




Speech By
Aaron Harper

MEMBER FOR THURINGOWA

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Mr HARPER** (Thuringowa—ALP) (6.17 pm): With the indulgence of the House, I congratulate you, Madam Deputy Speaker, on your elevation to the role of Deputy Speaker for this sitting. I will try not to be warned by you, but it is always a challenge and difficult when I follow the member for Mudgeeraba.

I rise to support the Health and Other Legislation Amendment Bill 2022. From the start I would like to thank and acknowledge all of my fellow committee members: the members for Pumicestone, Lytton and Mirani, the deputy chair, and the member for Bonney. I thank the secretariat as well. We recommended that the bill be passed and I thank the minister for responding to the other four recommendations in her earlier contribution.

The objectives of the bill are: to facilitate initiatives that promote Queenslanders' health, to support the provision of health services in Queensland and to improve the operation of health portfolio and related legislation. The bill proposes amendments to eight acts in respect of the following—and I want to particularly start with the Hospital and Health Boards Act 2011—staff health, safety and wellbeing measures. Having come from a health background myself of 35 years—

Ms Pease: Oh really?

Mr HARPER: Yes—I thank the minister for making this a priority for our hardworking, dedicated health professionals right across this state, particularly after their extraordinary work during the COVID pandemic and their ongoing work in an ageing and growing population which, by its very nature, is placing more pressure and increased demand for services right across our broad health network. They should all be commended.

Whilst the bill addresses those multiple acts, this is the one I want to talk about the most. As the member for Mudgeeraba noted, the submission from QNMU to the inquiry noted the results of their own membership surveys identified workplace violence, demanding workloads, fatigue and burnout as well as wellbeing issues for their members. Similarly the AMAQ observed in its own survey, the 'resident hospital health check'—and I commend the AMAQ for passing their survey back on to the HHSs to keep them informed about staff wellbeing concerns.

As members can see, submitters were supportive of the proposal in our report to require hospital and health services to promote cultures and implement measures that support the health, safety and wellbeing of public sector health staff. I recognise my own HHS in Townsville. In particular, I applaud their annual staff excellence awards where staff across the health service are recognised for their hard work. I know that the minister attends those awards; they are fantastic. I also recognise and congratulate our board chair, Tony Mooney, for continuing these events to recognise and promote a positive environment in our HHS in Townsville. Some of the Queensland Health recommendations for wellbeing activities include wellbeing check-ins, peer support programs, flexible work arrangements and

promoting staff consultation measures. I can say that a lot of those measures were implemented in QAS many years ago, particularly the peer support program. It is great to see these programs expanded into the hospitals.

The bill amends the act to address security guard powers at health facilities regarding the power to direct persons to leave public health premises. Having worked in the emergency department, I am acutely aware that at times it can be a very challenging environment. No health worker should have to put up with people who are intent on being a nuisance or, worse, abusive or violent. They are there to treat and help patients in a safe workplace. I recognise and acknowledge the security officers at our hospitals and the work they do to keep health workers safe.

Section 183 of the act currently authorises security officers to direct a person to leave HHS land if they are causing a public nuisance, being disorderly or creating a disturbance. Security officers may also direct a person to leave in related circumstances where an officer reasonably believes or suspects that a person has caused a public nuisance, has posed a threat to the safety of anyone else on the land or has no lawful justification or excuse to be on the land. During the examination of this bill, it was good to get clarity from Queensland Health that security officers will not be responsible for making clinical decisions about patient care. A person's medical need in emergency care is an objective determination that will continue to be based on clinical advice, with security officers acting on the clinical assessment and direction of clinical staff.

The bill amends other acts such as the Medicines and Poisons Act 2019, including disclosures of confidential information about persons working with medicines and poisons. The bill allows Queensland Health to disclose confidential information about individuals who work with medicines and poisons where it is in the public interest or for regulation, safety and compliance purposes. It establishes a statutory framework for recording and giving access to transcripts of evidence and clarifies who can access copies of transcripts. It supports the Mental Health Review Tribunal's transition to implementing electronic recording of its proceedings, in line with the contemporary recording practices of courts. The committee's report recommended that resources for technical and other administration support be provided to the Mental Health Review Tribunal to make such recordings and transcripts of proceedings.

The bill also amends the Mental Health Act and allows adults with capacity to communicate their waiver of the right to representation in the Mental Health Review Tribunal's proceedings by any means including verbally, rather than by a mandated written waiver as occurs now.

The bill allows schools to disclose information about Queensland Health's vision screening health service. The bill—this is very important—extends the notification for requirements to the Queensland Cancer Register and enables the collection of additional data. I am going through some processes now. In fact, this week I have to obtain further advice on some biopsies that I have had. Of course, in North Queensland we are always exposed to harsh conditions, and I think it is a great further recommendation made by the committee relating to the Queensland Cancer Register, which is one of Australia's largest population-based cancer registers, established under the Public Health Act.

Diagnostic imaging practices are currently not required to make notifications to the QCR, and the current requirements for hospital notifications of relevant cancer treatments are also limited. It will require pathology labs to notify all cancer related pathology results of examinations following a primary cancer diagnosis, even if that result does not show cancer. Importantly, it will require hospitals to notify the QCR of an individual who attends a hospital for any reason and is diagnosed for cancer at the hospital or receives cancer related treatment. The new notification requirements are intended to give a comprehensive coverage of cancer incidence and to allow QCR to monitor the progress of a disease after diagnosis, evaluate treatment effectiveness and monitor any remission periods.

Cancer Council Queensland submitted its support for the bill's goal of improving the completeness of quality cancer data in Queensland and recommended that the definition of notifiable cancers be expanded to basal cell carcinomas and squamous cell carcinomas. Again noting that Queensland has the highest incidence of skin cancer in the world, the committee supported that suggestion and recommended that Queensland Health consider as a priority the inclusion of all BCCs and SCCs as notifiable cancers in future amendments of the Public Health Regulation Act.

Identifying risk factors for vision problems in young children and referring them for follow-up can improve their engagement, concentration and behaviour at school and, accordingly, their long-term educational outcomes. The bill maintains the existing privacy protections for information sharing and safeguards that are under the Information Privacy Act. If a parent does not consent to the screening or to their child's information being shared with the vision screening program, they can advise the school. I commend the bill to the House.