

~~separately to RSHQ. The commissioner will provide impartial advice to the minister about safety and health matters and will monitor, review and report on the performance of RSHQ's functions. The commissioner will also chair the coal and mining safety and health advisory committees and engage with representatives from the explosives and petroleum and gas sectors. The commissioner will act independently, impartially and in the public interest at all times. The role will replace the existing Commissioner for Mines Safety and Health position.~~

~~The bill will enhance the functions of the Coal Mining Safety and Health Advisory Committee and the Mining Safety and Health Advisory Committee to provide a more strategic focus in identifying critical safety and health risks. In addition to providing advice to the minister, the advisory committees will develop and evaluate progress against five year strategic plans and develop action plans to achieve measurable targets. Strategic plans will identify, quantify and prioritise safety and health issues facing the mining and quarrying sector. These priorities will inform appropriate actions to be taken by government, industry and workers. The enhanced functions of the advisory committees further strengthens the oversight, monitoring and transparency framework provided for in the bill and will build on proven tripartite working arrangements.~~

~~The bill also provides for an independent Work Health and Safety Prosecutor established under the Work Health and Safety Act to prosecute serious offences under resources safety legislation. Only the Work Health and Safety Prosecutor will be able to prosecute serious offences, while other offences may be prosecuted by the Work Health and Safety Prosecutor or the chief executive officer of RSHQ. Utilising the Work Health and Safety Prosecutor will enhance transparency and independent decision making in relation to prosecutions and promote efficiency of process.~~

~~The bill amends resources safety legislation to define serious offences that would be prosecuted by the Work Health and Safety Prosecutor. For mining and quarrying, a serious offence will be an offence where a person on whom a safety and health obligation is imposed contravenes the obligation and the contravention causes death, grievous bodily harm, bodily harm or involves exposure to a substance which is likely to cause death or grievous bodily harm or an offence prescribed by regulation. The bill adopts similar serious offence provisions for explosives and petroleum and gas. Individuals will have the ability to submit a written request to the Work Health and Safety Prosecutor seeking that a proceeding be brought in relation to a particular act or omission which constitutes a serious offence.~~

~~The reforms made in this bill will establish an independent regulatory framework that workers can trust and will help reaffirm Queensland as one of the safest places to work. I commend the bill to the House.~~

First Reading

~~**Hon. AJ LYNHAM** (Stafford—ALP) (Minister for Natural Resources, Mines and Energy) (10.44 am): I move~~

~~That the bill be now read a first time.~~

~~Question put—That the bill be now read a first time.~~

~~Motion agreed to.~~

~~Bill read a first time.~~

Referral to State Development, Natural Resources and Agricultural Industry Development Committee

~~**Mr SPEAKER:** In accordance with standing order 131, the bill is now referred to the State Development, Natural Resources and Agricultural Industry Development Committee.~~

HEALTH TRANSPARENCY BILL

Introduction

~~ **Hon. SJ MILES** (Murrumba—ALP) (Minister for Health and Minister for Ambulance Services) (10.44 am): I present a bill for an act to facilitate the publication and collection of information about public facilities and private facilities that provide health services, and to amend this act, the Health Ombudsman Act 2013, the Health Practitioner Regulation National Law Act 2009, the Hospital and Health Boards Act 2011, the Private Health Facilities Act 1999 and the Public Health Act 2005 for~~

particular purposes. I table the bill and the explanatory notes. I nominate the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee to consider the bill.

Tabled paper: Health Transparency Bill 2019.

Tabled paper: Health Transparency Bill 2019, explanatory notes.

I also table a draft Health Transparency Regulation 2019 and a draft Hospital and Health Boards (State Aged Care Facilities) Amendment Regulation 2019. If the bill is passed it is intended to make these regulations. The regulations are being tabled so that parliament and stakeholders can consider the proposed framework holistically.

Tabled paper: Draft Health Transparency Regulation 2019, Subordinate Legislation 2019 No.

Tabled paper: Draft Health Transparency Regulation 2019, Subordinate Legislation 2019 No., explanatory notes.

Tabled paper: Draft Hospital and Health Boards (State Aged Care Facilities) Amendment Regulation 2019, Subordinate Legislation 2019 No.

Tabled paper: Draft Hospital and Health Boards (State Aged Care Facilities) Amendment Regulation 2019, Subordinate Legislation 2019 No., explanatory notes.

This bill deals with three main issues. The most significant of these is to establish a legislative framework for obtaining and publishing comparative information about public and private health facilities and residential aged-care facilities. The bill also introduces requirements for public residential aged-care facilities to maintain a minimum nurse and support worker skill mix ratio and a minimum number of hours of care per resident each day. The bill also improves the operation and efficiency of Queensland's health complaints system by implementing recommendations made by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.

On 11 July our ambos at triple 0 received a phone call from a then little known aged-care facility on the Gold Coast: Earle Haven. The caller said the staff had gone home and they would need QAS to pick up about 60 residents. The QAS operator, though very professional, was audibly shocked. It is no small operation to move 60 or more frail and elderly people to new residences or hospitals. It is the kind of call you get in an emergency. It is the kind of request that our ambos have only seen in the event of a cyclone or a bushfire. But, as it turned out, the people running the centre walked out over a contract dispute.

It is only because of the expertise and professionalism of our paramedics and health services that almost 70 frail, elderly people had somewhere to sleep that night. When our ambos arrived the scene was chaotic. The few staff who stayed behind out of compassion for their patients did not know what had happened. They were only told they would not be paid and that they should leave. People were stripping the centre of equipment, including: fridges, food, spare bedding, telephones, medication, patient files, the mops and buckets and even the gloves the staff used to take people to the toilet. Our incredible health services set up a triage and worked long into the night to find each and every resident somewhere to stay and to transport them there.

I went there to see the operation firsthand and it broke my heart. Dementia patients were confused as to why they needed to leave their home at night. Residents were scared to leave all of their belongings behind. Some of them cried and some begged to stay, but with no food, no medication and no telephone line there was no safe way to let them do that. I want to thank the member for Gaven, who was there all afternoon and into the night helping out by feeding people who were hungry and helping families get connected with their loved ones. She even arrived with as many coffees as the local McCafe could produce.

I especially want to thank our incredible paramedics and health staff. I know that some of you cried too because this should never have happened—not to our parents and grandparents, who deserve more respect than being abandoned by a company they paid to care for them. It was not until the dust settled that we learned the federal government knew Earle Haven was in trouble. This disaster has shone a light on how badly the Morrison government has dropped the ball on regulating the private aged care—

Mr Mander interjected.

Mr SPEAKER: Order! Member for Everton, your comments will come through the chair.

Dr MILES: This disaster has shone a light on how badly the Morrison government has dropped the ball on regulating the private aged-care sector.

Opposition members interjected.

Dr MILES: The ones you wanted to sell?

Mr SPEAKER: Minister, the same warning will apply to you as went to the member for Everton. Comments will come through the chair. Members, I will not tolerate interjections on the member on his feet.

Dr MILES: The corporations—

Mr Mander interjected.

Mr SPEAKER: The member for Everton is warned under the standing orders.

Dr MILES: The corporations have been allowed to run amok—putting profits before people, feeding residents on \$6 a day and letting staffing levels fall dangerously low.

Opposition members interjected.

Mr SPEAKER: Order! The minister has the call. Those to my left will cease their interjections. Please continue, Minister.

Dr MILES: Well, on this side of the House at least, Mr Speaker, we believe Queenslanders deserve better than this.

Honourable members interjected.

Mr SPEAKER: Order! Minister, it would also be helpful to ensure that we are introducing the bill and being non combative. It does not assist the tenor of the House.

Dr MILES: This is precisely why the Palaszczuk government is introducing new measures for private nursing homes to disclose their staffing hours. If your parent or grandparent gives their life savings to a company to care for them in their old age, you deserve to know what they are paying for.

Ms Bates interjected.

Mr SPEAKER: Member for Mudgeeraba.

Dr MILES: Are they paying for enough staff with the right skill mix to care for them? Disturbingly, the Morrison government opposes this bill. They wrote a lengthy and detailed submission opposing this bill—

Ms Grace interjected.

Ms Jones interjected.

Mr SPEAKER: Order! Minister for Education and Minister for Tourism, I am trying to listen to the minister.

Dr MILES: The Morrison government wrote a lengthy and detailed submission opposing this bill to make the sector more accountable. Our bill seeks to mandate the minimum percentage of nurses—50 per cent of staff—in public aged-care facilities, the—

Opposition members interjected.

Dr MILES: This is about state run aged-care facilities.

Mr Hart interjected.

Mr SPEAKER: The member for Burleigh will put his comments through the chair.

Dr MILES: The bill seeks to mandate the minimum care hours per resident and it will get private facilities to report their care hours to the public. This is about making sure our parents, grandparents and loved ones are treated with respect, dignity and appropriate levels of care. How on earth can the Morrison government oppose that? They are letting dodgy contractors and greedy owners off the hook so that they can continue to exploit vulnerable—

Ms Bates interjected.

Mr SPEAKER: Pause the clock. Member for Mudgeeraba, you are warned under the standing orders. I have asked you to cease your interjections. Again, members, the minister has the call.

Dr MILES: They are letting dodgy contractors and greedy owners off the hook so that they can continue to exploit vulnerable Queenslanders for profit. Their claim that this will create some kind of regulatory burden is beyond ridiculous. Do they really think providers do not even know how many staff they have or that it is unfair to ask them to count them? Their position is indefensible, but that has not stopped the LNP from trying in vain to defend a government they are too scared to stand up to.

We are in a position right now where in private facilities one nurse can be covering 50 patients or one nurse is covering two facilities 10 minutes apart. Does the Prime Minister and the Leader of the

Opposition really think they can defend this to Queenslanders? Maybe it is because of the tens of thousands of dollars the LNP has received in donations from these companies. Maybe it is because—

Mr BLEIJIE: Mr Speaker, I rise to a point of order. I draw your attention to standing order 129(3) (d) on the introduction of bills by ministers. That states that the minister may deliver ‘a speech explaining the Bill (“explanatory speech”)’. I put to you, Mr Speaker, and the House, that the minister is not explaining the bill. He is debating the bill, which will happen at the appropriate time after consideration in detail.

Honourable members interjected.

Mr SPEAKER: Order! Members, I want to hear the member for Kawana’s point of order.

Mr BLEIJIE: I put it to you, Mr Speaker, that the minister is debating and anticipating debate on the bill which should go through to the committee. The minister is simply introducing the bill and I ask him to be called to order under 129(3) (d) of the standing orders.

Mr SPEAKER: Member for Kawana, I will rule on your point of order. This is certainly not the first time that I have heard a bill introduced where the explanatory speech is requiring contextualisation of the circumstances that led to the development of the bill, and that is what I am hearing from the minister.

I have also warned members under the standing orders that there is to be no interjection. There is no cause in the standing orders for any interjections, and I am hearing continued and repeated interjections. My advice to all members of this House is that this bill will go to a committee and it will come back from a committee, and I ask that the debate on this bill occur at that time. I ask members to cease their interjections and allow the minister to continue his explanatory speech.

Dr MILES: Thank you, Mr Speaker. You can understand those opposite interjecting, I suppose, given they did try to close every single one—

Mr SPEAKER: No, Minister! The minister will resume his seat. Minister, I have already given you some guidance in terms of the delivery of your introductory speech. I ask you to heed that advice or I will sit you down.

Dr MILES: This bill enables a regulation to require public and private residential aged-care facilities in Queensland to provide information about nursing and personal care provided at aged-care facilities and the staffing for care at the facility. Initially, we will ask residential aged-care facilities—both public and private—to report quarterly on the average hours of daily care provided to each resident by nurses and support workers. This metric is set out in the draft Health Transparency Regulation tabled with the bill. In future, the reporting requirements for aged-care facilities can be expanded by regulation, if needed.

The Palaszczuk government is stepping in to ask public and private aged-care facilities to report on the care hours provided to residents so that elderly Queenslanders and their families can make comparisons and informed decisions when selecting an aged-care provider. We have consulted the aged-care industry on this bill and, disappointingly, but perhaps not surprisingly, many operators are not supportive of the increased transparency this bill will bring. Surely it is not too much to ask for facilities to provide open and transparent information about the hours of care provided to residents at their facility.

Nurse-to-patient ratios are used in hospitals, educator-to-child ratios are used in child-care facilities and teacher-to-student ratios are used in schools. All these important sectors have improved reporting and openness. It is time we applied the same logic to the elderly who are equally deserving of our respect and care. A properly funded and staffed aged-care system will relieve pressure on our public hospitals. We need to ensure frail and elderly Queenslanders who are waiting for an aged-care place can be moved as quickly as possible both to free up hospital beds for those who truly need hospital care and to provide a better environment for them.

The bill includes an opt-out option for private aged-care providers who do not wish to provide information requested of them. However, we make no apologies for the bill also providing that the decision to opt out will be publicly reported. I hope the federal government, as the regulator of the sector, starts using its powers to hold private aged-care providers to account, because I never want to see a scene like Earle Haven again.

To demonstrate that Queensland is truly leading the way in the aged-care sector, this bill will also introduce new minimum standards for public aged-care facilities in this state that we still own. We know that nurse-to-patient ratios provide higher quality care to patients, safer workloads and increased job satisfaction for front line nursing and support workers, saving lives and money. This builds on a

legislative framework introduced in 2016 to mandate minimum nurse-to-patient ratios in prescribed public hospitals under the Hospital and Health Boards Act. The bill amends the Hospital and Health Boards Act to require residential aged-care facilities operated by Queensland Health and owned by the Queensland government to meet minimum nurse and support worker skill-mix ratios and minimum average daily resident care hours.

Queensland has a world-class health system with a strong culture of safety, and we are proud to tell you about it. Research shows that transparent information about health care leads to better patient outcomes, increased safety and higher quality care in hospitals and other health facilities. That is why this bill also provides a framework for obtaining and publishing a wide range of comparative information about both public and private health facilities which will be made available on a user-friendly website. It is like Trip Advisor but for hospitals. The website will publish a range of quality and safety information. This will—

Mr Hunt interjected.

Mr SPEAKER: The member for Nicklin is warned under the standing orders. I have already asked you to cease your interjections and to put your comments through the chair. Please continue, minister.

Dr MILES: This will include hospital accreditation, information on elective surgery procedures—including the number of procedures performed and the average time spent in hospital—information about patient outcomes, and information about hospital-acquired complications. Patients will be able to view and compare information about facilities to make better informed decisions about their health care. For both clinicians and health facilities, transparency of information will help to identify variations in care and outcomes.

The bill also makes significant changes to the Health Ombudsman Act. The responsibility for dealing with health complaints in Queensland is shared between the Office of the Health Ombudsman, the Australian Health Practitioner Regulation Agency and the national boards responsible for specific health professions. The bill amends the Health Ombudsman Act to implement recommendations made by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee in its inquiry into the performance of the Health Ombudsman's functions.

The reforms will require the joint consideration of matters about registered health practitioners by the Office of the Health Ombudsman and the Australian Health Practitioner Regulation Agency and will reduce the incidence of matters being split between the two agencies. To increase efficiency, the bill will also give the Health Ombudsman the discretion not to accept a complaint if the complainant has not attempted to resolve the complaint directly with the health service provider or if the complaint is more appropriately dealt with by another body.

The Palaszczuk government is committed to better health outcomes, increased safety and higher quality care in public and private hospitals, health facilities and aged care. Transparent information is an integral part of that commitment. This bill will increase Queenslanders' access to information about health and aged-care facilities and drive better quality care. Our seniors, the hard-working Queenslanders who built this state, deserve to be looked after. They deserve a better aged-care system than the one they are getting now. This bill will help make that a reality. I commend the bill to the House.

First Reading

Hon. SJ MILES (Murrumba—ALP) (Minister for Health and Minister for Ambulance Services) (11.04 am): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Mr SPEAKER: In accordance with standing order 131, the bill is now referred to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.