




Speech By
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MEMBER FOR MUDGEERABA

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Ms BATES** (Mudgeeraba—LNP) (6.03 pm): I rise to make a contribution to the debate of the Health and Other Legislation Amendment Bill 2022 and do so as the opposition shadow spokesperson for health and ambulance services and medical research. To be clear from the very start, the LNP will not be opposing this bill. It is not a controversial piece of legislation by any stretch of the imagination which is why the opposition will not stand in the way of the provisions included as part of the bill. Those provisions for the most part are technical. In most instances, on face value they appear to make some relatively minor modernisations across legislation within the health portfolio. Most of the technical changes appear to be relatively common sense in an effort to stay up to date with the delivery of health care in a modern Queensland. The opposition will not seek to hinder those changes on their passage through the House here this week.

It has been a little over four months since the Health and Other Legislation Amendment Bill 2022 was introduced to parliament on 29 November last year. The bill amends eight acts across the health portfolio which are as follows: the Hospital and Health Boards Act 2011, Medicines and Poisons Act 2019, Recording of Evidence Act 1962, Mental Health Act 2016, Public Health Act 2005, Radiation Safety Act 1999, Transplantation and Anatomy Act 1979 and Water Fluoridation Act 2008. I will address some of those amendments in more detail throughout my contribution tonight. I note that the bill was referred to the Health and Environment Committee for consideration which tabled its report on 24 February 2023, and I would like to thank the committee for its report and in particular thank the members for Southport and Bonney for their time taken on examining the bill throughout the committee process.

With regard to Hospital and Health Boards Act amendments relating to staff wellbeing, much of the government's focus with this bill has been on the provisions involving the changes to the Hospital and Health Boards Act 2011, so that is where I, too, will begin my address and what I will spend the most time on tonight. I do so because it gives me a good opportunity to talk about our frontline health workforce, my colleagues in our healthcare facilities right up and down this state and the incredible work which they do day in and day out.

The amendments to the Hospital and Health Boards Act 2011 are designed to strengthen protections for the physical and psychological wellbeing of the public health workforce by requiring Hospital and Health Services, the HHSs, to proactively consider the health, safety and wellbeing of staff of public sector health service facilities. I note that the bill will require Hospital and Health Services, along with their boards, to proactively consider staff wellbeing. That is all well and good; there are no issues from our side on that front. Like I said earlier, we will not oppose this. These staff have shouldered a heavy burden in the face of the recent pandemic and before that. I have been on the record many times in this place acknowledging the work they did in the face of what was a concerning unknown back in 2020. That event shone a light on what they do each and every day which is truly incredible work. I wish it did not take a pandemic for the world to see it, but now we all know just how special our clinicians are. We are grateful for them and the often selfless work which they do.

As somebody who has worked in health care most of my life and who has had family do the same, I know the pressures of the job. I know the stress. I know the pains. I know the heartache. I know the frenetic pace. I know the call bell which seems like it may never stop ringing. I know the feeling of being overwhelmed by it all. I know the fatigue. I know the skipped breaks. I know the meals that never get eaten. I know the long night shifts. I know the tiresome day shift. I know the day shift that turns into a night shift. I know the sacrifice. I know because I have lived it and my sisters have lived it. There are thousands and thousands of Queenslanders who do that work every day without fail, and it is quite incredible. Let's be honest: it is not easy work. It is hard work, but it is rewarding work. It is a calling to work in the field of health care. For those who it calls, it can give an indescribable sense of joy and fulfilment. It really is a job like no other. I am immensely proud to call myself a nurse and those Queenslanders also working in the field should be immensely proud, too. Nurses, doctors, paramedics and allied health staff—every last one—should be proud.

They should never go to work and feel threatened or harassed or abused or bullied. That is just not on, not ever. I know that examples of that type of behaviour were raised through public hearings and public submissions on this bill. It is not okay that that happens. In fact, it is disgraceful that frontline health staff should ever be subject to behaviour like that, but it does happen, so having protections and safeguards in place for them is very important.

We have noted the support from stakeholders for these amendments. We have reflected on them ourselves and that is why we will not oppose the changes that the government has put forward. However, ensuring that there are proper follow-ups for harassment, bullying and abuse are but one part of the problem, and I think it is important in this House tonight that we have a candid debate about why our frontline staff are feeling that angst, burnout and fatigue which we now hear about all too often.

There are no two ways about it: our frontline health staff in Queensland are getting smashed out there every shift, every day—paramedics, doctors, nurses, allied health staff down to the last woman and man. We are consistently told by whistleblowers that it is bedlam on a daily basis. That is why they are feeling burnt out and exhausted. It is not an exaggeration; it is very legitimate. They are fatigued, they are stressed and there are high levels of burnout amongst the workforce. I note the comments by the QNMU and the AMAQ throughout the committee process who conveyed these very same messages.

I want to put on record today that I am extremely concerned about the collective feeling that has been conveyed to me and my opposition colleagues by those on the front line. It is a collective feeling of hopelessness. It is a feeling that the situation will not improve. There are decades and decades of experience walking away from the sector seemingly weekly and it is damaging. The government can come back in here today and give themselves a big pat on the back for these amendments that seek to promote a culture that supports staff wellbeing. They are well intentioned: I do not doubt it. I know that in the minister's explanatory speech she mentioned that this was the part of the bill she was most proud of, and that is fine.

However, let's all be honest with each other here today. The root cause of the angst, the burnout and the fatigue felt by our frontline health staff is not borne from the fact that wellbeing protections did not previously exist. Their angst, burnout and fatigue are a result of the broken system in which they are working. They are feeling burnt out because there are record numbers of patients waiting longer than 24 hours in emergency departments and they cannot find a bed for them. They are feeling fatigued because the health system where they work has the worst ambulance ramping in the country and they have to deal with the ramifications of that. It means 400 hours that were lost on the ramp every day last year. They are feeling exhausted because the number of patients they treat who wait longer than clinically recommended to see them has surged.

Our frontline staff feel that way because they feel like the system is working against them. They do not feel listened to, they do not feel heard and so many of them have just had enough. I get it. We have a health system here in Queensland which has not kept pace. Those opposite have had the reins for more than eight years and it has taken them that long to get serious about building the health infrastructure which Queensland so desperately needs. It took them eight years to come up with that plan and now they want another eight years to try to implement it. If the government were really serious about the wellbeing of our frontline health staff they would have been getting on with delivering the beds needed to meet the demand of our population years ago. A contented clinician is someone who feels they can safely and adequately look after their patients with the right tools and resources at their disposal, but that is not happening.

I want to put on record my genuine concern for the wellbeing of staff at the Gladstone Hospital, particularly those working in the hospital's maternity unit. I cannot begin to imagine the stress those staff have been under for more than 280 days working in those circumstances. It would be draining. Likewise, I feel for the staff in Rockhampton who have been effectively running a birthing service for

two towns for the better part of the year. Let's also not forget the women, their unborn babies and their wider families who have also been caught up in this situation. I know the staff at those facilities would be putting the wellbeing of their patients ahead of their own wellbeing such is their dedication to the care they provide.

That is but one example across the state where the staff cannot care for their patients as they wish they could, and that would be taxing on their wellbeing, make no mistake. We have a situation where things are at crisis point right across the state. I know the minister might not want to admit it, but it is. It is a crisis. Our health system here in Queensland is in crisis and it is causing a crisis of low morale in our frontline staff. The minister's own staff said it best when they said the health portfolio was 'just going from one crisis to another'. Truer words have not been spoken.

Our frontline health staff need empowerment, not platitudes. The opposition has been clear about that throughout this entire term of government. Efforts to ensure the wellbeing and safety of our frontline health staff in this bill, whilst well intentioned, will not make their jobs easier. It will not stop the burnout. Without addressing the root cause of the problem and genuine empowerment to implement local solutions for local patients by local staff, I fear the feelings of burnout and fatigue amongst that workforce are destined to continue.

As I mentioned at the start of my address, other than the amendments to the Hospital and Health Boards Act which I have just outlined, there are seven other pieces of legislation which this bill amends. Many of those amendments are inherently technical, so I will briefly touch on each of them.

The LNP does not oppose the amendments to the Medicines and Poisons Act 2019. The amendment seeks to ensure information contained on registers about approvals of persons working with medicines or poisons and administrative actions taken against persons who have dealt with medicines or poisons in an improper way can be disclosed. I note the concerns of the AMAQ and the QNMU during a draft bill consultation around these provisions. I also note the committee's recommendation around requesting that the minister clearly outline the rationale for how a decision to disclose information in the public interest is made and I do note the minister's recent contribution in the second reading debate.

The amendments to the Recording of Evidence Act 1962 are not opposed by the opposition nor are the amendments to the Mental Health Act 2016, the Radiation Safety Act 1991, the Transplantation and Anatomy Act 1979 and the Water Fluoridation Act 2008. The amendments which allow the screening of children for preventable vision loss by authorising the disclosure of student information from schools to Queensland Health's vision-screening health service under the Public Health Act 2005 will also not be opposed by the LNP.

These amendments also seek to modernise the Queensland Cancer Register so that it more accurately reflects the incidence of cancer by extending notification requirements. The LNP note that the Australian Diagnostic Imaging Association supported the provisions of the bill which modernise capturing the incidence of cancer, however did flag that substantial work would be required to meet these requirements across Queensland's radiology practices. They shared some reservations about whether this could be feasibly done in the time line set out. Those are genuine concerns and the LNP hope the government has plans to adequately address the valid issues which have been raised for when these changes come into effect. The LNP also notes the committee recommendation that Queensland Health consider including all basal cell and squamous cell carcinomas as notifiable cancers in future amendments to the Public Health Regulation 2018. That seems a fair and reasonable recommendation given the high incidence of skin cancers here in Queensland.

In the Minister's explanatory speech the minister talked about reforming Queensland's health system. The minister said, '... our government is committed to significant reform in Queensland Health.' If that were the case, it certainly will not be done through this bill. There is some work to modernise existing processes and systems in this bill, but there is no significant reform. That rhetoric does not match the reality. The centrepiece of the bill, being the changes to the Hospital and Health Boards Act 2011, are well intentioned but they are not system reform. Those amendments do not address the root cause of the widespread burnout and fatigue among our frontline health workforce. That is evidently clear. The root cause of the burnout and fatigue is the crisis situation played out across our health system each day, but this piece of legislation will not alleviate those issues.