




Speech By  
**Amy MacMahon**

**MEMBER FOR SOUTH BRISBANE**

---

Record of Proceedings, 19 April 2023

### **HEALTH AND OTHER LEGISLATION AMENDMENT BILL**

 **Dr MacMAHON** (South Brisbane—Grn) (2.34 pm): I rise to give my contribution on the Health and Other Legislation Amendment Bill and would like to focus in particular on the changes being made for hospital and health services to proactively consider ways to support staff health, safety and wellbeing. This bill is pretty typical of lots of bills that we see from this government: some small, simple measures mostly beneficial, aimed at improving a range of health acts but without ever coming close to addressing the real issues which we are facing in our healthcare system here in Queensland.

I want to pay specific attention to clauses 5 and 6 of the bill which will amend the Hospital and Health Boards Act. These amendments will introduce a requirement for hospitals and health services and hospital and health boards to proactively consider the wellbeing of workers in the public health system. Obviously, every employer should have regard for the wellbeing of their workers, and that is true for our government and is true for our public health system. What I find striking is that this government can legislate a requirement for hospital and health boards to consider the wellbeing of healthcare workers while, at a systemic level, failing to do so themselves. It is not clear that this government genuinely has regard for the wellbeing of those frontline workers, judging by the manner in which our healthcare system is run.

The failing in our healthcare systems impact hospital worker wellbeing in a number of ways: chronic underfunding, under-resourcing and underpaying of staff; stringing staff along on temporary contracts; high patient-to-nurse ratios leading to burnout; expensive and inaccessible health care for patients; and massive disparities in the kinds of care you get depending on which HHS area you are in. These are all problems of this government which this government has the power to fix but is choosing not to. Legislating hospital boards to proactively consider the wellbeing of workers will achieve little when hospital boards can only work with the hand the government has dealt them.

The pressures that our healthcare workers are under, both in their roles treating patients and also as everyday Queenslanders facing a cost-of-living crisis and challenges in accessing health, are the responsibility of the government. Hospital boards cannot look holistically at the wellbeing of health staff. The government has every opportunity to legislate and govern in a way which would improve hospital worker wellbeing, but they do not. Instead, they want to pass the buck onto someone else.

I draw attention to the Queensland Nurses and Midwives' Union, which submitted the results of their members' survey to the inquiry into this bill. More than 5,000 nurses and midwives responded to the survey: 70 per cent said that dangerous workloads were a barrier to them staying in the workforce and 76 per cent said moral distress and fatigue was an issue. Almost two-thirds cited insufficient pay.

The QNMU in their submission are calling for: safer workloads; a physically, psychologically and culturally safe environment; an environment that promotes autonomous and collaborative practice; active inclusion in organisational governance and decision-making; involvement in research and innovation; and recognition of nursing and midwifery leadership at all levels.

This is the reality on the ground that healthcare workers are facing: chronic underfunding, chronic understaffing, dangerous workloads, unsafe conditions for workers and patients, insecure employment where nurses do not know where or if they will get another contract, limited training opportunities, and falling real wages for workers at a time when workers are seeing the broader cost of living go up, the cost of housing go up by hundreds of dollars a week in the space of just a few years.

What can a hospital board do when the government does not allow a system for workers to have a clear pathway to permanency after one year? What can a hospital do when there is not funding for more staff or more resources? This government would rather blow billions of dollars on a single stadium than properly fund our healthcare system. What can a hospital board do when the government offers nurses wage agreements that will see their real income go backwards, with inflation outstripping any increase in wages? What can a hospital board do when the government offers nurses wage agreements that do not support them when they are calling out and saying, 'We are dealing with understaffing and underpay'?

What would proper regard for the welfare of our hospital workers actually look like? For one, it would look like investing the enormous wealth of this state into our hospitals and health services. There is money in this state for hospitals. We heard from the Treasurer this morning—

**Honourable members** interjected.

**Mr DEPUTY SPEAKER** (Mr Lister): Order, members. I am watching the members for Maryborough and Gympie.

**Dr MacMAHON:** We have a massive surplus as a result of finally implementing a progressive coal royalties policy that the Greens had been calling for. We are an enormously wealthy state and yet we are hearing the kinds of stories that we heard about the PA Hospital, of people being left in absolutely dire conditions. We have so much money sitting around that apparently we can spend \$3 billion knocking down a school and a stadium! Last financial year we saw gas companies more than double their revenue to \$22.5 billion on the back of inflation-causing price gouging—

**Mr HARPER:** Mr Deputy Speaker, I rise to a point of order. It is on relevance, 118(b). I ask that the member be brought back to the bill before the House.

**Mr DEPUTY SPEAKER:** There has been a reasonable degree of latitude afforded by Deputy Speakers so far, but I do fail to see the relevance to the bill of what you are talking about now, member for South Brisbane. Would you please come back to the long title of the bill?

**Dr MacMAHON:** The relevance to this bill is we are looking at the wellbeing of health workers who are dealing with a health system that is systematically underfunded. How can we maintain their health and wellbeing when they are going to work in dangerous conditions? This is what we are hearing from healthcare workers. This is what I have heard when I have visited hospitals: 'We are understaffed. We are overworked. We do not get the support we need.' How can we look after the wellbeing of hospital workers when we are not investing in our health system in the way we should be?

We do not have the money to fund maternity wards in regional Queensland or implement safe nurse ratios for staff. We somehow have money for vanity projects, but we do not have money for the basics of a healthcare system that would serve Queenslanders. What else could we be doing? We could be improving worker wellbeing by giving hospital workers a pathway to permanency so that people are not strung along on temporary and casual contracts. They cannot build professional relationships with colleagues if they cannot get permanent roles. They cannot have the security and peace of mind they deserve. Instead, they have to worry about where they live or if they will have a job in a few months time.

We put forward amendments to the Public Sector Bill last year that would have given public health sector workers a pathway to permanency after a year. That would have been a very clear measure to address the kind of issues the QNMU have put forward. The QNMU Secretary, Beth Mohle, said—and I have to agree with her—that the rental crisis is impacting the delivery of health services and it is a critical issue that the government needs to turn their attention to. The really pathetic amendments we saw yesterday are going to do nothing for the healthcare workers who are being priced out of their neighbourhoods, who cannot afford to live close to their workplaces and have to travel even further to get to work. How can we look after the wellbeing of workers when they cannot find a safe place to live? Last month the ABC reported on the story of—

**Ms KING:** Mr Deputy Speaker, I rise to a point of order. I note your previous ruling and I question the relevance of the member's contribution under 118(b) and ask whether she could be brought back to the long title of the bill.

**Mr DEPUTY SPEAKER:** Yes, you are continuing to stray beyond reasonable latitude regarding the long title of the bill, member for South Brisbane. Would you please confine your contribution to what is in the bill?

**Dr MacMAHON:** To be clear, it is relevant to the bill because the government is legislating hospital boards to have responsibility for the wellbeing of hospital workers, which we welcome. We hear stories like Colleen Clark, a registered nurse working in Theodore, who was kicked out of her rental and is on the precipice of homelessness because there was nowhere for her to live. She had a job at the Theodore hospital. She wants to stay working in regional Queensland, but there is nowhere to live. How does the hospital board look after the wellbeing of someone like Colleen in the face of a massive housing crisis? How do they make sure that the patients going to that hospital receive the kind of care they need from healthcare workers if they are being priced out of their neighbourhoods? What is the hospital board meant to do to look after the wellbeing of people who are facing that in the midst of a housing crisis and being let down by this government?

I also want to draw attention to the massive disparities in care that we see between different HHSs and being mindful of the way that HHSs implement these wellbeing strategies to make sure we have consistent support for healthcare workers right across the state. What we see is massive disparities between the way different HHSs are run, the culture of those HHSs and the quality of care being offered. We saw during COVID massive disparities in care depending on whether people lived north or south of the river. We saw massive disparities in terms of access to terminations and access to dental care for under five-year-olds depending on whether they were north or south of the river. How are we going to make sure that HHSs are consistently implementing wellbeing strategies for their staff when we have such massive differences in the way that HHSs are run and the services that are offered to patients?

In closing, we welcome these measures to improve wellbeing. However, I stress that if the broader conditions are not improved we are going to see more people leaving the healthcare sector, as we already are. We are going to see worse care for patients. When our healthcare workers suffer, it is all of us who suffer because we rely on those workers to come to work and do their best job, and they cannot do that in the face of a housing crisis and a cost-of-living crisis.