No. 27, 56th Parliament, October 2019—Health Transparency Bill 2019, government response [2154](#).

Recommendation 2 of the committee's report recommended Queensland Health establish an advisory committee to provide feedback on existing information and any future information published about health facilities. The government accepts this recommendation. Queensland Health currently has an advisory group in place to guide the build and implementation of the website. After commencement of the bill, the advisory group will become an advisory committee that provides feedback on the existing data that is published and guides the identification of future information to be published. The advisory committee will consist of representatives with subject matter expertise, both from within Queensland Health and from external stakeholders. There are numerous stakeholders involved in the health system, and we value their contribution. Queensland Health will continue to engage with stakeholders to ensure that any information published now and in the future is useful to consumers.

Recommendation 3 of the report suggested that residential aged-care facilities should have the opportunity to provide contextual information about the information they report. The website is being developed with the needs of consumers as the primary consideration. It is important that the information made available on the website is meaningful and easily understood by consumers. A residential aged-care facility that opts to report its 'average daily resident care hours' can provide supporting information to explain this information. For example, a facility that cares for residents with high needs could include information to explain why its care hours are higher compared to other facilities. The additional information will be published on the website so consumers can consider the data within the relevant context to inform their decisions about a provider. The website will also include links to the Commonwealth's My Aged Care website. This will make it easy for people to seek further information about facilities.

Recommendation 4 proposed that Queensland Health consider expanding the information collected and published about residential aged-care facilities through consultation with an advisory committee. Recommendation 6 also asked that I address how the reporting framework for residential aged-care facilities will align with possible Commonwealth requirements with a view to minimising any overlap of obligations. I would like to address these two recommendations together.

The Commonwealth government is primarily responsible for the regulation and funding of aged-care services. However, it does not require residential aged-care facilities to report staffing data about public and private aged-care facilities on a regular basis. Without this information, elderly Queenslanders and their families are having to choose a facility without knowing what level of care is on offer. The Palaszczuk government is addressing this by asking aged-care facilities in Queensland to report on their average hours of care. This requirement will apply to private aged-care facilities. Private aged-care providers can opt not to provide this information, but their decision to opt out will also be published on the website. These providers will then need to explain to residents and their family members why they are choosing to hide this information.

The information proposed to be collected and published under the bill and draft regulation is intended to be a starting point. This government is committed to increasing the information that is available to Queenslanders about residential aged-care facilities. The legislative framework is designed to be flexible and avoid duplication with Commonwealth reporting processes. Reporting requirements for residential aged-care facilities will be prescribed by regulation and can be amended to address any changes in Commonwealth legislation or reporting obligations.

We will monitor the Royal Commission into Aged Care Quality and Safety before considering further reporting for aged-care facilities. The Commonwealth government does not require residential aged-care facilities to have minimum staffing or levels of care. This bill introduces minimum standards

of care in the aged-care facilities that are run by Queensland Health. We may not be able to compel private facilities to follow suit but we can ensure that our public facilities lead the way in caring for elderly Queenslanders.

I wish to foreshadow amendments that I will move during consideration in detail of this bill. The opposition and crossbench members have been briefed on the proposed amendments. Firstly, amendments are provided to the Hospital and Health Boards Act 2011 to provide clarity about the scope of the regulation-making power for section 20(4) of the act. The amendments are technical in nature. They clarify that a regulation can be made to remove employment powers from hospital and health services.

The amendments also allow transitional arrangements to be made by regulation, such as allowing for benefits and entitlements of employees to be preserved. Currently, eight of our hospital and health services have the power to employ non-executive health service employees under section 20(4) of the act, while the other eight do not. This means that some of our non-executive health service employees are employed by a hospital and health service while others are employed by the Department of Health. Changing it so all staff are employees of the Department of Health will have no effect on their terms and conditions. However, there will be improvements, including improved ease of access when moving from one HHS to another or for staff who work for multiple HHSs at any one time. Importantly, hospital and health services will continue to be responsible for the day-to-day management of all staff who work in them.

I will also be moving amendments during consideration in detail to the Corrective Services Act 2006, the Police Powers and Responsibilities Act 2000, the Youth Justice Act 1992 and the Youth Justice Regulation 2016. These amendments will provide a clearer framework for the management of children detained in court cells. Queensland Corrective Services, the Queensland Police Service and Youth Justice officers work cooperatively to transport, care for and manage children in court cells and have been doing so for many years. The amendments will ensure appropriate powers for dealing with children in court cells including relevant safeguards and that each agency can use the most suitable mix of staff to provide improved operational responses. The amendments will also provide for related efficiencies for Queensland Police by providing that watch house officers can undertake all aspects of prisoner escort duties.

The Palaszczuk government is committed to giving Queenslanders an aged-care system they can trust. We will ensure our public aged-care facilities provide the best care to elderly Queenslanders. I hope the publication of information about staffing levels in aged-care facilities will drive Queensland's private providers to be transparent and improve the level of care they provide to vulnerable elderly Queenslanders. The reporting requirements for public and private hospitals will strengthen Queensland's already world-class health system by increasing openness and accountability in both the public and private healthcare sectors. I again thank the committee for its detailed consideration of the bill and the stakeholders who participated in the committee's inquiry. I commend the bill to the House.