




Speech By
Peter Russo
MEMBER FOR TOOHEY

Record of Proceedings, 7 March 2024

HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)

 **Mr RUSSO** (Toohey—ALP) (12.35 pm): I rise to speak to the Health and Other Legislation Amendment Bill (No. 2) 2023. The Health, Environment and Agriculture Committee, in its report No. 3 of the 57th Parliament and tabled in this Assembly on 4 March 2024, has recommended to the Assembly that this bill be passed. The purpose of the bill is to make amendments that support access to health care, promote quality improvement and patient safety in public health facilities, and improve the operation of health legislation in Queensland.

The bill amends the Hospital and Health Boards Act 2011 to: clarify that, for the purposes of nurse- and midwife-to-patient ratios, a newborn baby should be counted as a patient when they are staying in a room on a maternity ward with their birthing parent; require a Quality Assurance Committee to disclose information about a health professional to their chief executive where the QAC reasonably believes the health professional's health, conduct or performance poses a serious risk of harm to a person; clarify that the chief executive of Queensland Health may, after considering a report from a clinical review or health service investigation conducted in a hospital and health service, take the action the chief executive considers appropriate in relation to the matters identified in the report; and ensure key findings, recommendations and lessons learned from root cause analyses of serious clinical incidents can be shared with relevant staff across Queensland Health.

The bill amends the Termination of Pregnancy Act 2018 and Criminal Code to: allow additional health practitioners to perform early medical terminations of pregnancy through the use of termination drugs; make consequential amendments to the offence provision set out in the Criminal Code to align with the above change; and provide for more inclusive language by replacing references to 'woman' with 'person' in termination-of-pregnancy provisions.

The bill amends the Public Health Act 2005 to exempt medical practitioners from duplicate reporting of dust lung diseases to the Queensland Notifiable Dust Lung Disease Register where there has been notification to the National Occupational Respiratory Disease Registry and it amends the Mental Health Act 2016 to clarify how Mental Health Court expert reports and transcripts may be released and used.

The bill proposes to implement minimum midwife-to-patient ratios in our Queensland maternity wards. The amendments clarify that for calculating midwife-to-patient ratios on maternity wards a baby will be counted as a separate patient when they are staying in a room with their birth parent. This will also include acknowledging those dreadfully sad occurrences when a baby is stillborn. The baby will be considered as a separate patient when they are staying in a room with their birth parent. Midwives have been calling for this change for years. We know that ratios work. Since 2015 here in Queensland we have legislated minimum nurse-to-patient ratios in prescribed medical, surgical and mental health wards in public health facilities as well as across Queensland Health's 16 public residential aged-care facilities. Queensland's minimum nurse-to-patient ratios have led to low mortality and readmission rates as well as shorter lengths of stay. Ratios also give nurses more time to complete necessary care and time to

detect patient changes. Nurses also reported better job satisfaction and less burnout, while patients were more likely to recommend the hospital to family and friends. These same benefits will be realised in our larger hospitals once minimum midwife-to-patient ratios are implemented.

We understand that the delivery of health care is complex and occasionally things do not go as expected. The Hospital and Health Boards Act includes a clinical incident management framework to ensure patient safety issues are addressed in a timely and meaningful way. The framework fosters a culture of safe and reliable care through analysis and learning to reduce preventable occurrences and improve patient safety.

An important change is that the bill will require a quality assurance committee to notify a health professional's chief executive if the committee reasonably believes that a health professional poses a serious risk of harm to a person because of their conduct or performance. The current provisions of the act prevent quality assurance committees from sharing information about serious risks with the department or a hospital and health service so that those risks can be proactively addressed.

Concerns that the proposed amendment would bring about the risk of two investigations, one being without the powers of the Office of the Health Ombudsman, were addressed in the hearing on 1 February when the Health Ombudsman, Dr Coulson Barr, stated—

The proposed amendments that we are putting forward would enable us to do that in a more fulsome and timely way.

She further stated—

I think the functions of the QACs are quite different in terms of reviewing clinical incidents. As I understand it, the purpose of this amendment is to identify issues in relation to individual practitioners in relation to either health conduct or performance that may be posing a risk that requires action by another body and a different nature of investigation where we look at the relevant code and standards.

The Public Advocate, both in their submission and at the public hearing on 1 February, supported the proposed amendments to the Mental Health Act given the use of mental health reports to be admissible in relation to any offence and, in principle, this use is supported by the Public Advocate. Dr Chesterman gave evidence that there could be some situations where a person will not be able to make that determination because of the nature of their current situation, illness or disability. However, he stated—

There would be situations where it could work against the interests of the person and indeed lead to some inaccuracies, but I think offering the person the possibility of saying, 'No, I do not want that to be used,' is an important safeguard.

As an interested stakeholder, the Queensland Law Society provided feedback on the proposed Mental Health Act amendments. The President of the Law Society stated—

With respect to the proposed Mental Health Act amendments, we support the proposed clarification regarding the use and the release of Mental Health Court expert reports and transcripts in other criminal proceedings. We acknowledge the benefits of these types of reports and transcripts being admissible at the trial of a person in certain circumstances, and we note again the importance that the courts retain discretion to admit this evidence.

In relation to the amendments to the Hospital and Health Boards Act, we support the proposed provisions that seek to allow broader sharing of information contained in root cause analysis reports. We emphasise the need for additional resource training in relation to the importance of these reports to ensure efficient and appropriate use of the procedure.

Further, Ms Fogerty advised the committee that the Queensland Law Society's submission to the inquiry was based on the long experiences of members who have found that mental health reports can be very relevant to a matter. The experience of the Queensland Law Society members is that being able to make mental health reports more accessible can have an impact, particularly because the range of defendants who are in a matter where these reports are helpful to the court tend to come from very disadvantaged backgrounds and matters are on a legal aid basis. This can lead to the provision of a better information exchange between the courts and other relevant agencies.

In Queensland the Notifiable Dust Lung Disease Register was managed by Queensland Health under the Public Health Act. In June 2023, the Australian government introduced legislation to establish the National Occupational Respiratory Disease Registry. If passed by the Australian parliament, it will duplicate reporting requirements for Queensland practitioners who would need to report to both the Queensland register and the National registry. This is an unnecessary burden given information in the national registry will be shared with state and territory health agencies. The proposed amendments to the Queensland Public Health Act 2005 would exempt medical practitioners from duplicative reporting requirements.

I thank the former Health and Environment Committee and the current Health, Environment and Agriculture Committee for their detailed inquiry into the Health and Other Legislation Amendment Bill (No. 2) 2023. I commend this bill to the House.