

Thursday 3 May 2018

The Speaker, **Ms Hickey**, took the Chair at 10 a.m. and read Prayers.

QUESTIONS

Housing - Private Rental Landlord Incentive Initiative

Ms WHITE question to MINISTER for HOUSING, Mr JAENSCH

[10.03 a.m.]

Yesterday you released the criteria for your so-called private rental landlord incentive initiative. One of the key criteria is that landlords wanting to take part have to ensure their properties are now vacant or vacant before 30 June 2019. This is state government welfare for property investors, not a scheme designed to help the homeless. What safeguards have you put in place to stop current tenants being evicted or not having their leases renewed by landlords simply so they can cash in and benefit from a \$13 000 incentive with a new tenant?

ANSWER

Madam Speaker, this Government is working hard on the job of making sure Tasmanians who need a roof over their head have one - a place to live and a safe place to sleep at night. We are doing everything in our power to ensure Tasmanians have somewhere to live.

The private rental incentive scheme was developed as part of the first Affordable Housing Action Plan for Tasmania in 2015. It has 360 degree support from the social services, community housing, real estate institutes and social services sector.

You have been calling for the guidelines on this to be released for several weeks now, after we announced we were doing it and we have had more than 200 registrations of interest. We have now published the guidelines. We are now in May, working through a very detailed process of matching tenants to properties to ensure every property meets these strict guidelines; that they are not currently leased out and not going to be evicting somebody to put a new tenant in.

What has been called out over the last couple of days is that the Opposition have been building up for the last four weeks, saying, 'What are you doing about the housing crisis and, where are you going to come up with beds and when are you going to release the guidelines for this?'. They used their first question time yesterday to come in here and pull a stunt, which was not about putting roofs over the heads of Tasmanians. It was about trying to hook a couple of our ministers into their stunt and they failed dismally.

There are a bunch of stakeholders and Tasmanians out there who are under real housing stress right now and are looking at this.

Ms WHITE - Point of order, Madam Speaker. Standing order 45 goes to relevance. The question to the minister was, 'What safeguards have you put in place to protect against people being evicted from properties so landlords can cash in on this incentive?'. I ask you to direct the minister to answer the question, please.

Madam SPEAKER - With due respect to the Leader of the Opposition, I believe the minister was trying to address that. Minister, I hope you will come to that point.

Mr JAENSCH - The Residential Tenancy Act provides the safeguards we need. Housing Tasmania, in this pilot program, is steadily, slowly, carefully hand-picking properties, property owners and tenants that fit together so we have the opportunity to test this. We will evaluate it over this next 12 months. In March there is a review process that will tell us if this is one of the options we need to roll forward into our second Affordable Housing Action Plan.

Madam SPEAKER - I remind the House we want some orderly behaviour so I can hear the debate too, thank you.

Housing - Private Rental Landlord Incentive Initiative - Protection of Tenants

Ms WHITE question to MINISTER for HOUSING, Mr JAENSCH

[10.07 a.m.]

The release of the criteria yesterday for your landlord incentive scheme contains few details and is clearly policy on the run. You were saying experienced tenancy managers will manage tenancies. Are you planning to privatise? You have not explained how tenants will be selected and you have not explained how this scheme provides safeguards to tenants, the people it is supposed to help. What safeguards have you put in place to protect tenants who will no doubt be evicted from their homes after a year when the scheme ends and they will not be able to pay market rents?

ANSWER

Madam Speaker, I cannot believe at a time when there is a shortage of houses in Tasmania, where we have people finding themselves in acute housing stress, where everybody is calling for the Government in Tasmania, for this parliament, to support initiatives that put roofs over the heads of Tasmanians, that you are looking at one of the first, which was agreed as part of our Affordable Housing Action Plan, and you are rubbishing it.

We have published the eligibility criteria, which are now on the DHHS website for everyone to see.

Mr O'Byrne - It is an announcement on the run.

Mr JAENSCH - It is not on the run. You have been calling for it for four weeks, yelling at us to say we have not done it, and now you suggest we are on the run. First we are dragging our feet, now we are on the run. Make up your mind.

The criteria on the website include: that suitable properties must meet minimum standards under the Residential Tenancy Act; be in close proximity to services, especially health services, public transport, grocery stores - and not on holiday resorts on the north or the east coast. They are here, where the demand is for affordable housing.

Members interjecting.

Madam SPEAKER - This is an extremely important issue for the community so the debate must be heard.

Mr JAENSCH - Thank you, Madam Speaker. Suitable properties will be available to tenants at capped rent, 20 per cent below the median rent for the size and location of the property. Properties must be vacant or become vacant before 30 June 2019 and available to rent for a minimum 12-month period. Suitable properties are not required to be furnished.

Allowing time for property owners to understand and apply, the assessment of properties will commence around two weeks after that, with tenant matching to follow by the end of the month. The initiative is designed to target good quality properties within the lower price range of the private rental market.

Madam Speaker, 110 properties will be used in the initial 12-month period. The scheme is funded as part of our first Affordable Housing Action plan, which was announced in 2015. There was strong support for this initiative across the community sector. It is yet another piece of our overall plan to ensure that Tasmanians have a roof over their head this winter.

I stress to you that part of the delay that you have been so critical of has been the care being taken by Housing Tasmania consulting with other service providers to ensure we have the list of properties that we need to work from, the criteria and the processes in place to ensure that this initiative results in people who do not have a home getting one as soon as possible that would not have otherwise have access to. Also, that we do not create disadvantage for others in the process.

Mount Wellington Cable Car

Ms O'CONNOR question to MINISTER for STATE GROWTH, Mr GUTWEIN

[10.11 a.m.]

Can you confirm statements made by the proponents of the Mount Wellington cable car to South Hobart residents that:

The meeting that we wanted to hold generally for South Hobart residents we wanted to do it last year and the Government was saying, 'Just hold.'

That is Adrian Bold. Also from Mr Bold at the same meeting:

All the advice was 'just hold' and let us get the legislation sorted and reluctantly we had to.

That legislation was the Cable Car Facilitation Bill introduced by the Liberals and supported by Labor late last year. A further quote from that meeting, attributed to Jude Franks.

We were asked by the Government to actually keep our media activity on this quiet.

Is this not part of a deliberate strategy to prop up a single, highly controversial, private development and keep people in the dark just as the Treasurer did by signing the approval for

drilling and exploratory works on the pinnacle of kunanyi two days, in secret, before the election was called?

ANSWER

Madam Speaker, I thank the member for her question. I would like to make a point that we believe a cable car on the mountain is a good idea. We believe it is broadly supported. We believe it will bring economic benefits to this city. In terms of any discussions that occurred prior to the legislation being passed, I was not party to those discussions.

Ms O'Connor - Are you denying that that was what the Liberals said?

Mr GUTWEIN - How can I either confirm or deny something I was not a party to? Let's be clear.

Ms O'CONNOR - Point of order, Madam Speaker. There are forms in this House. When the minister does not have the information available now he can commit to bringing back to the House at the earliest opportunity.

Mr GUTWEIN - I was not a party to any conversations so I am not in a position to confirm nor deny. I make the point that the legislation that was passed, the facilitation act, is not project nor proponent specific.

Ms O'Connor - Go on say it; with a straight face.

Mr GUTWEIN - It is not project nor proponent specific. All it does is enable a proponent to come forward if they meet the necessary requirements to be granted landowner consent to submit a DA so that the project can be considered through the full planning process.

Ms O'Connor - You told the proponents to pull their heads in.

Mr GUTWEIN - It does not matter what I say on this: the fact that I was not the minister at the time is obviously going to be of no consequence or interest to the member.

You then went on to say that the authority was granted in secret.

Ms O'Connor - Two days before the election was called.

Mr GUTWEIN - The legislation was passed by this place and it was passed by the upper House.

Mr Bacon - It wasn't project or proponent specific.

Mr GUTWEIN - That side of the House supported the bill and their members supported it in the upper House. The act is not project nor proponent specific. Anybody -

Ms O'CONNOR - Point of order. Standing order 45 goes to relevance, Madam Speaker. There was a question in there that was specific and related to whether there was a level of collusion or conspiracy between the proponent and the government of the day on keeping the issue quiet before the election.

Mr FERGUSON - On the point of order, what is happening here is the member for Denison is attempting to school you -

Members interjecting.

Mr FERGUSON - I draw your attention to the fact that the member is in fact debating her own question, which is against standing orders. She is trying to grandstand because she does not like the answer the Treasurer is providing her.

Madam SPEAKER - For the benefit of those in the gallery, this is the theatre of the House. It is not that I do not have control over it and that these ladies and gentlemen are not well behaved normally, but this is where they get to have a rambunctious debate. Please allow indulgence, but I still ask that it be respectful and no accusations of impropriety.

Mr GUTWEIN - Thank you, Madam Speaker. I dealt with that matter of secrecy. I followed the act to the letter - an act which was passed by this place and the other place.

I want to raise another matter whilst I am on my feet. We have as a Government sought to be absolutely transparent. I have been advised this morning that the Wellington Park Management Trust has requested that the Mount Wellington Cable Car Company cease any preliminary works that they have undertaken on the mountain. The matter does concern me. Whilst I understand that the works are very minor - some surveyors' pegs and some surveyors' tape - the company is yet to satisfy the requirements of the authority that I issued then in relation to gaining an approved safety management plan. They do not hold a permit for this type of works under the trust.

I support the Wellington Park Management Trust fully in their request that any activity stop and any surveyors' markings are removed by midday today. I have asked the secretary of State Growth to contact the company this morning and express my concern at this circumstance and to ensure that they expeditiously act on the trust request. Further, as the project now appears to be different to that which I considered when granting the authority under the Cable Car Facilitation Act, I have requested advice as to whether the authority that I granted needs to be reconsidered, modified or rescinded. We have always said that proper process must be observed. There are rules to follow and we expect that those rules will be followed to the letter. I expect to have that advice in coming days and I will have more to say on the matter then.

Spirits of Tasmania - Next Generation

Mr BROOKS question to PREMIER, Mr HODGMAN

[10.18 a.m.]

Can the Premier outline to the House the significance of today's major announcement which will not only benefit my home electorate of Braddon, but all regions of the state, and explain how it will take Tasmania to the next level?

ANSWER

Madam Speaker, I thank the member for his question and his undisputable commitment to the electorate he serves and the role he has played in being part of a team that has seen such high levels of business confidence and investment in this state, and indeed a government that is able to continue

to boost our economic returns and also to allow Tasmania for the first time in a decade to have a budget in the shape that it is. That is because of the hard work that we, as a team, have applied to keeping Tasmania moving in the right direction.

Our plan now is to take Tasmania to the next level. There is no better way of doing that than investing in the next generation of *Spirits* that are going to serve the state for many years to come in bringing more passengers to Tasmania, increasing our freight capacity to get our fine fresh products to the rest of the world and to change the landscape for this business in such a way that it is, as it is now, a continuing pillar of our economy, one of our state's great assets into the future.

I remind the House and the public of what we inherited from the former minister, no less - former minister O'Byrne and the previous Labor-Greens government - a very different business model for the TT-Line. We changed that. We invested in refurbishing the ships. We invested in putting them into sailings more frequently and we brought fares down as we promised to do. As a result they have set record after record and are one of the great success stories of the last four years of government.

We are planning for the future and the next generation of *Spirits* and it is an exciting thing to have today been with the CEO of the TT-Line to hear that the contract that has been signed to deliver two new *Spirits* by 2021, two years ahead of schedule. It is planning for the future and taking decisive action to deliver what is the single biggest infrastructure investment ever made by the Tasmanian Government of around \$700 million, an investment made possible because our circumstances now are a lot different to what we inherited when we came into government.

A European ship builder, FSG, will start work immediately. These vessels will be bigger on every measure. They are taller, wider and longer. Each will be about 1200 metres long, carry 1800 passengers and up to 600 vehicles, a significant boost in passenger numbers and freight capacity which is fantastic, not only for tourism but also for trade.

From 2021 every single *Spirit* sailing will bring in an additional 500 visitors, 115 additional passenger vehicles, and 85 additional freight trailers. It is a game-changer for our state. Every region will benefit because the people who come on our *Spirits* as tourists tend to stay longer and see more of our state, and our primary producers have greater capacity to get their product to market.

It is important that we do all we can to disperse our visitors into our regions. It is one of the targets we have set ourselves and something we recognise is needed to ensure that the whole of the state and the businesses in our visitor economy are enjoying an unprecedented boom. An average *Spirit* traveller stays nine nights longer than a visitor who comes here on a plane and they spend about \$1200 more and stay in about five extra places around our state compared to two. This great news for the whole of the state and especially for the north-west coast, no doubt. Devonport will remain the home of the *Spirits* with the obvious benefits to that city.

It has not happened by accident. It was a deliberate change in tack that we took as a government to shift what was a business model that was not delivering all it could. We took immediate action and the results speak for themselves. For those opposite who said our plan was irresponsible, the idea that was proposed by the former minister, David O'Byrne, to undermine the private sector that are also an important part of transport and freight activity on Bass Strait, would have damaged the private sector as well. It was damaging to the TT-Line and it would have been damaging to private business. We can have the best of both worlds and that is what we are delivering on.

I conclude by saying that this is a very significant announcement. It is historic and will serve future generations of *Spirit* travellers and our state for many years to come. I take the opportunity to thank the former minister for Infrastructure, Rene Hidding, who was a key part of the leadership team, together with the TT-Line chair, Mike Grainger, his board and the executive led by Bernard Dwyer. It is a very different business now from when we came into government. I acknowledge the work of former minister, Mr Hidding, who will be staying around for a long while to continue his work and his success in many respects. We as a Government will do all we can to take our state to the next level. This is a great day for the TT-Line to be part of that.

Housing - Private Rental Landlord Incentive Initiative - Perceived Conflict of Interest

Ms WHITE question to MINISTER for HOUSING, Mr JAENSCH

[10.23 a.m.]

You have done nothing to ensure us that your colleagues on that side of the House, many of whom have extensive property portfolios, will not benefit from the landlord incentive scheme. Your colleagues on the front bench own a collective 20 investment properties. Minister Gutwein owns five properties, minister Rockliff owns two properties, the member for Lyons, Mr Shelton, has four properties, minister Ferguson owns two, and the member for Braddon, Mr Brooks, owns seven. You said yesterday that MPs would not be eligible. Where is that made clear in the provisions of the criteria you released?

ANSWER

Madam Speaker, yet again the Leader of the Opposition has come in here off the back of a campaign of heart-felt concern for Tasmanians in housing stress and has tried to pull a political stunt to take some paint off the majority Hodgman Liberal Government in this place while there are people out there who do not have houses to live in. We are delivering an initiative as part of our affordable housing action plan that we have funded and run for the last three years and will extend over the next five years to ensure that all Tasmanians who need it have a roof over their head and a safe place to sleep.

Mr O'BYRNE - Point of order, Madam Speaker, on a matter of relevance. The question is clearly about the potential conflict of interest of executive government in the expenditure of taxpayer funds. We seek an answer to the conflict of interest. We do not want to hear another diatribe.

Madam SPEAKER - I am going to let the minister speak because we do not know what he is about to say.

Mr JAENSCH - Thank you, Madam Speaker. The Residential Tenancy Act provides protections for people who are tenants right now and the circumstances under which their tenancy can be removed. The intention of this program, very clearly, and the way we have managed it as a pilot, is to ensure that properties that were not previously available for long-term rental become available for a minimum of 12 months under this scheme, if they are in the right part of the market and if all parties can agree on the level of discounted rental to be paid and the incentive to be built around it.

Maybe it would be instructive if the Opposition gave the details of their very similar landlord incentive policy to make properties available for long-term rent that they took to the election.

Housing Crisis - Alleged Comments

Ms WHITE question to ATTORNEY-GENERAL, Ms ARCHER

[10.26 a.m.]

A line from an article published yesterday by Charles Wooley would appear to sum up the Liberal Government's attitude towards the housing crisis and the homeless in Tasmania. It claims that in a recent Liberal Party meeting when concerns were raised about the growing number of homeless people seeking refuge at the Hobart Showgrounds, a snaky retort came from a hostile female Cabinet minister who said, 'You are in the Liberal Party, not the Labor Party'. That comment speaks volumes about the fundamental difference in compassion and decency between those on that side of the Chamber and those us on this side. Was that comment made by you?

ANSWER

Madam Speaker, first, it is not my portfolio responsibility so I am not quite sure on what basis you are asking the question. I would say that it is out of order in any event but I have no recollection of ever making that comment.

Education - Prosser Electorate and School Farms

Mr SHELTON question to MINISTER for EDUCATION and TRAINING, Mr ROCKLIFF

[10.28 a.m.]

Can the minister please update the House on the Hodgman Liberal Government's commitment to education, particularly in the electorate of Prosser, and also the school farms which are so important to regional Tasmania?

ANSWER

Madam Speaker, I thank Mr Shelton for the question and his interest in this important matter. This Government has a very clear track record of delivering for Tasmanians in education and that is exactly what we will keep doing. This includes high-quality education to year 12 no matter where people live. We know one of the key reasons years 11 and 12 extension schools are such a success is because they remove barriers, including travel and cost. Since we began this program in 2014, 38 schools have extended and we have more students staying at school longer and achieving more while they are there.

Because of this, calls from the Sorell and Brighton communities for better education infrastructure to year 12, long ignored, might I say, by Labor and the Greens, are being delivered by this Government. Not only are we building Sorell school to year 12, we are also building a brand new \$30 million high school to year 12 at Brighton, and we will invest \$4.3 million to revitalise the Jordan River Learning Federation school farm which I know is of great value to that community.

When I was at Brighton the other day with the Liberal candidate for the seat of Prosser, Jane Howlett, launching the consultation on the redevelopment of the school and the farm of the local community, it really hit home to me that for the first time in Brighton students and families will have education to year 12 on their doorstep. You only need to speak to the local Mayor, Tony Foster, to understand how important this is for the local community.

Despite years of lobbying from the Brighton community about a high school, Labor has and continues to ignore that community. Jane Howlett, as the Liberal candidate for Prosser, is the only candidate in Saturday's election that will deliver this certainty for the Brighton community. In contrast, Labor cannot give the people of Prosser any certainty when it comes to education. Labor remain opposed to extension schools and they do not support a new high school to year 12 at Brighton.

Ms O'Byrne - Are you saying you won't build it if Jane doesn't get elected?

Madam SPEAKER - - Through the Chair, please.

Mr ROCKLIFF - All Labor has for the people of Brighton is a half-baked plan for an infrastructure study and a fear campaign their school farm will close. They are not able to deliver on anything because they are not in government and that is a fact. We will deliver this \$30 million investment because we have the support of the new Liberal member for Prosser, Jane Howlett. Only a Liberal Government and a Liberal candidate being elected to the seat of Prosser will guarantee education to year 12 and a record spend in education infrastructure.

Forestry - Southwood Fibre Woodchip Facility

Dr WOODRUFF question to MINISTER for PRIMARY INDUSTRIES and WATER, Ms COURTNEY

[10.31 a.m.]

A development application for a southern woodchip port is expected to be publicly advertised by the Huon Valley Council any day. It would use Crown land to transfer woodchips from a mountainous pile into huge ships docked in the stunning Port Esperance. The council's single administrator, Adriana Taylor, yesterday implied the planning decision was simply a tick-a-box process. There is a big difference between assessing a garden shed and an 800 000 tonne a year woodchip export development which will take chipped native trees from a 180 kilometre radius and utterly transform the lives and nature tourism businesses of the local community.

Administrator Taylor said there is no difference between one person or a whole council making an approval decision, yet this one woman is on the public record in support of a southern woodchip port and of the forestry industry. The Huon Valley and all Tasmania needs a range of voices to represent their interests in this major planning decision. Will you withdraw landholders' consent for Crown land consideration until after October's local government election?

ANSWER

Madam Speaker, I thank the member for her question. Part of Southwood Fibre's proposal for a woodchip facility located south-east of Strathblane is proposed on Crown land. Because of this, the proponent has asked for Crown land or Crown consent to lodge their development application

with the Huon Valley Council. The Government is considering the proponent's request and I note that in the event of the Crown consent going through, the public will be provided the opportunity to review or provide comment as is appropriate through the council planning approval process.

Housing Issues

Ms WHITE question to MINISTER for HOUSING, Mr JAENSCH

[10.33 a.m.]

Luke Brockie has written to you three times now and phoned your office, so you would be aware that his mother Marie has been living with him for more than a year while she is listed as a priority for public housing. You would be aware that as of next Monday, Ms Brockie must vacate her son's house as his lease expires. The only solution the family have been able to come up with is to send her to relatives in Queensland.

Your inaction has consequences and you must agree this is a desperate situation for a family that has been begging for your help. Why did you not respond to Mr Brockie and provide help before this point, wherein his family now have to ship their mother off to another state?

ANSWER

Madam Speaker, every Tasmanian needs a roof over their head and reducing housing stress and homelessness will continue to be a top priority under the Hodgman Liberal Government. Every day, we are helping Tasmanians to find safe and secure accommodation and a safe place to sleep. The system we are using is not broken. It is well supported by the sectors that we are working with; it is working and we are giving it more resources. We are committed to helping Tasmanians in need into safe, secure accommodation. We handle every matter raised with us, and on behalf of others across the housing spectrum, sensitively and professionally. Every day our office and department does this. It is not helpful to use people to score points in this place.

In my sensitive portfolio areas there are families and children; vulnerable people across many of my areas of responsibility. As a new minister in a new parliament, I need to create a precedent in how I respond to questions like this. I will not discuss the details of individuals here. The people who are being referred to by the Opposition, who come to me for assistance, should be provided with the dignity and the privacy of their details that they deserve.

My priority is to fix housing issues and that is what I have been working hard to do since I became a minister. Emergency housing is being provided in our system. We have a process of assessing priority. Our department and the agencies, the support staff, the networks, Housing Connect and the community sector they work with, are working hard every day to assess, to match, to ensure people are accessing the shelter, services and protection they need. We are actively investing in there being more options and services available to support them. I assure you my office and my department will respond promptly, sensitively and professionally to all the cases and concerns brought to us.

Ms O'Byrne - When?

Mr JAENSCH - I will not be discussing or providing active updates on those vulnerable people's circumstances in this place. We are protected by parliamentary privilege, but they are not.

Community Safety - Legislative Protections

Mr BROOKS question to ATTORNEY-GENERAL, Ms ARCHER

[10.37 a.m.]

Could you please update the House on the Hodgman Liberal Government's progress in introducing legislative protections for community safety?

ANSWER

Madam Speaker, I thank the member for Braddon, Mr Brooks, for his interest and deep concern in this matter. The Hodgman Liberal Government is moving on with the job of delivering on our election commitments, for which we sought and received a strong mandate from the Tasmanian people only two months ago. This is particularly so in the case of serious sexual offences against children. It was a policy strongly endorsed by Tasmanians at the 2014 election as well.

We have long held the position that increased sentences are needed for certain offences including serious sexual offence against children and serious assaults against off-duty police officers.

Ms White - Are you going to sign up for redress?

Ms ARCHER - You are welcome to ask me a question on redress.

In keeping with these commitments I will table legislation today that will ensure minimum mandatory sentences will apply to anyone who commits serious sexual offence against a child, as well as legislation to ensure anyone who seriously assaults a police officer, regardless of whether they are on or off duty also receives a minimum mandatory sentence. Both these important pieces of legislation were blocked by Labor and the Greens in the previous parliament. In doing so, Labor let down every Tasmanian who expects strong -

Members interjecting.

Ms ARCHER - You may not care for the safety and protection of our children.

Madam SPEAKER - Order.

Ms ARCHER - In doing so, Labor and the Greens let down every Tasmanian who expects strong penalties for these appalling crimes. Sexual crimes against children are utterly abhorrent and there must be zero tolerance for such behaviour. Let me be perfectly clear. There is no low level offending in this space. Our reforms target offenders who rape children, commit serious offences against children using violence, and those who would humiliate and degrade a child for their own pleasure. These are the worst of the worst offenders who target, abuse and permanently damage the most vulnerable in our community - children. We believe they should be punished accordingly.

Ms O'Connor - For politics.

Ms ARCHER - This is not political. This is protecting our children. I suggest you listen in silence.

Members interjecting.

Madam SPEAKER - Order. This is a very serious issue and I expect some respect.

Ms ARCHER - Thank you, Madam Speaker. Sorry, I did not see you standing.

We believe that these offenders should be punished accordingly and the heat is now rightly on Labor and the Greens to explain why they do not agree. Statewide polling of 756 people conducted by the Liberal Party on Thursday 12 April shows an overwhelming 74 per cent of Tasmanians support our cause for serious child sex offenders to receive mandatory sentences, 13 per cent of those were opposed and 13 per cent said they did not know. It is clear that Labor is on the wrong side of this issue. This Saturday Tasmanians will again have a clear choice when they vote -

Members interjecting.

Madam SPEAKER - Order. I do not want to be doing this.

Ms ARCHER - Tasmanians deserve to know who will stand up for the rights of children.

Mr O'BYRNE - Point of order, Madam Speaker. This is a very serious issue and it goes to relevance. What happens in Prosser on Saturday really has nothing in terms of the legislative agenda of the lower House and this Government. It is not relevant to talk about a Prosser upper House election.

Madam SPEAKER - The Attorney-General is trying to address the question. There is no point of order.

Mr FERGUSON - Madam Speaker, you have just ruled on that point of order, but may I just supplement your thinking on this vote -

Madam SPEAKER - I have ruled on it, thank you.

Mr FERGUSON - Madam Speaker, all I wish to say is that what we are witnessing across a range of questions -

Madam SPEAKER - I do have a point of order now. It is a new point of order, so I am going to hear it.

Mr Bacon - What number?

Mr FERGUSON - Madam Speaker, the point of order is that members -

Members interjecting.

Madam SPEAKER - Order. We have a point of order.

Mr FERGUSON - Madam Speaker, the standing order is very clear. The member is now seeking to ask a new question and debate here. What we are seeing throughout question time, not just in this question but in others, is an attempt to distract from the minister answering a question.

Madam SPEAKER - I am going to accept that. Please resume.

Ms ARCHER - Thank you, Madam Speaker. They support this policy because it is right and because it protects children from serious offenders and they are hearing from Tasmanians every single day as they campaign on the doorstep who similarly agree. For Labor to suggest that guaranteeing jail time for such people could lead to unjust outcomes blinds them to the realities of the situation and what these reforms set out to achieve.

The sentences we propose reflect at a minimum the objective seriousness of the sexual offences we are targeting and provide a clear indication that this conduct is not acceptable to the community. It has been independently confirmed by the Sentencing Advisory Council that the sexual offences against children we are targeting are the subject of a pattern of inadequate sentencing. Decisive action must be taken to address this and this Government is taking that action.

Likewise, there can be no circumstances in which police officers should be targeted and assaulted just because of their job. It is unacceptable that police officers are subject to violence in any event. Violence against police officers shows contempt for the law, for their authorities as law enforcers and for the norms of our society. Police officers do a vital, difficult and dangerous job. They support us by ensuring that we are a society ruled by law and order and, in turn, the law must support them. We must do all that we can to support the safety and welfare of our police officers, including when they are off duty. In fact off-duty police officers may be more vulnerable to violence because they are not as well equipped and do not have the same support as they have whilst on duty. The outpouring of anger and disbelief in the community -

Madam SPEAKER - I ask the Attorney-General to wind up.

Ms ARCHER - The outpouring of anger and disbelief in the community that followed Labor's blocking of our attempts to previously pass this legislation made it clear that the community wants them. It is an entirely legitimate and appropriate role for the parliament to ensure that certain classes of victims are properly protected and supported by our sentencing laws. We have that power as a legislature and we must act.

Infrastructure - Electorate of Prosser

Mr SHELTON question to MINISTER for INFRASTRUCTURE, Mr ROCKLIFF

[10.46 a.m.]

Can the minister please update the House on the Hodgman Liberal Government's strong plan to build the infrastructure that our state needs in regional areas such as the electorate of Prosser?

ANSWER

Madam Speaker, I thank the member for Lyons for his question and interest in this matter. Our strong plan to invest record amounts in infrastructure over the first four years of the Hodgman Liberal Government has helped create jobs and supported investment confidence. It has delivered safer and more productive roads and rail and is creating social and economic opportunity and better connections for us all.

Across all portfolios, last year's State Budget committed over \$2 billion in infrastructure and investments - a record investment for the future of Tasmanians. Calls from regional Tasmania to upgrade roads and plan for the future, so long ignored by Labor and the Greens, are now being listened to and acted on by the majority Hodgman Liberal Government.

When I was recently in Sorell with Liberal candidate for Prosser, Jane Howlett, it was clear from the broader region that they want more efficient roads and better bus services. Likewise, the people of Hobart are making their concerns clear to Liberal candidate Simon Behrakis.

Government members - Hear, hear.

Mr ROCKLIFF - Hear, hear. They want to see improvements in Hobart traffic congestion. That is why we have developed our south-east traffic solution and our Greater Hobart traffic solution, plans to invest in infrastructure the region needs to address booming economic and population growth. These include plans for ferries, the takeover of Davey and Macquarie streets, the plan for the Southern Outlet -

Members interjecting.

Mr FERGUSON - Point of order, Madam Speaker. I would like to hear the minister's to the question. You are plainly seeing members attempting to drown out the minister repeatedly.

Madam SPEAKER - I am going to accept that point of order and remind the House that respectful debate is required.

Mr ROCKLIFF - Madam Speaker, we have a pipeline of work and we are getting stuck into it.

We also have a strong plan to increase public transport access in the south-east which will help fight congestion, with a doubling of bus services between Sorell and Hobart, lots more services for Midway Point, new Saturday and Sunday buses for southern beaches, Campania and Richmond, and a new seven-day a week bus service for the Bicheno/Coles Bay/Swansea region.

We are also investing in roads to support our visitor economy as well, including improvements to the Great Eastern Drive, upgrading key access routes to the popular Three Capes Track and widening the road at Eaglehawk Neck. I am very confident that the funding for a new Bridgewater Bridge will form part of the next funding agreement with our federal Liberal colleagues. It is a hugely important project for the region -

Mr O'Byrne interjecting.

Mr ROCKLIFF - I remember your term as minister for Infrastructure and you did nothing about it.

The contrast between our majority Liberal Government with our record investment in job-creating infrastructure and the Labor-Greens disaster could not be clearer. Under the former Labor-Greens government, for example, the Midland Highway was an absolute disgrace. In fact from memory, one of their own ministers called it a goat track. Since we came to government we have completed significant upgrades on the Midland Highway with strong funding support from the federal Liberal Government and in the south around Kempton, Spring Hill, between Ross and

Tunbridge and the Mud Walls Road junction. Our Midland Highway action plan will bring a much safer and more efficient highway and there is more to come.

Labor has no plan; no vision. Labor and the Greens took the axe to the Tasmanian economy, bludgeoned growth in our cities and in our regions for four years. Captive to the Greens who, incidentally, hate roads and hate infrastructure and investment. Investment withered away. You hate it. You do not like trucks or cars or anything. We love it. We love growing the economy; new roads, new infrastructure, upgrading ports, more schools, more hospitals -

Members interjecting.

Madam SPEAKER - Order. Every time I get to my feet we are losing valuable debating time. So, let us get on with it.

Ms O'CONNOR - Point of order, Madam Speaker. I draw attention to the length of the minister's answer, which is now running over four minutes on a Dorothy Dixier.

Members interjecting.

Mr ROCKLIFF - Labor has no plan for construction. The Liberal candidates this weekend outlined a strong plan-

Members interjecting.

Madam SPEAKER - Order. Some discipline please.

Mr ROCKLIFF - that they can both deliver as part of a Liberal government. A majority Liberal government will invest in the infrastructure our state needs and we are getting on with the job of good government that electors rightly expect us to do.

Madam SPEAKER - Thank you very much. The honourable member for Braddon, Mr Brooks.

Ms WHITE - Point of order. The allocation for the Government has been provided for. We have only had five questions.

Madam SPEAKER - It has, that is right.

Housing Issues

Ms WHITE question to MINISTER FOR HOUSING, Mr JAENSCH

[10.51 a.m.]

For the past year Arthur Fairwell has lived in a tiny motel room in the Derwent Valley. Mr Fairwell has now moved into a private rental in the state's north, which he cannot afford. All this time Mr Fairwell has been priority applicant for public housing. His doctor has provided a letter asking that immediate action be taken because he is suffering serious health conditions. Mr Fairwell has gone to the trouble of listing 87 suburbs where he is happy to live.

You responded to a request to help Mr Fairwell with four lines saying nothing more than you are aware of his situation. It lacked empathy and you did not offer any help. Is this the type of heartless response thousands of Tasmanians living in desperate circumstances can expect from you as they continue to live in tents, unsecured accommodation and sleep rough?

ANSWER

Madam Speaker, I am going to reiterate that we are committed as a government, and I am committed as a minister, to helping Tasmanians in need into safe and secure accommodation. We handle the matters that are raised by people on behalf of others across our housing spectrum sensitively and professionally. It is not helpful to use people to score political points in this place. I will not discuss the details of individuals here.

Ms O'BYRNE - Point of order. Question time is a place where we ask questions of ministers in their portfolio areas. If constituents raise issues with ministers and are either ignored, as our first example was on three occasions, or given a lack of response as this one was, then it is the right of members in this House to raise those issues in this House. If constituents cannot get an answer from the minister going through the proper process, we have no alternative but to bring them to this House. He does not need to give us their personal details.

Madam SPEAKER - I have taken advice and I have to rule against that.

Mr FERGUSON - Madam Speaker, my point again relates to the behaviour of the Opposition. They are trying to distract the House's time because they do not like the substance of the answer. The member has the right to do that. It is disorderly. I thank you for your ruling.

Madam SPEAKER - I am going back to the minister.

Mr JAENSCH - Madam Speaker, I have established my precedent in responding to the inquirer's questions into this client. The Opposition Leader knows that the community sector is very keen that we do not perpetuate this practice of putting vulnerable people and their circumstances on public display. It does not help them and it does not help the people whose job it is to service them and to assist them. We are getting on with the job of ensuring that there are houses for Tasmanians who need them.

On that very point, I would like to provide some additional information in response to a question the Leader of the Opposition raised yesterday. Housing Tasmania has advised me that the two new units in Warrane have been offered to tenants. They are working with these individuals to ensure a fast and smooth transition. One tenant is a priority applicant and is expected to move in by the end of the week.

Members interjecting.

Madam SPEAKER - Order. Let us hear the minister out.

Mr JAENSCH - The other unit will be occupied by a tenant being transferred from a four bedroom home as part of the stock-match initiative which was endorsed at the Housing Summit.

The pre-allocation process for the new units at Punchbowl has commenced and we expect them to be tenanted soon. As with all the properties, the house will be allocated to an applicant from the Housing Register, providing a home for them and their household.

The Devonport Youth Supported Accommodation Facility will deliver 25 self-contained units of accommodation, five of which are for National Disability Insurance Scheme clients, housing young people from our Housing Register.

Anglicare Tasmania will commence management of that facility on 23 May. There will be an initial period of two weeks for staff induction, training and preparation. Allocation and occupancy by tenants will commence in June 2018 and take up to two to three months. This is a strategy to ensure stability in the resident environment and allow for the establishment of the obligations tenants have when they are living there. This approach was also used at Thyne House in Launceston and Trinity Hill in North Hobart. The Moonah Youth at Risk Response Centre, Colony 47, has already begun working with young people who require assistance. The new facility is about creating a safe and supportive environment providing intensive and specialist support for young Tasmanians.

Ms O'BYRNE - Point of order. Question time does have a time limit. The minister could have updated the House at the end of the day yesterday, at adjournment. He could have sought to use another form of the House rather than add to an answer at the end of question time. He could not answer the question he was asked, and now he is doing this one to take up time.

Madam SPEAKER - I ask the minister to wind up. You were adding to a question.

Mr JAENSCH - Madam Speaker, I will wind up. I am glad to be able to bring this news here today. Forty Tasmanians who do not currently have a place to live, are going to be in new purpose-built accommodation that are matched to by our excellent Housing Connect Services over coming weeks. I have given you the details.

The reason I visited these places before they were tenanted is that when they are tenanted they become someone's home. We do not take cameras into people's homes and splash their details throughout the media for political purposes. Labor would do well to support our Affordable Housing Action plan.

Child Safety Services - Homelessness Numbers

Ms WHITE question to MINISTER for HUMAN SERVICES, Mr JAENSCH

[10.58 a.m.]

Since you are in charge of child safety as well as Housing, you have accessed information across both areas. Can you provide the numbers of how many children have been displaced or removed from their families by Child Safety Services, due to homelessness over the past six months?

ANSWER

Madam Speaker, the Hodgman Government and I, as Minister for Human Services, take the wellbeing and interest of children and young people very seriously. It is paramount. I am not sure

where the Leader of the Opposition is going in asking me to identify how many children have been taken into care as a result of homelessness. I do not have a specific breakdown available to me in my notes here regarding homelessness as a cause of a specific number of children being taken into care.

What I can report on, is that our very excellent Child Safety Service staff, the frontline staff and their management, are working hard every day ensuring the safety and well-being of children who may be vulnerable or at risk of harm.

We have adopted a redesign of our system, which is all about reducing the number of children and families that need statutory protection interventions. We know the process of change is difficult, because it is a difficult area to start off with. We are committed to ensuring full establishment staffing levels, have provided extra resources and employed an extra 30-odd staff members to ensure this can be achieved.

Numbers of staff available and their case loads fluctuate daily and seasonally, considerably in orders of magnitude. I do not have the detail and I do not know if we keep data on the number of children taken into care as a result of homelessness.

Ms White - Can you seek advice and update the House?

Mr JAENSCH - I would be happy if I received a written request for that, if I can then -

Ms O'Byrne - It is a question. We do not have to give it to you in writing, we have asked you here.

Mr JAENSCH - seek that data and I will bring it as soon as I am able.

Development Application - Assessment by Huon Valley Council

Dr WOODRUFF question to MINISTER for PRIMARY INDUSTRIES and WATER, Ms COURTNEY

[11.01 a.m.]

Mr Barnett's office previously told us that provisional landowner's consent has been provided to the developer so that the development application can be assessed by the Huon Valley Council. Is this true or are you misleading the House when you say the provisional consent is being withheld? If so, will you correct that and answer the question?

ANSWER

Madam Speaker, I cannot comment on anything a fellow minister said in correspondence or in the House.

Ms O'Connor - Ask him.

Ms COURTNEY - Maybe, if you are suggesting he should be asked, that could be your next question to the Minister for Resources. As the minister responsible for Crown land, which is what I can address, I cannot answer what Mr Barnett has said to you in any other forum.

I can clearly say, because of the current proposal the proponent has asked for Crown consent to lodge their development application with the Huon Valley Council, the Government is considering the proponent's request.

Dr WOODRUFF - Point of order. On a point of clarification, Madam Speaker. I am talking about provisional consent. Has provisional consent been applied for?

Madam SPEAKER - That is not a point of order and the minister is answering the question.

Ms COURTNEY - I can repeat the answer again, since the member has not been listening. The Government is considering the proponent's request. We are a Government that wants to ensure there is due process, as has been outlined by the Treasurer in answering other questions this morning. We want to support projects, but they have to comply with due process and the Government is considering the proponent's request.

Dr WOODRUFF - Point of order, Madam Speaker. Standing Order 46, at your discretion.

Madam SPEAKER - I have a ruling from the Clerk. The time for questions has expired, but I will take your point of order.

Dr WOODRUFF - Standing Order 46, at your discretion, a supplementary question. The original question I asked, which was that question -

Madam SPEAKER - I am sorry, Dr Woodruff. It is no longer the practice of the House, thank you.

Time expired.

**SENTENCING AMENDMENT (MANDATORY SENTENCING FOR SERIOUS SEXUAL
OFFENCES AGAINST CHILDREN) BILL 2018 (No.5)**

SENTENCING AMENDMENT (ASSAULTS ON OFF-DUTY POLICE) BILL 2018 (No.6)

THREATENED SPECIES PROTECTION AMENDMENT BILL 2018 (No.8)

First Reading

Bills presented by **Ms Archer** and read the first time.

NATURAL RESOURCE MANAGEMENT AMENDMENT BILL 2018 (No. 7)

First Reading

Bill presented by **Ms Courtney** and read the first time.

SITTING DATES

[11.06 a.m.]

Mr FERGUSON (Bass - Leader of Government Business)(by leave) - Madam Speaker, I move -

That the House at its rising today adjourn until Tuesday 22 May next at 10 a.m.

Motion agreed to.

SPEAKER'S WARRANT

Deputy Chair of Committees

Madam SPEAKER - Honourable members, I hereby nominate Mr Adam Brooks MP to act as the Deputy Chair of Committees in the absence of or when requested to do so by the Chair of Committees. Given under my hand this third day of May 2018.

Ms O'BYRNE - A point of clarification, are we sitting late tonight? I thought there was a suggestion we would be progressing through the Address-in-Reply. You mentioned on the first day we might sit late Wednesday and Thursday.

Madam SPEAKER - If the Leader of the House would like to answer that.

Mr FERGUSON - Madam Speaker, it is not the Government's intention that we should sit late tonight and thank you for the prompting. I made that remark on Tuesday, but it is not our intention to sit beyond the usual adjournment time. We need to keep a close eye on business. The THS bill is the Government's priority for the day. We are also seeking to ensure members who have first speeches to contribute on the Address-in-Reply are looked after. I would discuss that with Mr O'Byrne and Ms O'Connor if the need arose that we should sit late to ensure those first speeches are facilitated.

MATTER OF PUBLIC IMPORTANCE

Reproductive Health Services for Women

[11.09 a.m.]

Ms O'CONNOR (Denison - Leader of the Greens) - Madam Speaker, we thought it was time this House had a serious debate about access to reproductive health services for women in Tasmania. This has been a matter of some controversy and significant public debate since Tasmania's private clinic in Hobart closed last year. Under the Liberals in Government, the rights of women in Tasmania have gone backward. Most affected by the ideological opposition of our Health Minister to women's reproductive rights are women living in rural and regional Tasmania, women living on our urban fringes and women who are living without significant financial means who find themselves in a position where they have an unwanted or unplanned pregnancy.

Today we are debating the Tasmanian Health Services Bill 2018 which lays out the functions of the Tasmanian Health Service. Anyone who has been watching parliament for a little while will

know that this legislation has been put before the Address-in-Reply in order for the Government to try to end a disastrous parliamentary week for them by looking like they have an agenda.

It is relevant to the issue of this matter of public importance because for Tasmanian women, unlike women who live in many other parts of Australia, if you find yourself in a position where you have an unwanted or unplanned pregnancy, your options are limited. In other jurisdictions where these services are provided for in the public system, publicly funded, women's rights to choose and to have autonomy over their body are somewhat protected, but not here in Tasmania. There remains significant confusion within the community about what services are available to women who require a surgical termination.

We know that the number of women travelling interstate for a surgical termination has doubled. Rather than taking this issue seriously to the extent that you ensure these services are available in our public hospital system, public funds are being used to fly traumatised women interstate for an abortion. In 2018 that is simply not good enough. Five years ago in this place we passed the Reproductive Health (Access to Terminations) Bill 2013 which brought Tasmania significantly into line with the rest of the country so that we decriminalised what is a health procedure. Yes, it is a significant moral question but the moral question belongs to the woman concerned. It is a matter between her and her GP.

We now have legal protection for women seeking surgical terminations in Tasmania, legal protection for medical professionals and yet we have no readily accessible services in this state. I read to you from the diary of a woman who found herself in exactly this situation, an educated woman, a woman of means, a mother of three, who found herself pregnant with an unwanted and unplanned pregnancy. The difference with this woman is that she had the finances to make the trip to Melbourne because there were no services available to her here. This is what she said:

My story represents one part of the unspoken face of terminations. I am a mother in my late thirties that has a family and works hard in my career but does not always pay attention to my car and my body - I need to see a dentist, I need to get a pap smear, I need to not always drink as much over Christmas - that thinks about everyone else but forgets about what I need.

I am not reckless, as some often assign to those that end up in this situation. I am also a Tasmanian female who had to fly to Melbourne because I could not access affordable and available services in Tasmania. Even though the media releases tell me I am not disadvantaged because I live in Tasmania, that the services have been restored and that I have to see my GP, I have flown to Melbourne.

The cost to women who do not have the financial means is enormous. It is somewhere in the vicinity of \$2500 to \$3000 once you pay for your flights, the procedure and your accommodation. Let us not forget that for women who are in this situation, they are often doing it on their own, which is entirely unacceptable in 2018. I now quote from a highly respected GP, Dr Bastian Seidel, who says vulnerable women are being put through unnecessary stress at the hands of the Government's unclear policy. I quote -

A surgical termination really should be available in Tasmania for Tasmanian women and it is something the Royal Hobart Hospital can easily provide. If the service is available it needs to be made clear. It is a disaster to send a woman interstate when she is in a vulnerable position to undergo a surgical termination.

Tasmanian women and their GPs deserve better than what they are experiencing now.

This is not that complicated a situation. The law provides for legal surgical terminations. The law protects women in this situation. The law protects the medical profession. What we have here is a Dark Ages approach to women's reproductive choices, because there is an ideological opposition from the Health minister to making surgical termination readily available. He uses the term 'abortion on demand' as if this is a choice that women make lightly. It is not a choice that any woman makes without deep inner thought, and to describe the right of women to reproductive choice and autonomy over their body as abortion on demand says it all.

Women in Tasmania deserve better. They deserve to have access to the same services as their counterparts interstate. They deserve to be able to go to a GP and have a private conversation with them and be referred to an affordable public facility procedure. That is not happening. In order to avoid dealing with the issue, because there is this conflict in Cabinet obviously, now the Government is spending more money, causing more trauma and sending women in this distressing situation interstate for a procedure.

On behalf of all Tasmanian women and girls and the hundreds of people who rallied on the lawns of Parliament House this past weekend, I call on the minister to get into the twentieth century.

Time expired.

Ms O'BYRNE (Bass) - Madam Speaker, I will start my contribution on this very important matter of public importance by quoting the minister, Mr Ferguson, on 2 February in a media report where he said, 'Surgical abortion services have been restored in Tasmania'. That statement was repeated by federal minister Greg Hunt later that week because he clearly believed when Mr Ferguson told him that women could get a surgical abortion in Tasmania, that these things were being provided. The minister was clearly being dishonest with the truth, as he often is on this issue.

You can get a surgical abortion in Tasmania, but only if there is a significant risk to the mother and child. These are the procedures that have always taken place in Tasmanian public hospitals. What we are not getting here is access to a legal service when women choose not to remain pregnant.

We brought in the Reproductive Health Services (Access to Terminations) Bill in 2013 because women in Tasmania were being denied access to services because access to terminations sat within the Criminal Code. That meant that our public hospitals did not have the comfort and safety to provide those services. That is why we decriminalised it. The minister would remember that well because he voted against it.

What decriminalisation meant was that women would be able access services because we know that jurisdictions that do not provide public safe access to terminations increase the risk of mortality to the mother and decrease the overall health for outcomes for families. That is why terminations need to be provided legally and safely in jurisdictions.

The minister made another comment to the media, saying, 'Oh well, other states do not provide public access to terminations'. That is because in some other states it is still in the Criminal Code. Every single time he has been asked a question about this he has not outright lied, but he has not told the truth either. At no stage has this minister told the truth about the fact that a week after this minister said surgical terminations were available in Tasmania, women like Bianca, the name given

to the woman Ms O'Connor just discussed, could not access a surgical termination because they are not accessible in Tasmania.

Our women's health services are fund-raising to get women over. The only solution this Government came out with was that you can always make an application to the Patient Transport Assistance Scheme, but that does not cover the entire cost. It is also not appropriate for a women because they may not want to tell a complete stranger what they are accessing. They want to talk to someone in a supportive and healthy environment so they can access that health procedure.

When this Government came to power there were three clinics offering terminations in Tasmania. The first one in Moonah closed. The Government, at that stage, would have been put on notice if there was a significant risk to the continued supply of that service. Then the second one in Launceston closed. The Government was definitely put on notice then because Paul Hyland put them on notice that he was concerned about the ongoing viability of his services. Then the third clinic closed and this Government, once again, did nothing. At every stage, there was deliberate inaction that led to the circumstances we are in now.

We can access RU-486, or Mifepristone, but that is not suitable for all women and it is only suitable within a certain time frame. So particularly if you are a rural woman and you do not want to go to your local pharmacist or your local doctor because you might see someone you know, you wait until you get into town. By the time you get into town a lot of your time has gone. You are around 10 weeks potentially by then and you cannot access the postal service for RU-486. You cannot access Mifepristone. A surgical termination is your only option and if you cannot afford it you cannot have it.

Two options occur. You either have to get into significant debt to get to Melbourne or undertake a significant risk of unsafe practices being performed in Tasmania. What else do women do when they are desperate? That is why decriminalisation of terminations services are happening around the world - to stamp out the appalling practices where women's health is put at significant risk because of unregulated backyard services.

This is a legal procedure. This is a procedure that only the woman has the right to make a decision about. Only she has the right to make that decision. It should not be denied because this Government has decided either by intent or by inaction, and we could all draw our own conclusions around that, that they do not want women to have terminations. They do not approve of terminations so they will just make it harder and harder for women.

Do you know what that does? It means that if you have lots of money, as distressing as it might be, you could probably still access it. If you do not have lots of money then you cannot. That is an appalling thing for women to be experiencing in 2018, nearly five years since we decriminalised. This Government has to take this responsibility.

I have been really concerned about the dishonesty that the minister has portrayed in the media every time he has spoken about this. I have also been similarly concerned about the trolling that occurred, which was clearly sanctioned by this Government. The woman who went to the media had to tell a story about how she had been trolled. It turns out it was by the Premier's own staff. Not only do they deny access to this woman to termination, they deny that they denied access to terminations, they then actually attack women in public - threaten them. They threatened her job. That is why they did. That was sanctioned by this Government. Frankly there is not a single thing

that any member on that side of House can do to justify their behaviour. It has been the most appalling process.

There are options. An options could be the federal Labor offer. This Government could make the same approach to the federal Liberal Government for a significant investment in a stand-alone reproductive health service that puts wraparound services around women. That would be the most sensible decision and a fundamental human right. That would be a simple solution. You declare it a place that provides health services and therefore women can access under publicly funded processes with the state and Commonwealth sharing the money.

Or you could do what one doctor suggested. It would cost \$180 000 to provide the service in public hospitals every year or you could just provide it in public hospitals because you are the minister and you could do it if you wanted to.

Time expired.

[11.23 a.m.]

Mr FERGUSON (Bass - Minister for Health) - Madam Speaker, everybody knows that the member who has just taken her seat does not like me, she does not like what I stand for, and she hates Liberals. What we have seen just now is a very political -

Ms O'BYRNE - Point of order, Madam Speaker. I feel that I have been grossly misrepresented. I seek to make a personal explanation. Whilst the minister and I share very few values what I really object to is his behaviour as a minister. My individual dislike for him is irrelevant.

Madam SPEAKER - Your opportunity for doing this is on the adjournment.

Mr FERGUSON - The behaviour that everybody can see occurring does demonstrate that it is not just about the issue for the member. I also listened very carefully to the member for Denison's remarks. I will attempt as always to be not just honest but also sensitive and professional in the way we respond to the issue that has been legitimately raised by the Leader of the Greens, Ms O'Connor. The fact is that there has been a hell of a lot of politicking played around this issue. Yes, we are - most of us anyway in this Chamber - on the public record as to our personal views when offered a conscience vote on this issue when it has come before the parliament. Yet that is being used very nakedly as a form of political attack.

We saw it being used in a political attack during the election campaign. Despite the significant politicking that has taken place around this issue, the fact is I want to acknowledge that not only is it a significant moral issue for the woman concerned, wherever she is facing that very difficult situation of an unexpected or unwanted pregnancy. It is a universally sad circumstance whenever a woman feels that she should contemplate or follow through with an abortion. That sensitivity ought to sit with all of us.

There was a time when there was no available provision in the private sector in Tasmania. Why is that? That occurred because of the law we had and the change in law that occurred - and no previous speaker has mentioned this - because of the very significant increase in the take up of medical abortions, which has led to a decrease in the demand for surgical abortions. The public hospital system is there to save lives. It is at times necessary to take action to save the life of a mother and that is exactly what occurs.

Dr Woodruff - What? That is not the function of the hospital to save a life.

Mr DEPUTY SPEAKER - Order.

Mr FERGUSON - I wonder if I could be listened to in the same respectful way as I listened. These are very difficult circumstances where there are pregnancies with complications.

Dr Woodruff - Unless it is a life and death issue you do not go to hospital? It is not the job of a hospital -

Mr DEPUTY SPEAKER - Order. Conversations across the Chamber should be taken outside.

Mr FERGUSON - ectopic pregnancies or other traumatic events, including sexual assault. As well, remember that there are times when a child is desperately wanted, but it is dangerous for the mother. That is where clinicians have to make, together with the woman concerned, those personal and difficult decisions. These are very trying, sensitive and difficult circumstances. Yes, I am male. Yes, I am the Health minister. Yes, I am white. Yes, I am well-off compared to many people. These cards being played are frankly unhelpful and unprofessional.

I recognise the need for those services in those difficult circumstances. I am doing my best to demonstrate that this has to be handled sensitively. The policy that we have in our public hospitals is consistent with what was the case - and this is the hypocrisy in the way it has been raised - it has been consistent with the approach and the longstanding policy under successive governments of all colours. I believe we recognise that.

We have recognised the disruption in the system. It might have shocked the member for Bass, Ms O'Byrne, when this Government and I, and our Health Department, took the action to support women who were making the choice to fly to Melbourne who needed to and wanted to have that option with the support of their GP. A number of people who are strong supporters of mine have queried why we did that. You might spare a thought for the fact that not everybody is on the same page here.

Members interjecting.

Mr DEPUTY SPEAKER - Order.

Mr FERGUSON - We provided that additional support. If you would just listen to other people you might understand the point that is being offered, instead of constantly making this so political and nasty.

Ms O'Byrne - You are obliged to provide it when you don't provide a service in the state. That's how it works.

Mr DEPUTY SPEAKER - Order, Ms O'Byrne.

Mr FERGUSON - The Patient Travel and Assistance Scheme -

Ms O'Byrne - Go troll someone and see how nasty that feels.

Mr FERGUSON - By your conduct, you are illustrating my earlier point.

Ms O'Byrne - No, you are. You are illustrating our concerns. You cannot put your personal views away from this.

Mr DEPUTY SPEAKER - Order.

Ms O'Byrne - You are the minister. You won't listen.

Mr FERGUSON - It is incessant.

Mr DEPUTY SPEAKER - If we could, please. Ms O'Byrne, you have already had your opportunity. You have made your contribution to this debate. The minister is on his feet. Minister, if you could direct your contribution to the Chair that would be much appreciated.

Mr FERGUSON - For all the disruption I just have a few moments to continue. I want to say that extension of the Patient Travel and Assistance Scheme was not offered previously and we have done that.

Ms O'Byrne - We didn't need it; there were clinics. He is misleading the House.

Mr DEPUTY SPEAKER - I warn you, Ms O'Byrne.

Mr FERGUSON - If I could be heard. It is incessant, disruptive and it is discourteous when I am trying to make a respectful contribution.

For the record, it has to be said since the issue has been raised by Ms O'Connor, there has been interest shown from an interstate provider. Despite the accusations, which I have responded to, the Department of Health and Human Services has acknowledged that expression of interest from an interstate provider. The department is the appropriate regulatory body. The secretary is the statutory officer responsible for deciding if a licence application meets requirements and it would be the secretary that would make that decision as to the granting of a licence.

Mr Deputy Speaker, if you could indulge for one moment more, this is the role for the department. I support that. I want to see less politicking on this while we work through that potential outcome. In all cases, the Government will respond to this professionally and under the law.

Time expired.

[11.30 a.m.]

Dr WOODRUFF (Franklin) - Mr Deputy Speaker, I take the minister's point that this is a serious matter and it should be discussed in a considered manner. I listened carefully to the minister's words and I am concerned that they came dripping with moralism. The comments that the minister made reveal he is actively working to disrupt the legal right of women in this state to exercise choice over their bodies and to make the decision to have a surgical termination if they find themselves in that situation and they make the personal decision that is what they need to do.

The minister could intervene right now instead of waiting for another possibly fictional provider to come down to Tasmania in a fictional future. It would be a good thing if that happened. We cannot wait because women are sitting around today, possibly waiting with an incredible amount of tension in their life to make a decision that, if they do choose to have a surgical

termination, would be one of the hardest decisions they have to make. It is hard and shameful for many women to have to go through so many steps in order to receive that surgical procedure when they ought to be able to, in a decent society in the twenty-first century, to have a one-stop shop information service that can direct them to the single place they need to go to have that procedure.

At the moment, if you live in Dover or in Queenstown, you have to go to a GP. Family Planning Tasmania is not nearby, so you have to go to your local GP. That GP ought to, under your direction, refer you to the nearest hospital for a surgical termination. There has not been a clear directive. No clear directive has been given to the general practitioners in Tasmania; information to general practitioners about how to act in this situation has been actively silenced. The GP must provide a medical reason for termination. A woman in a situation of making a choice about her own body, her own life, must seek a medical reason from a doctor. That would be for mental health reasons or physical risk. If the woman is at 10 or 12 weeks and has nothing physically wrong with her, she is labelled a mental health risk.

This is the twenty-first century. It is disgusting that a woman would have to go through that process and have that label attached to them, for want of a simple directive being given by this minister. This is the same minister who cut funding to the Scarlet Alliance; paltry \$67 000 for the only sex worker support service in Tasmania, the service we are required to provide as part of our commitments under the national AIDS and communicable diseases obligations, and under our commitments to the Australian Hepatitis Council. We are required to support a sex worker organisation in Tasmania. This Christian minister could not bring himself to find 67 000 paltry dollars. Minister, I use that word -

Mr Ferguson - Wow. You are offensive.

Mr DEPUTY SPEAKER - Order, Ms Woodruff, through the Chair, please.

Dr WOODRUFF - It is not offensive. I take the minister's point. There is nothing offensive about saying things the way they are. This minister has conservative Christian values that mean if another such person was in that role, who did not have those values, a woman, white or any other race or creed without that particular value about how women's bodies should be used, we would have a directive to general practitioners in Tasmania telling them how they could forward women immediately to the Royal Hobart Hospital, the North-West Regional Hospital or the Launceston General Hospital to have a surgical termination, if that is what they decided they needed to do in their own life.

This is about choice and it is about women's bodies. Men without those values and women without those values, as the minister, would simply do the job because we live in decent society. Women have fought, and with the support of men and friends, for this right to have choice and make decisions about our own bodies. I speak for all the women in rural Tasmania who cannot easily do this themselves. They cannot reach the Family Planning Association. I speak for all the women who cannot afford to fly on a plane to Melbourne, and all the women who do not want to have to leave the state to have a surgical termination. I call on the minister to make a clear directive that any women can use the hospital services of Tasmania for this incredibly important procedure.

Time expired.

[11.37 a.m.]

Ms HADDAD (Denison) - Madam Speaker, we heard the Minister for Health tell us he wants to see less politicking around the issue of termination of pregnancy and that each MP has previously had the opportunity to express their personal views. He then expressed many of his own personal views: that medical terminations should be available to women in certain circumstances such as ectopic pregnancies, and he talked about sexual assault and when there was a risk to the mother. That is right. Those circumstances are serious health circumstances and termination services should be available, but it is politicking, pure and simple. This is an expression of the minister's own personal view of this legal health service.

The time to debate on morality or ideology over people's personal views on termination services has passed. It happened in a previous parliament and one I did not form a part of. It was done when terminations were decriminalised in Tasmania. I congratulate the former health minister for achieving that when that legislation was debated.

What we are talking about now is access to a legal health service. It is not about morality and it is not about ideology. It is about access to a legal health service as with any other health service, either in private clinics or in our private health system. If any other health service was not available in Tasmania, if hip replacements were not available in Tasmania or if heart surgery was not available in Tasmania, would any other health minister drag their feet on such health services? We are told a private provider has made an application. That was made in January this year. Why has the time ticked by since January? If that is when the application was made, what is the delay?

Those circumstances the minister talked about, yes, surgical terminations should be available in those circumstances. What is so important is to recognise that termination of pregnancy is an incredibly emotional and difficult decision for any woman and any family to make. It is not fair to suggest it is only in the circumstances of ectopic pregnancies, sexual assault or risk to the health of the mother that it is an emotional decision.

I find it particularly personally galling and abhorrent that the Health minister has referred to any other type of abortion as abortion on demand. There is no such thing as abortion on demand. It is offensive to talk about it in that way. It is an emotional decision for any family. At the moment 10 families per week are travelling to Melbourne to access services that they should be able to access right here in Tasmania. That is a huge financial and emotional cost to those families. I do not know about you, but if I was sitting on a plane being asked why I was travelling to Melbourne I cannot imagine the emotional turmoil I would feel in having to explain or make up an excuse about the real reason I was travelling to Melbourne, which is because those services are not accessible here in Tasmania.

I was proud during the recent election campaign to stand with Michelle O'Byrne and Rebecca White along with our federal colleagues, Tanya Plibersek and Catherine King, to announce that federal Labor in government would commit \$1 million for the establishment of a reproductive health hub and Rebecca White committed to public access to medical terminations in the public health system in government.

The Liberals can do this and I encourage the Health minister and the Premier to approach their federal Liberal colleagues for a similar commitment. The minister can intervene here. The minister can make this right. Be in no doubt that the minister can intervene and allow for this legal health service to be provided in this state, and if he will not, the Premier has the power to intervene to

make this right, to stand up to the conservative elements in his party and to make sure these services can be provided to Tasmanian women here in Tasmania.

[11:41 a.m.]

Ms ARCHER (Denison - Attorney-General) - Madam Speaker, it is disappointing that each member keeps getting up and saying put the politics aside, and we just heard that as well from shadow attorney-general. We had a grossly political contribution from the member for Franklin, Dr Woodruff.

Dr Woodruff - This is about politics.

Ms ARCHER - Let us just put this aside. The service that is offered by this Government is the same. There has been no change in what was provided under previous governments when Labor was in power when the Greens were in power. For those on the other side of the House now to basically say we are basing this on personal views on a medical issue is the height of hypocrisy. We have all acknowledged in the House today that it is a very trying, a very sensitive and a very difficult experience for any woman. Nobody doubts that, so please remove the politics from this debate and acknowledge the services that are provided and the fact that terminations are provided for certain circumstances in our public hospitals.

The Minister for Health was also shot down when he said that public hospitals were there to save lives. That was just making a factual comment and he could not even get that out in this whole contribution. They are there to save lives and that is the overarching principle of our public health system, and it is largely supported by our private sector as well and often in partnership, and that is what we see in this arrangement.

Time expired.

Matter noted.

TASMANIAN HEALTH SERVICE BILL 2018 (No. 3)

Second Reading

[11.45 a.m.]

Mr FERGUSON (Bass - Minister for Health - 2R) - Madam Speaker, I move -

That the bill be now read the second time.

The Government is continuing to deliver better health outcomes for all Tasmanians by strengthening our hospital system. This Government's One State, One Health System, Better Outcomes white paper reforms delivered a single public health system for Tasmania and, for the first time, clearly defined the role of each of the four major hospitals in this state. These reforms have allowed each of our hospitals to focus on delivering high-quality services within a realistic scope, having regard to their size, case load and availability of specialist clinical support.

Health policy and planning is not a 'set and forget' process. We must constantly refine our strategy to ensure that we are building on those things that are going well and addressing any issues that arise. That is why we are now moving to strike the right balance between the ability to set

strategy and direction in health for the whole state, as well as giving local facilities better capacity for local decision-making to deliver high-quality services to patients and solve local problems as they arise. This bill lays those foundations.

The bill delivers on the re-elected majority Government's Strengthening Local Hospital Leadership election policy, and the commitment under the 100-Day Plan to introduce legislation in the first week of Parliament. The Government's commitment was to introduce legislation under which the Tasmanian Health Service reports directly to the secretary of the Department of Health. Further, the role of the chief executive officer and the governing council will not continue. In their place, the governance framework is to provide clear roles for the secretary, a lean executive to maintain a focus on statewide planning, and support for local decision-making. Importantly, the estimated \$4 million of savings over four years that result from these initiatives are reinvested into frontline health services.

It should be noted that the roles of CEO and the governing council have been mandatory obligations under the legislation which was already in place, being the Tasmanian Health Organisations Act 2011, which is being repealed and replaced by this legislation. That legislation is better suited to a large state with multiple health bureaucracies, whereas this legislation is more fit-for-purpose for our small state with distributed metropolitan and rural hospitals. The policy also provided that the THS continue as a separate legal entity. This is a key feature of the commonwealth funding for what are known as local hospital networks.

In overview, the bill repeals the Tasmanian Health Organisations Act 2011 and introduces what will be the Tasmanian Health Service Act. The new act strengthens the ongoing objectives of a single statewide health service while promoting effective local decision-making and service delivery. The framework continues key policy and transparency elements from the Tasmanian Health Organisations Act 2011, including:

- a ministerial charter for broad policy expectations for the THS and the secretary;
- a service plan (renamed from service agreement) to be tabled in parliament;
- powers and functions of the THS based on the current act; and
- annual reports to be tabled in parliament.

The bill retains the THS as a statutory authority but it is no longer a stand-alone State Service agency. The bill provides for the THS to report to, and be subject to direction of, the secretary of the Department of Health. The secretary's power of direction simplifies most of the multiple different powers of the minister and Treasurer under the current act. The intention is that the secretary could make directions of the kind that can be made under the current act. Further, the secretary can make directions to fulfil the secretary's role as the single point of accountability to the minister in relation to public hospital performance, performance management and planning.

To this end, the bill provides clearly for the secretary's role and functions. The current act's failure to provide the secretary with this clear role has been one of the key limitations in managing the performance of the THS and the three former THOs.

As I have already said, the THS governing council and chief executive officer position are not continued under the bill. The THS will be managed by an executive of State Service officers appointed by the secretary. The executive will be responsible to the secretary for the administration

and management of the THS and the performance of the THS, with specific functions including ensuring management structures support local operational decision-making.

The THS will retain the same broad functions and powers as under the current act. As is currently the case, certain key powers may only be exercised with the approval of the minister and Treasurer. For example, a new power is provided, subject to that approval, to clarify the THS can provide services outside Tasmania, which will support an Antarctic services contract with the Commonwealth.

The bill explicitly provides for the role of the secretary. The secretary is responsible to the minister for the performance of the THS and has specific functions such as planning for the future provision of health and related services, including the planning of health infrastructure. The functions reflect the secretary's role as the primary point of accountability for public hospital performance. The secretary also has the power to establish advisory panels to provide advice to the secretary or executive.

The bill requires the secretary, in consultation with the THS, to develop an annual service plan for the THS. This is provided to the minister for approval and tabling before the Parliament. As in the current act, the service plan will outline the services to be delivered by the THS, the budget for those services and the expected standards of care, performance targets, performance measures and reporting requirements to be applied to the THS. The secretary will have a formal power of direction in relation to the THS, simplifying the multiple directive powers in the current act. The administrative and management arrangements put in place under the new statutory structure will support local decision-making.

The secretary is currently consulting across the Tasmanian Health Service on changes that need to be made to support local decision-making. To date, the secretary has consulted key clinical representatives, including the Medical Staff Association; the Australian Medical Association; the Australian Nursing and Midwifery Federation; THS Statewide Executive; senior executives from the Royal Hobart Hospital, Launceston General Hospital and the North West Regional Hospital; consumer representatives from the south, north and north-west; Health and Community Services Union; Community and Public Sector Union; and the Mental Health Council of Tasmania.

There is broad agreement to preserve and continue to build the core elements of our One State, One Health System, Better Outcomes reforms, including a single statewide health service and clear role delineation across our four major hospitals. However, it is acknowledged that within our statewide health system, the large majority of services are delivered locally and the system must support local operational decision-making. The system must support local decision-making and help our health facilities to respond to the health needs of their local communities. To do this, we need to empower decision-makers in hospitals by giving them the authority and the tools they need to do their jobs. This includes a clear organisational structure, budgets and staffing establishments that enable decisions at the local service level where they can be managed within these parameters, and improved business reporting.

The Government is getting on with managing the Tasmanian health system. In the past month, the Government has established a clinical planning task force, a health recruitment, retention and workforce planning unit, started work on new mental health beds in the south and commenced planning for new infrastructure at the Launceston General Hospital.

This bill introduces a leaner executive to focus on strategic issues and statewide service planning while making sure our hospital leaders have the best possible tools to deliver frontline services. This bill represents our commitment to continue to invest in and support our dedicated staff, to continue to strengthen the One Health System and to deliver our future plan for health which was endorsed by the Tasmanian people at the election.

In closing, I acknowledge with gratitude the many individuals, employees and groups who have contributed to this process and who have endorsed the Government's approach.

I commend the bill to the House.

[11.53 a.m.]

Ms WHITE (Lyons - Leader of the Opposition) - Madam Speaker, I make clear at the outset my disappointment that we are not continuing with the Address-in-Reply that would have enabled our new members to give their inaugural speeches, which has been the tradition of this place. It is not customary for government business to be brought on whilst we are still giving our Address-in-Reply to the Governor's Speech. It is certainly out of keeping with the tradition of this House. I place on the record my disappointment that we have had to bring on this bill prior to our new members being able to make their speeches, and my disappointment that the Government has broken with tradition on this and not allowed all members to contribute to the Address-in-Reply to the Governor's Speech, which has been the custom and practice of this place.

I asked the Premier whether our two new members who have yet to give their inaugural speeches could give them first once government business was resumed today and then adjourn that Address-in-Reply debate so that we could then bring on this bill. I am not for one moment suggesting this is not important legislation that needs to be debated by this House and I assure the minister we will be having a very thorough debate about this legislation because it highlights his failure as a minister.

I thought it was a reasonable request that our new members be given the opportunity to contribute this morning on the Address-in-Reply and then adjourn that debate to bring on this legislation. I was very disappointed that he handballed the matter to the Leader of Government Business. Our Leader of Opposition Business reached out to the Leader of Government Business to try to reach a compromise here and it was made very clear that this would take priority, as is now evidenced by the fact that we are standing here debating this legislation. It is very disappointing that the Premier has caved and handballed the responsibility for this issue again to the Minister for Health, who seems to have a lot of sway in Cabinet deliberations. You only have to think about the issue of access to terminations in the public health system, which again highlights another issue that provides an obvious demonstration of the divide within the Cabinet and the fact that the Minister for Health has won the argument of the day again on that issue. The Premier has rolled over and it is extremely disappointing.

Madam Speaker, I want to make it very clear that we intend to thoroughly scrutinise this bill. Our new members will not miss out on having the opportunity for their families to be present when they give their inaugural speeches in this parliament and they will not be pushed to the end of the day. They are more important than that and if they need to give their speeches when we return in two weeks time, so be it. They have indicated that to their families.

Minister, we intend to scrutinise this bill thoroughly because it is a clear indication of your failure as a minister that the very first item brought into this House is this bill. You may recall when

you effectively declared no confidence in the CEO and the governing council of the THS last year that we called for parliament to be recalled so we could debate this legislation at that stage, because effectively what the Tasmanian Health Service has had to deal with for nearly the past six months now is a CEO who has no authority. The minister effectively declared no confidence in him and his executive and the health system had gone from day to day without effective leadership. We called for the parliament to be recalled so we could deal with this matter at that time but the minister deemed it not important enough then. Strikingly, it seems to be more important now than the Governor's Address-in-Reply. I believe that demonstrates you were too scared to come back to parliament in January this year to have this debate, and little wonder, when you look at this legislation.

I say at the outset that we will be supporting this bill but we would like to go into Committee to debate the clauses. We will be supporting the bill because effectively it gives effect to what the Labor Party had been calling for for 12 months. We have been listening to health workers and understanding their concerns about the governance arrangements the minister implemented. They made it very clear to us - and the minister too, I might add - that the governance arrangements were not working. The lack of local leadership at a hospital level was having an impact on patient outcomes; you cannot deny that fact. The AMA made that statement, the ANMF made that statement, HACSU made that statement, and the minister took until late last year to finally respond and indicate there would be a change to the governance structure and the framework for the Tasmanian health system.

What has been proposed by the minister is very similar to what the Labor Party had been calling for. It returns decision-making to a local hospital level so there can be accountability and authority at that level rather than centralising everything, which is what the minister moved to under his model. I reflect upon a speech the minister gave in July 2014 when he first announced the rebuilding of Tasmania's health system and the new governance framework. It was a speech he gave to the Tasmanian health conference. It that he talked about a number of things that sadly still ring very true today, and I will quote from that speech the minister gave four years ago.

First, while Tasmanians have absolute confidence, and place enormous value and trust, in the professionalism of our State's health professionals, they are frustrated and unhappy with the system that is not delivering better outcomes to themselves, their families and their community. There is also no doubt that this frustration is shared by the clinical community and the limitations they face in providing necessary care to Tasmanians.

The minister went on to say:

Let us be honest - our health system is not in good shape

Every health report in the past decade has been clear on that message.

The structure is inefficient, unaffordable and not compatible with a Statewide integrated and sustainable approach.

Waits for access almost every aspect of the health system are too long. Too many Tasmanians are not being seen within clinically recommended time frames - creating added pressure in other areas of the health system, including Emergency Departments and Ambulances services.

Our health workforce is understandably fed up from the relentless demand and blockages to access with no relief in sight.

Something must change - and this Liberal Government will take the lead in implementing the reforms necessary to put our health system on a more sustainable basis.

At that stage the minister proposed the health system reforms that became known as the One Health System. The Labor Party was supportive of the One Health System approach, but we were surprised that the Minister for Health, Michael Ferguson, had backflipped on a promise given by the former shadow minister for health, the member for Braddon, Jeremy Rockliff, when he made the commitment to voters in 2014 that the three THOs would remain. One of the first acts the now Health minister, Michael Ferguson, undertook was to go back on the promise given by the former shadow minister for health, Jeremy Rockliff, and abolish the three THOs, centralising everything to one THS with an executive and a CEO. Now we have further reforms taking place in the legislation before the House now that is a new structure and governance framework that returns decision-making to the three regions.

Unfortunately over the last four years there has been a lot of turmoil in the health system and the governance arrangements. Even in Estimates last year it was clear that the reforms the minister had begun in 2014 were not bedded down. As recently as budget Estimates in 2017 the minister was talking about the progress of those reforms. I remind the House that it took a year for the Tasmanian Health Service to appoint a CEO in David Alcorn, the same CEO that the minister declared no confidence in last December, who for the last six months has been acting effectively without any authority in that role, and who I understand was not even provided with the courtesy of a copy of this legislation we are debating in the House today. That same CEO had to seek a copy of the legislation that effectively abolishes him and the role he undertakes still as the CEO of the Tasmanian Health Service by coming to other members of parliament to get a copy.

Talk about a lack of engagement with your health workforce and your executives who are still in positions of power and authority, minister, who today are in control of the health system. Your failure to talk to them is symptomatic and characteristic of your role as minister and the way you carry out your tasks. You do not consult. You do not listen to people. You do not work in collaboration with people and you do not treat people with respect. When you say, minister, as you just did in your second reading speech that you 'note that this bill represents our commitment to continuing to invest in and support our dedicated staff', might I ask you to reflect upon the fact that these are the same dedicated staff who have been calling on you to properly resource them now for years, to negotiate in good faith with them about the wages they are paid as public servants - the nurses, our allied health professionals and other health workers. If you truly supported and were committed to investing in and supporting our dedicated staff you would pay them appropriately.

The state wages policy that you remain firmly wedded to, the 2 per cent wages policy, the cap that your Treasurer has imposed, means that the wages of our public sector employees, our nurses, our allied health professionals and other health workers are not keeping up with the cost of living. The cost of living and the rate of inflation are rising at a greater rate than your wages policy. If you truly meant what you said in your speech, that you want to continue to invest in and support the staff who work tirelessly in our health system, you would pay them properly. You would sit down and negotiate with them in good faith when their EBA negotiations start, rather than mandating there is a 2 per cent wages cap. I encourage you to reflect upon that.

When we are talking about reforms to the health system and the governance structure that supports the work in our hospitals and across our health system every single day, it depends upon the goodwill of those people working in it for it to function. It depends upon the goodwill of those people who, right now in the Emergency Department, are pulling their hair out wondering how they are going to make it through winter. On Monday this week, there were 63 patients in the Emergency Department, 10 ambulances ramped, patients in the off-load corridors, aptly named the Ferguson Wing and the Hodgman Wing, being looked after by ambulance paramedics who were performing work on them that they are not supposed to do. They were taking bloods because they are supporting the nurses who are flat out in the Emergency Department. They do not have the time or resources to do the work the community expects and demands of them. Patients were waiting so long on stretchers in the off-load corridors in the Royal Hobart Hospital on Monday, looked after by ambulance paramedics, they had time for their bloods to be taken and go to pathology, receive results, have a doctor see them and be discharged; all from the ramp of the Royal Hobart Hospital. They were not even admitted into the Emergency Department.

Our paramedics are working under extreme pressure. They have created a new shift. It is called, 'the relief shift on the ramp of the Royal Hobart Hospital Emergency Department'. Patients being looked after on the ramp by ambulance paramedics are now having ambulance paramedics, who are light duties or who are sitting behind a desk, come down and look after them so the ambulance paramedics who brought them in can return to the road and respond to emergency calls. Never before have I heard of this happening. We have a circumstance where ambulance paramedics are being actively rostered on to look after people waiting in the off-load bays in the Royal Hobart Hospital because there are not enough beds.

When this Government first took office in 2014 - despite what the minister may have said in his speech to the Tasmanian Health Conference, acknowledging things were as bad as they are in the health system - it took the decision to cut \$210 million out of the Health budget. That had an impact on the ability of the health system to deliver services. It did have an impact and continues to have an impact on the ability of our staff to care for patients across the whole health system. We saw that compounded further by the Abbott/Turnbull budget cuts. They have not been replaced in the health agreement you have signed Tasmania up to. Those budget cuts have not been replaced. You have not accounted for the growing demand our health system needs, with respect to the funding required to make sure we can continue to deliver a service that is appropriate in Tasmania.

You have a look at the Commonwealth Grants Commission. Have a look at the amount of GST funding delivered to this state that is going to health services. It has declined under the watch of Premier Hodgman. When Labor was last in government, greater than 70 per cent of GST funding that came to Tasmania went to support the delivery of health care. Less than 60 per cent of GST funding that comes to Tasmania under Premier Hodgman now goes the delivery of health care.

I am not surprised members opposite are feeling embarrassed about this. You should be embarrassed about the way you took a policy to the people of Tasmania at this election that included \$200 million worth of federal funding as part of your record spend on Health. You are so deceitful. Our health professionals are concerned about the profiling of that funding over the next six years. Where exactly is the bulk of that money going to be delivered? Which year? I am interested to see the budget this year when it is handed down in this place, and to see the profile of that commitment from this Government.

Members interjecting.

Madam SPEAKER - Order, dignity.

Ms WHITE - This Government's deceit knows no bounds. The profiling of that money over six years, including the \$200 million from the federal government you included as part of your record spend on Health, is going to be really interesting to the people who work in the health system. The people who work in the health system want support and want support to do their job today. The people who are waiting for appointments in the health system want support to have their appointment today, not in four or six years' time.

There can be no doubt that what has been presented today by the Minister for Health is an admission of his failure - his failure to manage his executive of the THS, his failure to work with his department, and his failure to listen to health professionals when they raise legitimate concerns about the governance arrangements he continued to pursue for our health system.

I went to some of the meetings the minister hosted. I listened to some of the comments raised from the floor and the remarks made by him and the CEO. It is an interesting place we find ourselves in now. The arrogance of the minister was demonstrated through those stakeholder meetings, as was his scant regard for evidence presented to him about some of the flaws in the governance model he took, tried to implement and effectively failed to implement because even last year there were still vacancies in the make-up of the executive. That is why you will see references to the number of acting positions in the Estimates transcripts. There were discussions at that stage about the reason it is taking longer than anyone would have wanted, they were trying to work out exactly how to deliver on those reforms. The regional structure was discussed, and whether there would be positions offered at a hospital level, clinical in nature or whether they would be in the executive; it was a mess from the outset.

I saw a number of iterations of the governance model shared as part of the consultation with the workforce. A number of people have come to me scratching their head saying they do not know what this is going to look like in practice. What does this mean for the job of this clinical director? What does a state-wide approach on this issue mean for what happens at a hospital level? These are serious questions that were left unanswered, hence the legislation we are debating today.

The model the Government and the Minister for Health tried to implement in the last four years was a failure. The unfortunate thing is that what is being presented today could have been something we debated long before now. I am not sure exactly when the minister first thought he might present a bill like such as to the parliament. He had something in mind last year when he talked about his lack of confidence in CEO and the THS governing council. There were plenty of opportunities for us to have this discussion much sooner. There are many questions I have to ask about this bill.

The first question I have for the minister is, why do we need this specific bill? I understand the purpose is to reform the structure, the position of the CEO and the governance arrangements, but my understanding is you could have terminated the position of the CEO and the structures within the current THO act and the State Service Act. I will seek an explanation from you as to why you think it is necessary to have a new bill and why the existing instruments in the State Service Act could not be used to give effect to the changes that you have introduced as part of this.

The other question I have for the minister is, why can the secretary not be appointed immediately as administrator under section 70 of the current act? The problem is that we have a

CEO of the Tasmanian Health Service, Dr David Alcorn, who is effectively acting without authority because the minister has no confidence in him.

This reform allows for the secretary of the Department of Health to take on a greater role. It could be - and this is why I asked minister - the case that the secretary could be appointed as the minister under section 70 of the current act immediately. This would give certainty to the Government's arrangements and the leadership of the framework that we need to have put in place to provide greater support for the operation of the health system.

I would like to ask a couple of questions that are a bit more technical in nature, Madam Speaker. As I mentioned, we will be going into Committee stage, so there will be opportunity to further explore the reasoning of the minister introducing a new bill at that point.

One of the things I think is most important to come as a result of the changes that this parliament makes in respect to the Government's framework is to give some authority and empower local decision-making at a hospital level. Ultimately, that is what this debate needs to provide for and that is the outcome the parliament should seek to achieve. We want to be able to empower our clinicians and our hospital staff at the front line to be able to manage their own facility. This reform must empower local hospital management.

We have seen uncertainty through this governance. Unfortunately, a number of concerning events occur in our hospital system. I have spoken about some of them already, but one I have not touched on is accreditation. What we have unfortunately seen at the Royal Hobart Hospital is a loss of training accreditation for psychiatric medicine. What we have seen at the Launceston General Hospital is a loss of accreditation for physician training places and most recently emergency medicine accreditation. The Launceston General Hospital is coming up for a general hospital accreditation in the next couple of months. Without a clear governance framework and without leaders for a statewide health system and leaders at a hospital level, our accreditation remains under serious threat. The accreditation more broadly of our main four hospitals is something that I am very concerned about.

The loss of accreditation is very serious. The loss of training accreditation means that our ability to recruit the best and the brightest to come and train in Tasmania is diminished. The loss of training accreditation means that those colleges that provide accreditation are going to be watching very carefully to see what happens next. There is no guarantee it will be returned. If you look at the Royal Hobart Hospital right now and the pressure we see on the emergency department, learning from what happened at the Launceston General Hospital with the loss of emergency medicine training accreditation, my fear is that the Royal Hobart Hospital is one we need to wrap a lot of support around right now to make sure they do not lose their accreditation for emergency medicine training. That is a really grave concern of health professionals who are working there.

Every time there is an escalation, as there has been - particularly to a level four escalation - when they are doing training, they all have to stop what they are doing and go on the floor. This is appropriate because the escalation means that everyone needs to address the hospital flow issues and make sure that beds are freed up to get patients moved in where appropriate. However, every time they are pulled out of training and have to respond to something that is happening on the front line, it does affect the colleges' thinking about whether or not they are going to continue to provide accreditation. Right now there is an urgency that needs to be shown by the minister that he is supporting the workers at the Royal Hobart Hospital to ensure that accreditation is not lost for emergency medicine.

We need to learn from what has already happened. It is a disaster that we have lost accreditation at two of the state's major hospitals. It does impact on our reputation, on our ability to recruit and our ability to provide patients with the best care.

The other matter that the minister has to seriously argue for in Cabinet is appropriate remuneration for our health workers. I spoke about this when I touched on the wages policy, but it is also about the conditions within which our health workers operate every day. They need to feel respected, they need to feel supported. It is as much about wages as it is about a safe working environment. We need to ensure that they have appropriate support so that when they go to work every day they can get on with their job and know that they are doing it in a way that is safe and appropriately supported. We need to ensure and that we are not going to lose people because of workers compensation claims because of stress, illness and injury and that we will not lose people from the health system who may be very difficult to get back.

We know already we have a number of vacancies across the health workforce. There are a couple of hundred nursing vacancies across the health workforce that this Government has not filled. There are vacancies across nearly every area of the health workforce that the Government has to work quickly to fill. What is happening is that those health workers who are there are working double time and overtime, they are getting more and more stressed and they are getting sick themselves. That is having an impact on the budget because you have to pay for those staff to work out of the overtime budget. It would be much smarter to recruit to fill the vacancies so you can have a full roster; to actually fill your roster with workers every shift rather than rely on people coming in to work overtime. We are seeing it in our hospitals. We are seeing it in our ambulance paramedics who regularly get text messages asking them if they can fill a shift today, tomorrow. I know that they are absolutely exhausted. Minister, I know that you probably know that too.

I encourage you very strongly, minister, to think about how you are going to do this job for the next four years and do it with the same approach that you took when you gave that speech in July 2014, when you acknowledged the faults in the system. The faults still remain. The last four years have not seen improvements that have helped our patients get access to care in a timelier manner or helped our health workforce to work in a more supportive environment.

Everything you said in July 2014 still stands true today. Health has to be the number one priority for your Government because it affects every single Tasmanian. We all know somebody who has been impacted by not being able to access health care at a time when they need it. It impacts on people's ability to work, on family relationships, on every single thing that we do. Our mental health is as important as our physical health and wellbeing.

Supporting the health workforce has to be a priority for you. You need to be a champion for those people who work every day in the health system. You need to make sure that they have a good governance framework that supports them. Their ability to make decisions at a local hospital level is paramount to that.

Of course, we support legislation that gives effect to that but I urge you consider how you are going to do that in a way that is meaningful and can be given effect swiftly. When you proposed health reforms four years ago, you did not even properly roll them out before you changed them again. My fear is that this legislation might go through the parliament but the implementation will be slow. It will be tedious and it will not improve things at a hospital level for those people who are working in it and it will not improve things for our patients.

Minister, I ask you to make sure that if this legislation progresses through the parliament that you implement it swiftly and fully. Our health system has been through enough. It has been through an enormous number of reforms. People want certainty; they want leadership; and they need to be able to have ability to make decisions at a local hospital level that improve outcomes for our patients.

Maybe I can talk to you about some of the stories I heard on the campaign trail, some of the people I spoke to, some of the lounge rooms that I sat in with patients who have not been able to access care in a timely manner.

I know the minister will get up and talk about the elective surgery waiting list. I know he will say that the waiting list has decreased, and it has, and I commend him for that, but it has relied heavily on inputs from the federal government, who I note have not provided any extra resourcing. We were able to secure \$30 million as a commitment from federal Labor during the election campaign to provide more elective surgery procedures for the Tasmanian community. You were not able to secure a similar commitment from Malcolm Turnbull, the Prime Minister of Australia. Actually you were not able to secure a single dollar for any funding of health services from the federal government this last election campaign.

The thing about the elective surgery waiting list is that people cannot get on it, minister. There are 30 000 on the patient appointment waiting list - 30 000 people who are waiting to get an appointment at a clinic to see an orthopaedic surgeon or a gastroenterologist to see whether they need surgery. Those are the people who cannot get on the elective surgery waiting list, so whilst you might make the argument that the elective surgery waiting list has come down, it does not mean that people are not waiting. There are many people waiting who cannot get on the elective surgery waiting list. These are the people I speak to regularly who cannot get an appointment to see somebody to get a diagnosis about whether they have colon cancer, because the gastroenterology waiting list, as I am sure you are aware, is one of the longest and the wait times are extraordinarily long, well beyond clinically recommended time frames.

I note you went to the election with a number of targets. Targets are meaningless unless you have a way to implement getting to that target, and you do not. That is what concerns me. We have people who are waiting. You might say you have a target to meet the clinically recommended time frames for elective surgery procedures and for emergency department waiting times, but what we see in practice is very different from your rhetoric. You just have to go down to the emergency department and talk to people there. We have talked to plenty who have waited four days in the emergency department in some of the most horrific examples, particularly mental health patients, who cannot access mental health services and are waiting in the emergency department, which is the most inappropriate place for any patient who is mentally unwell to wait, because they cannot access a bed in the acute mental health system.

Having targets is all very well and good, but unless you have meaningful strategies to actually effect change and properly resource services, you are not going to meet your targets. We see that in the performance indicators, which I am interested in seeing in this year's Budget again. If you look at the performance indicators from last year's Budget and compare them and think about things like ambulance response times, they are going in the wrong direction, minister. People are waiting longer for an ambulance in Tasmania under your watch compared to four years ago. These are the targets you have set for yourself to reach. They are appropriate targets because they are the clinically recommended time frames for targets set out by the national government, so you have to

aim to meet those targets, but you have to resource the services and our workforce so that they can do that.

On the issue of appropriate funding, there was no commitment from the federal government for any health funding to come to Tasmania as part of the election campaign. In fact, one of the times the Prime Minister did come to Tasmania it was regretted immediately by the Premier, because the front page of the *Mercury* newspaper said, 'In trouble'. There were very few brief appearances by the Prime Minister throughout the whole campaign. In fact, I do not think you had any other ministers come to Tasmania to stand along beside you. That is concerning as well, because what does that say about your relationship with Canberra? Is that why you signed the health deal, which really is a dud deal for Tasmania? It does not replace the cuts or provide adequate future funding. You have been unable to stand up and argue the case for Tasmania to get its fair share and to get commitments from the federal government to increase funding for health services in Tasmania.

On the other hand, we had the federal shadow minister for education, the shadow treasurer and the leader of the Labor Party nationally, Bill Shorten, here. We had a number of shadow ministers in Tasmania who were keen to stand beside us to talk about the relationship we have with them. There will be a change of government federally. We will have a federal Labor government and we have a good relationship with them and we will be able to deliver for the people of Tasmania.

One of the other concerning things I noticed was absent was your commitment to women. During the campaign we spoke about a \$1 million commitment to a stand-alone reproductive health hub to provide access to termination services in the public health system for Tasmanian women. This comes down to leadership. We talk about the governance structure for the Tasmanian health system and we have a minister who cannot provide the leadership that is necessary to enable access for women to a perfectly legal medical procedure.

Mr Brooks interjecting.

Ms WHITE - I understand Mr Brooks would like to make a contribution. He is champing at the bit there on the backbench. Look who has been promoted to Whip. What a lucky man. He is not a minister - why is that? Because you have not had your email audits done. Where is your email audit? What I find really interesting about Mr Brooks and his interjections from the backbench is that the Premier has seen fit to appoint him as an office holder of the parliament as the Whip, but not fit to appoint him to a ministry. How could it be the case that you are fit enough to hold an office in the parliament without having your email audit concluded, but not to hold a ministry?

Mr Brooks is clearly uncomfortable about this issue. There was a lovely story in *The Advocate*. The concern that people have in the electorate of Braddon - and he would know about that as well because his vote went down - is that they think he is a little bit untrustworthy. Where are the details around his email audit?

Madam SPEAKER - Order. I remind the Leader to get back to the topic.

Ms WHITE - I will come back to the other matter another time perhaps. Thank you for your wise counsel.

Talking about governance in the health system leads me to talk about the lack of leadership shown by the Minister for Health, but most particularly and concerningly the Premier when it comes to standing up and advocating for the human rights of women who make up 50 per cent of the population of Tasmania, 50 per cent of the people who probably elected this Government.

Why is it the case that women in Tasmania cannot access a perfectly legal medical procedure in the health system? Why has the Premier failed to show leadership on this issue? Why has he bowed to the pressure from the Health minister and not stood up to him and said, 'Actually this is a human rights issue, it's perfectly legal, there is nothing special about this at all and it should be offered in the public health system'? It should not be treated any differently from any other legal medical procedure in this state. The lack of leadership shown by the Premier is evident, it is galling and it is offensive.

As a woman in this place who voted to decriminalise the termination of pregnancy in this state, I was very proud to do that. I find it offensive that the Liberal Government is now actively denying the opportunity for women to access a termination of pregnancy in their own state. You have done nothing and you should hang your heads in shame.

There is no doubt that the minister is going to have a lovely long day talking about this bill and he is going to endure a number of very sad stories, I am sure, of constituents of ours that have been raised along the campaign trail because they have been let down by this minister. The fact that he has been caught up dealing with the governance issues and the mismanagement of that is a concern to me because he should have had that reform underway when he first talked about it and implemented it. That would have provided certainty for our health workforce and people who rely on the health system. The fact that we are going through another reiteration of reforms I am sure is concerning to those people who depend upon having some kind of certainty and at least some kind of leadership, and I do not know why the minister has not appointed the secretary of the Department of Health so that he can get on with the job rather than leaving it until this legislation is passed. We effectively have a CEO with no authority and no power in charge of the health system and a minister who has lost control.

Time expired.

[12.35 p.m.]

Dr WOODRUFF (Franklin) - Madam Speaker, it is disappointing this bill has interrupted the practice of this House of allowing members to give their inaugural speeches and for other members to give their response to the Governor's Address. It has always been the practice, as I understand, for that to happen.

We will demonstrate throughout the rest of the time speaking to this bill, and as the Leader of Labor Party, Ms White, has already laid out, that this bill should have come on a long time ago, at least a year ago. The minister and this Government has been sitting on this body of work and is now choosing to bring it on today. It is shocking that this was not done prior to Christmas when it was clear this restructure needed to happen. It was obvious there was going to be no other alternative. The Government flagged as much and the Labor and Greens parties were all in agreement that there needed to be a change like this to the THS structure, yet the Government chose to put it off until after the election.

It was a body of work that should have been done and both the Leader of the Greens and the Leader of the Labor Party made public statements to the effect that we would be prepared to resume

parliament for a special sitting to deal with this matter. The Government has chosen to put this off and is now playing around with Standing Orders and all of a sudden crying urgency. I want it to be noted that it is poor form of the Leader of Government Business to have interrupted people's inaugural speeches to do so. They could have at least allowed a couple of them to speak and we could have dealt with this bill later in the day.

This bill is far too long coming and it points to an inability of this minister to perform his role as the Health minister, or to listen to the people he works for and on behalf of. Those people are the Tasmanian community, first and foremost, but specifically within his own department, his own staff, and the reports of patients who have come to the hospitals that his staff must have relayed, directly or indirectly, to his office.

An avalanche has occurred since at least 2015, with reports coming to the minister being made public. We also we heard, latterly, they were being relayed internally within the Health Department about problems with the flow of patients in the Royal Hobart Hospital, problems with the lack of ability of staff with the new structure of the THS to make operational decisions in a timely manner or to manage their budgets effectively. One of the most incredible comments I heard last year was the number of line managers they had to go through to make a decision about whether a person could be replaced, such as when a staff member was sick, went on maternity leave, paternity care or for any other reason. It seemed to be extraordinary in a hospital that is responsible for looking after peoples' health. These are serious situations in that important operational capacity and there were seven desks a request had to go through in order for a final decision to be made.

It speaks to a failure of this minister to listen to the people he needs to listen to. He has shown this with years of stonewalling, inaction and treating staff with disregard. What I have seen is, in all the evidence, that leaders are responsible for the culture they set. A minister cannot be responsible for anything more substantial than to set the culture.

Hospital is where a person goes at their most vulnerable point, finds themselves naked, often alone, usually in pain, outside their normal social supports, with new experiences that are very confronting. The culture of that organisation should be of listening, openness, willingness to constantly be looking to solve problems and make constructive suggestions; that is the culture which a good minister should set. Instead, we have found, for example, the Royal Australian New Zealand College of Psychiatry withdrew their accreditation of the Royal Hobart Hospital Psychiatric Department in August last year. They had spent six months negotiating, trying to find a solution with the issues they had for the trainees they had there. The issues were to do with workplace stress, the management of staff and conditions for staff. It beggars belief that there is a particular problem with that royal college. If their standards were far too high we would be hearing this happening in other states, but we are not. It is only in Tasmania, where they are finding they cannot professionally or ethically accredit the work of trainees in that Royal Hobart Hospital Psychiatric Ward because of a failure of management to take account of proper practices. Six months went on and they could not negotiate a solution.

In June 2016, the LGH Emergency Department lost 11 specialists and six senior nursing staff who quit, retired or moved to other areas because they stated a lack of pay entitlements, the excessive workloads and the workplace stress as a result of that. The LGH is still in a disastrous situation with the resignation of a number of senior specialist staff late last year. The impact on the accreditation, the work of registrars and the ability for patients in emotional health distress, seeking medication in the Emergency Department at the LGH, is appalling. It is serious that this should be happening in a hospital in Australia, or in a hospital in Tasmania.

The minister was repeatedly warned about the problems in the THS executive structure. This has not come up recently. I note in the briefing on this bill that it was clear the staff who have done a lot of work in a short period of time were ready to do this work. This was not lobbed on them. This is work that could and should have been done a year ago. Everyone in the sector knew it needed to end. The AMA, in March or April last year, publicly came out and voiced no confidence in the CEO of the THS. It was a big comment. It is the central person and a very conservative professional body like the AMA does not make statements like that lightly. In largest part it was a failure of the minister to meet with the sector and to require that the CEO meet with the sector, the AMA, the ANMF to talk about a plan for the flu season last year. They refused to meet. That is the culture that this minister sets. The culture is one of disrespect for staff, and fear. He does not seem capable of having dialogue with the key professional bodies that care for people in this state. I am not sure what happens internally, but those people do not sit around a table and have open conversations about the serious issues in the health system.

No one would expect to pick up the health portfolio and it would be a light matter. I believe every person in the community understood that managing the hospitals in any state in Australia is a major job, but the minister took it on and he has taken it on again for a second term. The job of a person in that role is to have conversations, to try to find solutions. Of course there will always be limited funding. There will always be crowding. There will always be difficulties that will have to be managed, which is why the most important thing to do is the bring the staff, the professional bodies and the unions along with you so that when things get difficult, like a flu season, at least everybody is in there working with goodwill, doing the best they can. Bad things happen and good people try hard to fix them.

We have a minister who seems to be, in my time of observing him, more concerned about propping up the image of the Government than he is in getting in there and actually doing the work, talking to people, fixing the problems. The minister refused to meet with the majority of stakeholders and the major health agencies last year to make a plan for the flu season and decided to devolve responsibility to the CEO of the THS, as if you could flick something off like that, when it was clearly not being done.

The CEO of the THS, I assume by the minister's own decision, was not present at the budget Estimates discussion last year for half the time. The Leader of the Labor Party might remember, but I think it was a four-hour session and the CEO was not present for at least two hours.

Ms O'Byrne - We were not allowed to ask questions of anyone other than him if we did not go to the output groups.

Dr WOODRUFF - Yes, that is right, we could not ask questions of the person responsible to do the work because the minister was shielding him, or the minister thought he was incapable of answering them, or he knew that there was going to be so much heat placed on him as a person in that role, and as the CEO's own problems. There is another whole story here, but I do not think that is the most important thing to record for *Hansard*. *Hansard* can record that there were problems that were pointed out as the employment of the CEO and problems with the functioning of that person in the role.

The job of a minister when we have a CEO where there are so many problems is to deal with it. Not wait until after an election at the start of the next term and to bring it in. This should have been here in December 2016. There was a Christmas chaos. The Royal Hobart Hospital was having ramping after ramping after ramping before Christmas, in the middle of summer. This is not winter.

In Christmas 2016 we knew it was going to be an awful flu season in 2017 because there was terrible overcrowding problems and because there had been a reduction in the budget to the hospital in real terms. This Government has underfunded the hospitals in real terms. They are not keeping up with the costs of inflation. They are not keeping up with the costs of medical equipment increases, the costs of diagnostics imaging and all the other very expensive treatments. It costs a lot to run as health system which is why I stood here - and the Greens will continue to say - and said that unless we start spending money and prioritising money into preventive health then this budget is going to have to keep going up and up. It must be restrained at the bottom end with rural health services, with preventive health services. In the last term of government this minister forgot about them as well. He did not prioritise them. He did not get a smoking bill through. Promised, did not deliver.

Madam Speaker, in addition to a failure to act there is also a failure to show from this minister. A failure to show reports, to provide evidence, to reveal data, to be honest about what is happening in the hospital system.

The expert review that was conducted on the state's two biggest hospitals was given, we know now, to the minister in August 2016. That was not revealed until the Greens had an RTI process and six months later it was made public. Six months after the minister sat on a report which showed major organisational and governance issues within the Royal Hobart Hospital and the Launceston General Hospital. It showed a culture of secrecy, fear of public scrutiny, long waiting times, flow issues and overcrowding. Let us be clear: that report was finished in August 2016 - that is nearly two years ago. It would have been started two years ago. The minister had that in August 2016. We are three months away from two years that the minister had that information. All those things were there. He did nothing. Then came the Christmas chaos at the Royal Hobart Hospital and the ramping. In February he was called publicly to please have a meeting with major stakeholders, please make a plan for the Royal Hobart Hospital for the coming winter. He did nothing. These obviously were problems. Everybody knew it was going to be a hard one to solve which is why they wanted to get together early and try to find solutions. Not the kind of chaos of wards opening and shutting. The media stunts. Standing at the LGH ED saying 'We are going to open a ward this week' - it will be closed next week. 'We have six new beds' - but there is no staff to put in them. 'We are going to shove some trolleys and cribs and some chairs down at the Royal Hobart Hospital'. We have not talked to the staff about that yet. 'We might open a ward. We might build a new building.' Except the doctors do not like it and they are really going to spit the dummy when it comes out in the news. We are going to stop all that work that we started even though we spent a lot of money. We are not going to do that now.

Where is the conversation? All this resourcing, all of this heartache from people who are already over stressed. It is not like they are not already doing a full-time job. People do not get employed to talk to ministers about problems; they do it on top of everything else they are doing as well as dealing with the ramping, as well as dealing with the people coming through.

Minister, this is the background to why this bill matters. It mattered 18 months ago. We have no confidence in your ability to listen to people, to do anything other than to try to protect your reputation and the reputation of the Government at the expense of the working stress of people in the hospital system, the staff you purport to care so much for, the patients who are impacted by staff working under stress. The report of the expert review said that the quality and care for patients is affected in that situation. That is your responsibility. A minister cannot fix everything but a minister can be seen speaking and seriously trying to work out solutions. We will have a lot to say

about this bill. We look forward to going to the committee stage and having a conversation about it. It has been a long time coming, but better late than never.

[12.55 p.m.]

Mr Ferguson - The member for shutting wards.

Ms O'BYRNE (Bass) - I love it when you say that, Mr Ferguson, I really do. Madam Speaker, when I go to the LGH they talk about the amazing expanding and shrinking ward that Mr Ferguson refers to. 'I have opened 4D, but no beds. I have opened 4D, but now we have no staff.' You have been so utterly dishonest. You open beds, you do not put staff in there. You open beds, but you do not open the whole bed. You have been dishonest in your entire time as Health minister.

I saw the ads that you ran during the election campaign. The one thing that I am very proud of as health minister is that I was never dishonest. I was never dishonest with the Tasmanian people about the decisions I made. I took responsibility for them, unlike you who has looked for scapegoat after scapegoat. 'It is the staff's problem. It is the administration's problem. It is the Opposition's problem. It is the fact that you keep raising questions in parliament - that is what is causing concern in my health system'. At what stage will this minister take responsibility for the fact that he has been minister for four years? He designed the system that he is now unpicking. At what stage is he ever responsible for a single decision that he has made? Never.

Let us talk about how we arrived here today. What has gone wrong to get us to this point today? We go back to the National Health Reform Agreement, which was a model that every state signed up to. It is a provider-purchaser model. It was about engaging in local decision-making and making sure that hospital networks were linked together, working together and had input from their local community to be able to make local decisions. That is what they were designed around. The purchase-provider model we picked up was where the state purchases and the governing council and the hospital delivers. The health network delivers. We chose three when we were in government, a position that was advocated by the Liberal Party for that time.

At the same time we implemented the Tasmanian-led clinicians group to do similar to the government and then did a statewide health plan - a clinical directions plan. It was a position that was endorsed not only by then leader of the Opposition, now Premier, but then deputy leader of the Opposition and minister for health, now Deputy Premier, at the Tasmanian Health Council where they said, 'We think that is a fantastic idea. We believe in the de-politicisation of the Clinical Services Plan and we will completely back it'. Of course, this minister tore it up the moment that he came in. It is fine because we still did move to One Health model and that is something that we do support. We think one clinical services plan around the whole state makes sense. We believed in it too.

So what then happened? He then went to the one system. That is fine. Then he did something quite different. He went to one CEO - one governing council. That is probably somewhere that over time the three governing councils may have found themselves. Our governing councils used to meet separately and then meet together in order to have that collaboration. Only having one governing council? Not the end of the world. Only having one CEO? Not the end of the world. What went horribly wrong was the minister's crucial decision to abolish local decision-making. Not only were local governing councils not able to have that input, we no longer had a local CEO. We no longer had a local director of surgery. We no longer had a local director of medicine. We no longer had a local director of nursing.

Those positions, even though they are governed by a broader state clinical plan, are crucial in being able to manage the issues that present in hospitals day after day. There are long-term plans of hospitals investing. There are short-term issues that they need to deal with as well. They need to be able to respond to the demand in ED. They need to be able to respond to changing staff. They need to be able to respond to a host of issues. That is what our three CEOs around the state did. Like them or dislike them, the fact was that they were making decisions on the ground in consultation with the people who worked on the ground and that is where it worked. If we look for why the minister's option did not work - it is because he removed the local decision-making. In this bill that is still not resolved.

The second reading speech talks a lot about local decision-making, but there is nothing yet in the bill so we could probably discuss that when we go into committee.

The other interesting thing is that Mr Ferguson employed Dr Alcorn - his CEO. He worked with him, backed him, hand-in-glove with him, working together.

Sitting suspended from 1 p.m. to 2.30 p.m.

TASMANIAN HEALTH SERVICE BILL 2018 (No. 3)

Second Reading

Resumed from above.

Ms O'BYRNE (Bass) - Madam Speaker, I will continue the contribution I commenced prior to the break.

It is a theme for this minister, his inability to take responsibility for things that go wrong. He is keen to take responsibility if something might go right or something somebody else did right, but rarely does he own up. That is why the minister's behaviour regarding the CEO, Dr Alcorn, is so interesting. It was the minister's decision to have the one health service and we support the One Health plan for across the state. That makes sense. It was the minister's decision to have one CEO. It was the minister's decision to abolish the local decision-making. We lost the CEO in each of our regional facilities. We lost the director for surgery, the director of medicine and the director of nursing in each of these areas. That has an impact. The minister has put us in this position, leading to the reason we are debating this today. It is the lack of local decision-making and engagement that has caused the unravelling.

Those of us who were here during the time, after the appointment of Dr Alcorn, would have noticed a close friendship between Dr Alcorn and the minister, Mr Ferguson. They were hand in glove. They were together everywhere. They were lock-step on policy. Dr Alcorn was delivering on Mr Ferguson's agenda. Mr Ferguson was supportive of that through the Estimates process, after Estimates process, through questions in parliament, in public conversations and in discussions with stakeholders. He was supportive of him up until the time it became politically untenable for him to be so. When the unravelling of Mr Ferguson's plan started to occur we had Mr Ferguson doing what he does so well, which is to immediately blame somebody else.

Dr Alcorn, who had been a close confidant and working so closely with the minister was then responsible for what had occurred. You then have a couple of options. If you no longer have confidence in the CEO, the model you have engaged and the CEO you have appointed, you can choose to play through or you can choose to take action. You can choose to do something. The minister chose to do something odd. The minister said late last year that he was no longer going to have this model and he no longer had confidence in the CEO. The CEO would go. We have a brand new model, but not yet.

There we were, late last year, with the hospital system in crisis and people screaming out for engagement - the stakeholders, the AMA, the AMF, HACSU, patients, the opposition parties and the upper House. Everyone was asking, 'What are you going to do?'. Something was horribly wrong across this health system. Mr Ferguson's response equated to, 'Oh, well, I am going to dismantle the model, but not yet.'. We then have this period of around six months, late last year and up until the election was called, which from memory was the last weekend of January. Time moves quickly. We then have a reasonably short election period. The Government is returned. The minister is returned and we go through this here today. We have a bill before the House which deals with not having a CEO any more but it does not deal with the issues of local governance.

Their second reading speech talks about the need for local governance. The bill does not set out how that is going to occur. It is clear it has not been resolved. You have to assume there had to be some period before saying you are going to sack the CEO, that you had decided to sack the CEO and you are thinking, what am I going to do if I am not going to have confidence in him? Option 1, I could sack him. I could say under the terms of your contract you have not fulfilled it and we will have to pay you out whatever it is and the minister would have to tell us what that would have been. If you were going to keep the model you could have brought in someone else to do the job or, as I understand it, the secretary could have been appointed as an administrator. We could have moved into the next stage of the model to progress the outcome of the change, given that every other political party said they were happy to do so. We are going to support you changing the structure.

It was not that there was a huge political fight about the change of the structure. There were some reasons the minister needed to keep Dr Alcorn there. I can only assume it is so he could spend the six months to now and the time up to the election, saying, 'I know there are lots of problems in Health'. *Hansard* will not be able to record this so I will describe my actions. I am pointing at a mythical person standing here, but, 'It is all Dr Alcorn's fault. There is the person who is responsible for the situation room. If we are re-elected, that will fix it.'. We could have recalled parliament if there was a legislative need to resolve it, but there are also questions as to whether we needed a legislative solution at that time. We could have put the secretary in as an administrator.

What concerns me is that the minister set up this model, he removed local decision-making that put us in this mess we are in, and he set a pathway that delayed the resolution of the problem. We are now six months down the track. We have a bill before this House. It has to pass this House, the upper House, has to receive Royal Assent and then it will be implemented. It is unclear what that means in terms of any additional payout to Dr Alcorn. I am sure the minister will address that in his response or in the Committee stage. It seems there has been an awful lot of taxpayers' money spent keeping a person the minister made clear he had no confidence in, and therefore that person was disempowered. He could not do the job. Why would anyone go to the person the minister said he does not trust? You would use other forms of the health system in order to resolve any issues that you might have.

What has Dr Alcorn been able to do for the last six months? That is a matter the minister needs to explain. That must have cost us a lot of money during that period, to not seek resolution to the challenge before us, with our health system. It will be interesting to see what happens post this, where Dr Alcorn goes and whether we will find out what occurred in the time leading up to the change from Mr Ferguson's great engagement and agreement with him to everything being Dr Alcorn's fault; from a minister who is supposedly very hands-on. You can be hands-on or not. You cannot be both. The system has stagnated from that time to the election, and now we have the bill before the House. We said we will support it. We said we would support the resolution six months ago, so we could have had a better one.

The issue of local decision-making still needs to be addressed. In the second reading speech, there are a couple of references to a process of supporting local decision-making. It says -

The administrative and management arrangements put in place under the new statutory structure will support local decision making.

The secretary is currently consulting across the Tasmanian Health Service on changes that need to be made to support local decision-making.

It goes on -

However, it is acknowledged that within our state-wide health system, the large majority of services are delivered locally and the system must support local operation decision-making.

It is mentioned a number of times in the speech. When you go to the bill and you go through the clauses, where the local decision making will occur is not clearly set out. That is something that is apparently going to be resolved later on. That is something members of this House and the other place will have some questions around. If we are moving to this new model, why have you not ticked all the boxes in order to transition? Can the minister show us what the local decision-making will be? Will we have a return to a CEO, will we have senior health professionals in hospitals making decisions again or is there some other model that he has in mind? Some explanation as to where he wants to go with that would be useful. Either he does not know or he knows and does not want to tell us yet. Neither is particularly good by the time you have legislation in front of the parliament.

That causes some concern because that has been one of the significant issues, particularly because those operational decisions at the hospital level need to be resolved by somebody who is there, in the moment, working with the people and understanding the situation. They are not decisions that can be made separately. I do not know whether there is a suggestion that the executive council role is the local governance role. That is not clear. If that is the case, the minister might need to explain. I am still concerned about what the executive council role will be. The legislation says the secretary has the power to appoint one or more people to this executive council. We might have one person and that will not be a local decision-making model. I am unclear as to what the extension of the executive council role will be. I am sure the minister will address that in his response.

I want to understand the role. My knowledge of the National Health Reform Agreement is somewhat dated. The minister can correct me if I am completely wrong and it has moved on since then, but when we were part of the national health agreement when it was first being established

we moved to the local health networks and it was clear that we would have the governing councils. They were a really important part of it.

As I understand it, we are now no longer going to have a governing council, unless the executive council is going to play the role of governing council, but that is not clear. I am a little concerned as to whether that would put us in breach of the National Health Reform Agreement - not necessarily in breach perhaps, but cause concern with other states, which are party to it and are providing that sort of local management. Any conversation that the minister might have had with our federal colleagues about how our model fits within the National Health Reform Agreement would be really useful.

The transition from the existing model concerns me as well. There does not seem to be a transition plan about how we would go from one to the other. We are running a health system. It does not stop on one day and start on a new day. You need to have some quite strategic pathways set out, particularly because some of the roles that the existing governing council do are incredibly important. There are some roles that could be packaged up and the file handed over and everything would be okay, but things such as the quality and safety role is not something that you would package up and hand over. You would want to have a decent transition to any new model to make sure that you were fulfilling the commitments to quality and safety. Can the minister can tell us what the transition plan is? They are not always contained in bills. I accept that, but this is quite a significant piece of work and a significant change so it would be really useful if the minister could explain where that work goes.

Is it going to go to a hospital level? Is it going to go to the secretary? Is it going to go to the executive council that has not been appointed? I do not quite know what they are doing yet. It may be one person or it could be 20 people. There is a capacity in the legislation to appoint advisory boards. Are they going to do health and safety? How transitory are those and where do they connect in the system? These are questions to which we need answers. We got into this situation because we moved quite quickly to a new model - although there was a fair delay, it was still quite quick in the end. There was not a good transition. There was a really slow transition to allow the adoption so the minister made a decision. It took a while to get to the legislation into the House, but then there was not a phased transition into the new model so we always lose something whenever we do not take care of that transition really carefully.

I am interested to know how many executive council members are to be appointed and what their role will be. From what I can see they are currently from the existing State Service. They are not necessarily going to be community people, so how are we meeting that obligation to have community engagement in a local governance?

The other thing I am not quite clear on in the bill, which the minister might be able to confirm for us, is where the authority of the secretary ends and begins and where the authority of the executive council will end and begin? Is it a really clear line of authority that goes minister, secretary, executive council, hospitals? Or is there another process so if something goes wrong - obviously we do not want things to go wrong - where does the buck stop in terms of that decision-making on the ground, given that we know it never stops with the minister.

Going through the bill, obviously we are comfortable overall with moving to the model. We are disappointed that the minister put us into the mess that we are in. We are disappointed that we did not act to resolve this issue six months ago rather than leaving us in this hiatus. The rest of the

information seems reasonably clear. I am not sure if there will be some questions during the committee stages.

Regarding my perspective - I cannot speak for other members - I will focus on the value of the executive and how the hospital network model fits into the National Health Agreement and such. I want to touch a little bit on my local hospital and some of the concerns that we have. I know that there are a few people ramped in Launceston at the moment. I say this with some distress. The minister often says that when we criticise the hospital, we are criticising the staff. I can say that is never the intent. As a local resident I have used the Launceston General Hospital for my mum and for my daughter. The quality of staff has always been amazing. They are genuine, they are kind, they are working hard and doing the best they can. However, it is not okay to say that the only issue facing the hospital is we have increased demand. Every health minister has had increased demand. Demand continues to increase in the health system all the time. It puts on pressure, but not to the point that we have to the system being in the unworkable condition that it is.

The downgrading of our hospital status has been really distressing. People worked very hard for a regional hospital, such as ours in Launceston. To achieve the level of accreditation that it has is an absolute tribute to the staff and the work they have done over the time. They have really built the hospital and its reputation. It is the reason that we have been able to attract the quality of medical students, the registrars. People historically wanted to come to the LGH because they get great practice in a range of fields; they get really good hands-on experience and they get great training.

Reputations, however, can be quickly damaged. The downgrading of our accreditation, the issues that we have had in the number of services, whether it be ED, radiology or the host of services that have had the colleges say, 'This is not good enough.', has been concerning, particularly given that each of the colleges said that, 'We have warned. We have said. We have told and we have asked.' There seemed to be a view from this Government that the colleges are just flexing their muscles, that we will take them on and we do not need to listen to them. The people who are in those colleges are often our staff as well and they work very hard on the reputation of our hospitals. They work very hard on trying to build the capacity. There is a genuine risk that if we continue to have these downgrades we will not be able to attract the quality of staff that we have had before. Another significant issue is the impact on the 2 per cent wage agreement that the Government is saying they will only discuss and what that will have in terms of our capacity to recruit and retain staff.

If we are not known as a great teaching hospital, then that will cause a significant impact on the type of people who come to work and study with us. That will have a spiralling effect that will make it harder and harder. I would be terrified and very distressed if we lost the reputation that we have had built over many years by some fantastic individuals across our health system. There have been some passionate fighters for it. We can name them all. Professor Berni Einoder, in particular, has been a significantly passionate voice for the hospital over the years. Those sorts of people drive our reputation and drive our capacity.

I am also worried about the accreditation process. Accreditation is not something that you do just before the accreditation people come in. You do not suddenly check whether you have all your ducks lined up and all your paperwork done and everything is ready. It is something that hospitals have to work on day after day after day to continually improve to be ready for it. When I talk to staff across the hospital, there is a genuine fear that they will not pass accreditation that is due this month. That would be yet another disturbing impact on our reputation.

There are only so many hits our staff in our hospital can take. We need to support them and we need to back them. They have not felt supported by the minister. It has been quite concerning. I will reiterate that when I have been there the staff have been overworked, over pressured and there are delays, but quality of care has been great, because people genuinely want to provide the best service.

No one can be immune from exhaustion. If you are working ridiculous hours, doing double shifts in the children's ward, or continual double shifts in ICU, if you are not getting leave, or breaks when you are supposed to have them, the best of people, the most qualified of people, the most caring of people will make mistakes. Mistakes in hospitals are not like a mistake here that we can fix up the next time the bill comes around. Mistakes in hospitals can be catastrophic, so we do need to support those people.

They do not feel supported by this minister. I am not sure where we go from here with this, minister - what the local governance and local engagement arrangements will look like, but I do wish that he would start taking some responsibility for the decisions that he made. I have been a health minister and it is a hard job. I agree it is a really tough job. You are sometimes going to make decisions that are really difficult, but you have to own them. If you do not own them, then the staff and department do and they try their best every day. My counsel to the minister would be to get this sorted; to make it really clear about local decision-making and try very hard to re-engage with stakeholders and staff. They want to work hard. They want to have a good relationship with you, but they do not have it right now.

[2.50 p.m.]

Mr BROOKS (Braddon) - Madam Speaker, I appreciate the opportunity to talk on this bill and I congratulate the minister, my good friend and colleague, Mr Ferguson, who is fixing the mess that was left after decades of incompetence and waste and uselessness of those opposite. We are not only investing in record amounts of money into the health system but we are making it better for Tasmanians. We all know what is going on over there. The current Leader of the Opposition claims that health is her number-one priority but she could not even be bothered retaining the portfolio herself when she handed them out after the election that she lost again with part of her colleagues. It is good to see Mr O'Byrne is back. Welcome back, Mr O'Byrne. It took Ms Giddings to retire for you to get back in here.

Mr O'Byrne - No, I was elected.

Mr BROOKS - I congratulate you on that.

Ms O'Byrne - Is your bank balance so big you didn't notice how much you spent on this one?

Madam SPEAKER - Order.

Mr BROOKS - There are going to be some facts. You probably will not like them and I know you do not like the facts very often and that is why you got thrown out last time you were in here, Mr O'Byrne.

At the end of the day, this bill strengthens the ongoing objectives of a single statewide health service whilst promoting effective local decision-making and service delivery. Ultimately this is about the Tasmanian people who expect a government to deliver a better health service than what they had under you lot, under the rabble that you were in partnership with your Greens master over

there, and you are still cosied up with them, we all know that - all two of them. At least half of them are in the Chamber.

This is about the Tasmanian community. We heard from the previous minister, Ms O'Byrne. People marched in the street when she was the health minister. They protested in the street. I have not been to too many protests in my life because I am not a union hack, like most of them on that side, but at those protests the community, thousands of them, stood up and marched in the street and said no to the cuts and the destruction that was happening under the health service under the previous health minister from the Labor-Greens disaster Tasmanians were subject to.

Then we had Ms White who would trot out line after line in the previous term of this Government while we were fixing the mess, fixing the health system that was left. I am not surprised at all that Ms White does not want to hang around to listen to the truth because she has form for that.

We are fixing the mess and we can do that due to a couple of reasons. One, we have fixed the budget so we can afford it and the state can invest more money into health as required to undo the destruction that was laid upon us by those opposite. We also have a plan. We had a plan that we took to the people in 2014 which we implemented, but we have never said the work has been finished. We have never said there is not more that needs to be done. What we heard from the so-called contribution from the current temporary Leader of the Opposition and, to her credit, she managed to get to the 40 minutes for the first time ever in this contribution.

Mr O'BYRNE - Point of order, Madam Speaker. I bring your attention to the state of the House.

Quorum formed.

Mr BROOKS - Madam Speaker, we are talking about our record investment in health and the fact that the health system was destroyed by the Labor-Greens disaster. It has been reinvested in by the majority Hodgman Liberal Government under the great leadership of my good friend and colleague Mr Ferguson, and that continues today. This bill is yet another step in the right direction to fixing the mess you created.

Mr O'Byrne - The Hillary Clinton of Tasmanian politics - how are the emails going?

Mr BROOKS - Mr O'Byrne, I know that you are dying to get in that chair but it is not your turn yet. You are as bad as your sister. Seriously, Mr O'Byrne, I do not want to trawl through my kids' emails like a weirdo - that is up to you.

We are investing \$757 million more into the health system and all we here from those opposite is that they will support the bill but they are going to complain anyway. This from the people who wrecked the system in the first place, who shut beds, sacked nurses, destroyed the budget, spent and ruined the super fund, wrecked the budget and did not just get the hay out of the barn but burnt the barn down, and then they come in and lecture us when we are trying to fix the mess they created. Seriously, Madam Speaker!

What we have here is a minister who is dealing with the mess they created, and we have never said the job is finished but it will be finished under us because we have the right to bring in legislation that stands up for the Tasmanian people, and that is what this bill does. It is good to see

that the Labor-Greens Opposition will be supporting the legislation, sort of, from what we can tell so far, but they will probably flip-flop on that anyway.

As I said, this strengthens our objectives in delivering a single statewide health service that promotes effective local decision-making and service delivery. What we have here is our commitment of an additional \$757 million to take Tasmania's health system to the next level. It delivers 300 more hospital beds and it means hiring 300 new frontline staff. I have pointed out already that we have spent the last four years rebuilding the health system that the Labor and the Greens left in a mess, where they slashed half a billion dollars from the Health budget in 2011 and 2012 and shut entire wards. Because we have the budget back under control and we can count, unlike those opposite, and we can understand how budgets work, we have been able to make investments for better care that is now needed.

In my biased opinion the north-west is the greatest place on the planet and the best electorate. We have further funding to put \$200 million into a purpose-built antenatal clinic and \$9.4 million into a range of new services at the Mersey Community Hospital. This is the same hospital that those opposite wanted to close. We can also use more funding to establish a full rehabilitation ward, dedicated palliative care rooms and a greater range of outpatient services. This will be the first investment of the recurrent state funding in the Mersey since prior to the federal takeover in 2007 that saved the Mersey from those opposite who wanted to close it. The only one who stood up for that was Brenton Best, the honourable past member, and we all know how that worked out for the Labor Party and their comrades. They did him over. They are suing him for \$500 or something, which is fairly typical of how they operate over there. That is how they normally operate.

The investment we received from the federal government, \$730 million, 10 years' funding, saves the Mersey. For the first time I can remember there was not a debate this election period about the future of the Mersey, and that is because we fixed it. We sorted it out. We worked with our federal colleagues and got a really good deal. We got it back, it is funded, it is future-proofed and it will not be shut by a majority Hodgman Liberal Government. We know a Labor-Greens one probably will try to shut it again but that is why we had to put legislation through previously to protect that money, because we knew you would steal it like you stole the superannuation fund from the Tasmanian people.

Mr O'Byrne - How much did you take from MAIB?

Madam SPEAKER - Order.

Mr BROOKS - We all know that happened and there is no point denying that because you know it. You know you stole that superannuation fund money from the people of Tasmania for your own political advantage. It is on the record and everyone knows it.

The 2017-18 Budget delivered a record health spending of \$7 billion over the next four years. It included an increase of more than \$650 million to deliver more beds, more resources for Ambulance Tasmania and better health outcomes. It is also \$1.3 billion more than came from the former Labor-Greens government, yet here they are again saying they will support the bill but they will still whinge about we delivered more money, more beds, more nurses and doctors and more staff to the Tasmanian Health Service. They carry on as if they have done something good for the Tasmanian Health Service effort. The only thing they have ever done is sack nurses, tried to shut hospitals and do the people over, which is why they were thrown out and lost the last election.

Knowing they cannot count they probably cannot remember that either, because it was more than a month ago for them.

We have delivered record low waiting lists and waiting times for elective surgery. In 2016-17 we performed more than 19 000 elective surgeries compared with just over 15 000 in 2013-14. We will not apologise for investing more money into elective surgery. We are investing more money into health, fixing the mess that not only you created but that you argued against us fixing in the last term as well.

We are delivering more than 120 additional beds and treatment requirements to support the health system, including reopening 19 beds permanently at ward 4D which were closed under, you guessed it, the former Labor-Greens disaster government.

Members interjecting.

Madam SPEAKER - Order. I feel like a bit of exercise. This could go on all afternoon if you do not tone it down a bit.

Mr BROOKS - Thank you, Madam Speaker. They often cannot control themselves on that side so it is nothing unusual.

Let us have a look at the policies they took. They downgraded the hospitals. They cut \$500 million from the Health and Human Services budget. They closed more than 100 beds, including ward 4D at Launceston General Hospital. They totally wrecked the Royal Hobart Hospital redevelopment that we had to fix. They did not lay one brick on the Royal Hobart Hospital rebuild and then criticised the majority Liberal Government for fixing it. Then they came in and screamed that pneumoconiosis was being suffered by people from mould over there, which was false because we actually checked it out. Unlike that lot over there we check things out and have a look at it. They could not lay a brick when they were in government, they could not fix the budget, they could not even balance the budget.

Under the leadership and management of Mr Ferguson, we have the Royal Hobart Hospital rebuild back on track. Is it done yet? Of course not. Have we ever said it is finished? No, we have not, but we have a lot more bricks moving than that lot ever got going.

We will continue to invest in health and this bill is about supporting the Tasmanian people, something those opposite forgot when they were in government. It seems, by the way they have been carrying on this afternoon, that they still have not remembered or learned their lesson from that time previously.

The people are who are important in this. The people who use the health services of Tasmania need to know they have a government that will invest in not only record amounts of money in there but are putting more people on - more staff, nurses, beds, doctors, facilities and services. That is what we are doing and we proudly stand by our record on health. We are rebuilding the disaster that was left that was so bad it had people marching in the street against former minister, Ms O'Byrne, and former premier, Ms Giddings.

If you look at the solutions propped up from those opposite, what plan do they have other than to complain and whinge that we are fixing their mess and putting record amounts of money into the budget again? The current leader of the Opposition, Ms White, could not even be bothered keeping

the Health portfolio. She is not even here now. Apparently it is her bill but she has done a runner. Her key plan is to dump patients in the foyer at the Crowne Plaza. That is the medi-hotels plan - the 'Bec White Ibis Hotel emergency department foyer'. That is the only solution that they could come up with for health - to dump them in hotel rooms. They could not be bothered doing any real work, which is not unusual for those opposite. It is not unlike the attitude of the Labor-Greens government when they were unfortunately subjecting Tasmanians to their governance.

Now we see a clear plan that we took to the people in 2014 and delivered in the previous term. That plan was re-endorsed and we doubled down with our investment in health and our commitment to fix the health system and deliver a better outcome for the Tasmanian community. We got a \$730 million lump sum for the Mersey Hospital and that took that debate away from the last election, the first election that it has not been debated for as long as I can remember. It took Mr Ferguson and a Hodgman majority Liberal government to fix it. That is what we do on this side. We do not sit around and whinge about it like that lot opposite. We actually deliver and fix things.

We have continued to fix the Royal Hobart Hospital, another legacy mess left by them when they could not even lay one brick, yet they complain about us activating a plan. They did not even want to put a helipad on top of it. This is how stupid that government was. That government could not even put a helipad on the rebuilt Royal Hobart Hospital. They took it off. I remember asking about it at Public Works back in about 2011 or 2012, give or take a year or two, and they said it was too hard. For a contemporary emergency service required for the Tasmanian community. Integrated helipads between the major hospitals are important. That is why we are putting them in Hobart, Launceston, Burnie and Devonport. The only ones to complain about that were current Senator Steve Martin, the current Leader of the Labor-Greens opposition, Ms White, and now apparently the new Labor-Greens rabble that sit opposite.

We will keep fixing it. We will keep working on our plan. It is a concise plan. I will say it again because I know you are a bit slow: this bill strengthens the ongoing objectives of a single statewide health service while promoting effective local decision-making and service delivery. This bill is about the people of Tasmania. This bill is about helping us rebuild the system and deliver more doctors, more nurses, more beds, more facilities, more services and a better outcome for the many people that need a much improved Tasmanian health service.

I congratulate the minister for bringing this bill to us in the first sitting week and continuing on the good work that he did in the previous term, which was resoundingly supported by the community of Bass and the community of Tasmania. I suggest to those opposite that they should wake up to the fact we are fixing your mess by rebuilding the services you destroyed last time you were sitting on this side of the Chamber.

[3.11 p.m.]

Ms O'CONNOR (Denison - Leader of the Greens) - Madam Speaker, I will make a brief contribution. I was not going to, but having sat through Mr Brooks' contribution I feel there are a few things that need to be said.

The first is that it might have worked for the Liberals to come in after the 2014 election and at every point a contentious issue or legislation was before the House they blamed the previous government. They went on to try to blame the previous government throughout the four years. We are now four-and-a-half years into the Liberals' administration of government agencies in Tasmania. To endure Mr Brooks continuing to try to lay the blame for the Liberals' manifest failures to

effectively respond to the increasing demands of the health system were displayed for all to see today. For every person who goes into our emergency department, for people who are still languishing on elective surgery waiting lists, they know that it is no longer good enough to blame anyone else for the situation the health department and the health budget and our public hospitals are in than the previous government and the current government.

What Mr Brooks has ignored is the fact that in 2014, in Tony Abbott's first budget, his colleagues, the federal Liberals, took \$1.8 billion out of Tasmania's health system from the year 2017 to 2027. That was when you tore up the National Partnership Agreement on Preventative Health and the National Partnership Agreement on Improving Public Hospital Performance. That took around \$1.8 billion out of Tasmania's Health budget over a 10-year period. Those cuts are really starting to bite now. I would not be surprised if the \$750 million or so the Commonwealth gave the state for a hospital John Howard bought for \$1 was to try to compensate for some of the damage caused by Tony Abbott's cuts to the Tasmanian Health budget.

It makes sense. A little bit under half of what was ripped out of the state's budget has been given back, by the Commonwealth, to the state.

Mr Jaensch - Who sold it for \$1, Cassy?

Ms O'CONNOR - I was not around then. When John Howard was Prime Minister, I was not in this place.

Mr Ferguson - You were a Labor staffer then, weren't you?

Ms O'CONNOR - I was a Labor staffer then, Mr Ferguson. So what? I never joined the Labor Party. I worked for Duncan Kerr. That is who I worked for because I admired him. He is a just, good and decent man, and one of my great friends. There are three members in this place who worked for Mr Kerr.

Mr Hidding - He is a just man because he is a judge.

Ms O'CONNOR - He is a judge. He is also a Chevalier, in case anyone did not know. He was awarded that by the French government.

I wanted to put those facts on the record because that is a significant part of the story of Tasmania's health system. I also wanted to make the point that the causes of chronic disease, poor health, mental illness and addiction come down to socio-economic circumstance and to inequality. We have as growing -

Sorry, Mr Ferguson, what was that?

Mr Ferguson - It was nothing to do with you.

Ms O'CONNOR - Good. Okay, that is fine because that is a statement of fact.

Often, the chronic disease burden worn by a community comes down to matters of socio-economics and inequality. In Tasmania we have oldest and fastest growing ageing population and the highest level of disability in the country. There are specific challenges to our health system as a result of our demographics and our socio-economics. To try to tell the House your priority is the

health of Tasmanians when you took that policy to the election, a policy that will continue to have poker machines in pubs and clubs to 2043, makes hypocrites of you, Mr Brooks. When people are experiencing mental distress, when hope has been evaporating out of their lives, when they have very little money and very little hope, the temptation to go to the Beltana or whatever pub is on the corner and put what little money they have into those machines is enormous. Addiction causes mental health problems. The addiction to poker machines is part of a mental health issue. The increased incidence of child abuse, neglect and family violence as a result of poker machine addiction, poverty, loss of income and loss of housing are all health issues.

Do not come in here, Mr Brooks, and moralise to us about how seriously you take the health of Tasmanians when you took one of the most dangerous policies to an election any political party has in Tasmania's history. You have allowed an election to be corrupted by millions of dollars from gambling interests here and interstate. The direct consequences of this policy you took to the election, the industry's policy, will impact on the health of Tasmanians and the health of some of our poorest people. It will do so unless this Parliament takes control of this issue out to 2043.

Most of us in this place will not be in this Chamber and there is a fair chance we will not be walking the earth, but the consequences of that election and that policy on the wellbeing, the health and the future in Tasmania is profound. The Liberals sold their souls to the gambling industry knowing full well the social harm and the health harms caused by poker machine addiction. Do not come in here and moralise to us. Stop blaming everyone else for matters that are your responsibility and for problems that are your own creation. Accept responsibility for your policy on gambling, bought and paid for by the gambling industry, which will lead people to take their lives. It will lead to increased levels of family violence. It will lead to more child abuse and neglect. There is a whole generation of addicts now coming on line and they will be the victims of your policies. They will be ones presenting to our emergency department in years to come. Their children will be the children being reported to child safety services because of a parent who is addicted to gambling. The consequences of selling your soul for our health system and for the health and wellbeing of the people of Tasmania are very significant indeed. Unless this parliament deals with this issue the consequences will be felt by generations of Tasmanians as they have already been felt by generations of Tasmanians.

Our health system is already feeling the impact of the proliferation of 3500 poker machines in our communities. Because of the Liberals' policy those negative health impacts tragically will continue.

[3.20 p.m.]

Mr O'BYRNE (Franklin) - Madam Speaker, I rise to talk on the bill and will reflect on the contribution prior to the member for Denison's contribution and Mr Brooks, the member for Braddon.

You would think after all he has gone through over the last few years he would have learnt a new speech. It was the same speech he gave in 2010, 2011, 2012, 2013. After what he has gone through - a failed minister and then being sacked and still not coming clean on an email audit. Still not coming clean on the circumstances. We all know that he was on the camera. We saw the footage. We saw the way he tried to mislead the House, mislead parliament about his private emails. He still will not come clean on that but he dares get up on the health bill, of all bills, and runs through that drivel for 20 minutes. That is all it was - a series of disconnected, incorrect, biased and shallow sentences. You could not call it a speech or a contribution that connected any thought. It was embarrassing. You would think he would learn after four years. To get up on a health bill

and give that sort of contribution, he should hang his head in shame. That is a disgrace. An absolute disgrace.

Come with me and doorknock in places like Warrane, Clarendon Vale, Risdon Vale, Howrah, Kingston, Blackmans Bay and talk to the people, who in the last election poured their heart out to me and other candidates and other people in the community about the state of our health system. They deserve better than a contribution like yours in this House. I had conversations with the people of Franklin and at regional shows and communities across the state, and their personal stories of the current state of the health system were heartbreaking. Health professionals were in tears, breaking down because of the hours, the workload and the stress they have been put under by this Government and its actions and in-actions. I heard countless stories of people trying to access the health system, sitting in ambulances ramping at hospitals for hours, stuck in the emergency department for days. That is the result of four years of this Liberal Government.

I am not claiming that anyone can walk into the health system and fix it overnight. No one is claiming that. What we do seek is some responsibility for the decisions you have made and the decisions that you have taken over the last four years which have resulted in, in the words of health professionals, 'We have never seen a system so bad; we have never seen it in such a state.' Level four, the highest rating of concern in emergency at a major functioning hospital is not an exception, but now becoming the rule. That is a disgrace. That is your responsibility minister. You can shake your head and dismiss the views of the people of Tasmania of the health professionals.

Mr Ferguson interjecting.

Madam SPEAKER - Order.

Mr O'BYRNE - You were shaking your head when I started to talk about the consequences of your decisions and your lack of ability to take responsibility. That is what you were shaking your head at. That is what the record will reflect. History will judge you in terms of your ministerialship. People already have. Imagine looking at your face when you were told you had the portfolio to continue the mess that you have created. Those are the consequences. In talking to thousands of Tasmanians and health professionals about the state of the health system, they are at their wits' end. They are calling on is for a government - or anyone - to take responsibility. Now you are in government. You are in the chair. You have the opportunity-

Mr Ferguson - They called on us.

Mr O'BYRNE - How about you get up and speak as opposed to interjecting for once? You have the responsibility to try to fix this. This Government has had four years in government. There is a great old Paul Keating line where he said the Tories - the Conservatives:

They run and have a crack at elections just to win. Us on the progressive side, the Labor Party, we want to win to make a difference for people.

That is what we want to do. Clearly you ran, you won and then you sat on them. We have seen already the backflip on TasWater - a humiliating back down by the Treasurer. He had a choice 18 months ago. He could have made a decision to work with local councils, work with other tiers of government to resolve the water and sewerage assets in Tasmania, but no, he thought he would have a crack. He thought he would be the big guy on campus and go around and be the tough guy and take on local government. He copped the biggest flogging -

Mr Bacon - He picked a fight.

Mr O'BYRNE - He picked a fight he could not win -

Ms O'Connor - He picked a fight with Leon Compton yesterday morning.

Mr O'BYRNE - He picked a fight, that is right. Poor Leon. He is a journalist. Just answer the questions. I heard an interview with him a couple of weeks ago. He was asked a series of questions. I am not sure if it was his advice. But he had basically three facts that he wanted to get out. The questions were changing. However his answers - his three facts - were staying the same because it is all he had. It is remarkable. He is like a suburban accountant - he knew three facts. Regardless of the questions, he just answered with the facts that he had in front of him. So we have seen a massive backflip with TasWater.

Now, what this is from the Health minister is an admittance that his big plan in coming into government in 2014 was an abject failure. His structure, his approach, his strategy to work and improve the health system has been a complete and utter failure. Who wears the consequences of that failure? The people of Tasmania, but more particularly the workers in the health system.

Madam Speaker, in coming to government, Mr Ferguson in a media release on becoming Health minister acknowledged that the health system was not in good shape. There was no debate about that at the time. We know the health system was under significant stress. I quote the minister from his release from 26 July:

Every health report in the past decade has been clear in that message.

The structure is inefficient, unaffordable and not compatible with a Statewide integrated and sustainable approach.

Waits to access almost every aspect of the health system are too long.

Too many Tasmanians are not being seen within clinically recommended timeframes - creating added pressures in other areas of the health system, including Emergency Departments and Ambulance Services.

Our health workforce is understandably fed up from the relentless demand and blockages to access with no relief in sight.

What has changed? Nothing has changed. Your clarion call in 2014 was four budgets ago. This is enough time for you to at least put a dent in what was happening and what the health system was confronting. 'Something must change', he said. Very bold, visionary, you would almost say:

Something must change - and this Liberal Government will take the lead in implementing the reforms necessary to put our health system on a more sustainable basis.

What did they do in the first budget? They cut over \$200 million out of Health. There was the bold, visionary minister wanting to take on this challenge and that was his first response under that first budget. The structure we put forward in this bill is again a repudiation of the vision and leadership of the newly minted health minister. He said -

... we remain committed to rebuilding health and investing in additional patient services, at the same time we will be undertaking the tough, but necessary, structural reforms needed to deliver a better health system into the future.

How has that worked out for you? How has that worked out for Tasmanians? How has that worked out for health professionals in Tasmania?

In another quote from the speech, 'Over the last two years, staff in each of the three THOs have committed wholeheartedly to the welfare and care of patients ...'. Let us be clear, that is where we are bipartisan. The staff within the health system, health professionals, all staff, blue collar, white collar, surgeons, all the people involved with the health system, perform an amazing job in delivery high quality services to the many thousands of Tasmanians that rely on them to the best of their ability, day in and day out.

He goes on to say, '... care of patients and the community in their region. This needs to be recognised and respected.'. How was this recognised and respected? The peak medical body was warning the Government of the crisis in our hospitals for months but the Government and the minister refused to listen. The AMA warned that the THS was responsible for a toxic bureaucratic culture, unprecedented overcrowding in our hospitals and a system that is placing patient welfare at risk.

The AMA and the Royal College of Surgeons are the people the minister said, in 2014, needed to be respected, listened to and recognised. The same people told the Hodgman Government and its Health minister, Mr Ferguson, that bed block in our hospitals was the worst in the country. This is not political spin. These are organisations that take their role and responsibility extraordinarily seriously; to save peoples' lives, to ensure they have a quality of life, to ensure our hospital system can deal with all the forms of medical emergency or medical requirements in the Tasmanian community. In 2014, the minister openly said they, '... cannot build the health system of tomorrow without your help, without you becoming a responsible partner in the reform process.'. He wanted them to become a partner. Here we have, a short time later, all those organisations he sought to put the hand out to are now criticising him and his Government for their action, lack of action or inaction.

The bill before us talks about a new structure. When you are the new minister and you champion a new structure, a new vision for the health service, you need to have someone to deliver it. We have seen with the CEO, a person who has created a toxic environment, a lack of ability to make clear decisions in the leadership of the health system he has created. For too long, this minister backed him in when all of the organisations, all of the people involved with the health system are saying minister, we have a problem. The Health minister was too proud to acknowledge the person he gave the key duty to driving these reforms was the wrong person and created further drama, but the system he had championed and put his ministerial name on was a complete and utter failure. The statistics are complete and utter failure. For the minister to acknowledge the CEO no longer had his confidence months, arguably a year after it was due, he still did nothing and let the person sit there and let the structure that everyone had acknowledged had failed, and finally the minister acknowledged himself, sit there for four months. You can only imagine why that was the case. The political expediency and the timing of an election was a key figure in his thinking.

I reflect on the speech by the member for Braddon and I offer him the opportunity to join with me in talking to the people I have spoken to in Franklin, on the doors, about their experience in the health system. Mr Brooks and others on that side will say they have done an amazing job and

everything is sensational with the health system. It is almost as if it were the Iraqi communications minister in the second Iraqi war, 'Everything is okay.' -

Dr Broad - The Black Knight.

Mr O'BYRNE - Yes, that is right, 'We are about to repel the US Forces from Baghdad', regardless of the facts and circumstances surrounding them.

There they are saying everything is all tickety-boo in the health system, we are on the way up and we are dealing with all the challenges in front of us. You only have to look at the Report on Government Services from last year, health care associated infections in acute care hospitals. We have in Tasmania the second highest infection rates in the country. Do you know what that means? When people come to our hospitals they are at a greater risk of becoming sicker, with secondary infections. Instead of clearing people out of our health system and sending them back into the community, healthy, they are back in there and they are worse off.

Adverse events treated in hospitals 2015-16, per 100 separations; the worst in the country. That is an absolute disgrace. Falls resulting in patient harm in public hospitals; the worst in the country. This is on your watch, minister. In 2014, you committed to resolving these issues and it is not better. This is not the fault of health professionals. Time and again on the doors during the campaign and people on the street who work in this health system, good decent people who work hard and care deeply about their job, their profession and the people that they care for, say, 'We just do not have the resources. No one is listening to us. We do not know what to do. We are at our wits end.'. That is the consequence of this folly of the minister's vision of Health from 2014 and his reluctance to admit that it was not working, which is a disgrace in itself, alongside taking so long to take responsibility to try to resolve it.

Unexpected returns to hospital after treatment, this is repeat business clogging up the system: knee replacements, the second highest infection rates in the country; hip replacements, the worst in the country; cataract surgery, the worst in the country. This is not a system anyone can be proud of. I reiterate from Labor's perspective, we know Health is a deeply challenging portfolio. Every state across the country has challenges with the health system. What you see across the country are people wanting to take responsibility and stop playing politics with the health system. They go out, talk to staff, talk to health professionals and support them in their work.

We have in our system the lowest percentage of nursing staff under 30 in the country. We have the highest percentage of nursing staff aged 50 to 59 and the highest percentage of nurses over 60. What was the announcement during the election, your big announcement, 'We're establishing a committee for recruitment.'? You should have already had one. That is a normal human resource application.

Mr Bacon - How did you go in the UK?

Mr O'BYRNE - That was tremendous. How much did that cost?

Your big announcement in resolving the fact that you cannot get staff and renewal and people do not want to work in the Tasmanian system is to establish a committee that should have been established anyway, that should have been doing the job. With respect, minister, that is not a fix. That is political spin to get out of the question on the day.

We have a significant number of unfilled vacancies, not only for qualified nursing staff but across the staffing professions. We have lost accreditation at the LGH and at the Royal Hobart Hospital. That is a disgrace that you would allow that to happen. You will wait for specialists to resign out of disgust for you to then say, 'We are acting on it, we might look at some money, we will talk about it and we have our best people on it.'

It is too late. If you do not listen to their needs and concerns when they are there, when they are doing the valuable work required to our community, it is too late to get up and say you are applying extra resources once they have gone. The consequences of them going, not only in terms of morale for the other members of staff in that facility or that hospital, but also the message that it sends across Australia and across the globe about the Tasmanian health system, is whether it is going to be the top of the agenda in terms of the places where people want to go and work.

It should be. Tasmania has everything going for it. All sides of politics agrees about the state that Tasmania is and our position in the world and all the liveability factors and the things that people are making decisions on where they want to live. Tasmania is the place. Globally, one of the few places. If you are a health professional you would think, 'Tassie is a lovely place to go, I want to get down there, but by crikey, that health system is in a disgraceful state. Do I want to go down there, move my family and uproot my whole life?', and then nine or 12 months in, when you look at the morale of our hospitals, the turnover, the unfilled positions, the front pages of every major newspaper day in, day out about ambulance ramping, bed-block, and a lack of access to health service, is that a health service you want to work in. You can send as many people as you want around the world but, guess what, they have the internet, minister. They can read.

Some more stats from the ROGS. The government spend is less in Tasmania per capita on admitted patients at public hospitals than Western Australia and South Australia, and those two states have significant economies of scale. This is not only an indicator of the priorities of this Government but also an indicator of an insufficient spend. We know more than any that you have to balance the budget, but you also have to invest in the system. Over the years the Treasurer has been bragging about the surplus. You know what, I would rather a 90-year-old woman who admits herself to emergency not have to be put on the floor with a pillow. I would rather she have a bed. I would rather she get through the emergency department in an appropriate amount of time, to be triaged and either sent home in a way that she is safe or is in a ward or one of the units. That is what I would want. When the Treasurer beats his chest about what is arguably a fake surplus, when you see things like that happen and it is not an exception, it is not one out of the box, it is because the system is under so much pressure.

I have mentioned the loss of accreditation, most recently this year for emergency medicine training at the LGH. When we lost it for psychology at the RHH - surely that would have been a warning sign that we really need to keep an eye on it. As a minister, if you are on the job, and you genuinely wanted to deliver on the vision you outlined three budgets before, you would say, 'Hang on, let's get an eye on this'.

I am genuinely concerned because one of the beautiful things historically about Tasmania and our medical facilities and hospitals is the ability for people to come here, get high-quality training with a range of experiences and challenging circumstances that make them better professionals, doctors and surgeons. When we lose that, that is when people lose faith not only in the system but fundamentally in the Government's ability to deliver health services. This is on your watch, minister. Whilst there is no doubt we support this bill - *Groundhog Day* back to a system - this is an exclamation mark on your vision of 2014 and the fact that it has been an abject failure.

I have lost count of the times I have seen photos of ambulance ramping. These are ambulances that have people in them who are sick and need support and health services to make sure they can survive and live. There is a reason they have called 000. There is a reason the ambulance officers, who are doing an amazing job under most difficult circumstances, have decided to get them into the emergency department or to attempt to get them into the emergency departments because they are sick and they need care. This is not an exception. This is not just during the flu season. This is virtually a daily occurrence now and it is not one or two, it is eight or nine, and you have ambulances doing blockies in the Hobart CBD because they cannot even get on the ramp.

This is on your watch, minister. Take responsibility. It is the golden rule. Take responsibility as a minister to get in and do something. Do not blame, do not ignore, do not get up there and tell us everything is tickety-boo because it is not. Take responsibility. Every time an ambulance is doing a blockie around Hobart or on the ramp they cannot answer another call, so you have an ambulance service which is spread thin to the bone. Yet where is the response from this Government?

Mr Bacon - Where is the urgency?

Mr O'BYRNE - That is exactly right. No, they are going to sit on the CEO they have no faith in and a structure for months and months before they take action and put money at the pointy end.

Mental health was a recurring theme in my campaign in doorknocking and people raising these issues. Our mental health facilities are at maximum capacity. They are turning people away or making them stay in the emergency department waiting for access to an appropriate facility. If someone presents at an emergency department with a serious mental health issue and the staff are not able to provide the care and support required, we know the consequences of that action. It is not the fault of the health professionals. They are working within clinical guidelines to ensure they do the best they can. We know that for young children and older Tasmanians, being in an emergency department with people who have mental health issues and are confronting some tough circumstances personally is a tough environment. Health professionals have the training and experience to at least understand what is going on and rationalise it, but for young kids or older Tasmanians going into the emergency department, that adds to the trauma, stress and anxiety around their visit to the emergency department.

We have no dedicated facilities for youth, particularly with the 15-year-old patient required at the closure of the LGH wards to adults in June of last year.

This is not a system that, as Mr Brooks would say, 'is getting on with the job, we are fixing it'. This is not a system that has improved over the last four years. This is not a system that is meeting the needs of Tasmanians. This is not a health system that shows all the hallmarks of something on the improve or in reform. This is a system under extraordinary pressure and pressure in the absence of a minister, in the absence of a government making the right choices. Every budget is about choices. Every minister has a series of choices in front of them about what they can do. We know we cannot make all the decisions and fix things overnight. Four years is enough to at least show your values and the hallmarks of how you want to be remembered in terms of your leadership in Health.

The statistics I read out show that the system is at breaking point. In summary, we support the bill but it is an example of an abject failure, despite the words, despite the spin of this Government

saying that he genuinely is across his portfolio and is getting in and making things better for Tasmanians. He is not, and time is up. He has time to fix this.

Time expired.

[3.52 p.m.]

Dr BROAD (Braddon) - Madam Speaker, I congratulate you on your position. I am sure you will be a valuable member in the Chamber and an independent Speaker in the truest sense. I look forward to your judgments.

We are talking about the health system and the Tasmanian Health Service Bill. I was outraged by Mr Brooks' contribution. I am angry about the health system. Mr Brooks was talking about fixing Labor's mess. I can tell you right now the Tasmanian health system is in a mess. I know that through personal experience. Previously, in the 2014 reforms, the minister in his speech outlined his previous attempts at rebuilding Tasmania's health system, 26 July 2014, he titled his new reforms, 'One State, One Health System, Better Outcomes', but there have not been better outcomes. This legislation is a base admission he was wrong and there should be a long apology to the Tasmanian people. We are holding him to account today because his performance over the last four years has not been good enough.

We need to define reform for the minister. Reform is to make changes in something, especially an institution or a practice, in order to improve it. What we have seen over the last four years is not an improving health system, it is a deteriorating health system. Things are worse. The minister does not want to admit any fault. Even in my time, and I have been in parliament for about 12 months, I have already seen the various methods the minister uses to hide, to spin, to talk about issues as if there is nothing to see, nothing is wrong. He accuses Labor of putting up silly arguments, photos of ambulances ramped and so on. Then we go to the spin and the trickiness. We spent almost two to three question times debating whether a report was a report and if it even existed. Was it on his desk? Was it in his filing cabinet? He released an abridged version of it a few weeks later, when Parliament had wound up prior to the election.

What we are seeing is a litany of failures. We are seeing ambulance ramping all around the state, not only in Hobart, although Hobart is the centre of the dysfunction he has created in the health system. We are also seeing things such as accreditation loss. You cannot sugar coat an accreditation loss. You cannot pretend it is all okay. An accreditation loss is a massive issue for our hospitals and we have seen accreditation lost in emergency medicine in Launceston, mental health in Hobart and we came very close to losing anaesthetics accreditation in the north-west.

In my own electorate of Braddon we saw the North-West Regional Hospital come that close to losing anaesthetics accreditation and it was based on cultural issues. The Australian College of Anaesthetists described a culture of bullying and harassment at the North-West Regional Hospital. This comes down to management. This is something the minister can have some control over. This was longstanding. The minister had been warned on numerous occasions about what was happening with anaesthetics in the North-West Regional Hospital, and yet it festered. It was only when the college threatened to withdraw and came close to withdrawing anaesthetics accreditation that there was some sort of reconciliation. We are lucky some of the anaesthetists in the North-West Regional Hospital have close connections with the college. I hope the culture of bullying that was described by various whistleblowers is dealt with, because anaesthetics is a key part of any hospital system. Anaesthetics training is key to attracting the right types of people so the whole

hospital can function. You cannot do anything without anaesthetics. Anaesthetics is the key point in hospitals.

Then we saw things such as Dr Koshy, the neurologist in Launceston, quitting. He stated that he quit because the state Government had ignored his requests for greater resources to handle his increasing workload. The minister blithely dismissed this as he was seeking other opportunities. We have known for some time that the relationship between the Government and specialists is terrible. In February, the north's only vascular surgeon, Mr Brian Kirkby, left because his position, he described, had essentially disappeared under the THS structure. What he said was -

They've just gradually whittled away all of the things that I do, so... I no longer had any executive power or decision-making ability to carry out those responsibilities.

What was Mr Ferguson's response? He was simply wrong. The only vascular surgeon in the north was simply wrong in that description. He just dismissed it. We know we have a health system that relies on locals because we cannot recruit. Of course we cannot recruit if the minister and the health department does not listen to these types of concerns. All these issues, such as ambulance ramping, as described by the previous speakers, really hit home. It was after the election and I will recount a personal story.

A couple of weeks after the election my mother-in-law woke up, was having a shower and felt some chest pain. She was uncomfortable and did not know what to do. What does she do? There are several health professionals on my wife's side of the family, so she called my brother-in-law and described her symptoms. He said, 'Put down the phone, call 000 and do not hang up.'. They was the instructions. She was having a heart attack. They took her straight to the nearest hospital, which is the Mersey Hospital. She was transferred by ambulance to emergency, everything was fine at 11 a.m. in the emergency department in the Mersey, having a heart attack but in care in the hospital. She waited on a stretcher in the emergency department, having a heart attack, and was not given a bed until 10 o'clock that night. She had a heart attack, was delivered to the hospital at 11 a.m. and was not put in the high dependency unit until 10 p.m. that night.

Is that okay, minister? What is the standard treatment for someone having a heart attack? What is the expectation of that patient for care? From what I understand, the expectation is she should have immediately been sent once they diagnosed she was having a heart attack, and she had unresolved chest pain that was not resolving with standard treatment. She should have been delivered to the Launceston General Hospital and seen by a specialist within 60 minutes. Instead, she sat on a stretcher until 10 o'clock that night. She could not be transferred to Launceston because beds were full. Beds were full in Hobart and Launceston, ambulances were ramped in Hobart and Launceston and even at the Mersey. She had to wait three days in the Mersey, having a heart attack. Is this okay, minister? This is your health system. Are you proud of this system? Three days she waited. While she was there the high dependency unit was full. There were people in chairs, including a young woman next to my mother-in-law receiving a drip treatment. The whole place was full and there were at least another six patients waiting for transfer. My wife's family has a number of health professionals in her family and sometimes too much knowledge is not a good thing. We knew about the time frames she should have been seen in. We could not get her a bed.

Before the minister makes any accusations, I did not pick up the phone or have any involvement in what happened subsequently. Three days with beds full in Launceston and Hobart. Hobart was at level 4, I am reliably informed, with ambulances ramped around the state. This is causing

massive uncertainty. She was having a heart attack, unstable chest pain that was not resolved with standard treatments. This is a potentially life-threatening situation. It is very serious. There could be a blockage or it could be anything. We knew this, yet she was not being transferred.

We were told she was going to be transferred to Launceston, so my wife took time off work. We went to see my mother-in-law. We left, assuming that that afternoon she was going to be transferred to Launceston and everything was going to be okay. No, that night she still had not been transferred; she was still waiting there with chest pain unresolved by standard treatments. It was quickly identified that she needed an angiogram as soon as possible. She should have been sent to Launceston and this should have happened within 60 minutes, but it was three days. Standard practice would have been a transfer to see the cardiologist the next morning at the very latest, but it was three days.

How did this situation resolve? We notified the hospital that she had private health cover. The family found a bed and she was accepted by the Hobart Private Hospital but she could not get a transfer to Hobart because the ambulance service was stretched and would only make the transfer to Launceston. They would not transfer to Hobart, which is fair enough because you do not really want a truck off the road for that long to get a patient to Hobart, but there was a whole hoo-ha. We started to get a little bit desperate and my brother-in-law even offered to pay for the ambulance transfer because he is the one with the in-depth medical knowledge and he knew how serious this was and three days was ridiculous, minister.

She ended up getting an air ambulance. We were starting to get serious and thinking about what we could do to resolve this problem. At last she was transferred to Hobart, seen by the specialist, had an angiogram and, thankfully, when they put in a stent, that resolved the pain and everything is going all right now. This was only a matter of weeks ago. The idea that the health system is going along fine is outrageous when you have situations like this. We are very lucky to have family in the health system and private health insurance coverage.

Not only was my extended family stressed, but the staff was stressed. The doctor in the High Dependency Unit in the Mersey would come around and say, 'Haven't you gone yet? Haven't you been transferred? What's going on?' Everyone knew this should have happened within hours, not days. It just shows the enormous pressure the health system is under. My whole extended family is outraged by this. It is very lucky that it was not before the election because you would have lost a number of votes from long-term Liberal voters in the family, and I do think they will not stick with you next time.

Finally with this bill, the minister has admitted he was wrong but he should also admit that he has failed the Tasmanian health system and the Tasmanian people. It is particularly outrageous that he likely attempted to sneak this legislation through hoping for very little debate under the cover of the first speeches from my new Labor colleagues, who I welcome here. He was hoping this would be dealt with quickly so he would not have to go into details like this and point out just how ridiculous the health system is and how much it needs real reform, not the changes he has made that have made things worse. We are not having any of this sneaky behaviour to try to slip through parliament under the cover of first speeches. We are holding the minister to account and we will be going through the details of this in the committee process and holding him to account.

Other people have highlighted other issues with the health system such as the second-highest infection rate, et cetera, as Mr O'Byrne, the member for Franklin, mentioned. We cannot have this 'nothing to see' approach any longer. The minister has to own up and make some changes for the

better, instead of the semantics, spin and cover and pretending that everything is all right such as denying the existence of the report by Deloitte. We know the people in the health system work extraordinarily hard, including some extended family members as I have mentioned. They are under enormous pressure and need more support. It is very hard to fix problems when you do not recognise that there are problems. In my time in this place, albeit a short period, the minister for probably two-thirds of the time I have been here has been saying the health system is fine, with record funding, beds and whatever, but the reality is it is not fine. We have seen the accreditation losses. We have seen coroners' reports detailing issues with the emergency system here in Hobart. Where is the big light going 'Ding, ding, ding - this may be an emergency'? There might actually be a crisis. You might have to do something.

I am very glad that in the Tasmanian Health Services bill the minister is attempting to make some positive change and we recognise that, but it is about time. It is only the start of changes that are required. It seems the minister only really became interested in health during the election, making it a big issue then, but not before. This is a good start, let us keep going along this way, but you have to admit there are problems. We have to deal with the biggest issue which is the chronic bed-block across the state. The emergency departments are blocked and the beds are full.

I have visited the Mersey Hospital and the North West Regional Hospital in an official capacity and both times, apart from the minister's chief of staff being there to watch, all the beds were full. Chronic bed-block is common. The beds are full and they cannot get people through the emergency department into the beds to access the services. There is constant escalation.

This series of events with my mother-in-law that I am describing did not happen in the flu season, the peak times where there is stress in the health system. This happened in late April. I found that outrageous. The way it is currently functioning under this Government the health system is not meeting the needs of Tasmanians. I go back to the press release the minister put out on 26 July 2014 when he said:

Too many Tasmanians are not being seen within the clinically recommended time frames - creating added pressures in other areas in the health system including Emergency Departments and Ambulance Services.

That was four years ago. My mother-in-law is evidence of those exact things four years later. Too many Tasmanians are not being seen within the clinically recommended time frames. Three days instead of 60 minutes. Something must change, he said. Well, four years later we are still seeing things like this. He said:

Without effective system-wide reform the effects of any increased expenditure will be short-lived - structural and governance impediments to safe and efficient services will continue and we will continue to achieve the results that we already acknowledge are not at the level the Tasmanian community deserves.

We are still seeing that four years later. He could make this speech again. Further on he said:

For make no mistake: the missing ingredient in the reform agenda over the past decade is political will, the leadership and the staying power to ensure change is delivered.

The changes that are being delivered have made things worse. This bill corrects some of those issues, but not the whole lot. It made things worse. The reform agenda is titled One State, One Health System, Better Outcomes because this best reflects your intentions. Your intentions have not seen the light of day because things are not better. This is back in 2014. I reiterate that reform was supposed to make things better -

For consumers of our health system, the structural reform measures will deliver:

- improved timely access to each level of health service delivery;

That is not happening. Three days, she waited, minister. What are the clinically recommended time frames, minister? Three days. Then he said:

After all, it is those who are working in our health system at the coalface that are best placed to drive positive change.

So why have you not listened? Why is your relationship with specialists so bad? Why can we not fill positions? Why do we have so many unfilled positions? Why are we losing accreditation around the state? Accreditation is a key benchmark for hospitals. Being able to train other specialists, brings people in. Specialists like to train other doctors. They like to see the next generation coming through. They like to support their younger colleagues. They like to see them come through the system and achieve proper accreditation and acceptance by the appropriate college. We are not seeing that in some aspects of our hospital system because we have lost accreditation and we are so close to losing more accreditation.

How did this all happen? The Government spent its first term attacking and slashing the health system. This is the result of our crisis in the hospital. The first thing they did was cut \$210 million from the health budget.

Mr Bacon - That should help.

Dr BROAD - That should help. We know that emergency waiting times are at their worst, along with ambulance ramping. Previously, we saw that the ambulance waiting times are also increasing because of this extraordinary pressure on our ambulance system.

Mr Hodgman stood silent while Malcolm Turnbull cut more millions of dollars from the Tasmanian health system. We already know that the Premier, Mr Hodgman, does not stand up to Canberra and that he is likely to roll over when GST gets reviewed. Now that both the South Australian and the Tasmanian elections are over I imagine that is imminent.

The minister and the Government do not heed the warning signs: losing accreditation; coroner's reports; and not to mention all the things that I could highlight from constituents who are unhappy with the way they have been treated by the health system - some of those that I have relayed to the Health minister. They are not listening to health professionals and the workforce. It is no wonder they cannot fill positions and why positions are sitting unfilled. No wonder we have such a high reliance on locums. We know that locums cost a fortune. We would be much better getting specialists to move here and employ them full time. Instead we have to rely on locums. Tasmania's peak medical body has been warning the Government about a crisis in hospital for a long time but the Government and its ministers refuse to listen. At least now with this Health Service bill they are attempting some change.

The Australian Medical Association warned that the Tasmanian Health System was responsible for a toxic bureaucratic culture with unprecedented crowding in our hospitals and a system that is placing patient welfare at risk. Indeed, the Coroner's reports talk about people being put at risk. The Australian College of Anaesthetists in their summary of the north-west regional hospital's anaesthetics department also talked about a toxic culture and bullying. The AMA and the Royal College of Surgeons told the Hodgman Government that bed block in our hospitals was the worst in the country, with patients spending up to 40 hours in emergency departments at the Royal Hobart, the Launceston General and the North-West Regional, because staff are unable to get them on to wards and into beds. My mother-in-law is a slightly more extreme example of where somebody has a serious medical episode and not being seen in within 10 times or more the clinically appropriate time frames.

Hospitals are being pushed to the limit. The stress on patients, the stress on staff; it all has to change and it is all under this minister's watch. We could start talking about the poor planning of the Royal Hobart Hospital. The Government knows that on any given day the emergency departments in our hospitals are overcrowded, the beds in the wards are unavailable. This is creating this bed block that is causing massive problems in our health system.

Instead of acknowledging that problem, the minister picks out where he can find the best statistics. 'Where has the waiting list declined the most? Let's talk about that one. We will not talk about emergency departments, we will not talk about the bad outcomes, we will not talk about the Coroner's reports' or -

Mr Bacon - People trying to get on the list.

Dr BROAD - people trying to get on the list. That is another thing. Being able to get to the specialist for your first appointment is very difficult. You are not on the list. You are on the so-called shadow list.

Mr Bacon - All so the minister can pat himself on the back.

Dr BROAD - Yes, we can all just talk about the good bits. Let us just cherry-pick the good bits while Rome burns, while the hospitals are full, while the ambulances are ramped. As the member for Franklin, Mr O'Byrne, said the ambulances are doing blockies. What is happening here?

We made health our number one priority during the election campaign. We campaigned like that. We did not make outrageous promises all across the board; we focused on health and education. We did not go around the state talking about a massive increase in spending, although that was an admission that you definitely got things wrong. Under you, the health system minister, supposedly everything is fine. Yet during the election campaign you finally admitted that it needed help and you were promising \$700 million, or whatever it was, and \$200 million of that was going to magically appear from the federal government. We still do not have details on that. Is that contingent on there being a Liberal government? Obviously so, which may be a bit of an issue down the track. Is this \$200 million that the federal government is supposedly going to inject, is that going to be in the state Budget? We will see that in a few weeks.

We know that Launceston General Hospital has lost its training accreditation. We know that mental health beds have been cut from the Royal Hobart redesign. We know that. We still cannot

come up with the reasons why that happened. Has it been resolved? I do not think so. The loss of accreditation, as I have said, makes it far more difficult to recruit skilled staff.

Instead of trying to hold a fig leaf up, trying to paint us as being the ones responsible - you have been in government four years now, a time when we should be seeing some improvement, but we have not seen any and a lot of the indicators are getting worse - it is about time that this Government stumped up and actually made some decent changes.

This bill is one change that does make some reform and goes back to what it should have been.

Mr Bacon - Undoes some of the damage.

Dr BROAD - It undoes some of the damage, but more needs to be done. It should start with the minister accepting responsibility, doing a mea culpa, perhaps here in the parliament, in summing up and at least giving us some comfort that he is taking this issue seriously and there is going to be some improvements in the time frame. I do not want to be a member of parliament that continually gets representations from constituents.

If somebody came to me with the experiences of my mother-in-law, what would you do with it as a member of parliament? I would write a letter to the minister. I might even do it. The minister will give me a response talking about the number of beds he has invested in. Or the big plans for the health system and everything may be fine. Maybe he might throw in there something that happened under the Labor government four years or more before that. That is not good enough. It is time to own it and to make some differences to actually improve the health system and not just spin; we want substance. We do not want semantics about what is a report and what is not a report. We do not want to pretend that every specialist that leaves complaining that the Government has not listened to them and is seeking other opportunities. I suppose in a way they are seeking other opportunities because they do not feel comfortable enough to stay here. As others have said, these doctors are very mobile with their skills. They can Google. They can see the system under pressure and make decisions about moving their families. If you are a specialist and you want to enjoy a full work culture where you can train people, update your skills, live in our beautiful environment and in our towns and cities such as Burnie, Launceston, Hobart and the greater areas, that will bring people to the state. Obviously there are people who are attracted to that, but if they find the hospitals are not performing as they have seen elsewhere, and there is a hospital system under pressure where they do not get the support they need, and when there are issues they are howled down and denied, and where when they throw up their hands and leave in disgust, the minister blithely says they are wrong, when you have a health system and a minister and government that treats the health system in such a way, then why would you come here, or if you were here, why would you stay when there are so many other options?

These specialists can travel all around the country and all over the world. They could go to London, Canada or New Zealand. There are all these options in front of them, so we have to make it more attractive. We have to solve these issues of culture and so on, otherwise we are going to really struggle - and we are struggling. Why can't we recruit? These are the questions. We need to do better. The minister needs to do better. The minister needs to lift his chin and get on with it instead of thinking about all the different ways he can get through today's media cycle as soon as we bring up an issue.

We are happy to support this reform bill and talk about it. We are happy to support it through this place but, as I have said, we will hold him to account on this. We will make him own the issues

in the health system because they are issues of his own making and we will keep that pressure on because people need that pressure to be kept on, otherwise we will have more of the same.

Time expired.

Sitting Times

[4.22 p.m.]

Mr FERGUSON (Bass - Leader of Government Business) - Mr Deputy Speaker, I move -

That for this day's sitting the House not stand adjourned at 6 p.m. and that the House continue to sit past 6 p.m.

Motion agreed to.

[4.23 p.m.]

Mr BACON (Denison) - Mr Deputy Speaker, I am pleased to speak on this important bill, the Tasmanian Health Services Bill 2018. I pay tribute to all the staff across our health system and thank them for all the hard work they put in each day across the state.

I also want to pay tribute to a Tasmanian who sadly lost his life earlier today, one most members of this place and most members of the State Service here in Hobart knew quite well. Ray Earley passed away this morning after a brief battle with cancer. The passing of 'Razor' Ray is something that will touch many people in the Tasmanian State Service. I would like to put some facts on the *Hansard* about Ray as a person and pass on the commiserations of the current Labor Party team but also the teams that have come over the long 35-year period that Ray was a messenger in the Tasmanian government messenger service.

Ray commenced in 1983 as a messenger and spent 35 years walking, and often running, messages around the city. Ray was an avid Sydney Swans supporter. You could always get Ray into a conversation about the football, even if he was, as he always was, in a hurry to run off and deliver more mail. Ray himself, I was informed today, was a good player in his own time. I personally saw Ray often at the local football. You would often see him at the TCA or at North Hobart. He loved the local footy and you would often see him there getting around and talking. He seemed to know everyone at the football. We all know that Ray was focused on his work. He had a strong work ethic and was very dedicated to his job. As I said before, he was so dedicated to his job you would often see him not walking the mail around but in fact running it when he was delivering. He was said to be a fountain of knowledge and he loved to break a story. When he found out something, he loved to tell the other messengers and other people he came across. He loved to break that story and let people know what was going on.

Ray really enjoyed the banter of 'Thirsty Thursday' at the Hobart Workers Club but perhaps not so much the repercussions that often followed. We know that Ray was an institution across the public service here in Tasmania. He was affectionately known as 'Pearls' to his mates but was definitely known as 'Razor' Ray as well by everyone who ever came across him. I was also told today that Ray used to plan his weekly shopping only once he had seen the weekly specials and this ensured he was always onto a bargain, which is important.

On behalf of everyone in the Labor Party, current and past members, we express our deepest condolences to Ray's friends and colleagues. Ray was a true gentleman and his loss has touched many people in this place and across the public service. He was a great character in the Tasmanian public service and he will be sadly missed, I am sure, by everyone.

Mr Hidding - Hear, hear.

Mr BACON - Mr Deputy Speaker, coming back to the Tasmanian Health Services Bill, we have heard from this side of the House the litany of disasters and failures on this minister's watch, but I want to take this opportunity to -

Quorum formed.

Mr BACON - The minister is back in the portfolio after a dismal four years. His performance really has lacked anything when it comes to accepting the problems in our system and acting with urgency, tackling them head-on and really trying to improve the system. We have heard much said about the speech the minister made when he first got into the portfolio in 2014 and the problems that were in the health system then. But what did the minister do over those four years? He took the system that was under stress at the time and at every juncture appeared to do what he could to put more pressure on it. Ripping \$210 million out is not the way to start. We have a very defensive minister because he has had a dismal four years.

When we debate the Tasmanian Health Service Bill 2018, we really have to hope that this minister is going to turn over a new leaf, approach the portfolio in a different manner, stop ignoring the experts when they tell him there are problems and suggest solutions, and stop patting himself on the back and saying that everything is hunky dory or tickety-boo, as the member for Franklin put it.

There are problems in our health system. The first thing the minister has done in this term of government is bring this legislation into the House to undo some of the damage he did in his previous four years. I congratulate him because minister Ferguson 1.0 was a disaster for the health system. Now we have minister Ferguson 2.0 and this is his first act, trying to undo some of his bad work. What we want to see is this continue over the next four years. We want to see the minister take responsibility and tackle the problems head on.

We do not want to see things such as we have in the last four years, where there is a report from Deloitte, it disappears, it does not exist, then it comes back to life but not all of it; only part of it came back to life. The minister and his office sought to have that report edited with references to the minister taken out to protect him from the public backlash in the lead up to the election. He has still not released that full report. Now we see minister Ferguson 2.0, we have hope that report will see the light of day and we can finally see some honesty from this minister, who is caught out time and again trying to mislead Tasmanians about this important portfolio.

We saw from this minister over those four years that he took a system under pressure and he made it worse. He ripped \$210 million out as his first act, along with the Treasurer, Peter Gutwein. What have we seen? We have seen emergency waiting times now amongst the worst in the country and we have ambulance ramping on a daily basis. We are at level 4 at the hospital more often than not, and we have a system putting the people who work in it under enormous pressure. Finally, we have a minister that, up until this point, did not listen. He has finally listened in the lead-up to the

election. He has moved far too slowly to introduce this bill, far too slowly to recognise the problems in our health system and far too long to act.

Minister Ferguson 1.0 was a minister who would not listen. We hope that this new minister in a new government will finally listen and take action where it is needed. Peak medical bodies have been warning the government about the crisis in our health system and it feels as if they have been doing so for the four years of the last government. The AMA warned that the THS was responsible for a toxic culture, massive over-crowding in our hospitals and a system putting patient welfare at risk. We have seen bed block in our hospitals that is the worst in the country. We have seen patients spending up to 40 hours in emergency departments across the state. That is not good enough.

We have heard from the member for Braddon, Dr Broad, about his own experience with his mother-in-law. That is not a system anyone in this place should accept for the Tasmanian people. Hospitals are being pushed to the limit. Not enough is being done to provide staff with the resources they need to do the job. We have seen the poor planning around the redevelopment of the Royal Hobart Hospital.

We saw Mr Brooks get up in a bizarre rant, which we often see in this place. He gives the same speech every time. He did it again today, saying that everything in the hospital system is fine and the minister is doing a great job. Mr Brooks needs to pay attention to what is happening in our hospital system. On any given day, our emergency departments are overcrowded throughout the state. We have beds on wards that are unavailable. This is not good enough. We have seen loss of accreditation in hospitals around the state. What is beyond doubt is that this minister's failure in the last term of government was highlighted nowhere more than when it comes to the way he treated our mental health system in this state. The way he has behaved is a disgrace. He has let people down. He should be ashamed of himself.

He has an opportunity over the next four years to undo the damage he has done. We have seen time after time, failures in our mental health area. We have seen coroner's reports, as was mentioned by the member for Braddon and others. There is no doubt that when anyone suicides, it is a terribly sad state of affairs and a very sad thing to see. Part of the coroner's report into what happened with one particular case, Mr S, reads -

He was admitted to the Royal Hobart Hospital but due to the shortage of beds in the mental health unit of the hospital he was required to spend the evening in the Department of Emergency Medicine.

It goes on further to say -

Had sufficient beds been available in the mental health ward of the Royal Hobart Hospital, then doubtless he would have been admitted and it is likely that he would not have taken his life.

It goes on in the comments and recommendations -

I comment that it is a matter of real concern that at the time of Mr S's death, insufficient beds were available in the mental health ward at the Royal Hobart Hospital.

I have never heard an apology from the minister when he cut the number of mental health beds at the Royal Hobart Hospital. He did so against advice. He claims he received advice but he has refused to tell the Tasmanian people who provided that advice to this day. He has not apologised for cutting those beds and has not said who provided the advice that amount of beds was sufficient to deal with the mental health of people in Tasmania. He could do so today. He could apologise for cutting those beds.

This is a new Government. He has four years to undo the damage he has done and mental health is the area in which he should work the hardest. He should apologise for cutting those beds today. He should say who provided that advice or he should apologise for saying that he had advice to do that when he did not. He should come clean with the Tasmanian people and today is the day he should do it.

Health was the number one issue for Tasmanians at the latest election held nearly two months ago to this day. It was the biggest spending item in Labor Party policy, I believe \$560 million was put forward in election promises by the Labor Party to undo some of the damage that has been done by this Minister for Health in his four years in charge. There was the \$700-odd million put forward by the Liberal Party, over \$200 million relying on Commonwealth funds.

It is the number one priority of the Tasmanian public when it comes to a state government and what they want to see us all working toward. The Labor Party took a comprehensive health policy to the election. We were proud of the work done, particularly by the Leader of the Opposition in the health portfolio over four years. We are proud of the policy we took to the Tasmanian people. Despite what the Government says, we accept the election result. We accept they are the Government. We urge them to begin the job of undoing the damage they have done over the past four years. We want to see a reduction in bed block in our hospitals, more staff recruited across our health system, investment in infrastructure and continuous improvement to make Tasmania's health system a much better performing one.

We also want to improve the health of the Tasmanian people and keep them out of hospital. There is an opportunity for this minister. Leading up to the election the minister did not want to confirm he wanted to take on this portfolio again. I am not sure if no-one else was willing to take it on, but I want to commend the minister for sticking with the portfolio. I urge him to make a much better job of it this time, but we want to see honesty, urgency and a much more constructive role played by this minister when it comes to dealing with our health system.

Our public hospital performance is not where it should be. We have the second highest infection rates in the country, as was pointed out by the member for Franklin. In terms of adverse events treated in hospitals, we have the worst results in the country. We have falls resulting in patient harm in public hospitals, the worst in the country. There is other data that is not good enough when it comes to mental health and ambulance ramping. We want to see all those things improved. We have heard a lot today from this side of the House discussing events of July 2014, when the new minister became the Minister for Health. The speech he gave, entitled, 'Rebuilding Tasmania's Health System', was critical of the system in place. Much of the criticisms he made are still true after his four years with the portfolio. What we want to see is a minister who looks at the speech he gave four years ago and can be honest with himself to say that many of these problems he identified are still there or have gotten worse, but he is going to be open and honest with the Tasmanian people about exactly what those problems are and is going to work hard over the next four years to deliver a much better health system.

We will be supporting this Tasmanian Health Service Bill 2018 but we think this minister waited too long to introduce this bill. He could have gone on with the job much earlier. We want to see this bill go through the parliament, be enacted and then we want to see the minister get on with the job. No respect for minister Ferguson 1.0 but I would urge the minister in this new Government to make a better fist of the Health portfolio, start with a bit of honesty today and apologise for cutting those mental health beds. It would be a fantastic start, minister.

[4.41 p.m.]

Ms BUTLER (Lyons) - Madam Speaker, I congratulate you on your appointment to Speaker of the House.

In speaking to the Tasmanian Health Service Bill 2018 I will start by voicing my astonishment with the Minister for Health and his perspective this morning when he stated that the people of Tasmania had endorsed the Tasmanian health system at the election by voting for a returned Liberal government. I doorknocked probably 10 000 to 15 000 homes throughout Lyons. I have worked in government for 12 years and I cannot remember one person opening their door when I gave them a 'Hello, my name is Jen Butler, I'm your candidate for Lyons and I thought I'd take the opportunity to introduce myself', saying, 'I am so happy with the health system in Tasmania. It is fabulous. I am going to vote for Mr Ferguson because that health system is fantastic'. This concept that there has been an endorsement of sorts based on the health system I find arrogant.

Mr Ferguson - What did I say?

Ms BUTLER - You said - and it is loosely quoted because I jotted it down as you were speaking -

Mr Ferguson - Oh, it is loosely quoted.

Ms BUTLER - but I can get it from *Hansard* and send a copy to you if you like, minister.

Mr Ferguson - You ought to get a quote right if you are going to attribute it to me. When did I say that? This morning?

Ms BUTLER - This morning. You said, 'Tasmanians had endorsed the Tasmanian health system at the election by voting for a returned Liberal government'.

Mr Ferguson - When did I say that?

Ms BUTLER - This morning in question time I think it was.

Mr Ferguson - I did not get questions on it.

Ms BUTLER - It was on the MPI, Mr Ferguson. I found that to be probably not accurate. Of all the thousands of people that I spoke to, you would think one person would have said, 'I am so pleased with this health system'.

I would like to share some perspective from the delivery of service at the Royal Hobart Hospital and the Launceston General Hospital. Some months ago I met with the family of a 19-year-old who had travelled by ambulance from an outer Hobart suburb to the Royal Hobart Hospital. It was that person's third attempt to take their own life. It was a sad story. The family was very upset. Upon

arrival at the hospital she was treated quite well by the staff. The staff at the Royal Hobart Hospital do a fantastic job. The problem was that about 5 a.m. when the patient was stabilised she was asked whether someone could come and pick her up because they had a bed shortage. At 5 a.m. she tried to contact her family members, none of whom owns a car, so they could not get to her to collect her. She was discharged at 6 a.m. according to the family and walked to the bus mall -

Quorum formed.

Ms BUTLER - At 6 o'clock in the morning, the constituent walked to the bus mall from the Royal Hobart Hospital, jumped on the bus and took an hour-long bus trip. This is quite important, minister, this is your portfolio area.

Mr Ferguson - I was listening but your colleague did not want to hear anymore.

Ms BUTLER - I am talking now so it would be lovely if you could listen. That person then caught a bus back home, after her third suicide attempt. There was no follow-up service provided at all, no referral, and no-one even called to see whether that 19-year-old had made it home safely after her third suicide attempt. We have a real problem. I have looked up the suicide prevention strategy and it is a good strategy but it is not funded well. We need more funding.

Mr Ferguson - It is \$3 million.

Ms BUTLER - It is \$3 million, but if we have situations where we have 19-year-olds on their third suicide attempt catching a bus six hours after that attempt because nobody at home has a car to come and collect them because there is a bed shortage. Our system is not working, especially when we have the second-highest suicide rate in Australia.

Another area I would like to talk about in relation to health in Tasmania is breast screening. My grandmother suffered from breast cancer for many years and underwent mastectomies and they did help for sometime until bone cancer prevailed. She was quite lucky because she had early detection so was able to carry on for another 10 years before the disease overtook her body. I am concerned about state government funding to breast screening services in Tasmania. At the moment your initial breast screening is available through bulk billing in Hobart and Launceston as well as two buses that travel around the state. It is a really good service. The initial screening is good and I congratulate the Government for that.

The problem is that our secondary or diagnostic mammograms for people with clinical signs are only available in Hobart. You can access mammograms privately for a secondary screening in the north, however it is not bulk-billed and there is quite a long waiting list and they can take a significant amount of time. Early detection, as we all know, is the key to proper mammograms.

To have a biopsy is usually an awkward or invasive procedure, especially for women. It is a private issue and can be quite stressful for them, and if you have a male or female who is travelling from Smithton to Hobart, if they have their own car they need to cough up the return fuel which is probably \$100 return. That is a five hour trip from Smithton to Hobart on average. On top of that procedure they can only have in Hobart, they may be up for a night's accommodation, so it is really not affordable. I am concerned that there are people in regional parts of Tasmania that are not being able to access the services which people based in an urban or a city area can, as in Hobart.

My main concern is whether this is stopping people undertaking secondary diagnostic procedures. In Tasmania we have the highest level of people dying from malignant neoplasm of the breast in Australia. It is the highest by 2 per cent. If we are cutting off potential early detection through lack of funding for the service to be provided around the state, I think we need to look at that as it is quite a serious issue.

We know that health affects people throughout our state. I have spent the last seven to eight years working in some highly disadvantaged areas in Tasmania where private health is not a consideration. If you need a procedure, especially if it is a non-urgent procedure you are put on a very long waiting list. I have had to deal with people over the years whose complications from waiting for those procedures have ended up with them having a dependency on a pain medication or they develop secondary conditions from the initial problem. We need to seriously look at a better system of minimising wait times for people and better investment in preventative health.

[4.52 p.m.]

Ms DOW (Braddon) - Madam Speaker, I want to respond to a few comments that my fellow member for Braddon, Mr Brooks, made earlier this afternoon during the debate. It is important to note that Mr Brooks has been in government for four years and that there needs to be some level of accountability for things that have happened during that time. There are other members on the other side of the House who are completely new to this place and have not been here previous to witness those events, and are very dedicated to the Tasmanian people and improving the health services that are provided to them not only in the cities, but in the regions.

I wanted to reflect on my inaugural speech yesterday where I talked about the importance of place-based initiatives and the importance of people who are providing services on the ground being able to provide input into service delivery, being accountable for that and being able to manage staffing levels and also the management of facilities. Quite often we find that when services are centralised that autonomy is lost and that is detrimental in a regional health or social service situation.

It is, as others have said today, incredibly important that this bill is passed today. It is something that Labor, before my time in this place has been advocating for strongly, as have health professionals, so I welcome this change today.

Others have talked about their experiences out in the electorate and I want to share with you a couple of mine, particularly during the election campaign. Some of the issues raised with me in the electorate of Braddon were waiting lists and access to see specialists, which are very high on people's priority list, with people having to travel, sometimes to Victoria, to access services or wait for long periods of time. That correlates to the high incidences of chronic disease that we have on the north-west coast.

My colleague, Justine Keay, federal MP for Braddon and I, travelled the west coast a couple of weeks ago, meeting in centres with constituents. One of the meetings that really resounded with me was a meeting that we held in Strahan early one morning where a number of older members of the community met with us and talked about their concerns about continuity of GP practices in the town. They have a different GP every week and that prevents a number of elderly people in the community accessing general practice services, which is quite detrimental to their health. They should not feel that they cannot go and see a doctor. They cannot have trust in the service being provided, the review of their medications or the changes that are made because they will present the next week and there is someone different providing a different prescription or a different

assessment of their health status. They talked to Justine and me a lot about that. That is really important when we look at providing services in regional communities. Years ago they had a nurse practitioner who practised out of Strahan and a GP service that was full time. Things have changed considerably over time for them in that community and there is a great area of need.

The other aspect we learnt during that visit was the provision of palliative care service and aged care services on the west coast. The West Coast Council is looking at providing some of those services out of a disused building in Queenstown. There is an acknowledgement that people do not have access to those services in their local communities as much as they should. I know from my own experience in the provision of community health services on the west coast that there are certainly ways that we could be improving that.

Mr Brooks talked about fiscal management and about budget changes that were made during previous Labor-Greens governments but we also need to look at what the Liberal Government did for their first budget which was cut \$210 million from the health budget which is significant. Perhaps you could draw the conclusion that that might have contributed to some of the circumstances that we are seeing now in the Tasmanian health system.

Mr Brooks also talked about the Mersey Community Hospital. In my electorate there has been an ongoing debate about the merits of the Mersey Community Hospital over many years. I welcome the announcement for security of funding for that facility and the fact that it is going to be used for a centre of excellence for elective surgery, which is greatly needed.

The white paper presented by the minister in his early days as minister when he visited the coast and talked about the areas of deficiency we had and some additional services that would be great for the people of the north-west coast to have access to still have not been delivered. They were geriatric services and palliative care to be provided out of the Mersey Community Hospital. That is another aspect of what could be being provided right now out of the Mersey Community Hospital.

Having been Mayor of Burnie, I understand the need to provide good infrastructure in your city and making it a great place for people to want to come and live and work. Obviously, recruitment of health professionals is a big issue on the north-west coast. We see that with the ongoing higher cost of locums in the north-west. That is another area of interest to me and another area of deficiency.

I also want to touch on the recent large changes to maternity services on the north-west coast. That was done around the appropriateness of the clinical care that was able to be provided, namely, intensive care services out of the Burnie Hospital and those being closely located to maternity services. However, there is a review that is being done and as through all change management it is really good to look back and review the service that is being provided. We are awaiting the findings of that review and how that new service and level of intervention on the north-west coast may be improved. A number of stories were reported in the local media about some of those inefficiencies and failings of that system. We will be very interested to hear the outcome of that.

Another issue on the coast was the recent incidents of patients having to travel to Launceston, for the radiation oncology services from the new cancer centre, and the importance of patients being well supported, when there is the need to do that. The other aspect of the white paper which links very closely to this is the patient transport scheme. I and my fellow mayors along the coast advocated very strongly for further investment in that as well as a review of the system to make it

better for people to access assistance when they have to travel for health care to other parts of the state.

Only last week I met with a constituent about her concerns about that and the way that assistance is currently provided to patients.

I conclude in saying that this is an important bill and it is important that it is passed today. I hope I have highlighted a number of the issues in my electorate that I have witnessed during the election campaign but also over a number of years in my previous role and draw those to the attention of the minister this afternoon.

[5.00 p.m.]

Ms HADDAD (Denison) - Madam Speaker, as you have heard from all of the Labor speakers, we support this legislation. It is good legislation. The reason we support it is because we support better administration of health services and empowering local decision-making in the regions.

In the second reading speech we heard the Health minister say that what he is hoping to do with this bill is to strike the right balance between the ability to set strategy and direction in health for the whole state as well as giving local facilities better capacity for local decision-making, to deliver high quality services to patients and solve local problems as they arise, and that this bill lays these foundations. I agree that this bill lays those foundations, but what I want to point out is that we had those foundations. They were there and provided for in the existing legislation. Indeed, under the three THO system, there was local decision-making. It was this minister's decision to remove that local decision-making in hospitals and reduce it to one governing council and one CEO that has added to the health crisis we have been seeing over the last four years. Basically, that was an experiment in government that has failed.

I congratulate the minister on bringing this legislation forward now, but it must be difficult to admit that experiment in governance failed and now needs fixing. We know it has failed because we heard those stories time and time again today, and as Labor candidates doorknocking for many months in the lead-up to the election we heard many stories from local individuals in Tasmania affected by that health crisis. It is something we took extremely seriously and was indeed the number-one priority of the Labor campaign.

The reason that started was because the Hodgman Government spent their first term slashing health, cutting \$210 million from the Health budget and slashing jobs. We heard stories from paramedics throughout the campaign and since. In fact I heard a story earlier today from my colleague, the member for Bass, Jen Houston, who unfortunately is unable to make a contribution herself because of the unfortunate turn of events today in not allowing inaugural speeches to continue. I am fortunate that I had the opportunity to make my contribution to the Address-in-Reply last night.

Ms White - It is stopping members from participating.

Ms HADDAD - It is stopping members from participating, and I know those members who have not yet had the privilege of making their inaugural address would like to be contributing to this debate. Both of those members have experience in health and community services that would be valuable in adding to this debate and have longstanding careers in the health system. I feel sad that they are not able to speak on this very important bill. Health is Labor's number-one priority and will always be.

The story my colleague, the member for Bass, shared with me is that a good friend of hers just today had some symptoms of stroke. Thankfully it did not end up turning out to be a stroke but she was taken to the LGH. She was ramped, was taken for a scan and the paramedics advised that this patient needed to be admitted. She could not be admitted because there was no bed available so she was released from the ramp. We have all heard these stories. That is a very fresh one from this afternoon. We know people are being treated on ramps and in hallways and being discharged. Workers in the hospitals are working double shifts. They are overworked.

We talked about the system being broken throughout our campaign. That sounds like political spin but it is not. Those words were not ours. As a party, those were words that were coming to us from health professionals. They told us that morale was at an all-time low across the health system because patients were waiting up to 40 hours in emergency departments, and these are hardworking health professionals who care deeply about the patients they look after. It is not right that they are put in a position where they cannot feel they are doing their jobs to the best of their ability because of lack of resourcing, lack of funding and a lack of staff. We know that hospitals are pushed to their limits because of those staff and infrastructure shortages.

Labor had a very different plan for health that we released in the campaign. We took a comprehensive better health plan to the election to keep Tasmanians healthier for longer, treated faster and return home sooner. Stage one would have seen us reducing wait times in emergency departments and clearing the backlog of patients waiting to see a specialist for an appointment or to have elective surgery. Stage two would have seen us recruiting more staff to the health and hospital system. Stage three would have invested in health infrastructure to meet future demands. Stage four would have been continuous improvement to make Tasmania's health system the best performing in the country and a model employer for health professionals. Stage five would have been improving the health of our communities and keeping people out of hospital, which is a personal passion of mine I spoke about in my inaugural address last night. Prevention is always better than cure. It not only costs the health system less, but it provides better social outcomes for people who are able to enjoy their lives without getting to a point where they require acute health treatment.

We support the aims of this legislation. We support good governance in health. We support the idea of the secretary being empowered to manage this task. He and the senior officers in his department are hardworking professionals and honourable public servants and that governance arrangement is not questioned, but the bill is an admission that the experiment undertaken over the last four years with one governing council and one CEO did not work. Indeed, the minister sacked his CEO six months ago and the AMA moved a no confidence motion in the CEO six months ago. We need leadership in this area. That is why Labor has been calling for this type of action for over 12 months.

Bringing hospitals under the direction of the secretary and empowering local decision-making abilities in the three major hospitals is the right way to go, but it cannot go unsaid that this is an indictment on the way the Hodgman Government has managed health over the last four years.

I will finish by adding my condolences on the passing of 'Razor' Ray, as he was known. I was very sad to hear of Ray's passing and I heard it only in the member for Denison's contribution this afternoon. I counted up how many public service buildings I have worked in over the years and it was quite a few. I might have forgotten some, but I worked in the fast-disappearing 10 Murray St, 15 Murray, 99 Bathurst, 22 Elizabeth - there might have been some others - and Ray was a feature of every one of those buildings. He was always ready with a smile and nothing was ever too much

trouble. He was such a character. I add my sadness and condolences to his family and those who loved him. It will not be quite the same seeing other people running round delivering mail.

[5.08 p.m.]

Mr FERGUSON (Bass - Minister for Health) - Madam Speaker, this has been a very long second reading debate. The first thing I would like to say to everybody in the Chamber is thanks for all the support for the bill. It has been very much appreciated. It is an important bill.

I have made a lot of notes about the comments made by members, some of which I thoroughly endorse, including from members of the Opposition who would like to see further health improvement. One speaker, it might have been the shadow treasurer, offered the point of view that it was good to see the minister taking on responsibility in this term. There were not many moments of praise from members of the Opposition because much of what we have seen this afternoon and throughout the day has been a deliberate attempt by the Opposition to have a long debate. That is their choice entirely, which I endeavour always to respect.

Madam Speaker, you will not be surprised that it does need to be responded to because there were some things I do not agree with. There were some things members got fundamentally incorrect. I am not sure if time will permit to go through them one by one or how productive that would be.

The first wrong comment today was offered by the Leader of the Opposition. I am sorry for any first time members who wanted to give a first speech today who have being told, not by me, but by their own colleagues that they are not allowed to. That was a decision made by Ms White, no-one else. Here is why. The only reason first speeches have not occurred is because a decision has been taken by the Leadership of the Opposition. I have done everything within my power to ensure members are given every opportunity. I do not feel that I should have to back that up, but I can. The Leader of the Opposition is so dishonest. A recurring theme I hear from the community is how untrustworthy the Leader of the Opposition is. It was said that never before have we seen a Governor's Address interrupted by government business.

Ms White - I've never seen it.

Mr FERGUSON - That is a load of tripe, because I had research done. Four times out of the last five, government business has come ahead of the Governor's Address-in-Reply. Have your facts straight and stop lying to your colleagues. I withdraw that. Stop being so dishonest with your own colleagues.

Ms White - Before first inaugural speeches?

Mr FERGUSON - No, I have listened to you in respect and I ask for the same.

Ms White - Before inaugural speeches were given? You might want to check your facts.

Madam SPEAKER - Order.

Mr FERGUSON - The member has been busted again spouting things that are not true. This is including in the miserable years of the Labor-Greens government. In the year Ms White was elected, 2010, legislation came ahead of the Governor's Address-in-Reply. If you have a short memory that is fine, but do not come into the House and say things that are not true as a cover for

what you have said to your own colleagues. The reason that this business needed to be seen to today is because it is the most pressing business. The Legislative Council is meeting tomorrow to accept the bill and the bill needs to be dealt with through all its stages before the Budget so that we can be sure that it is dealt with in time for 30 June. I would have thought that was self-evident. We announced during the election campaign this would be the first bill and it would be introduced this week.

Dr Broad - You could have brought it on after they had done their first speech.

Mr FERGUSON - No, do not do your 'could have dones'. These are the facts. Ms White also, I think, inadvertently let slip earlier today that is going to be a long day. That is all I needed to hear to confirm what I suspected all along. The Government was being asked to facilitate speeches before the health bill because maybe this was being planned all along. They are matters for only the Opposition. I respect that choice. That is your choice. You have the right to scrutinise this bill but you cannot have it both ways. I am sorry for any member who has been inconvenienced and, in particular, family members.

It is not right to come into this House of Parliament and misquote someone. The member for Lyons, it is barely worth wasting time on, so called quoted me as saying the Tasmanian Health System was endorsed by the Tasmanian people. Other things have been attributed to me by Dr Broad, 'Everything is okay, there is nothing wrong with the health system'. Mr O'Byrne, 'Everything is tickety-boo'. We have heard year in, year out from Ms White, falsely claiming that the Government believes it has fixed the health system or fixed ramping. There is none of that. I do not believe it.

The correct quote was not during the MPI. It was during my second reading speech, and if I must tell you where you were wrong it was where I said -

This bill represents our commitment to continue to invest in and support our dedicated staff, to continue to strengthen the One Health System and to deliver our future plan for health which was endorsed by the Tasmanian people at the election.

If you want to have a constructive debate on health, bring in facts. Bring in true quotes, quote me if you will, but it has to be right or you are dealing with a house of cards.

A member interjecting.

Mr FERGUSON - The member who interjects again, it is not honest. I know the Government has a long way to go with Health. It has been our narrative. It has been the fact that you build on improvement and we have not ever declared it fixed. We never have.

It is a strange argument for an opposition to want to make its credentials known on Health by falsely attributing that kind of attitude to the Government. We do not have that attitude now. I am also happy to repeat the same kinds of statements I made last year but I do not believe we had the balance thoroughly right on local decision-making. I am willing to say it again today: I am humble enough to admit that I do not believe we had that balance quite right. I am not sure if anyone wants me to continue to say it time and again but that is what I have said and I stand by it because we need to be humble enough to say it if we believe it.

I stand by all the major decisions we have taken on the road of health reform. I have made a couple of notes about what they were, from the 2014 set of announcements. In particular, that we would set about establishing the One Health System. That has been an important decision by Government, a constructive, deliberate decision by this Government that we did not make on our own. Clinicians urged us on. The Opposition supported, and in the consultation of this bill it was a clear message, universally, that we want to have stronger local decision-making but we want to persist and hang on to one health system. It has been a clear message. Another one was the white paper. I am not sure of many mentions of that today but it was in the same speech from 2014. There have been many attempts at this over the years, well-intentioned attempts made by Mr Llewellyn and Ms Giddings that did not succeed. There are plenty of health politics around that. North-west coast members would be familiar. Five thousand people rallied in Launceston in Civic Square in September 2007; unsuccessful.

Rather than the Government thinking we knew best, we went to the people. Ms Dow, you were the Mayor of Burnie at the time. We went to every region of Tasmania. We said we do not know all the answers but here is the green paper. It is an admission by Government that we know in some cases we are not providing safe and adequate levels of care. In many cases we know it is not timely care. Access to safe and timely care was the message. Even though the intention was to deliver more services it was not simply about having more services. It was about access to better services and best articulated by Dale Elphinstone - he wrote the book on this, 'Michael, what we do not want is a message of better access to service'. This is the person who championed the North-West Cancer Centre. He said, 'Michael, what we want is access to something better. That is where we gained access to better services'. Hats off to people such as that, who are willing to be constructive and want something better for their community in a constructive way.

Another decision taken by this Government in part of that same speech was the setting up of the Health Council of Tasmania. Again, it has been a success. It is still early days; great people working together. They are all volunteers and they contribute so we can maintain a sense of a unified vision for health in Tasmania, to really inform the minister for health of the day.

The role delineation framework does not receive much of a mention. I gave it a mention or two in my second reading speech. I see that as an essential safety mechanism for our health system. Maybe one of the reasons it does not receive much mention is because of that more or less universal support for it. It means if you want to have a particular service in a safe Tasmanian hospital you need to make sure you have all these supporting services alongside. These are quality measures. We recognise, I heard Mr O'Byrne, the member for Franklin, talking about, I think, some dated statistics about adverse outcomes. I do not want to see adverse outcomes. Who does? This is a reflection of the fact that we were seeing surgeries occurring, which should never have happened in certain locations. Permit me not to go into that right now. They were dangerous practices that had to be dealt with. Some clinicians who were way out of their scope had to be stopped and they were. The reason it never appeared in this House is because good people delicately managed those situations on a no-compromise basis for our patients and a clearer role for the department assistant manager. What is wrong with all that? Nothing. The evidence for that is that it was supported by Ms White, it has been supported by the Greens, it was supported by every local government leader except for one around the state, and we made a commitment that we would work through the implementation of that together. I have never claimed ownership or authorship of the white paper, as proud as I am of it. I was able to release it and am grateful for the opportunity.

It is a document that I did not write. It is a document that is owned by the people of Tasmania, in particular our clinicians who work with government, the agencies and with health consumers. I

say to their great credit that the mayors of Tasmania were instrumental. The grown-up mayors of Tasmania like the West Coast mayor, Phil Vickers, who said, 'You know, Michael, we recognise -

Ms White - Did you say the 'grown-up' mayors?

Mr FERGUSON - Yes, I did. I am reflecting on the maturity of them. The mayor of Burnie and the mayor of Latrobe, one of the finest voices -

Ms White - The mayor of Burnie?

Mr FERGUSON - Yes, I am referring to Ms Dow.

Ms White - She is not the mayor.

Mr FERGUSON - She was at the time.

Ms White - Are you saying she was not a grown-up?

Mr FERGUSON - I am saying she was. I am trying to say something good about people. I have taken a flogging for most of the afternoon. I am trying to praise people. The mayor of Latrobe, I would say - I would put a dollar on it - is probably one of the finest mayors that this state has. The Mersey Community Hospital has been kicked around this Chamber for at least 20 years. I have even had the grandson of the Health minister who built that hospital apologise to me for building it there. I will not say who it is, but I have had that. It was a generational apology. The hospital is where it is. Some would say that in the 1960s parochial reasons prevailed. The fact is it is there. It is a vital asset for the Mersey catchment community.

However, the mayor whose area it sits in is Peter Freshney. I also praise Mike Gaffney, the MLC for the area, who also went through an election during all of this. He held the line when it was the opposite of the populist politics for him to do so and he did so because he believed in this document I keep talking about, our vision for health.

Has the health white paper been fully implemented? No, and Ms Dow reflected on a couple of areas that are still in development, geriatrics and palliative care, but what about the new cancer services in Burnie? Fantastic. What about the new maternity service and its safer model for the north-west? It is in place. We started with one permanent specialist in Burnie and four or five locums supporting the one. It has turned around completely. The new model is not just safer for mums, it brings together the best of the private and the public system, ends the evergreen contract and saw all of those positions filled by permanent specialists who committed to north-west women and their families. It is not until we hear of one of them resigning to pursue other opportunities that again the politics flares up. Some of us have lost sight of the history that we have made and I cannot say today how many young lives have been saved but I am confident that there are some who have been saved by a safer model. It is more contemporary with a higher performance framework around it, where the hospital is accountable, monitored and measured and women are given contemporary access to health care.

It is not perfect and I know it, and our health policy taken into the last election reflects that the facilities are not up to adequate standard and we are committed to upgrading those. Why I am rehearsing all this is because we have come so far and it is offensive, not just to me because I have thick skin - I have been Health minister for four years - it is offensive to many very hardworking

health practitioners and support staff to hear that tripe from the member who said there has been no improvement. That is so wrong, and for the Leader of the Opposition to allow those things to be said, I say she ought to be ashamed because you should not rubbish this generational work that has taken place. Not all of the indicators of success are always apparent.

I am the first to recognise the continuing problems, but how can we be so immature that we have a five- or six-hour debate and be so impoverished intellectually that we cannot acknowledge these important changes that have taken place? We have saved the Mersey with the largest ever single payment transfer between the Commonwealth and this state in the state's history of \$730 million. That saves the Mersey and brings it back into the ownership of the Tasmanian community where it should always have been with real certainty about its future. I love the way Mr Brooks made the point that this is probably the first state election that the Mersey has not been another political football. That is a big deal. I hear the politics of the man who wants to be the opposition leader saying there has been no improvement. Well, hello? If that is not improvement obviously you are dreaming.

The Royal Hobart Hospital redevelopment should have been finished two years ago. It should have been finished in 2016 and, but for the deputy opposition leader's bungling on that project, we would be in it. As to the problems and pressures of health, I listened very carefully to a number of personal stories and experiences of people and I would offer, as I always do, rather than bring it in here and ask me to respond, to have those investigated.

Regarding the bed pressures, how do you address a bed-block problem if you are fair dinkum? The first thing you do is get the beds out of the warehouses and get them back into the hospital and get the key to ward 4D and the Nell Williams unit at the Royal Hobart Hospital, you get the key out at the North West Regional Hospital, and you open the beds. What you also do is drive up to the Repatriation Hospital, ask your people in offices on level 2 if they would kindly be willing to relocate so we can convert this at a cost of \$3 million to wards so that we can create 22 more beds. What you do is discuss it with the Hobart Private Hospital and find their opportunity for surgical bed stock so that we can support the Royal. What you do is go to the New Norfolk District Hospital and rather than telling the mayor he is thinking rubbish, you work with the doctors and nurses and find subacute options. What you do to support the mental health needs of our community is work with the mental health sector, listen to psychiatrists and fund more beds. That is what you do.

You are not hearing the voice of a Health minister who thinks he has it all under control. That is the opposite of my attitude, but the Government has been a friend to the health system. We have invested where we previously had cuts. We have heard a lot of talk about cuts from members opposite. How can it be true when we have been able to open all these beds? I have a figure of 300 extra staff. How do think we are paying those staff? You have this false narrative because it suits you. Because you saw how effective 'Mediscare' was in 2016 you thought you would have another crack at it. That is where this narrative came from.

The hypocrisy of members opposite is breathtaking. The member for Lyons, the Opposition Leader, helped Michelle O'Byrne cut half a billion dollars out of the health system. Frank Nicklason at the Medical Staff Association said that would impact the health system for 10 years. He said that at a Legislative Council inquiry that Michelle O'Byrne refused to front. Can you see the contradictions here, members and colleagues? Ward 4D was cut and closed. Beds were taken to Coats Patons. I heard the member for Lyons refer to BreastScreen. The Labor Government took it out of east coast towns. This Government put it back in and bought a second bus and renovated the second one so that we could have a permanent presence in the north-west. That is what we have

done. Extra staff in the emergency departments. Challenges everywhere you look. It is not like a perfect utopia. Is that how you win your debate today, by saying the government thinks it has it all under control?

That is intellectually very lazy. What we need are practical solutions. The \$757 million carefully thought-through health policy did not need to be written, once, twice, thrice, four times, five times, six or nine times. Our health policy stacks up. It is over six years, as was yours in your draft, through the Chair, I say to the Opposition Leader.

We have a strong plan to open beds. The Labor Party did not have a health policy that talked about opening beds. There was no clarity. It was written at the last minute. There was no definition about what beds, in what facilities, providing what services.

Your mental health policy was a quarter of ours. We did not do your mental health policy and add a couple of dollars on top. It was four times, at \$95 million, because we recognised that demand has grown. The redevelopment of the Royal, the J Block temporary building, was built and designed based on advice as to what bed requirements were needed, based principally on occupancy numbers at the time. We are about funding and opening more beds, more resources. What do you need to open a bed? You need staff. I heard the silly comment made from someone that no-one wants to come and work here. What a great way to scare off potential recruits.

Leader of the Opposition, you should take responsibility for the damage you have done to the reputation of our hospitals.

Ms White - You are the one that has lost accreditation, minister. Why do you think people are worried?

Mr FERGUSON - Three hundred people have made the decision to come and work in Tasmania and yet you would see them scared off. You do not want them to come because you want a health crisis. You want to be a dishonest elected premier.

Members interjecting.

Madam SPEAKER - Order. Everyone, calm down.

Mr FERGUSON - This is the hypocrisy of much of today's debate. I will reflect on everything that has been said in this debate. I will go through line by line the things that have been said by members here. Some of the things everybody has said have validity in my mind. If I am wrong about something, I will willingly take advice and see what we can do to improve it.

I recognise that one of our biggest present challenges is not going to be dealt with by this bill. It is a fine bill, like everyone else has said. The bill is not about services. It is about getting the governance right so that we can empower the right people in the right hospitals to make the local operational decisions that they need to make.

This bill on its own is not enough. We have to work together. We have to ensure that we can stand up and recruit so that we can get the right people opening these extra health services. We have spent the last four years rebuilding the health system. It had run aground and it was demoralised. It was very tough.

I stand by what this Government has imperfectly sought to do in the health system in Tasmania. Our state was a laughing stock, and a basket case in the country's health system. The last AMA annual report done on hospitals, sadly did not get the media attention that it did in previous years. In Tasmania we saw the improvements being demonstrated. In what other state can the Health minister say that when he started, the average days over boundary for patients waiting for surgery was 217 and the Government has got it down to 70. Not one other in the country can say that. That is the Government's health investment working. Mr Brooks got it right. This bill is not about politics. It is about the people to whom we owe a better future. If members think that solving bed block is a simple matter, then they have proven that they are not up to the task.

Our hospitals are in many cases operating at physical capacity. You want more beds, we want more buildings. That is the naivety of the Leader of the Opposition who runs off these glib lines, but she has no solution and no real commitment to the task, best proven when she stepped out of the health portfolio when she told voters it was her number one priority. It is not her number one priority; it is my number one priority. I suspect that not too many health ministers go round a second time because it is a damn hard job. I am not asking for sympathy, but I am saying that we are taking responsibility and I want to finish this task. In fact, the task will never be finished, but I want to see through the important improvements that the community deserve from us.

What other state government can say that when they got started, the patient who had been waiting the longest for surgery had been waiting for 10 years and eight months, and we have got that down to just over two years. That is the one patient waiting the longest. The second longest waiting, 899; and the third longest patient, 604 and with a 70-plus reduction in the number of people overdue for their day in the surgical theatre. The Leader of the Opposition permits members of her shadow cabinet to come into here and say, 'We support the bill, it is a great bill, minister, but there has been no improvements.' The facts are there, but you do not want to face the facts. You do not want to admit that we have 300 extra staff providing care to Tasmanians.

The truth of the matter is this: we have more demand. I heard the Deputy Leader of the Opposition crowing 'There is always more demand.' Why did they shut down ward 4D? Why did they close the Nell Williams Unit? Why did they cut elective surgery funding? Why did they cut community mental health.

Ms White - Remember the GFC.

Mr FERGUSON - Here we go, thank you, you are back. Thank you, Leader of the Opposition. Mealy-mouthed excuses. You cut resources to health in a period of increasing demand.

Ms White - And you cut them further when you came in.

Madam SPEAKER - Order.

Mr FERGUSON - You cut resources in a period of increased demand. What is our limiting factor? Have a crack at being honest -

Ms White - If you are going to rewrite history think about the context of your arguments.

Mr FERGUSON - Be honest.

Ms White - You be honest.

Mr FERGUSON - I am. I have been thoroughly honest the entire duration. Be honest, members opposite. What is the limiting factor on bed block that we have to overcome? I will tell you what it is - it is physical capacity. The Royal comes online next year, the Repat beds online in June/July, the LGH \$80 million redevelopment with another ward to be built there, 32 extra beds on building D. Until we get those physical resources we have to work together, support clinicians; listen to them. Stop running down our health system, because all you do is compound the sense of despair that you have helped to build.

I say we are reliant on a positive message, on a positive reputation, because we have a strong growth plan for our specialists. If you Google health crisis, Rebecca White comes up on your Google report. That is what Google returns - you get the Labor Party -

Ms White - With whom?

Mr FERGUSON - 'With whom', she says. That is what you get -

Ms White - You paid for that advertising?

Mr FERGUSON - because we saw, even though there are 300 more staff, even though nearly full staffed permanents in Burnie for obstetrics and gynaecology, there is still this relentless negativity.

I understand what it is like to be in opposition. I understand you need to be negative, but also be truthful. I say, Madam Speaker, we have come a long way but what we have had this afternoon is pure politics from members opposite.

Ms Butler - Truth.

Mr FERGUSON - You could not even get your quote right. Pure politics.

Madam Speaker, I stand by the legislation. There is still a lot to do and, importantly, the Government is committed to the task of continuing our improvements.

Madam Speaker, why was the bill needed? The bill was needed because the law needs to change. Ms White, the Opposition Leader, asked that question, which was a weird question because when I announced in December that if we were re-elected we would proceed to do without a governing council and a CEO, that would require a change to the law because, Ms White, the law requires a CEO and a governing council.

Ms White - Do not patronise me. Why didn't you change the THO act instead? It is a serious question.

Mr FERGUSON - That is why a bill is needed.

Madam SPEAKER - Order. It is late in the day.

Mr FERGUSON - The advice I received was the previous legislation was something of a dog's breakfast, designed more for a large state with multiple health bureaucracies, designed for a department system manager and numerous THOs. The advice given to me was that a new act would be far more fit-for-purpose. Why can't the secretary be appointed as administrator? These shock

and awe tactics would be disruptive in the health system. It is an appalling suggestion from the Leader of the Opposition. Some of the members of this House today criticised the Government, not that I agree with them, for rushing things. Such a shock and awe tactic would be disruptive, incredibly wrong and it would affect people's health.

I know you do not like to hear this but it is the fact. That is why we are here and why you are supporting the bill. You know it is sensible. There was a question from the member for Franklin, Dr Woodruff. She claimed the Government was sitting on this body of work for one year. That is not so. We commissioned this legislation. It has only now been through its various consultation phases with health groups. It is an important step, I am sure you would agree. It has not been deferred. It is not in that category.

Dr Woodruff - I believe I said it could have been done.

Mr FERGUSON - You put it in the negative but I will not repeat it. You say the Government needs to listen to health stakeholders. We are and it has benefited from that process. One union picked up a technical error in it. Good on them. The Government rephrased that clause.

Ms O'Byrne asserted that what went horribly wrong was to abolish local decision-making, and then alleged we removed directors of surgery and directors of medicine. That is not correct. It is true that on the support of all parties we abolished the three THOs and moved to a single THS, establishing the One Health System while we had a single GC and a single CEO. Those positions were retained. That is a false statement. I hope that is helpful.

I am not sure about the questions on executive council. There is no executive council other than the Governor's Executive Council. The executive referred to, I believe the question was about whether it was a statewide one? Yes, it is. There was a question around quality and a safety role, needing a proper transition. That is a useful point from the Deputy Leader of the Opposition, which argues against the Leader of the Opposition's claim we should have moved in and sacked the lot of them straight off.

That is all work that is part of the transition project. It is an important role for the transition project. I can see the discomfort but that is the fact.

Ms White - Well, do not lie.

Mr FERGUSON - I will not if you will not, and I am not. Mr O'Byrne also claimed the Government was doing nothing. I have dealt with that. He also claimed all these problems he was able to lay out were the fault of, I believe, the CEO and secondarily to me. This is not about sacking someone. That would be an unfortunate and improper thing to be alleging. Also, numerous claims that there was a personal suggestion of me saying I had lost confidence in the CEO. I have lost confidence in the act as it currently is. I want to see improvements. I want to see the best of One Health preserved and enhance local decision-making. To suggest otherwise is unprofessional by those who said it.

The mental health policy we took to the election provides for 25 more beds. Mr O'Byrne and Mr Bacon were raising those issues, together with transition care beds so that we can better step people up and down between home and hospital. Ramping photos were mentioned. We can all pull up ramping photos from now and in the past I will acknowledge again - if you want to listen

carefully, I will say it repeatedly - I acknowledge there are issues at times, during peak demand, with ramping, bed block and we want to work through those.

Ms White - It's not peak demand. It is all the time.

Mr FERGUSON - As you dishonestly claim, to suggest we claim to have fixed those issues would be wrong. The extra resources we have put into paramedics has been vital in every region. Our next phase of that is additional paramedics in regional areas and the advice is clear that is going to be of great support.

I have dealt with Dr Broad's issues, particularly his offer of his family's story. That is a valid story if that is the family's experience. I extend the offer to have that thoroughly investigated. The reasons for any poor service would be looked into and an explanation provided. I am not sure, but could possibly provide facts Dr Broad may not be aware of and that could be helpful. That is what a clinical review can uncover. If any other members have such similar poor, disappointing or inadequate stories, please, write to me and I can commit to having that reviewed. Not by me, not 'Dr Michael', not 'Dr Rebecca', but by clinicians.

The last thing I noted down but there may be others, was from Ms Dow, the member for Braddon, who raised the need of the cancer centre. I understand the cancer centre has been a great success. It is my memory that it was initially envisaged that the radiation and oncology service would be approximately three days a week, an expectation of how much caseload would require the new linear accelerator to be used, with its staff. I understand it is more than that now, through the week. Where the caseload is above its capacity, patients are carefully considered, counselled, spoken to and are managed. Where it is appropriate and the patient agrees that might instead be provided in Launceston. That is saving thousands of transports to Launceston every year. It has been a runaway success. I have to acknowledge the previous government for helping build it with the previous Commonwealth government, and our government staffing it and keeping it running. It is not a standalone service but a northern cancer service, working together across the north. I pay a tribute to the people who have made that happen.

I thank everyone for their contributions. I acknowledge we do not always have everything exactly right in health. This is a real journey. We need to be willing to admit we can create a better balance. That is what I admit today. The other statement I make is we are undeterred in our commitment to give Tasmanians the health system they deserve. That is the duty of us all and I encourage that from here on, criticise the Government by all means, but let us all agree to speak well of the Tasmanian health system. If you want extra specialists, as I do, that is the way to put out a positive message and invite people with something more of a welcome; that this is a great place to work, a great lifestyle and wonderful people to provide care to.

I commend the bill.

Bill read the second time.

TASMANIAN HEALTH SERVICE BILL 2018 (No. 3)

In Committee

Clauses 1 to 3 agreed to.

Clause 4 -

Minister to issue ministerial charter

Ms WHITE - Minister, I take your advice as to whether what I am asking is appropriate to ask in this clause. I want to ask about when you expect the bill to be passed into legislation and take effect. I understand from public commentary that, from 1 July, the position of CEO of the THS will no longer exist. Also, what happens to the governing council and the work that they have been undertaking? How do you envisage that work will transition to this new model, particularly considering some of the work they have been doing around safety and quality? I am interested to understand how that work will transition across.

Mr FERGUSON - I will give an initial answer and then ensure I have provided a full answer. The bill is intended to commence on 1 July, precisely as you have said, and its full effect would be immediate in respect of the legislative changes. In addition, there are certain time frames that have to be complied with, for example, the time frame for ministerial charges, service plans and so on.

The governing council would no longer be in existence and its members would therefore not have appointments any longer. The same is said of the CEO and the work of the governing council. I will read this part because it is important that I say this:

The Government recognises the efforts and contributions of the governing council and it is no reflection on them that the current statutory framework has proved ineffective for the Tasmanian context. The governing council and CEO have faced challenges under the current structure and while they have had numerous important successes, it is still clear that those structures have had to change.

The chair of the THS and four of the governing council members, in any event, finish their appointments in June 2018. The other four members would have finished their terms next year and understand that their appointments are subject to their statutory offices being amended. The nature of governing council appointments means that there are no contracts of employment that come to an end in their case.

Before you ask, let me volunteer that the CEO has a contract of employment to his statutory office. It will come to an end on the commencement of the bill and any residual contractual entitlements to leave and the like will need to be assessed at that date.

To your other important question, in relation to not just quality and safety work that is being undertaken by the governing council presently, together hand in hand with the executive itself, those functions including but not limited to the quality and safety work in all cases will transfer to the authority that the bill talks about between the secretary and the executive. Ultimately it will be the secretary who is responsible for those functions. At the present time there is a transition team which is chaired by the secretary of the department of Health and Human Services, Mr Michael Pervan, and vice-chaired by the deputy secretary, Mr Ross Smith. They are working through those precise issues at this time so it is very clear exactly who and in what way those functions will be maintained from 1 July.

It is important that you have asked me that because it is a vital function, given the pressing need to maintain a very close and watchful eye on quality and safety issues, and we agree it is vitally important that it be supported in this way.

Ms WHITE - Thank you for providing further details there. You did touch on the CEOs entitlements post 1 July when contracting will cease. It was a five-year appointment I understand when Dr Alcorn was first appointed, so what is likely to be owed once that position is ended?

Mr FERGUSON - My advice is that I am not able to give you a figure today. I do not have a figure with me, neither is one buried in my notes. I can advise that you are correct that Dr Alcorn currently serves as the CEO and he is on a five-year contract. He has obviously not come to the expiry of his contract yet. However, as I believe I said in my second reading speech, his contract will be ceased because of this act of parliament, if it is passed. Because there is a public interest ultimately in understanding the quantum of entitlements he may be owed and given that his contract that he entered into with government is being ended by this parliament, subject to the bill passing, if you are satisfied with this answer, I undertake to provide what I am able to subject to whatever confidentiality arrangements he is currently entitled to. I do not know this at this moment, but if I can provide you a figure I will and I could undertake to give you that.

Ms White - Could you just let me know his date of appointment?

Mr FERGUSON - I will take advice on that. I say that I think there is public interest in these issues; I anticipate and I respect that. Within the bounds of what I can provide I would be happy to take this on notice. I will not undertake to give you the answer today but perhaps when parliament returns, or I may write to you. I need to seek advice given that the contract is not with me but between the Premier and Dr Alcorn as a head of agency contract. There may be some confidentiality issues that I have to be advised about. This bill, however, is not about that contract specifically and so for that reason I would be reluctant to adventurously go any further on this. I can undertake to provide you that if I take it on notice.

Ms WHITE - Thank you, minister. Can you advise whether any other contracts will also be ended because of this change we are discussing at the moment? Whilst we are waiting, the other question that I had was that in your second reading speech you identified you expected savings estimated at \$4 million over four years that will result from these initiatives. I was curious to understand if they would be part of the ministerial charter, or whether they will feature as some other instrument, maybe as a part of the service agreement? I notice there is as part of the miscellaneous content of this bill discussions around transitional saving provisions, so perhaps it is more appropriate to raise it there. I am not sure if the savings expectations will be included in the ministerial charter so perhaps you could give some advice.

Mr FERGUSON - My departmental official has taken some advice out of the Chamber for a moment so I may need to come back on the first point. I will, however, offer my answer, which is that it is my understanding that there are no other contracted staff who are affected by this bill other than the CEO. I am getting a nod, so that is well understood. As to other members of the executive you may be wondering about, they are state servants and their employment status is not affected by this legislation. There is no suggestion or intent caught up in this.

The other question was about savings. The savings are based on an estimate of the total cost benefits. To put that another way, the total cost savings that would be achieved with the passage of this legislation, based on the cost of the governing council itself and the CEO's annual salary,

averaged. No, it is not my expectation that number will turn up in any particular way. Ms White, I am sure you would be mindful that while we have been seeing increased demand and the need to draw on extra resources, in the last financial year the Treasurer and the Government have provided additional funding to the THS because we want to maintain service. I will come back to you in a moment, but that is my clear understanding.

My advice is as I have said. It is an internal saving to the THS. All of its committee fees, the governing council, are met by THS. They are internally realised.

Ms White - It is essentially a cumulative calculation based on the CEO and the governing council's fees and no other -

Mr FERGUSON - Including the Chair.

Ms WHITE - Including the Chair, thank you.

Clause 4 agreed to.

Clauses 5 to 7 agreed to.

Clause 8 -

Functions of Secretary under this Act.

Ms WHITE - Minister, you may have answered some of the questions I was about to ask here regarding the other staff within the THS and what happens to them. You have indicated they are public servants. I would be keen to understand whether they will go across to the department to assist the secretary under this act or do they have substantive positions elsewhere? I am not sure of the number of people who are currently employed within the THS executive. You have indicated previously there might be 10 -

Mr Ferguson - Not that many.

Ms WHITE - Not that many. Could you indicate how many staff and where they are likely to go?

Mr FERGUSON - Mr Chair, to ensure I am absolutely correct I have asked for the precise number to present to you. If you are happy to take that from me at a later clause or whenever it comes back that would be appreciated.

As for the personnel, the intention of this legislation and my understanding of the intent, noting the transition is an ongoing work, all current THS employees, with the exception of the CEO, would continue as THS employees. The bill provides for the secretary to appoint a person from the senior staff working for the THS to the executive. This provides flexibility to evolve the executive over time. The secretary can increase or decrease the size of the executive, for example.

In the short term the secretary will be speaking to the current state-wide executive members about this important statutory role under the new arrangements, given that the bill provides for an act that specifically names an executive. I am not sure if that was the case before, it may be, but they have a special status in the law. This will be a matter for the secretary to make appointments. I will come back to you.

I am advised there are presently eight members of the executive.

Clause 8 agreed to.

Clauses 9 to 12 agreed to.

Clause 13 -
Advisory panels.

Ms WHITE - Could you provide further information about the role of the advisory panels? Do you have an expectation of what they will be advising on and how many advisory panels will exist?

Mr FERGUSON - The understanding for me is that this is a necessary mechanism so that we can have strong engagement with health consumers. I am sure you would be aware of them and would be a strong supporter of our health consumer committees in each region. It is intended that they be continued and this is a mechanism whereby there is a need, at times, for some regulation and protection of people who provide information to such committees, noting that it is confidential. The principle reason for this is our consumer engagement. I will go to some other material you will find useful.

This division provides that the secretary may establish advisory panels. The panels consist of the members the secretary considers appropriate and a chair. The panel is to provide advice to the secretary or executive that the secretary requests. The intention is that advisory panels may be used for any purpose, not only consumer engagement. This can be either specifically for the purposes or functions under the act or more broadly. For example, the secretary may decide to establish advisory panels to fulfil the function of ensuring appropriate mechanisms for consultation and engagement between the THS and consumers or other interested parties, however broader possibilities are provided for.

A broader example is that the secretary may decide to establish an advisory panel to review a particular health service planning issue or a particular clinical issue. Clause 14 of the bill is relevant for that kind of example. This is a typical clause where you want to make it possible for health practitioners and others to bring relevant information forward even when it would otherwise be restricted and/or you want to ensure the panel members are bound to keep that information confidential. This can be between clinicians and consumers but also between clinicians and other clinicians. For example, patient information may be provided to a panel to ensure there are appropriate clinical practices or outcomes. This clause allows external experts to receive such information and also ensure they have a clear duty to keep it confidential.

The drafting of these provisions provides a high level framework for panels, similar to provisions in other acts. For example, it has a simpler appointment and termination clause for members. Like any statutory power, common law requires it to be exercised reasonably. The power of removal is simply there to bring panel members or panels to an end when the need arises.

Ms WHITE - Thank you, minister. Can you explain whether the secretary has autonomy to set up these advisory panels and conclude them? Does it have to be part of the service plan or the ministerial charter? Do they have the ability to start up an advisory panel and maybe end one the next day if they so choose?

Mr FERGUSON - Ms White, you have it right. The secretary is the only person in power to make these decisions and to establish the advisory panels in whatever circumstances he or she considers appropriate, with the additional qualifications that are listed in clause 13. I have just asked my advisor about whether there is an intersection at all with ministerial charter - there could be. For example, the minister's charter will give a broad policy guidance to the secretary and the THS about what is expected. For example, I am suggesting that the strong recommendation and expectation that consumer engagement would be a reasonable thing to put in a ministerial charter. However, it does not change the fact that it is only the secretary who has the executive responsibility to do that and to do it in the way that they consider most appropriate.

Ms White - Thank you.

Clause 13 agreed to.

Clauses 14 to 16 agreed to.

Clause 17 -

Functions of THS

Ms WHITE - Minister, how will this operate at a hospital level? Essentially, how are you planning to empower local hospitals to have ability to make decisions? I wanted to seek some further detail from you about how this is going to work in practice at a hospital level, what management structures will be in place in hospitals, and who will have oversight of that process. Also, who will determine the delineation of responsibilities between the local hospital management and the THS?

Mr FERGUSON - Chair, I have a bit of material here that I will share. Some of it relates to future clauses which may answer some of your future questions as well.

Local decision-making is at the heart of the bill and the reason for the bill, but that does not mean that we would attempt today or in this legislation to try to set in stone exactly what that local governance and local decision-making structure should be in all cases. What we are doing here is creating a simple, accountable and transparent governance structure that takes away that separation between having two different health agencies. What we are looking for is a single line of accountability and a single accountability structure. This includes the executive's specific role to provide for the administrative and management structures the THS needs. When the State Service Act, for example, creates complex departments, it does not say how every small part of that will be managed. The key message here is in any complex statutory organisation it would suffer from any prescriptive statute. That is the clear advice that I have had on this journey and one of the things that has been consulted with stakeholders.

What we do not want is a one-size-fits-all in all local areas, so that we do not fail. The bill, therefore, creates the governance framework to allow fit-for-purpose decision-making to be delivered administratively. The Royal will have different needs to the LGH and so on.

I have mentioned the transition planning for these changes. That project includes transition planning for these changes, clear organisation charts for the THS to improve transparency of local decision-making and reporting arrangements, so people will not feel unsure exactly who they are answerable to, and can get support from; actions to ensure that decisions can be made at the facility level in order to deliver health services locally.

Coming back to the advice that I have in my hand, which does relate to some future clauses, Mr Chairman, if you will permit me, it may assist on this clause. I am looking forward to clause 26, in which a note is made that the clause may be used so that the small number of senior officers responsible form the statewide executive leadership and that the executive is responsible for administration and management of the THS responsible to the secretary and the performance by the THS of its functions and powers, and compliance of the THS with directions given under this bill.

In clause 28 the clause sets out the functions of the executive. They include administering and managing the THS. The executive must establish - so there is a 'must' -

appropriate management and administrative structures for the THS,

which will be used for purposes including enabling local management and control.

The executive - and this is not from the clause notes - must ensure the THS performs its functions. These functions include the management of each hospital. As I made the point earlier, the bill does not specify a one-size-fits-all for this. Even if it did, apart from being dangerous and imposing a one-size-fits- all, it would also suffer from sitting in legislation and not be changeable, depending on changing circumstances. I am not sure if that entirely answers your question. That is what I have to hand.

Ms White - Mr Chairman, if I could just draw your attention to the state of the House.

Quorum formed.

[6.19 p.m.]

Ms WHITE - To clarify, minister, essentially the question I had was: who will determine the delineation of responsibility between local hospital management and the THS? You indicated that the executive as set out in clause 28 has the responsibility for that. What management structures will be in place in hospitals and who will have oversight of that process? It would again be that executive as set out in clause 28 as the responsibility that they 'must' do that. The first question I asked was: how is this going to operate at the hospital level? What you have indicated is that you are not yet sure about that because you have asked as part of this bill for the executive to go and consult about what that looks like. Is that correct?

Mr FERGUSON - The secretary. It is a pivotal question. The transition work is being led by the secretary, not by the executive. The legislation provides that the executive will be answerable to the secretary - that is the big change, I suppose, and taking out a layer of management level, being the governing council. It is the secretary who is presently consulting on the specific local design of management structures. I would favour something like a management team, for example, in a local area. Others may have different views. They will be consulting on getting the terminology just right. Importantly, it is the right mix of people, the right number of people, that can manage the local decision-making at the Royal Hobart Hospital compared to, for example, the Mersey Community Hospital. I will come back to you in a moment because I believe your question was about who will settle the point before 1 July.

Ms White - I was going to ask about the time frame.

Mr FERGUSON - The very clear intention is that we have a 1 July start date so there would be local organisational charts by that time, so that it is not just a 1 July commencement for the

legislation but also taking effect in reality. I am certain, and I am also sure you would agree with me, that over time that may need to evolve as well, or mature, but that is the current work that is underway.

I have also been drawn to an earlier question in relation to how things change for employees. The short answer is that THS employees will continue to be State Service employees and continue to work at the THS under their current duties and arrangements, as a general statement, but over time, based on these changes - as I talked about on the THS executive - there may be a need to increase or decrease that as it is shaped over time.

Ms WHITE - Respecting that from 1 July you expect these new structures to be in place, do you anticipate there will be a need to recruit to fill vacancies that may exist under the new organisational chart? It seems that you have given a lot of flexibility to the secretary to consult and come back with an appropriate governance framework, structure and an organisational chart that may include the creation of new roles. A 1 July start date leaves that a little fine if you want to fill positions that might be created. It is a little difficult to understand exactly what it might look like because from what you have shared as part of your answer today, it seems that it is not clear yet what the Government's hope is of how hospitals should be governed from 1 July.

Mr FERGUSON - This is a work in progress. It is not possible to run ahead of the work that is underway with commitments being given for these decisions to be reached and organisational charts to be published during the month of June. The consultation process has been underway for a fair while now, in fact informally it started at about the time of the announcement of the Government's re-election policy, but we could not formally proceed with it until after the caretaker period, but informally that has been occurring.

Also the intention here is that it rolls up some of the work that has already been underway. For example, the Royal Hobart Hospital is a bit further ahead of the game than the North West Regional, because there is a stronger local hospital team managing at the Royal.

You asked specifically about whether it could mean some positions being created and I simply cannot answer that today. It is possible and if that was the case there may be an acting arrangement until it is permanently recruited, but I would be speculating on that point. The real point about a hospital like the LGH is that there are already senior people acting as directors of their various units there and it would only seem sensible as a general statement that the people who are principally leading already would be very closely involved in the future structures as well.

Ms WHITE - Minister, because you have raised it already in your response to this clause you referenced clause 26 where you said that the secretary would have the ability to appoint a small number of senior officers to create a statewide executive leadership which would help the secretary establish the appropriate management and administrative structures for the THS. I am a little confused because you said you expect the new management structures to come into effect on 1 July, the same date this legislation will come into effect, but the powers conferred to the secretary by this legislation will not be available to them until you also expect the management structures to be presented. So effectively the secretary has powers that are coming down the line they cannot use just now but you still expect them to deliver an organisational chart on 1 July. It just seems a little unfair.

Mr FERGUSON - As I take advice, the organisational charts are intended to be published before 1 July, during the month of June, and that is part of the transition work I spoke about earlier,

so there is nothing preventing the secretary from being able to conduct that work. He has been anyhow in the lead-up even to this legislation, so the consultation has already been well underway. I will seek the technical legal advice for you.

Well, you learn something new every day. I have just been advised that everything I have just told you is correct but, more importantly, the Acts Interpretation Act provides that a person can act in anticipation of a statutory power. However it would not legally come into effect until the actual start date. I found that quite interesting. So the secretary is entirely empowered to prepare this work but I do hold out the point as well that it is entirely reasonable that this will evolve if there are any improvements that could be identified later on as well.

Ms WHITE - The same clause also talks about the management of the THS budget as determined by the service plan of the funds, et cetera. You have already mentioned the \$4 million in savings you expect to achieve over the next four years and explained where you expect to achieve those savings. We have heard this before so excuse my cynicism, minister, but four years ago you said there would be \$21 million worth of savings when we moved to a THS. At last year's budget Estimates you were asked a question by my colleague in the Legislative Council, the honourable Craig Farrell, about your estimates, where you were in achieving those savings. You gave an update to the House. I added that up and it is \$14.4 million as of last year during budget Estimates that had been achieved out of the \$21 million you were hoping to see achieved as savings. In managing the budget, is it your expectation that the quantum of \$21 million in savings is still expected to be achieved or has that expectation vanished? Is the \$4 million on top of the \$21 million, based on your earlier answer? Do you still expect the THS to find a saving you told the Tasmanian public would be achieved and it seems, to date, has not yet been?

Mr FERGUSON - I forgive your cynicism on that point. We are realising savings as you have identified. My recollection from when the announcement was made that we would bring three THOs into one THS, our discussion was around the anticipated estimated savings. I am pleased you have been able to pull the figure I provided one year ago or thereabout around the savings that had already been achieved. It is my advice these are resources that become available to THS. We have avoided a cost, in this case, being the governing council and the chief executive officer. It then falls to the overall budget management of the organisation.

It will be possible in future to reconfirm that \$x cost has been saved as a result of this bill. It will not be possible to say exactly where they arrive as additional resources because it becomes part of the global budget. It is self evident that not having a chief executive officer, not having a governing council of nine, in future you will be able to see those costs are no longer being paid.

Ms WHITE - I presumed that to be self-evident as well. I am curious to know whether you still expect the THS to deliver upon the savings you identified it would realise, the \$21 million, or whether those austerity measures have ceased and you no longer require the organisation to find those savings.

Mr FERGUSON - Under the legislation governing financial accountability, the Financial Management Act, all agencies are obliged to work with budgets, to be financially responsible and to report accurately. That will never change and there will always be, for me or one day a future health minister, a future treasurer, whoever, to have that abiding responsibility for their agencies; to live within their resources and to discharge government funding to achieve the outcomes they are committed to.

In answering your question, we have moved well past the original savings vision or the anticipated savings amount of the approximately \$21 million forecast in 2014. It is now about looking forward to the future. These are indicative savings and we look forward to realising those as we have a more efficient management structure, ensuring, however that we have local best practice and fit-for-purpose management teams.

Ms WHITE - To be clear, that \$21 million in savings you estimated would be realised with the amalgamation of the THOs into the THS, you achieved two-thirds of that so about \$7 million is outstanding. Are you going to require the organisation to find those savings?

Mr FERGUSON - I do not want to agree with you, because the state Budget is going to be released in June and you will see shortly that there will be a globally allocated budget for the department and the THS through its various line items. The word recently used with me was a bit redundant in that sense because we have moved past it. The policy has been implemented. We are now into a different phase of the policy with this legislation. It is entirely possible that all of the estimated cost savings have been recouped.

I am glad you were able to represent the figure I would have provided to the Estimates Committees on advice one year ago and I will endeavour to do that again if you, or anyone, asks me at Estimates. The way this works in reality and in the practicalities of the organisation is that they have a budget, they have costs that are now avoided as a result of not having these levels of administration and it is available to them to manage. The Government has consistently provided additional funding to the THS each and every year, recognising during last year's flu season that extraordinary amounts of extra workforce were required and were paid for and the Government needed to provide the extra support, together with the extra support in the revised Estimates report earlier this year with extra funding for elective surgery.

It is a matter of course, so far as Government is concerned. We take a policy decision on the advice of the likely efficiencies to be gained and then we make those gains and ensure that regardless of the policy that we use our resources to get the best range and scope of health care.

Ms WHITE - You can forecast savings that make your budget bottom line look better and then never deliver on them and never be held accountable for it. Your entire budget is predicated on these savings over the last four years to give you a budget bottom line that looked much healthier than it may have been. When you are held accountable for asking agencies to deliver savings and you say, 'It is redundant now', it makes me think it is a very cynical political play.

Mr FERGUSON - I cannot let that pass unremarked. I was attempting to be courteous. I have a legal adviser with me today. If you want to make allegations such as that, it does not assist the passage of the legislation. You have incorrectly described the \$21 million figure. It was never a savings target.

Ms White - It was never a savings target?

Mr FERGUSON - Correct, it was never a savings target because it was not being taken out of the organisation. That is an incorrect characterisation. It is an efficiency and resources being released back to the organisation. I made constant statements to reassure the community -

Ms White - You presumed you could use that money to fund other things.

Mr FERGUSON - That is my point and I agree with you.

Ms White - But then you did not have the money there to use, which is my point.

Mr CHAIRMAN - Order.

Mr FERGUSON - Realising these efficiencies has provided more resources to the health system compared to the previous model, which I hope you are not challenging today. The savings were based on estimates, the policy has been implemented. If you want to make this a political point I will seek advice on it but I do not have the Chief Financial Officer with me. The point I am not agreeing with you is that we have not achieved all of the possible efficiencies. I am not agreeing with you on that, if that is where you are trying to take me. What I am saying is that with the policies being implemented we have seen changes along the way. We have seen greater health services provided, even greater than the service agreement in each financial year provided for. So even the suggestion that somehow we have not honoured our commitments is entirely false, because I can say to you that in every financial year more money was provided to the THS than was in each of its year's budgets.

As for the future, this is about releasing resources back into the Tasmanian Health Service so we can more efficiently provide a benefit to the taxpayer through benefits through improved health care and some savings. That is a more faithful answer without the benefit of the chief financial officer with me to advise me, but frankly that is not a material point in relation to whether or not this bill or this clause should pass and I do not concede the point you tried to verbal me on.

Clause 17 agreed to.

Clauses 18 to 43 agreed to and bill taken through the remainder of the committee stage.

Bill read the third time.

ADJOURNMENT

[6.42 p.m.]

Mr FERGUSON - Madam Speaker, I move -

That the House do now adjourn.

I thank members for their work through the day.

Child Safety Services - Homelessness Numbers

[6.44 p.m.]

Mr JAENSCH (Braddon - Minister for Human Services) - Madam Speaker, I would like to add further information to an answer I gave in question time today. In response to the Leader of the Opposition's question earlier today, I advise the House that there is no evidence to suggest children are removed from their families due to homelessness being the primary factor. We do not remove children from their families solely based on homelessness. Children are only removed if

there are issues of abuse or neglect. Where we can do so safely, children should remain with their families.

These cases are never simple. Families present with a range of complex factors and our primary focus is on the safety and wellbeing of children. I acknowledge that homelessness can make families vulnerable, as can a number of issues such as family violence and drug and alcohol addiction. That is why the Government has made a significant commitment to invest more time and effort into preventative measures, with the aim of reducing significantly the number of children coming into care. There is no more important task for us as a community than protecting our children and as minister I take that responsibility very seriously.

Personal Explanation - Comments made by Minister for Health

[6.45 p.m.]

Ms O'BYRNE (Bass) - Madam Speaker, earlier today during the MPI debate the Minister for Health made a comment about me which I took personal exception to and I now want to make a personal explanation.

The minister indicated that the only reason I was passionate and raising the issue of the failure for this Government to provide public and affordable access to terminations in Tasmania was because I hate him, I do not like him, and I do not like the Liberal Party. Well, be that as it may, it may actually be true that I do not like him, to be fair. That, however, was not what motivating the debate in this House. It was not what was motivating anyone in this party. I am genuinely outraged that this minister by his deliberate inaction has overseen a system whereby women are now having to either have children they do not want, which we hope is not the case, potentially accessing non-regulated services, but we know they are having to try to raise the money to fly to Melbourne.

The fact that this minister is prepared to allow that to occur on his watch says an awful lot about him. It is not good enough to say, 'Oh well, we didn't provide public services before, we don't have to do them now'. There were three services operating in this state when this minister came to power. As each of those services closed he chose not to act upon the warnings that indicated that if he did not take some kind of action surgical terminations would not be provided or accessible for women in this state.

For him to come in here and glibly say it is just because I do not like him is pathetic. Frankly I want him to do his job as Health minister and provide services that are legal for women so they can access reproductive health services in Tasmania.

Visa Processing Services - Plan to Privatis

[6.46 p.m.]

Ms HADDAD (Denison) - Madam Speaker, I rise tonight to express real concern about the Turnbull Government's plan to privatise Australian visa processing services over the next five years around Australia. Also what really concerns me is the federal Liberals' refusal and failure to stand up for the 100 or so jobs that are based in Hobart that will be affected by this decision. It will affect about 3000 jobs in the Immigration department around Australia and 100 of those are right here in Hobart, with most of those workers living in the Denison electorate.

It is concerning on a number of fronts, not just the fact that the local and federal Tasmanian Liberals have refused to stand up for these jobs, but also it is a sector that generates around \$2 billion in revenue for the Government each year and that money will now simply be handed to a private sector provider as a massive windfall.

We know that past efforts by Liberal and National governments to privatise government services give us a history littered with examples of private organisations skimming the cream of profits while taxpayers still pick up the bill for anything that does not make a profit. This is a misguided plan, I believe driven by an ideological obsession to privatise government services.

It shows a serious and disturbing lack of judgment about Australian security, border security and the Turnbull Government and in particular the minister responsible for the plan. The federal Turnbull Government trumpets its commitment to border protection and the minister, Mr Dutton, has always put himself forward as the chief protector of border security, yet in this case he shows stunning ignorance in privatising these key public sector jobs.

The privatisation plan undermines the value of the work of these frontline public servants who are highly trained to make decisions every day about who is granted a visa to enter Australia and who is not - every one of these key decisions potentially carrying with it the importance for border security. To casualise and privatise these important public sector jobs in the misguided hope of saving money - because privatisation means paying less, including paying less to workers - the Turnbull Government is prepared to risk border protection.

This is more a plan to transfer taxpayer money to a private organisation. You can bet your bottom dollar that we will see a worse performance as a result because private organisations work to a balance sheet and not in the public interest, as governments should and do. This plan is driven by an ideology that cheaper equals better.

Further, it is of deep concern to me that nothing has been done and no Liberal is speaking out in protecting these Hobart-based jobs. Not only does this show an utter lack of care for the lives and livelihoods of 100 Tasmanian workers but it is also in direct contradiction to members of the Liberal Party who are simultaneously encouraging the Australian Public Service to base more APS jobs here in Tasmania. Indeed a recent submission to the House of Representatives inquiry into regional development and decentralisation, Liberal Senator for Tasmania Jonathon Duniam sang the praises and the benefits of basing more Australian Public Service jobs in regional Australia, including here in Tasmania. I completely agree with the sentiments of Senator Duniam in his submission.

He said that Tasmania had the second lowest percentage of federal public service jobs in the nation and called for more. He said that basing APS jobs in Tasmania would contribute significantly to the local economy. We know it would. Indeed, he said there is no better place for public services than Tasmania and that any moves to decentralise the public service to Tasmania presents an opportunity to improve education levels and employment opportunities in regions.

This is the kind of thing that goes above politics. We all want to see our regions grow. We all want to see development job opportunities in Tasmania and moving APS jobs to Tasmania is a really great idea and I support that.

The jobs we are talking about here are already here. They are based here in Hobart. One hundred jobs supporting 100 families. That is kids in schools, people driving cars, buying petrol,

shopping at supermarkets. They are highly technical and skilled jobs. They are already here and they are already supporting those local families and our local economies. I ask the local Liberals, what is wrong with these 100 jobs? Why is the Liberal Party arguing, especially the Tasmanian federal Liberal representatives on the one hand, to bring more APS jobs here, while on the other hand, supporting moves to get rid of those who are already here.

I am going to be writing to our federal counterpart in Canberra. The ministers responsible -

Mr Bacon - Stand up for the jobs that the Liberals won't stand up for.

Ms HADDAD - That is right. I will be standing up for those Tasmanian-based jobs. I will be writing to our Tasmanian federal counterpart. I encourage those across the Chamber to speak to your federal Liberal colleagues and encourage them to join with your Senator Duniam, explaining to your federal colleagues, and especially minister Dutton, the benefits of basing Australian Public Sector jobs in Tasmania.

We do provide a fantastic lifestyle for public sector workers. I certainly want to see people in this Chamber stand up for public sector jobs being moved here, but in particular to save these 100 jobs that we know are in the breach as a result of this decision to privatise visa processing services.

Agfest 2018

[6.52 p.m.]

Mr BROOKS - Madam Speaker, today I want to talk about something more important than that, and that is Agfest, our agricultural festival of extravaganza that is on in the north. It is very important that not only we support our agricultural businesses and industry but also it is a really good event. I hope to see all members there. I will be there and no doubt Mr O'Byrne will be driving up to go to it this weekend.

It is really important that our agricultural industry across the north-west in particular for not only the jobs that it provides, but also the produce that comes from it. This is a really good way for school kids through to community groups to go to Agfest and learn about not only farming and agriculture, but a whole range of things and products. They can climb over tractors and four wheelers. Agfest is a good opportunity for businesses and also for the community to understand how vital that sector is across our state and across our economy. Certainly, most members if not all, will be there at some stage over the next few days. I am looking forward to seeing them there.

In particular I will be there tomorrow with Jane Howlett. Jane Howlett is a wonderful advocate for Prosser, from effectively Campbell Town to Brighton to Port Arthur to Bicheno, more or less. People ask me about Braddon and I say that it is basically Queenstown to King Island to Latrobe. It is an important decision people have this weekend where they can support a strong, united, majority Hodgman government agenda by supporting Jane Howlett as a candidate for Prosser.

It is important with this weekend at Agfest that we recognise the importance of our regional communities in Tasmania, many of which are in the electorate of Prosser. Some of the Hobart-based members on that side have probably never been out that way, but they should get out more and enjoy Campbell Town. I live in West Ulverstone.

Ms O'Byrne - Where do you live again?

Mr BROOKS - I live in West Ulverstone.

Ms White - One of your seven properties.

Ms O'Byrne - Really? I see you in Salamanca a lot.

Mr BROOKS - No, I do not live in Salamanca.

Dr Broad - Milk-based coffees in Salamanca, wasn't it?

Mr BROOKS - Has my time expired?

Madam SPEAKER - Order. I want to stop some of the nonsense that is going on in this room, so I am calling the House to order.

Mr BROOKS - In summing up we have a wonderful candidate who will stand up and support regional communities in Prosser in Jane Howlett. I am looking forward to working with her at Agfest tomorrow, as well as continuing to look forward to the support the community will give her on Saturday.

Janet Lambert - Labor Candidate for Electorate of Prosser Health Funding

[6.57 p.m.]

Ms WHITE (Lyons - Leader of the Opposition) - Madam Speaker, I would like to indicate my support for the wonderful candidate for Prosser, Janet Lambert.

Janet is a terrific candidate for the seat of Prosser. She is a Northern Midlands Councillor and she is a teacher of 25 years. She is working incredibly hard. I look at what is happening in our community, and I look at the Government and the way they have acted, the secret policies they did not reveal to the people of Tasmania, the \$2.7 billion worth of promises they made to the people of Tasmania. We need somebody who can hold them to account to ensure that those things can be delivered for our communities. That is what Janet will do. I am really proud to support her. I will be out tomorrow with her doorknocking and making sure that she knows that she has as much support as possible as she goes to election on Saturday.

She is incredibly courageous having just run one election to then back it up with another. That takes a lot of guts. She is a fighter and she is determined to represent her community and she will be an outstanding member for Prosser.

Opposition members - Hear, hear.

Ms WHITE - Madam Speaker, I also want to add a couple of other things as well on the back of the discussion around health funding. It made me think about how this Government regularly say they are going to fund new things from savings. We have seen that before when we think about the amalgamations of the THOs into the one THS and the Government saying they would save \$21 million that could then be reinvested into other things in health. Sneaky strategy because that new spending does not show up on the budget bottom line. They can say they are going to fund \$21 million of new things from savings. But what we just heard from the minister is when those

savings are not realised what happens is that the Budget is underfunded, chronically underfunded, and therefore goes over budget every year. The minister just acknowledged that every year he has been the minister, the health budget has gone over budget. That is not because he has been clever in securing more money from the Treasurer, it is because he has chronically underfunded the health budget year on year.

If you do not believe me, look at the Commonwealth Grants Commission and take a look at how this Government has chronically underfunded health services in this state every year they have been in office. Less than 60 per cent of Commonwealth Grants Commission funding GST goes on health under the Liberals compared to greater than 70 per cent under the Labor Party, so when you hear this Government say they are going to fund a new service from savings elsewhere, I say be very careful, because what it actually means is that they are chronically underfunding that essential service in the first place.

The House adjourned at 7.00 p.m.