TJ Ryan Foundation Speech

Beth Mohle, Union Secretary

Queensland Nurses & Midwives' Union

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Firstly, I would like to acknowledge the traditional owners of the land on which we meet, the Turrbal and Yugara people, and pay my respects to elders past, present and emerging.

Thank you very much for the invitation to say a few words tonight at the important event to mark the 5th anniversary of the foundation of the TJ Ryan Foundation.

Each of the speakers tonight have been asked to talk about policy highlights in their area of expertise, mine being health, across three different eras:

The Ryan, Goss and Bligh governments

I have added two more Labor governments for attention – the Hanlon and Palaszczuk governments given some significant health reforms made by those governments.

Because of time constraints I will only be able to provide a very brief overview of significant highlights from each era, and I want to end tonight with some personal reflections on historical and ongoing policy issues in health.

The Ryan government

The challenge of providing adequate funding for health care in Queensland has existed since the establishment of the first Convict Hospital in Brisbane in 1827. Other ongoing factors have also been ever present and requiring attention, such as the need to focus on addressing health inequalities and the social determinants of health, especially for our first nations people.

A policy speech by TJ Ryan made in Barcaldine prior to the 1915 election made little mention of health other than the need to extend medical examination of children. But at the 1916 Labor Convention at Rockhampton J Dunn moved an amendment for the nationalisation of hospitals and the chemical and medical professions and charitable institutions. Supporting the motion, he said:

"We have a public police force for the maintenance of law and order and we should have a public medical force for the protection of life and death…. We should have a public medical force of men who realise their responsibilities and would remove anything likely to cause unhealthy conditions."

An amendment was subsequently moved to include dental, optical, nursing and other allied health professions, adding that:

"We should not remain any longer under the whip of the British Medical Association."

Attempts by the TJ Ryan govt to provide funding certainty for health care was however repeatedly thwarted in the then Upper House. For example, the

Hospitals Bill of 1917, seen as a first step to advance the nationalisation of hospitals, was finally passed in 1923. When first introduced it was at a time of war, so sufficient funding was not available to advance this objective fully. After much angst in caucus and debate, the bill finally referred to nationalisation "when practicable".

The six years it took to pass this legislation demonstrated clearly that making advances in health policy can be a long game. During these years great animosity built up between the Labor government and the medical profession. This familiar power struggle would be a prominent feature of health debate for decades to come.

As an interesting aside, the first Golden Casket was drawn when the TJ Ryan govt was in power in 1917. It was established by the Qld Patriotic Fund to raise money to support WW1 veterans. The operation of the Golden Casket was soon taken over by the Qld govt. In 1923 the Labor Party Convention in Emu Park passed a resolution to establish the Golden Casket to fund public hospitals and ambulances "pending nationalisation of hospitals". In 1938, the casket paid for the construction of the new Royal Brisbane and Royal Women's Hospitals.

I am only here today because of the Golden Casket. My Mum and Dad kept trying to have a boy and after three beautiful girls weer born had to give up trying for financial reasons. Then Dad won half of the first prize in the Golden Casket with a work colleague at Royal Brisbane Hospital so was able to put a sizeable deposit on a home, buy a first car and keep trying for a boy. They did

not end up with a boy, having two more girls, first me then my sister Anita. However, having five daughters was an extension of their good luck I believe.

The Hanlon government

Some significant reforms in health occurred during the 1930s and 1940s under the Forgan Smith, Cooper and Hanlon governments. Ned Hanlon had been Home Secretary, Secretary for Health and Home Affairs, Treasurer and finally Premier and is remembered for his energetic and forceful handling of the health portfolio. His work eventually resulted in the establishment of Queensland's "free public hospital system" in 1946.

In 1944 the *Hospitals Bill* that gave the Qld Labor govt complete control over the Qld hospital system was introduced to parliament. Working with the federal Labor government, the *Hospital Benefits Agreement Act* of 1945 was introduced and passed, bringing into place "free public hospitals" in Qld from 1 Jan 1946. This legislation provided funding from the Commonwealth of 6 shillings per day per patient in the public and non-public wards.

This Commonwealth legislation was introduced following the defeat of the 1944 referendum to alter the constitution to allow for post war reconstruction and democratic rights. This referendum included a proposal to grant 14 powers to the federal government, including a power to nationalise health which was strongly opposed by the medical profession at the time as they feared "medical conscription".

The 1946 legislation crafted in the wake of the referendum defeat specified that all people must have access to the public wards of hospitals free of charge. However, there was no intrusion by the Commonwealth into the organisation and management of hospitals. In 1948, the Chifley government passed the *National Health Service Act 1948* which allowed the Commonwealth to 'maintain and manage hospitals, laboratories, health centres and clinics, and to take over any of these services from the states', but it was never fully implemented.

As we all know, it wasn't until 1975 that the Whitlam government introduced Medibank and it operated for a short period of time until it was undermined by the Fraser government. It wasn't until 1 February 1984 that the new national health insurance scheme Medicare was enacted by the Hawke government. This demonstrates so clearly again that policy formation in the very contested space and like health care is indeed a long game.

The Goss government

The Goss Labor government was elected in December 1989, ending 32 years of coalition govt in Qld.

I remember that day well. Working that day at the RBH I had an absentee vote at the hospital. In that polling booth I was surrounded by other health workers, nurses, midwives, doctors, operational, admin staff – all of whom were voting for change. The feeling was palpable in that polling booth – we knew something momentous was going to happen.

As we know, the Goss government was a reforming government that changed Queensland in so many ways.

In the health space, the Goss government reforms were noteworthy and included a major 10 year investment in capital works to rebuild the ageing hospital system, the establishment of an independent Health Rights Commission, a number of restructures of the health system, increases in numbers of health workers including nurses and midwives and enhancements in pay and conditions, the transfer of nursing education to the tertiary sector and the adoption of a nationally consistent career structure for nursing.

Unfortunately, it was sometimes one step forward and two steps back for us. We also had a dispute with the Goss government when they later attacked on our career structure by slashing the number of “clip board nurses” in management and other promotional positions. Even though at the time and indeed even now, there are far fewer above base grade positions in nursing and midwifery when compared to other occupations in the public sector.

In July 1995 Peter Bettie became Health Minister and started ‘100 days of listening’. Unfortunately, his listening tour did not result in any changes in policy or direction because the government changed as a result of the Mundingburra by-election in February 1996.

The Bligh government

If we fast forward now to the government of Anna Bligh. In September 2007 Anna Bligh replaced Peter Beattie as Premier of Qld and was elected in her own right at the 2009 state election.

In the wake of the Bundaberg Hospital Commission of Inquiry and the Forster Review of QH, many changes were set to occur in health. For decades health had been historically under-funded and this resulted in increased clinical risk as highlighted by the events at Bundaberg.

Following the release of the Forster Review, a $6.4 billion 5-year Health Action Plan was released in October 2005. Anna Bligh was Treasurer at the time. The action plan was ambitious and long over-due. It provided for the employment of additional health workers including extra nurses, midwives and doctors, a focus on primary and preventative care, including closing the health gap for indigenous people and extra funding for mental health and services for mothers and babies. Importantly for nurses and midwives, we went from being the lowest paid in the country to amongst the highest paid as a result of our EB 6 negotiations at the time, via a process that adopted an innovative interest-based problem- solving approach. This collaborative approach was so needed given the complex system problems at the time and has stood us in good stead ever since.

In a short period of time under Anna Bligh as Treasurer health was now a government priority. For example, the 2006/7 budget saw expenditure increased by 24 % over the previous year. In that budget spending on

Education accounted for 24.1% of govt expenditure and Health 23.8%. The following year, 2007/8, health expenditure had, for the first time, surpassed education as the largest area of government expenditure – 24% versus 22.9%. (In the latest budget, expenditure on health accounted for 31.2% of the budget and Education 24.9%.)

In August 2008 the *Advancing Health Action Plan* was launched, providing a much greater focus on safety and quality in health care. Funding was also provided to give the community a greater say in health with the founding of Health Consumers Qld Ministerial Advisory Committee. More restructures occurred in the system and there continued to be a major focus on capital works across Queensland Health. There was a significant focus on the National Health Reform Agenda with election of Rudd Labor govt. This included establishing a new health care reform platform and funding agreement as well a national system to regulate Australia's health professionals with the establishment of the Australian Health Practitioner Regulation Agency.

Unfortunately, the QH Payroll disaster occurred in March 2010 and this was the source of significant disruption and angst for years to come. In 2012 there was an announcement on another major health restructure following a review conducted by Shane Solomon. This did not come to pass due to the election of the LNP Newman government.

The Palaszczuk government

The devastating job and service cuts by the Newman govt from 2012-2015 were unprecedented. In total 1,800 FTE nursing and midwifery jobs were lost out of a total of the 5,000 jobs cut in health. Cuts also occurred to a range of public health services, including sexual health, TB screening, other community services and state govt nursing homes. These brutal and swift cuts were made in the wake of the Costello Commission of Audit. The Newman govt also presided over significant under-employment of new graduate nurses and midwives, with only around a third of new grads being able to secure jobs at that time. Workloads of nurses and midwives and other health workers grew significantly as they were forced to do more with less.

The payroll disaster of 2010 was thus put into context. Yes, that was an unparalleled disaster, but it was not a deliberate act. The cuts to jobs and services were deliberate policy choices by the Newman govt.

Our union campaigned hard against these jobs and service cuts and also against the proposed privatisation of public health services. Even though a change of government was highly unlikely in early 2015, we lobbied for policy initiatives to address the damage being done.

We secured commitments from the then Palaszczuk opposition via their Nursing Guarantee and Refresh Nursing policies to:

Implement minimum legislated nurse to patient ratios in QH

Employ an additional 4,000 new grad nurses over 4 years

Create 400 new Nurse Navigator positions to assist those with chronic and complex conditions stay out of hospital through better system navigation and

Re-establish school health nurse positions in primary schools

Beyond nursing and midwifery specific initiatives, we also lobbied for:

The refunding of defunded primary and preventive health services such as sexual health and TB services

Decriminalisation of abortion

Refunding of the Health Consumers Network

Rebuilding the Patient Safety Framework that had largely been dismantled and

Greater emphasis on public reporting and evidence-based practice

With the election of a minority Palaszczuk government and its re-election in 2017, these policies have become a reality.

I only have a short period of time to speak, so let's look briefly just one of these policies, minimum legislated nurse to patient ratios.

On 12 May 2016, the Qld parliament became the fourth jurisdiction in the world, after California, Victoria and Wales, the legislate minimum nurse to patient ratios for prescribed medical and surgical wards in QH. These wards accounted for around two thirds of activity in health. The ratios are 1 nurse to 4 patients on day and evening shifts and 1 to 7 on night shift.

An independent gold standard evaluation of the implementation of ratios has recently been concluded by world renowned experts at University of Pennsylvania and local researchers at QUT. Baseline data was collected prior to implementation and then again one year and two years post implementation. This type of research has not been undertaken anywhere else in the world. It involved detailed examination of patient outcome data as well as surveys of nurses and midwives.

This evaluation found since July 2016 the implementation of ratios has resulted in:

145 lives being saved

255 readmissions being avoided and

29,200 hospital days avoided

All of which resulted in estimated savings to the system of up to $81 million

The research also demonstrated that reductions of one patient per nurse were associated with:

9% less chance of dying in hospital

6% less chance of readmissions within 7 days

3% reduction in length of stay

7% reduction in nurse burnout

This is internationally significant research and the Palaszczuk govt can be rightly proud of this achievement. Ratios implementation has resulted in safer outcomes for patients through decreased staffing variability. Prior to implementation of ratios the number of patients per nurse ranged from 2 to 12. But now, no matter where you are in Qld, be this in a metropolitan, rural or regional location, you have a nursing care guarantee in those units.

In advance of the 2017 Qld election we secured a commitment to ratios in SGNHs and Acute Mental Health Units and we are currently working on our evidence-based ratios claim document in the lead up to the 2020 Qld election.

Another key element of our ratios campaign is public reporting of staffing nos, skill mix and outcomes and I would like to commend the Palaszczuk govt for the Health Transparency legislation that is currently before parliament. When passed this will provide access to unparalleled health data for the Qld community.

Before concluding, I have a few thoughts about some of the timeless challenges that confronted all the govts we have traversed tonight.

In the 37-year history of our union we have seen nine governments and a lot of Health Ministers – 18 health ministers in total, with three of these having subsequently spent time in jail. I have seen 12 Health Ministers in my time at the union.*

Health is too often portrayed as a portfolio poison chalice. But I believe this characterisation is both unfair and unhelpful. Yes, it is a challenging portfolio

and Treasury will be forever on your back, but it is one of the most important portfolios for the Qld community. It accounts for close to a third of total govt expenditure. What happens in health matters deeply, and that is why it is a privilege to be a health minister not a curse. In this portfolio the Minister has the support of tens of thousands of clinical and non-clinical QH staff who are passionate about improving health services and providing the best possible care for people when they are at their most vulnerable.

Health is however a big and complex portfolio and our union has for some years called for a re-examination on how the portfolio is structured. Maybe it is time for a split to occur so we have two entities – one focusing on wellness and health promotion and the other on treating of illness. Innovation, new models of care and evidence driven practice should underpin both areas of focus.

When I reflect upon the drivers in health that have proved to be a challenge over time and need to change, I would like to highlight three in particular:

The funding model

Governance structures and

Culture and power

Funding health has always been a challenge. Treasury has forever been concerned about what appears to be a bottomless pit of health care need, especially now given the ageing of our population. But we need to reframe our mindset and also fundamentally review the funding drivers. We need to focus

on supporting and quarantining funding for and investing in innovative models that deliver better outcomes and save money in the long run. Roles such as Nurse Navigators and Nurse Practitioners and models such as multi-disciplinary primary health teams and community-based Midwifery Group Practices are the way of the future. The funding arrangements however do not adequately support investment in such sustainable models. Currently our funding arrangements such as Activity Based Funding privilege medical based activity at the expense of such innovation. We will keep getting more of the same if we stick with the current funding model, and we simply cannot afford more of the same in so many ways. The time for funding reform is long overdue and getting this right must be a priority for the Council of Australian Governments. All state and territory govts are currently grappling with a broken funding model that is no longer fit for purpose.

Secondly, health system governance has been a political hot potato for many years, with restructuring being seen as the panacea to cure all ills. We have moved back and forth between various iterations of centralised and devolved structures. I have lost count of the number of restructures I have seen since my time at the QNMU, and the number of consultants employed. The current devolved system is not without significant challenges and we have made a detailed submission about our concerns to a recent advice process established by the Health Minister.

It is vitally important that we get the governance right. In recent years there has been a push for more professional and autonomous boards, with boards seeking to mirror those of publicly listed companies. This push is fine to a point - but we must remember above all else that Hospital and Health Services

are not corporations. The community will always hold the government of the day to account for delivering quality health services and for any significant systems failures. I firmly believe as a citizen that is the way it should be. We need to make it clear where accountabilities lie and have in place robust mechanisms to ensure consistency of approach, collaboration and transparency.

Lastly, culture and power in health is an area we must also focus on. Health is riddled with power imbalances and unfortunately it is the person receiving health care who far too often has the least amount of power. The system still struggles to be genuinely person centred. Entrenched power imbalances also exist within the system – between health service providers and bureaucrats. So much time is wasted in turf wars rather than focusing on the evidence on what delivers the best outcomes for patients. There is a constant see sawing battle between and within clinical groups and also between clinicians and non-clinicians.

In successive system reviews appropriate investment in this fundamental culture piece has been missing. I remember the need for this investment was a big focus of the 2005 Forster review. At the time it was estimated that it would take a decade or two for cultural change to occur, and as such it was seen as too hard and not adequately prioritised. Imagine where we would be now if we had made the hard decision to properly prioritise cultural reform in health care in 2005? This is so often portrayed as soft skills work. But as we know, this is far from soft it is very hard work, but all too often not seen or valued. Redistributing power is always a hard-fought battle.

Surely the time has well and truly come for a fundamental power analysis in health? An interest-based problem-solving approach is one that we would favour to advance this discussion. Unfortunately, such an approach is resisted by many, especially by those who have difficulty in sharing power. But we won't give up on pursuing fundamental cultural change in health as that is central to a sustainable high quality and person-centred system.

I want to end on a positive note. I have hope, and my hope springs from the change in attitude that has resulted from having a woman as Premier, a woman as Deputy Premier and half of the Cabinet positions being held by women. Different conversations are happening at the Cabinet table and this results in different policy priorities being set by government. This is evidenced by the significant health policy initiatives of the Palaszczuk government, some of which I have highlighted tonight. Now there is often a long battle in getting these delivered within the huge and lumbering bureaucracy that is QH, but that is our lot in life.

Perseverance, passion a plan will see us through.

Thank you for your attention tonight.

*There was: Brian Austin, Angelo Bertoni, Mike Ahern, Kev Lingard, Leisha Harvey, Ivan Gibbs, Ken McElligott, Ken Hayward, Jim Elder, Peter Beattie, Mike Horan, Wendy Edmond, Gordon Nuttall, Stephen Robertson, Paul Lucas, Lawrence Springborg, Cameron Dick and Steven Miles. At my time at the QNMU I have seen 12 health ministers.