PARLIAMENT OF TASMANIA

LEGISLATIVE COUNCIL

REPORT OF DEBATES

Tuesday 3 May 2022

REVISED EDITION

Contents

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SECOND SESSION OF THE FIFTIETH PARLIAMENT

The Council met at 11 a.m. pursuant to the Proclamation of Her Excellency, the Governor, the Honourable Barbara Baker AC.

The Clerk read the Proclamation.

OPENING OF PARLIAMENT BY COMMISSIONERS

The Commissioners appointed by the Governor, the Honourable Barbara Baker AC, the Honourable Craig Farrell, the Honourable Leonie Hiscutt and the Honourable Tania Rattray instructed the Black Rod to attend the House of Assembly and request members to attend in the Legislative Council to hear the Governor's Commission for the opening of Parliament.

Mr PRESIDENT - Honourable members of the Legislative Council, honourable members of the House of Assembly -

> Her Excellency the Governor, not thinking fit to be here at this time, has been pleased to cause a Commission under the Seal of State to be prepared for the opening and holding of this Parliament. This will more fully appear by the Letters Patent themselves, which the Clerk of the Council will now read.

The Clerk read the Commission.

Mr PRESIDENT - Honourable members of the Legislative Council, honourable members of the House of Assembly -

> We have it in command from Her Excellency the Governor to acquaint you that Her Excellency desires that you take into your earnest consideration such matters as may be submitted to you in this second session of the Fiftieth Parliament and I now declare the session open.

ACKNOWLEDGEMENT OF TRADITIONAL PEOPLE

The President, **Mr Farrell**, acknowledged the Traditional People and read Prayers.

PARTITION BILL (pro forma)

First Reading

Bill presented by Mrs Hiscutt and read the first time.

TABLED PAPER

Select Committee Inquiry into Greater Hobart Traffic Congestion - Government Response

[11.17 a.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council)(by leave) - Mr President, I table the Government's response to the Legislative Council Select Committee inquiry into Greater Hobart Traffic Congestion.

MINISTERIAL APPOINTMENTS

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, on behalf of the Premier, Mr Jeremy Rockliff, I wish to advise the Council of ministerial appointments:

- Jeremy Rockliff MP, as Premier, Minister for Health, Minister for Mental Health and Wellbeing, Minister for Tourism and Minister for Trade.

- Michael Ferguson MP, as Deputy Premier, Treasurer, Minister for Infrastructure and Transport and Minister for Planning.

- Elise Archer MP, as Attorney-General, Minister for Justice, Minister for Corrections and Rehabilitation, Minister for Workplace Safety and Consumer Affairs and Minister for the Arts.

- Guy Barnett MP, as Minister for State Development, Construction and Housing, Minister for Energy and Renewables, Minister for Resources and Minister for Veterans' Affairs.

- Roger Jaensch MP, as Minister for Education, Children and Youth, Minister for Skills, Training and Workforce Growth, Minister for Environment and Climate Change and Minister for Aboriginal Affairs.

- Madeleine Ogilvie MP, as Minister for Small Business, Minister for Advanced Manufacturing and Defence Industries, Minister for Science and Technology, Minister for Racing and Minister for Heritage

- Jo Palmer MLC, as Minister for Primary Industries and Water, Minister for Disability Services and Minister for Women.

- Jacquie Petrusma MP, as Minister for Police, Fire and Emergency Management, Minister for the Prevention of Family Violence and Minister for Parks.

- Nic Street MP, as Minister for Hospitality and Events, Minister for Community Services and Development, Minister for Sport and Recreation, Minister for Local Government and the Leader of the House.

The Honourable Leonie Hiscutt MLC continues as the Leader of the Government in the Legislative Council, and the Honourable Jo Palmer MLC continues as the Deputy Leader of the Government in the Legislative Council.

I also advise the appointment of Felix Ellis MP as Parliamentary Secretary to the Premier, and Mr Ellis as the Government Whip, with Lara Alexander MP as Parliament Secretary to the Minister for State Development, Construction and Housing.

PRESIDENT'S AUTHORITY

Advisers on the Floor

[11.20 a.m.]

Mr PRESIDENT - Honourable members, by my authority, I have determined that advisers to the Leader of the Government, Deputy Leader of the Government and the Minister for Primary Industries and Water, Minister for Disability Services, and Minister for Women, be authorised to go onto the Floor of this House for the duration of the session in order to provide advice and support to those two members.

MOTIONS

Committee appointments

[11.20 a.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I seek leave to move Motions without Notice relating to committee appointments.

Leave granted.

Joint House Committee - Membership

Mr President, I move -

> That the following members of the Council be appointed to serve on the Joint Committee of both Houses, known as the House Committee, to control Parliament House, and grounds and other matters. These will be Mr Farrell, Ms Forrest, and the mover, Mrs Hiscutt.

Motion agreed to.

Joint Committee to Manage the Parliamentary Library - Membership

Mr President, I move -

> That the following members of the Council be appointed to serve on a Joint Committee of both Houses to manage the Parliamentary Library: Mr Farrell, Ms Armitage, Ms Forrest, Ms Howlett, Ms Rattray and Mr Valentine.

Motion agreed to.

Message to the House of Assembly

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

> That a message be transmitted to the House of Assembly acquainting that House accordingly.

Motion agreed to.

MOTIONS

Sessional Order - e-Petitions

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council)(by leave) - Mr President, I move -

> That the sessional orders relating to e-petitions, which were in place in the first session of the Fiftieth Parliament, be again approved for this session.

Motion agreed to.

Sessional Order - Standing Orders 29(2) and 138(2) and (4)

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council)(by leave) - Mr President, I move -

> That the following sessional orders apply in lieu of standing orders 29(2) and 138(2), and (4).
>
> **29. Adjournment for want of a Quorum when notice is taken by a Member**
>
> (2) At any time after the Council has proceeded to business, if a Member notices that seven members including the President or Deputy President are not present, and so states, the Bells shall be rung as for a Division and if a quorum is not present at the expiration of four minutes the President shall adjourn the Council without a question first put, until the next ordinary sitting time.
>
> **138 After division called**
>
> **How Division taken**
>
> (2) The President will order the division bells to be rung for four minutes.

Locking of doors

(4) After the four minutes have expired, or such lesser time at the discretion of the President, he or she will order the doors to be locked, and no Member will enter or leave the Chamber until the division.

Motion agreed to.

Sessional Order - Standing Order 200

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council)(by leave) - Mr President, I move -

That the following sessional orders apply in lieu of standing order 200 -

(1) The evidence taken by any Select Committee of the Council, and documents presented to such Committee, which have not been reported to the Council shall not, unless authorised by the Committee, be referred to in the Council by any Member, or published or disclosed by any Member or by any other person.

(2) Paragraph (1) does not apply to -

a) Any proceedings of the Committee that are open to the public and the news media;

b) Press releases or statements by a Member of the Committee on the authority of the Committee; and

c) Written submissions presented to a Select Committee and authorised to be published by the Committee.

Motion agreed to.

SUSPENSION OF STANDING ORDERS

[11.24 a.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

That so much of standing order 39 be suspended for the duration of this session to enable Special Interest Matters to be called on each sitting Tuesday before Notices of Motion and Orders of the Day are proceeded with.

Motion agreed to.

SITTING TIMES

[11.25 a.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

> That for the period commencing on, and from this day, through to and including Wednesday 23 November 2022, whenever the Council is sitting, at 4 p.m. on Tuesdays and Wednesdays the sitting will be suspended for 30 minutes.

Mr GAFFNEY (Mersey) - Mr President, I put on record that I am not supportive of this 30 minute break on a Tuesday and Wednesday. I do not believe it was necessary. I was not consulted before this was moved in the last session and therefore, I will not be supporting the motion.

Motion agreed to.

RESUMPTION OF PROCEEDINGS

Note - Premier's Address

[11.25 a.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

> That the proceedings on the orders of the day relating to the noting of the Premier's Address, which were interrupted by the prorogation of Parliament on 5 April 2022 be resumed at the stage at which they were interrupted.

Motion agreed to.

RESUMPTION OF PROCEEDINGS

Restoration of Orders of the Day - Notice Paper

[11.26 a.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

> That the following four Orders of the Day standing in the name of the member for Murchison be restored to the Notice Paper following the prorogation of Parliament on 5 April 2022 -
>
> (1) Report of the Parliamentary Standing Committee of Public Accounts "Review of Auditor-General's Report No. 4 of 2016-17: Event Funding": Consideration and noting. (Ms *Forrest*)

(2) Report of the Parliamentary Standing Committee of Public Accounts "Review of Auditor-General's Report No. 8 of 2018-19: Student Attendance and Engagement, Years 7 to 10": Consideration and noting. (Ms *Forrest)*

(3) Report of the Parliamentary Standing Committee of Public Accounts "Review of Auditor-General's Report No. 1 of 2016-17: Ambulance Emergency Services": Consideration and noting. (Ms *Forrest*)

(4) Report of the Parliamentary Standing Committee of Public Accounts "Review of Auditor-General's Report No. 11 of 2018-19: Performance of Tasmania's Four Major Hospitals in the Delivery of Emergency Department Services": Consideration and noting. (Ms *Forrest*)

Motion agreed to.

MOTIONS

Deputy Chairs of Committees - Appointment

[11.27 a.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

That the following members be reappointed Deputy Chairs of Committees of this Council -

Ms Rattray:
Mr Valentine; and
Ms Armitage.

Motion agreed to.

Government Administration Committees A and B - Reappointments

[11.28 a.m.]

Ms FORREST (Murchison)(by leave) - Mr President, I move -

That Government Administration Sessional Committees A and B be reappointed and that the Sessional Orders Nos. 1 to 32, which govern the operation of the two Government Administration Sessional Committees and agreed to in the First Session of the Fiftieth Parliament continue to have application for this session.

And further,

That the following revised list of ministerial portfolios be allocated to the Legislative Council Government Administration Committees A and B as a result of the Ministerial portfolio changes -

Committee A

I. The Premier
II. The Minister for Health
III. The Minister for Mental Health and Wellbeing
IV. The Minister for Trade
V. The Minister for Tourism
VI. The Deputy Premier
VII. The Treasurer
VIII. The Minister for Infrastructure and Transport
IX. The Minister for Planning
X. The Minister for Local Government
XI. The Minister for Sport and Recreation
XII. The Minister for Community Services and Development
XIII. The Minster for Hospitality and Events
XIV. The Minister for Parks
XV. The Minister for Police, Fire and Emergency Management
XVI. The Minister for the Prevention of Family Violence
XVII. The Minister for Women
XVIII. The Minister for Disability Services
XIX. The Minister for Primary Industries and Water.

Committee B

I. The Attorney-General
II. The Minister for Justice
III. The Minister for Corrections and Rehabilitation
IV. The Minister for Workplace Safety and Consumer Affairs
V. The Minister for the Arts
VI. The Minister for State Development, Construction and Housing
VII. The Minister for Energy and Renewables
VIII. The Minister for Resources
IX. The Minister for Veterans' Affairs
X. The Minister for Aboriginal Affairs
XI. The Minister for Education, Children and Youth
XII. The Minister for Skills, Training and Workforce Growth
XIII. The Minister for Environment and Climate Change
XIV. The Minister for Heritage
XV. The Minister for Science and Technology
XVI. The Minister for Advanced Manufacturing and Defence Industries
XVII. The Minister for Small Business
XVIII. The Minister for Racing

And further, that -

Mr Duigan
Mr Gaffney
Ms Lovell
Ms Webb
And the Mover

be of Committee A.

And that -

Ms Armitage
Ms Howlett
Ms Rattray
Ms Siejka
Mr Valentine; and
Mr Willie

be of Committee B.

Motion agreed to.

Select Committee on Road Safety - Reappointment

[11.30 a.m.]

Ms ARMITAGE (Launceston)(by leave) - Mr President, I move -

> That the Legislative Council Select Committee on Road Safety in Tasmania appointed on 29 June 2021 with power to send for persons and papers, with leave to sit during any adjournment of the Council, and with leave to adjourn from place to place to inquire into and report upon road safety in Tasmania, be reappointed; and that the membership of the committee and its terms of reference be those agreed to in the First Session of the Fiftieth Parliament and that the minutes of proceedings of, and evidence received by that committee be referred to the committee.

Motion agreed to.

SPECIAL INTEREST MATTERS

Sister Hives

[11.31 a.m.]

Ms LOVELL (Rumney) - Mr President, members may recall a previous special interest matter I brought to the attention of this Chamber with the Tasmanian junior beekeepers. Today it is my great pleasure to speak about another beekeeping endeavour involving many of the same inspiring women. I acknowledge members of the women's beekeeping community known as Sister Hives, based in my electorate in Richmond and with members from a much broader area. Anita Long, Jenni McLeod, Jill Butterworth, Lisa Britzman and Cathy Maloney,

along with my electorate officer Annette, welcome to Parliament today and thank you for being here.

Sister Hives was born from a conversation between two of the women here today, Jenni McLeod and Anita Long. Jenni and Anita are both experienced beekeepers, and were looking for a way to inspire a more connected community of women beekeepers in what has historically been a male-dominated field. I note here, Mr President, because I believe this is an important point, especially to Sister Hives, that when I refer to women, I include any person who identifies as a woman. Anita and Jenni decided to hold a one-day workshop to test the level of interest, and the workshop sold out within 48 hours. It was my great pleasure to support this event, along with my colleagues Rebecca White and Jen Butler, both local members for Lyons. With this level of interest, and with the support from Bec, Jen and myself, Anita and Jenni were encouraged to dream bigger.

A successful grant application through the state's Supporting Women to Succeed program enabled a second workshop. The grant funding and additional support from the Southern Tasmanian Beekeepers Association supported 25 places, and Jenni and Anita opened the program to any women who applied. Sixty women from all over Tasmania were invited to participate. The program has been so inundated with requests that the Sister Hives community has grown to involve women from all over the state, with a monthly Zoom session empowering woman to connect, share their knowledge and skills.

So far, Sister Hives has heard from master beekeeper Laurie Cowen; scientists Karen and Charles Conner; author Mark Leech; and bee activist and campaigner from Save the Bees Australia Simon Mulvany. Many more interstate experts are keen to take part. From spring to autumn, a practical, hands-on component of the program has given women an opportunity to apply their theory in the Sister Hives apiary.

I was lucky enough to attend the Sister Hives event in recognition of International Women's Day in March this year. The event was held at Ripple Farm in Richmond, where Rachael Treasure and Dan Loré are doing some exciting regenerative and restorative farming and land management practices. That might be a special interest topic for another day.

International Women's Day is an important date, but it is a date that I have always approached with some reservation. All too often the day is marked with breakfast events and morning teas, retail sales and other ways of marking the day that are all talk and little action and do little to further the opportunities for women in any tangible way. I made the decision to make the Sister Hives event the way that I would recognise and celebrate International Women's Day this year, because this community is all about empowering women to unlock their own potential.

One of the ways this has emerged through Sister Hives is a marketplace, which is held at each workshop, for women to buy and sell each other's products. Some examples of these products range from leatherwood honeycomb in beautifully crafted pots - and Mr President, I think you, especially, would like these pots, as they are made by a local potter in your own electorate. Then there is the most delicious leatherwood honey popcorn made by a Sister Hives member and her daughter, which disappears far too quickly in my house, and a 3D model of a worker bee lifecycle which is now receiving orders from all over Australia.

I was also lucky enough to have the opportunity to visit a hive up close, and if any member ever gets the opportunity to do this I absolutely recommend it. I was suited up and taken to the hive by a group of Sister Hives members, where we opened up the hive and inspected it, checking on the levels of honey in the lead-up to winter, identifying the queen, checking the brood. Am I doing well with all the terms?

It is not every day that you get to see a bee emerging from its cell for the first time but we were lucky to witness that as well.

I was fascinated by the hive but I was equally struck by the genuine care and support shown to me, and to each other, by this group of women. They were constantly checking in with me to make sure I was comfortable, encouraging me to get hands-on and involved in the inspection, explaining the make-up of the hive, and answering all of my questions.

This is a group who have obvious respect for each other and are deeply connected, which speaks to the success of the very first goal Anita and Jenni had set: a connected community of women beekeepers.

Sister Hives is a perfect example of social infrastructure that supports an industry to not just survive but thrive. It is an example of what women can achieve when they are supported to enact their ideas, and it is an example of just one of the many inspiring, inclusive and connected communities in the electorate that I am so proud to represent.

Imagine what could be achieved if women everywhere were supported in that same way. On International Women's Day, and on every day, let us all look for ways to encourage the women in our communities to unlock their own potential, and give them the support that they need to do so. Would that not be something really worth celebrating?

Members - Hear, hear.

Cradle Mountain Heritage Day

[11.37 a.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I wish to talk about the Cradle Mountain heritage event. The event at Wilmot was to celebrate the Weindorfers' vision for Cradle Mountain to be declared a national park for the people for all time, and those were Mr Weindorfer's words, 'for the people for all time'.

So, just who was Weindorfer? Gustav Weindorfer was a mountain climbing enthusiast from Austria, who migrated to Melbourne around the turn of the 20th century. He had a keen scientific interest in botany, became a member of the Field Naturalists Club in Melbourne where he met his future wife, a Tasmanian, Kate Cowle, also an enthusiastic botanist. They married in Tasmania in 1906, spent a five-week honeymoon on the top of Mt Roland, near Sheffield, hunting for botanical specimens for scientific research. From there, they spotted Cradle Mountain in the distance, and they were strongly attracted to explore it.

They first trekked to Cradle Mountain in 1909, in the company of farmer and bushman Ronnie Smith, who assisted the climb to the summit. Kate was thus the first white woman ever to attain the summit of Cradle Mountain, dressed in long skirts and boots.

They decided to create an accommodation place for visitors who also wanted to experience rugged, pristine wilderness beauty. They bought land and constructed Waldheim, meaning 'forest home', from local King Billy pine, celery top and myrtle. This first opened to visitors in 1913.

Weindorfer and his fellow naturalists and nature enthusiasts agitated for the area to be declared a national park 'for the people for all time' and for a road to be constructed to the valley. In spite of many obstacles along the way including personal challenges and tragedies, over the years this vision became a reality. A road was constructed in 1919 and in 1922 the area was gazetted as a national park. In 1982 it achieved World Heritage status.

This year in Wilmot on Sunday 1 May 2022, we all celebrated three important commemorative dates. They are the 90 years since Gustav died in 1932, 100 years since Cradle Mountain was declared a Tasmanian national park in 1922 and 40 years since it was declared a World Heritage Area in 1982.

In recent years, successive Tasmanian governments have invested millions of dollars making the Cradle Mountain Word Heritage Area an attractive, world-class, easy to access destination for millions of visitors from all over the world.

This event was organised by a committee of four people. The Weindorfer Memorial Committee is a small group of volunteers appointed by the Wilmot Tourist and Progress Association to organise a free community event that commemorates the memory and vision of the Weindorfers, to celebrate the achievements of that vision and to educate the public about the efforts and achievements of all those pioneering figures, as well as the flora, fauna, and the geology of the Cradle Mountain area.

It happened outdoors in Pioneer Park and indoors in the main room, as well as in the back rooms of the Wilmot Memorial Hall. There was a packed program of events. Indoors, in the main body of the hall, started with the opening ceremony at 10 a.m., and I was honoured to be asked to officially open the event. We then had a short vignette, which was a play about Gustav and Kate Weindorfer and their friends Ronnie and Kathleen Smith, written and performed by local artists. There were musical performances by Quin Thomson and David Malone, and the guest speaker was author Kate Legge, who wrote the book *Kindred: A Cradle Mountain Love Story*. Outdoors in Pioneer Park there was a welcome to country, smoking ceremony and Indigenous dances were performed by the Trowunna Cultural Group. Also an informal cultural experience of Indigenous crafts, string making, necklaces, kelp baskets, whittling, clapping sticks and spears, guided by their members. All afternoon, visitors explored the exhibits outdoors and in the back rooms of the hall.

There was a guided bus tour to Waldheim at Cradle Mountain. At Waldheim, guests participated in a short memorial ceremony then experienced a guided history tour of Waldheim and the forest walk. There were displays of vintage cars, bikes, steam machinery, bushcrafts, shingle splitting, blacksmithing, handcrafts, children's art exhibitions, children's games of yesteryear - marbles, quoits, dominoes, knuckles and hopscotch. There were devils at Cradle exhibits, there were book sales, food and beverage sales, raffles and blacksmithing demonstrations by the Kentish Community Men's Shed.

Indoors, in the back room of the hall were the Weindorfer memorabilia, Parks and Wildlife exhibits, geology, botany and edible bush foods from the high country. There were

also armchair chats with people who were associated with, or descended from, significant pioneers of the establishment of the Cradle Mountain National Park.

It was a packed, fun day, and it was a fantastic event, and I congratulate all those involved in preparing and running the day, especially the Weindorfer Memorial Committee made up of Sandra Rowden-Rich, Coleen Harrison, Jamie Bradley and John Kleindienst.

Joan Margaret Green OAM - Tribute

Ms ARMITAGE (Launceston) - Mr President, today I pay tribute to Joan Margaret Green OAM, who recently passed away at the age of 98 years. Joan was a foundation member of the National Trust of Australia branch in Tasmania in 1960, along with her husband Dick Green and Mrs Biddy Craig. This organisation, as we know, has grown to look after many properties and places across the state and is now run by a dedicated team of employees and volunteers. Franklin House and Clarendon House in northern Tasmania are two wonderful examples of what Joan was able to achieve through her time working with the National Trust, nurturing the interest and enthusiasm of volunteers dedicated to the cause of heritage preservation.

Joan was born in Launceston and was educated at the Methodist Ladies College, now Scotch Oakburn College, where she excelled in her studies and played various team sports. Joan was particularly fond of and proficient at golf, and she in 1949 won 11 championship titles. She captained the women's golf team in the Australian Women's Golf Championships held in Brisbane in 1951. Joan's love and interest in golf was fostered by her parents, Walter and Dorothy Manson, with whom she started playing golf at 11 years of age.

Joan and Richard Green - better known as 'Dick' - were married in 1951, had six children, raising them at their home in York Street, Launceston, where Joan lived until she was 97 years of age.

For over 50 years, Joan was an active member and volunteer for the National Trust, so members will not be surprised to hear she was awarded the Order of Australia medal in 2014 for her service to the community. This was particularly through the heritage and conservation of historic properties. In that same year, Joan was presented with the Launceston City Council Citizen of the Year award.

Joan's accomplishments and legacies go beyond her work with the National Trust, however. The Dick & Joan Green Family Award for Tasmanian History was established in 2016 to commemorate their contribution to Tasmanian culture and history. The award recognises high-quality published work that makes a significant contribution to an understanding of Tasmania's past, and seeks to celebrate and promote books of Tasmanian history and cultural heritage, including biographies and historical fiction. Moreover, even after Dick's passing in 1986, Joan continued to work with and contribute to a number of organisations that support our communities. The Tasmanian branch of the Australiana Fund, an independent fundraising body to acquire a national collection of historic artworks, also benefitted from Joan's time, expertise, and dedication over the past decades. The Tasmanian Symphony Orchestra and the Committee of the Order of Australia Association (Northern Region) were also organisations about which Joan was passionate and worked with for a number of years.

In an article in *The Examiner* newspaper on Wednesday 30 March, Joan's daughter Caroline Johnston described her mother as loyal to her values and to the people around her, saying,"Dad was a local councillor and mayor of Launceston in the late sixties, early seventies, and she was a committed mayoress, fully supportive of him and very proud of the way she supported her husband in those endeavours."

Mr President, we can all agree with that sentiment. Joan Green was not just a dedicated mother and wife, but was also strongly connected with her community and gave much of herself, her time, and her wisdom to preserving and promoting it. Joan leaves behind a wonderful legacy of which she could be extremely proud. Simply by virtue of her work with the National Trust, we have all gained something: the protection of our history and culture.

Vale Joan Margaret Green OAM.

Pearn's Steam World, Westbury

[11.47 a.m.]

Ms RATTRAY (McIntyre) - Mr President, today I draw to the Chamber's attention a truly unique icon in my electorate of McIntyre: Pearn's Steam World at Westbury. I am sure you will enjoy this, Mr President.

Mr President, I am sure you and many others present have driven past the striking and unusual big green sheds that look like grain silos or aircraft hangars, without realising that inside is the largest collection of steam traction engines in the Southern Hemisphere. Pearn's Steam World has operated in Westbury since 1987 and features an internationally significant assortment of steam traction engines, tractors, farm equipment and memorabilia collected from the 1950s by the late Pearn brothers, Jack, Verdun, and Zenith.

Back in the 1950s and 1960s, when collecting old stuff was not very fashionable, the Pearn brothers started collecting steam traction engines and machinery when they realised the introduction of new machinery and combustion engine tractors meant the passing of an era, not only for their farm and contracting businesses, but also for agriculture. Following years of painstaking collecting and restoration, the brothers could not see their growing collection dispersed. In 1987, with community support, they developed Pearn's Steam World.

It should be noted in this Chamber on 28 May 2022, it will be 20 years since the family donated their now extremely valuable collection in trust to the local community. Now operated by the Westbury Preservation Association Incorporated, the venue trades as Pearn's Steam World, with the collection held in trust by the association. Should the venture fail, the collection is to go in its entirety to a like-minded organisation as directed by the late Pearn brothers.

Pearn's Steam World aims to be Tasmania's key agricultural museum for production and social history. It not only features tractors and big machinery, but snippets of key points in Tasmania's history, such as the soldier settlement scheme, the eradication of hydatid disease and the work farm women have played in what is today an extremely important industry to this state. The Women on the Land exhibition is well worth a look.

The collection of 13 traction engines dates back to the late 1800s and contains numerous items within the complex of state and national significance, including the 1910 USA-made Birdsall steam traction engine, one of only three surviving engines left in the world. Also, the 1889 six horsepower Aveling and Porter steam traction engine, purchased by J and T Gunn direct from the UK and one of only two known engines of this age left in the world, the other remains in the UK.

Most recently, the association has spent in excess of $270 000 restoring two key engines to working order. It is a specialised field restoring traction engines and also very expensive. Open daily, this iconic attraction brings visitors to Westbury from all over the world, and was built, developed and remains open daily through the hard work and dedication of volunteers, including family members.

Pearn's Steam World's volunteer program offers meaningful connection, skill building and support, currently targeted towards aged and young people experiencing isolation, as well as people living with a disability seeking community engagement. Meander Valley Young Citizen of the Year, Luke Cole, is a volunteer at Pearn's Steam World and is a shining example of what can be achieved through learning opportunities.

Despite 35 years of operation at Westbury, the volunteers at Pearn's Steam World have plans to expand. They are currently working on a proposal for a new and improved facility that will house a new workshop area to facilitate maintenance programs for internationally rare and unique historical machinery; a roving display to be used by guest exhibitors; and a dedicated train station for the model steam and petrol trains. The very eye-catching building will also provide improved facilities for the association's volunteering. I wish the association all the best in their endeavor to expand this facility. I will be a big supporter.

Mr President, may I congratulate the Westbury Preservation Association on 20 years of operation next month. In their care is a significant collection of Tasmania's agriculture heritage and a community asset, not only for Westbury but for the nation. I acknowledge and thank Ruth Patterson for sharing her wealth of knowledge of the history of this valuable and important collection. For members' interest, Ruth is a descendant of the Pearn family, whose passion and commitment to this wonderful collection is to be applauded. Keep up the good work, Ruth, and to all those volunteers, thank you.

Mr PRESIDENT - It is very appropriate one of the volunteers is called Luke Cole, working with steam engines.

Ms RATTRAY - It was a pleasure to deliver that.

Mr PRESIDENT - It was a pleasure to listen.

International Midwives Day

[11.54 a.m.]

Ms FORREST (Murchison) - Mr President, I think it is safe to say none of us here has any recollection of our time in utero during our mother's pregnancy or of our own births. The women and some of the men in this Chamber have clear and precious memories with the births of their own children, or even grandchildren if they were privileged enough to share such

momentous events, as I have been on both counts. I can say with confidence a midwife is a key part of this memorable and life-changing experience. This Thursday 5 May, midwives all across the world will be celebrating International Day of the Midwife 2022, embracing the theme 100 Years of Progress. This timely celebration will reflect on the progress in midwifery over the past 100 years.

Mr President, 100 years ago the International Midwives Union was created in Belgium, the forerunner to the International Confederation of Midwives. Since then ICM has transformed into what it is today, a global, non-governmental organisation, representing more than 140 midwives' associations, including the Australian College of Midwives, which is the peak professional body for midwives in Australia. The associations are in more than 120 countries. Together, these associations represent over one million midwives worldwide.

The ICM's website describes the following vision statement:

> ICM envisions a world where every childbearing woman has access to a midwife's care for herself and her newborn.

The ICM mission is:

> To strengthen Midwives' Associations and to enhance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, their newborns and their families.

On their website the ICM state:

> We could not be prouder to stand for midwives and their associations as they stand for the rights, dignity and health of women and newborns everywhere. We see this milestone [100 years] as an opportunity to acknowledge where we have come from as an association while simultaneously exploring the next hundred years of ICM and what it would mean for global health if midwives received the enabling environment they deserve.

Over the last two years midwives, maternity support workers and student midwives have met extraordinary challenges and risked their lives to provide excellent care for women and their families.

Now is the time to not only celebrate how they have been there for our community throughout this pandemic but to show up for them in calls to the government to put money where it counts and invest in maternity care, including midwifery-led, continuity of care models. It is time to celebrate the important part midwives play in the lives of families and the positive impact on maternal and infant outcomes through their care.

Pregnancy, childbirth, motherhood and midwifery have been happening on country since time immemorial. Birthing on country for our Aboriginal women was and continues to be a very important part of their ongoing culture and the wellbeing of Aboriginal mothers and babies. The last 200 years have seen significant societal change in Australia and the

knowledge, tools and technology available to midwives have brought about significant change to the profession but at its heart, midwifery is the same.

Midwives have always gone to extraordinary lengths to be 'with woman' and to achieve the best possible outcome for her and her baby and they still do today. In December 2021, the ICM Australian Midwifery History Project Team launched the Australian Midwifery History website. I encourage all members to visit the ACM website for more information about the history of midwifery and the recorded history of many amazing midwives involved in the ACM and its antecedent organisations. I recognise the names and stories of so many of these amazing women who I have worked with as a midwife and also as a national delegate, as president of the Tasmanian Branch of the College of Midwives.

As it notes on the website:

> The history of midwifery has been described as an unrecognised one with 'honourable traditions … replete with heroes, villains and uncomfortable truths ... with narratives, awaiting investigation, of remarkable and invisible women who attended to others in the most difficult of circumstances in Australian settler society.'
>
> But midwives are not often taught their history. Although midwifery is currently reclaiming its unique professional identity and the Australian College of Midwives recently declared, "We stand on the shoulders of giants and in awe of who have gone before," we often lack the evidence that should fully inform that statement. In midwifery there is no Florence Nightingale iconic hero, but instead, a Dickensian caricature of a midwife, Sairy Gamp - drunken, slovenly, rough and incompetent.
>
> Historical context is usually couched in 'us and them' stories of subordination and domination by nursing and/or obstetrics and the most conspicuous place to find midwifery history is often in coroners' reports.

I know have been told by a local obstetrician some years ago I was the most insubordinate person he had ever met. I took that as an enormous compliment, even though it was meant as anything but. As we know:

> women's work, domestic and home-based work, unpaid work, caring work, vocational work and midwifery work are often invisible in both the historical record and the living world. This website hopes to recognise our pioneers and make them visible.

As a current and proud ACM member and former midwife, I celebrate midwives for all that they do each and every day. I encourage all of us to thank a midwife today, particularly on Thursday, which is International Day of the Midwife, send one a message, share on social media and do what you can to thank these selfless individuals for their services to health and the wellbeing of mothers and babies.

Members - Hear, hear.

LEAVE OF ABSENCE

Member for Pembroke

[12.01 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council)(by leave) - Mr President, I move -

> That the honourable member for Pembroke, Ms Siejka, be granted leave of absence from the service of the Council for this day's sitting.

Leave granted.

MOTION

Consideration and Noting - Parliamentary Standing Committee of Public Accounts - Review of Auditor-General's Report No. 1 2016-17: Ambulance Emergency Services

[12.01 p.m.]

Ms FORREST (Murchison) - Mr President, I move -

> That the Parliamentary Standing Committee of Public Accounts review of Auditor-General's report No. 1 2016-17: Ambulance Emergency Services, be considered and noted.

Mr President, I hope members have had time to consider noting these reports, because they were on the Notice Paper. I indicated I was going to move them when I was unfortunately benched last time with the dreaded COVID-19.

In terms of the function and actions of the Public Accounts Committee, for some time we have been undertaking follow-up reviews of the Auditor-General's reports. We meet regularly with the Auditor-General to discuss which reports the committee will follow up and which ones the Auditor-General and his office will follow up. We do not double up, but we look at them to see which ones would be valuable to see how the Government and the various departments or organisations have responded to the Auditor-General's recommendations.

The purpose of this report and the review that is carried out is not so much to look at the whole issue - in this case of how efficient, effective the ambulance services are, and whether they are doing their job - but is more to look at the recommendations made by the Auditor-General. We send a questionnaire to the department and ask them to provide some feedback about whether they have progressed the recommendations, which ones they have, and if they have not progressed them, why not or whether there has been a delay for some reason. It is a mechanism to rightly hold the departments to account for the recommendations made by the Auditor-General, who has done a more thorough review within a particular term of reference he establishes. That is the purpose of it. It is not to be a broad-ranging review, it is to follow the recommendations made by the Auditor-General and to make further recommendations if necessary and to comment on whether the department involved has actually adopted that recommendation and to what effect.

There are members who will know four of these for follow-up reviews. We are doing two today. I intend to move the other two about events and educational outcome attainment and attendance at a later sitting. This one relates to the efficiency and effectiveness of ambulance services and emergency services related to ambulances.

The report is not long in many respects, but it does provide significant information about where Ambulance Tasmania has got to. We acknowledge there is always a passage of time from when the Auditor-General conducts this review and then when PAC has reviewed it. In this time, there has been more time since we have reported and things may have changed further.

There has also been change in the senior leadership of Ambulance Tasmania during this process too. Joe Acker now heads up Ambulance Tasmania and he brings a fresh set of eyes and different ways of doing things. He provided evidence to the committee. He was CEO then, but some of the comments made by the Auditor-General may refer to previous leaders. This is not to make comments about the leadership and I am just saying there has been a change at the top of Ambulance Tasmania during that time.

We send out a questionnaire asking the department to provide information as to how they have progressed the recommendations, and provide explanations as to why they may not have in some cases. We also invite the minister and relevant other departmental officers, like the CEO of Ambulance Tasmania in this case, to give evidence to the committee.

In the committee report you will find some collation of the written responses most likely followed up with some of the evidence provided to the committee by way of a hearing.

You need to actually look at the Auditor-General's report to get a full context of what was recommended, but our report does start with each recommendation, naming the Auditor-General's recommendation. That is not our recommendation. That is the Auditor-General's recommendation, then the committee's comments follow beyond that.

I will go through them one by one because to take them collectively perhaps does a disservice to it.

The committee also made some recommendations, and to talk broadly about that, it was not only with Ambulance Tasmania that we found this. We found it with the review into emergency departments, into the educational attendance and attainment. Not so much the events funding, that was slightly different. We found there are a lot of processes and reviews and mechanisms put in place. Enough acronyms to sink the *Titanic*, and it seems that broadly, whilst the evidence would suggest that these are being effective in those areas, it is really hard for the PAC or anyone else to determine how effective each one is and whether it is worth continuing.

The member for Elwick might like to comment on some of this too, because it was somewhat frustrating at times to often hear, we are putting this process and this process and this process in response to the Auditor-General's recommendations. But it is hard to assess how effective and what the outcomes of that implementation have actually been.

Some of them are quite new, and so it is obviously difficult to make any clear distinction about whether the outcomes are what was intended. But if we do not keep focusing on

outcomes, whatever it is you are seeking to improve - whether it is the efficiency of the service, whether it is the patient outcomes that this new mechanism puts in place, and reporting against those in a way that is meaningful - then we are just saying, yes, they have adopted the recommendation. Whatever organisation, in this case Ambulance Tasmania, has put this mechanism in place, has it actually improved patient outcomes? That is really what it is all about.

Mostly, people call an ambulance when they are in desperate need. Sadly, some people forget that, and call them when they could perhaps find a better way to hospital, or even not come to hospital at all but seek other medical attention. Working in the health profession, I know that is the reality and it is still the reality; a very difficult one to fix, or to address.

I will go through some of the comments and then make a brief comment on each of the recommendations.

The Auditor-General made nine recommendations overall on the review. This process was interrupted by the prorogation of parliament, twice now, once was for the election and then we had to reinstate it now.

The questionnaire was sent to the department to inquire about progress of the implementation of each recommendation, any explanation for delay, and the rationale for not implementing or not adopting a recommendation, if that is appropriate. Sometimes various departments have said they believe there is a better way to achieve the outcome that is being recommended by the Auditor-General, and anything else they wanted to inform us of.

Going to each of the recommendations. The first recommendation was that Ambulance Tasmania collects data aligned with Report on Government Services (RoGS) data. RoGS is a report on government services data to allow regular and meaningful comparison of clinical outcomes at regional level, to better allocate resources and to identify problems.

Clearly, the Auditor-General was focused on outcomes, clinical outcomes, which means the outcomes for patients. What we have found, what Mr Acker said to us in the hearing, was that we report monthly on our performance of ambulance service based on the RoGS report of government services data, but also on other indicators to help us manage our performance. We break that down by region, for example, we have north, north-west, south, and south response times, call volumes, event volumes, multiple resourcing, which means sending out more than one vehicle to a particular incident. All of that data is available. In addition to the RoGS process, our Clinical Services Group looks at clinical indicators by region to ensure we are being consistent across the state and are addressing the regional issues.

After he had said that, I asked whether they publicly reported on the regional breakdown of data, and he said that the regional breakdown of the data is done internally and they do not report that. However, he went on to say, because I was questioning him about the meaningfulness of the data if you are not actually looking at the regional data in a more public way - because we know that if you call for an ambulance and you are in the Hobart city, depending on traffic, it is a fairly short turnaround if there is a vehicle available and it is not ramped. But if you call for an ambulance somewhere in Circular Head, down the west coast, and many parts of the east coast, depending on the location of the volunteer service, it can take some time to get there.

In fact, I had a constituent raise a concern with me only recently that I have written to the minister about, that it took four-and-a-half hours for an ambulance to respond to her elderly mother who had fallen. She was in a lot of pain. The woman herself could not lift her - and neither should she try to lift her - and it took three calls. The fourth call she called to cancel it, because she thought she would just have to make her mother comfortable and get help to get her onto her bed and then the ambulance turned up four-and-a-half hours later. One would hope that is an extreme outlier. Where this woman lives, you can see the ambulance station, just down there. You can see it.

Whether the ambulance was out somewhere else, maybe. This was the middle of the night and it does not take four hours to come from Burnie to Smithton, it takes an hour, maybe a bit less if you had lights and sirens and it is the middle of the night, and there is not a lot of traffic at that time, but there still are outliers and problems. I will get to that in some of the Auditor-General's findings and our recommendations.

Mr Acker did go on to say that inconsistencies have been identified in clinical practice during the reviews they have undertaken and also opportunities to improve performance. That tells me that Ambulance Tasmania is taking it seriously and they are putting in place mechanisms to actually review the performance based on the data they are collecting.

The committee was not really informed as to why they do not report the regional data by region. When we are talking regions we are not talking tiny communities in terms of patient confidentiality and that sort of thing. It would be helpful to have more public information. It helps for that open and public scrutiny and perhaps people who are experiencing challenges with timeliness of ambulance arrivals, it may be easier for people to make more informed comments.

Regarding that recommendation of the Auditor-General, the committee found that it now completes annual reviews of the RoGS data and provides monthly data reports that are aligned with the RoGS reporting requirements. But the additional regional performance data is not made public; it is collected internally but not made public. The regional reporting structure has resulted in additional solo response vehicles being mobilised in response to times in the north and north-west, which is fine. I have actually witnessed this happening when I was once out for a morning walk. I saw an ambulance arrive at a place where I know elderly people live, and you have a single ambulance or probably a volunteer arrive first. Then in about five- or 10-minutes time another vehicle arrives with the paramedic. Now that is okay because the person who arrives first can stabilise the person but you wonder how efficient that is overall.

These are things that need further consideration. The big picture assessment as to what is the most efficient process here, in terms of resources as they are limited, number of vehicles, ambulance officers and volunteers, and patient outcome has to be the key focus. The committee recommended that Ambulance Tasmania considers the public release of the regional performance data, and I know the Government will no doubt respond to that.

Moving on to recommendation two and some of these things cross over more than one area - the committee also found that rather than providing comparisons across regions as AT said they were doing, Ambulance Tasmania implemented a process to initiate dissemination of clinical review findings across the organisations, with the aim of improving clinical care and patient outcomes. That may be the reason I get from the Government in this response here - they have taken a different approach - but it was still hard to determine the impact on

patient outcomes. We are not doing a broad review, it is reviewing this, there is probably more information that could be sought in a different process.

Recommendation two of the Auditor-General was for regional summary reports of clinical reviews to be standardised to facilitate review and comparison across regions. Essentially, the response from Ambulance Tasmania was they support the process that facilitates dissemination of clinical review findings across the organisations to contribute to the improvement of clinical care and patient outcomes, rather than provide comparison across regions. The way I believe they are intending to deal with this is to focus on the patient outcomes with clinical data rather than necessarily the other operational sort of data. Again, we come back to that fact you need to actually report outcomes also. It was interesting and I wanted to read a bit of the evidence here from Mr Acker during the hearing. He said:

> Clinical support officers and clinical support managers - including aeromedical and retrieval - meet on a monthly basis to discuss their findings from their independent audits. Each region and aeromedical units do their audits, and they bring all those results together to identify if there are common issues to address.

To me that is a positive thing, because you are sharing the data and you can pick up perhaps outliers or differences in the outcomes for people in different areas of the state and look at what are they doing, why is it working better there.

Mr Acker went on to say, and I mentioned he was new in the position:

> My understanding is that prior to my arrival, the regions operated very independently of each other. I think a result of this report was bringing it together as a monthly and clinical governance committee.
>
> … The clinical governance committee has also identified six strategic clinical priorities that we are implementing now and measuring into the future, by region - which will be cardiac arrests, cardiac conditions, airway management, trauma management, mental health patients - particularly those who have sedation involved - and patient assessment standards. These were identified through the clinical quality reviews.

To me, that is the sort of thing that is heading the right way, rather than just collecting some of the other data that is not related to clinical outcomes. They do not provide the regional comparisons of the clinical outcomes. The committee did recommend Ambulance Tasmania reports and compares clinical findings across the region. If they are not going to report the other data across the region, and they are focusing on clinical outcomes - which I commend - that they do publish the regional data. Then if it is really bad on the north-west and people come to me and I say, I know. This is what we have to achieve through our actions in this sort of process, in budget Estimates committees and that sort of thing. There may be a good reason why they are not deploying that regionally based data, but they have not had a chance to respond.

The third recommendation was that Ambulance Tasmania develops strategies to improve response times to those of other jurisdictions, undertakes cost-benefit analysis of these strategies, before deciding on implementation. The comment was made to the committee it is

difficult to make direct comparisons and we all accept in Tasmania we have got some difficult terrain to traverse. Mr Acker said the indications are exactly the same and report the same indicators, but the design of the systems is quite different. Ambulance Tasmania has a lot of volunteers, about 450 across the state, which means our service delivery reflects the time that volunteers are able to respond. It could be a statewide service with a lot less density than places like Victoria and New South Wales as our response times are different to what would they would be for Sydney or Melbourne. That is a fair comment. It is a little hard to know exactly what the Auditor-General was expecting there, because you cannot compare response times in Strahan, Queenstown or Zeehan when you have limited staff, you are relying on volunteers, and you have ambulances located somewhere in one of the towns where it might not be needed. It is not the same. I accept there is a need to look at reviewing the actual operations of each branch, while still focusing on the patient outcomes.

The department did say while no formal cost-benefit analysis, which was the recommendation of the Auditor-General, is undertaken in regard to strategies to improve response times, AT identified a number of issues impacting the reponse times. These include resourcing in the State Operations Centre, on-road paramedic capacity in urban areas and paramedic presentation in rural and remote areas. Without actually undertaking a cost-benefit analysis, they have identified some of the challenges there.

The committee still held the view that even recognising those and looking at how best to serve those communitees, you still need a cost-benefit analysis to the point you do not want to be funding something that does not improve patient outcomes. Patient health should not just be about the cost. It has to be focused on the outcomes. But how do you know what the actual cost of that is if you do not do the cost-benefit analysis? The Government and Mr Acker provided some responses which are in the report as to why they have taken a different approach. This includes some of the things like trying to divert people away from hospital. The Government has and continues to put in place mechanisms like the Secondary Triage program. A lot of these are intended to keep patients out of hospital and perhaps direct their care to some other healthcare provider.

Despite all of this, Mr Acker reminded the committee that demand has increased by 9.6 per cent in the last financial year, with the total number of ambulance call-outs at 102 986, compared to 93 160 in the previous year. This is within the COVID-19 period. You have to consider the additional challenges on ambulance officers and paramedics in dealing with COVID-19, the staffing challenges for all healthcare providers. Also, when a patient calls an ambulance, a RAT is done on the patient before they transport them. However, even if that comes up positive, the ambulance still has to take them. You do not have a choice about that. We have seen more recent reports about the mental health and wellbeing of Ambulance Tasmania staff. I can absolutely understand why it would be a terribly stressful place at the moment despite their great desire to work in that area. They do an amazing job.

In terms of the committee findings, we found Ambulance Tasmania has implemented strategies to improve response times, including a commitment to 42 additional paramedics. The challenge is the increase in demand has negated the benefits. We are really just playing catch-up in that. I mentioned the Secondary Triage, which has helped divert some patients to more appropriate services.

The committee recommended a cost-benefit analysis to evaluate the effectiveness of measures, such as the implementation of double-branch stations and secondary triage or the

recruitment of additional staff. It may be that we are not keeping up. It must be difficult with the overlay of COVID-19 when you have paramedics off, either because they have COVID-19 or have been previously a close contact. That has changed a little bit now more recently, but it must have been particularly difficult.

The fifth recommendation was that Ambulance Tasmania investigates whether high proportions of volunteers were impacting mobilisation times in the north. In the Public Accounts Committee and also in another committee I sit on, we have heard from volunteer ambulance officers who put their hands up to serve in the local community. They find it very frustrating and rather disappointing when the demand for ambulances outside of their region is such that they have to go outside their region to fill the gap for another area.

This report notes comments about the loss of many of the ambulance volunteers. During COVID-19 a lot of them fitted into the vulnerable category and they did not want to be exposed to the risk of the virus. They are volunteers, after all. The Government noted that the COVID-19 pandemic has impacted on the availability of volunteers in rural and remote areas of the state for those reasons. The decrease in volunteer numbers has necessitated that more urban/metropolitan services have been required to operate outside their primary response areas, either as a primary or backup response to rural and remote communities. It has worked a bit both ways. Sometimes you have to move people out of the more urban centres to cover the regional areas. It is not easy.

Mr Acker told the committee:

> We have increased funding to stations to move them from single to double branch and we have seen improved response times in those communities, particularly in the north and north-west where these changes have been made.

Part of the process of employing those additional paramedics was to move from single to double branch stations.

The minister, Mr Rockliff, said $50 000 was being provided to the Volunteer Ambulance Officers Association of Tasmania, which is working with Ambulance Tasmania on a memorandum of understanding focusing on key areas of our volunteers, including attraction, retention, training and support.

That is a work in progress and people who are really keen on becoming a paramedic, often young people, will put their hands up as volunteers. However, their availability is often limited too because of attending tertiary education or in their workplaces.

The committee found that Ambulance Tasmania did not provide any evidence of investigation into whether the higher proportion of volunteers was impacting mobilisation times in the north of the state, but they did say there had been improvements because they had moved from single branch to double branch stations. They still rely on volunteers. It is not clear about how the high reliance on volunteers has impacted on ambulance response times. I go back to that constituent of mine - it may well be that they are relying pretty heavily on volunteers.

On that point, the committee recommended that Ambulance Tasmania directly investigates whether higher proportions of volunteers in rural and regional areas of the state is

impacting on mobilisation times. The committee suggests that is done after the negative impact of the COVID-19 pandemic on volunteer numbers has stabilised. It is very hard to do that at the moment because there are still limited numbers of volunteers there. That is work for a later time.

The sixth recommendation was that Ambulance Tasmania reinforces the requirement to record factors contributing to response time outliers and remedial action undertaken to address the contributing factors. This takes me to the point I made earlier about the number of mechanisms in place and making sure they are doing what you intend and assessing that. The response from the department said that:

> AT has a number of mechanisms in place to oversight emergency ambulance response times on a daily basis. The regional managers, the state operations centre duty manager, the regional duty managers have carriage of day-to-day operations - oversight of operations. They have weekly operational oversight meetings to consider emergency response time performance with surge or other exceptional impacts on performance subject to additional and timely review. Delayed dispatch responses are also reported through the safety reporting and learning system.

They are collecting this data, there is no doubt about that. Delayed responses are referred to the regional and state operation centre managers to consider cause, identification of mitigation actions and recommended actions. There is work being done to identify each outlier and to have it directly referred to the managers to review.

Mr Acker said:

> The third thing is that every single day, our executive team and I get a report of our long response times. [It goes right to the top.] For any P0, who are our most critical patients, and P1, our next urgent critical patients. If the response time was greater than eight minutes, I get a report every morning.

It is what happens beyond there - he went on to say:

> Lately, a lot of the outliers have been long responses where the ambulances have come in from communities outside of the capital city; in the hospital handing over patients; and then they have to respond from the RHH to New Norfolk or other places.

In many respects, you cannot look at Ambulance Tasmania in isolation. You have to look at the hospitals, the acute health services where they take the patients to. If there is significant ramping or access block, that just compounds the problem. The best that Ambulance Tasmania can achieve is that the calls are answered promptly; the vehicles dispatched promptly; it gets to the patients within a reasonable time frame; they have the right skilled people in the vehicle to attend to the needs of the patient; and the patient is stabilised and transported to the hospital.

Once they get to the hospital we know, from media and every other report you can imagine in this area, they cannot always offload their patient. They have to remain caring for that person until they can hand that care over to another health professional, and walk away. If

there is a massive blockage there, they are stuck, and that no doubt contributes. Overall, there is work being done in that area to make sure that these things are not missed or not addressed. However, the committee did recommend that Ambulance Tasmania evaluates the effectiveness of remedial actions taking to those time outliers. It is okay to identify them, and to try to identify what sat behind it, but you need to look at how effective are the actions you take to respond.

Ambulance Tasmania regularly reviews its emergency and urgent determinants methodology to ensure that it continues to be best practice and in accordance with the requirement of the National Academy of Emergency Medical Dispatch. The Ambulance Tasmania Medical Dispatch Review Committee monitors and reviews cases and assessments of compliance, in accordance with the requirements of the National Academy of Emergency Medical Dispatch, as was recommended. They have complied with that recommendation. Recommendations made to the Medical Dispatch Review Committee may also be referred to the clinical governance committee. That would be when patient outcomes may be an issue, and the clinical review committee would need to look at that.

The eighth recommendation is that Ambulance Tasmania investigates why the level of multiple responses has increased. As I mentioned earlier, this is where more than one vehicle attends. That can be for appropriate reasons, such as I described earlier - it could be the closest available person or vehicle or paramedic may not be at the skill level, or an intensive care paramedic may be needed and so they will dispatch that second person and second vehicle if it is needed. However, that is not an effective use of resources if it is not well managed.

Since the review that has been undertaken following the Auditor-General's recommendation, Ambulance Tasmania states they have continued to experience high levels of multiple response dispatch to cases. An examination of cases indicates that the deployment approach is reflective primarily of skill set requirements, in response to patient acuity and the complexity of medical conditions. It is noted that demand for services also continued to increase, putting increased pressure on the number of available resources and how they are most appropriately deployed. It is a challenge. Some would say, it is better to have two ambulances than none turn up. That would be absolutely true, but if you have two at your place and someone on the other side of town needs one, and they cannot get any, then that is not such a good use of resources. It is about trying to minimise that, by ensuring that the right resources are sent to the person requesting the assistance.

Again that does come to the capacity of the person calling the ambulance, to describe what is happening to the person, and what level.

I recently had to call an ambulance - not for me - but I was able to clearly describe what was needed, and why I called the ambulance. I had also done a blood pressure check by that point. I had taken the person's heart rate; I could tell them whether they were conscious; I could tell the dispatch centre whether that person was oriented. Those things can help determine the resources that are sent.

When it is a loved one who is in a difficult position, or unconscious, or in significant pain, not everyone can clearly articulate what the medical condition is, under that stress. Sometimes you simply do not know what is wrong with the person.

The committee found that an examination of cases indicated the deployment approach taken by Ambulance Tasmania is reflective primarily of skill set conditions.

The recommendation from our committee was that Ambulance Tasmania continues to monitor the number of multiple responses, acknowledging that they are appropriate in many of the circumstances; monitors the effectiveness of any measures implemented to reduce unnecessary depletion of resources; and identifies areas where things may need to be done differently.

The final recommendation was that Ambulance Tasmania outlines what KPIs are measured and provides targets or benchmarks to define what is good and poor performance.

Anyone who has sat on Committee A with me for long enough will know that I bang on every year about KPIs and outcomes measures, not output measures, because that will tell whether your outputs are being effective. You can have as many outputs as you like, but if every patient dies or has a negative health outcome, that is not such a good outcome.

In their response to the committee, Ambulance Tasmania measures its performance using key performance indicators as identified in the Department of Health budget chapter. My point exactly. These targets are set against the performance indicators, and these include: ambulance responses - you could argue that if it is a long response, then that is not necessarily going to lead to good outpatient outcomes; public satisfaction with ambulance service; response times; and expenditure per person. There are no patient outcomes here other than what you could draw from the response times.

For example, someone with a broken leg who is comfortable but still needs to get to hospital and needs an ambulance to transport them - they are not bleeding, they are not in shock and a delayed response time may not create a negative outcome. However, if someone has chest pain and then collapses, a delayed response time could well be fatal for that person.

The department has informed the committee that progression of the Ambulance Tasmania strategy and planning documents will facilitate the further development of appropriate KPIs, or performance targets, for the organisation as a whole, and individual regions and business units.

I look forward to the recording of those, and no doubt we will have a little chat about that in budget Estimates.

Madam DEPUTY PRESIDENT - I expect a rather healthy exchange.

Ms FORREST - Yes. Better than the President, so that is good.

Mr Acker also informed the committee that:

> Instead of reporting what we have done traditionally in the Ambulance Service, which is response time and cardiac arrest, we are looking at whether we can do different for lower acuity patients as well as mental health patients.

They are seeking to try to deal with some of the mental health patients in the community rather than transport them to hospital, because for a lot of mental health patients, hospital is really not a good place to be.

Another important one is providing for more definitive care in the community, with our extended care paramedics being able to take care of patients in their homes without transporting them. That is a positive thing, but there are cut-off points - if they put up IV fluids they have to transport, for example. Even if someone was really dehydrated they still have to transport, which makes sense. They probably need ongoing monitoring if you actually need IV fluids.

The other implementation is the pre-hospital thrombolysis for a patient with a heart attack. This is where they can give clot-busting drugs under the supervision of a medical practitioner or specialist over the phone. That reduces the time enormously to getting the treatment and care that person needs. It might have taken them 10 or 15 minutes to get there but they do not have to monitor, put in an IV and all the rest. Then in another 15 minutes back to the hospital, as soon as they are there, they can do what they need to do and assess the patient, look at the indicators, yes this person is having a heart attack, and then under the supervision of a doctor can give them that life-saving and morbidity-reducing treatment. That is a really positive thing. There are probably other conditions where those sorts of things can be considered and looked at.

I am pretty sure Mr Acker is all over that, in finding other mechanisms that can be helpful in reducing the negative impacts of a patient's condition. He did say the outcomes here are much improved cardiac function because the delays in care are significantly reduced.

I have made some comments about the committee findings there. The recommendation from the committee was that Ambulance Tasmania focuses on patient outcomes, focuses on KPIs and performance targets in the development of these measures. This should be happening across all our departments, particularly those that provide services. The outcomes of the services are the important things, not just the number of services you provide.

These reviews of the Auditor-General's reports are an important part of the process. They are pretty self-explanatory, but I think it is important to debate them. It is important to raise awareness of the work of the PAC too, and for other members to know that there is a report there that may be helpful when they are responding to a constituent inquiry. If someone comes into your office for a rant about how the ambulances are not performing adequately from their view, you can say, 'actually, these are the things they are doing'. It is fairly well laid out there.

I note, as Mr Acker did too, that even the 42 new paramedics have only just caught up with demand. The demand has grown to the point that they are still experiencing the same challenges. That is a matter for budget Estimates too.

I look forward to other members' contributions, including those who are not on the committee if they have some points to raise.

[12.43 p.m.]

Ms ARMITAGE (Launceston) - Mr President, I thank the member for Murchison for bringing this forward. The Auditor-General's report rightly points out that the timeliness and quality of clinical care administered by paramedics and ambulance officers and the speed with

which a patient reaches hospital can affect a patient's chance of recovery. Among some of the conclusions reached by the TAO, it was indicated that response times were slower than other jurisdictions, but this could be attributed to Tasmania's greater number of emergency responses per person, and lower level of urbanisation.

While this may be the case, timely and practical solutions need to be implemented to address any lags in response times. It does not matter what the cause of a slower response time is to a person who needs an ambulance straight away. Urgent is urgent. If there are more people who need ambulances in Tasmania and the population distribution is such that it takes longer to reach emergency calls, then the solution seems reasonably obvious to me - more ambulances need to be available, and more paramedics and ambulance officers need to be stationed in outer urban areas.

I note the recommendations of the Public Accounts Committee include measures to investigate whether high proportions of volunteers in rural and regional areas of the state impact mobilisation times, and that Ambulance Tasmania conducts a cost-benefit analysis to evaluate the effectiveness of measures like double branch stations, secondary triage services, and the recruitment of additional staff.

I concur with the Public Account Committee's recommendation that Ambulance Tasmania considers the public release of regional performance data. I am unsure why this would not already be occurring. I would be curious to know why it remains an internal performance measure. If we are to develop policies which can help ameliorate the issues which Ambulance Tasmania faces, and thus help to development better patient outcomes, then having access to this data is essential.

I note that Ambulance Tasmania measures standard clinical outcomes used by the Report on Government Services, including cardiac survival rates, pain reduction and patient satisfaction. This reporting does comply with Report on Government Services reporting requirements. However, in order to deliver better health outcomes for Tasmanians we need access to the bigger picture.

Mobilisation times in the north of the state was an issue that was raised in the Tasmanian Audit Office report and that Ambulance Tasmania could investigate whether higher proportions of volunteers were impacting on these times. The department's response to this recommendation was that the COVID-19 pandemic impacted on the availability of volunteers in many remote and regional areas, many of them being in the vulnerable population category owing to their age and health status.

The committee found that Ambulance Tasmania did not provide evidence of any investigation into whether higher proportions of volunteers were impacting mobilisation times in the north of the state, that an external company from the UK, called Operational Research in Health, would conduct five-yearly retrospective reviews of Ambulance Tasmania.

The committee recommended that once the negative impact of the COVID-19 pandemic on volunteer numbers had stabilised, Ambulance Tasmania should investigate the original recommendation, namely whether higher proportions of volunteers in rural and regional areas of the state impacted on mobilisation times.

We do not know how long the negative effects of the COVID-19 pandemic are going to last and we are all aware that the toll it took on the volunteering sector was significant. I question whether there could be any way that a review could take place sooner so that we are prepared with adequate policy measures to address any identified issues as soon as possible. I note that during hearings the minister, now Premier, Mr Rockliff, indicated that the Government would provide $50 000 in funding to the Volunteer Ambulance Officers Association of Tasmania which works with Ambulance Tasmania under a memorandum of understanding focusing on attraction, retention, training, and support.

This is an important and necessary review into Ambulance Tasmania. What resources are placed into the operation of our ambulance services has a direct impact on the health and survival outcomes for people who need emergency services. I would note that it is important not to view the performance of Ambulance Tasmania in a vacuum. The direct interaction that Ambulance Tasmania has with our health services, especially our public hospitals, is critical. While it is important to review the work that Ambulance Tasmania does on its own, it is ultimately the treatment that patients get from the time of making a 000 call to their discharge from the hospital that affects their ultimate wellbeing.

Ambulance Tasmania, their staff, volunteers and personnel do an incredible job under very difficult circumstances and they should certainly be commended for that. It is up to us as lawmakers to ensure that they are being listened to, that they have everything they need to do their job well, and that paramedics and ambulance officers have access to proper support for their welfare as well. I note the report.

[12.48 p.m.]

Ms RATTRAY (McIntyre) - Mr President, I acknowledge the work of the Public Accounts Committee. It resonated with me when the member for Murchison and Chair of the committee said that this will be a valuable piece of information when people come to our doors with a story about a significant wait time for an ambulance service to arrive, or other matters relating to access to Ambulance Tasmania services. That certainly will be something that I will have on hand because on a regular basis we receive matters that raise concerns with our community.

There was an instance about three weeks ago when an Ambulance Tasmania call was made to Rushy Lagoon; it is not just a five-minute trip from anywhere, Rushy Lagoon. A four hour wait and the single operator - so obviously there was no volunteer available at that point - and the ambulance officer had to call for the helicopter to come, which they did. It arrived and the young boy was taken to Hobart for medical attention. His family are very appreciative, but the ambulance officer lost the front of the ambulance driving back from Rushy Lagoon.

As we know there is a lot of wildlife on our roads, particularly out that way and he was on his own. It was undrivable and he was very concerned about the medication onboard. I know somebody who stopped and waited with the ambulance officer until the tow truck arrived. He was so concerned about what would happen if somebody came along and decided that the medication in that vehicle may well have been something they wanted to take off with. There are various circumstances -

Ms Forrest - He probably had no phone reception either.

Ms RATTRAY - No phone reception. There is no phone reception in many parts, not only of McIntyre but plenty of other places and certainly, a significant issue for many. We do not send single police officers to jobs or calls anymore and yet here we had an ambulance officer on his own, in unfamiliar territory. He did not even know where Rushy Lagoon was and then to have an incident when he was leaving and he ended up hitting a big roo and lost the front end. Very difficult, and I can say the young boy still has some way to go, but is recovering. The family came to me and said, 'We are quite concerned that this ambulance officer ended up being on the Rushy Lagoon road on their own.'

Ms Forrest - It also takes a vehicle out of the fleet for a period until it is repaired.

Ms RATTRAY - That was exactly the point I was thinking at the time when the family came and made representation. We are now one ambulance down because as we know, it takes quite a while to have a significant repair like that done. We have one ambulance and I am sure it is not the only ambulance unavailable to provide those really critical services to our community. Other members have talked about our wonderful 450 volunteers and the challenges around COVID-19 with them being in some of those vulnerable categories. That has been a challenge for a number of the communities I represent. Just being able to have someone in the ambulance with you and if you have somebody driving the ambulance who is familiar with the areas you are going, because they are not all 15 minutes from the main service centre.

The number of times the ambulances are being called for incidents with mountain bike riding, it would be very interesting to know what those numbers are. Having that information is really important because often there is a criticism in the community about, 'The ambulance is taking too long and it was not available. A person I know, a friend, had to wait X amount of minutes/hours to have their call responded to'. It would be interesting and valuable for the community to have an understanding of how many of those calls where ambulances are away from another call to attend a mountain bike matter or incident. Just on Sunday I was driving to St Helens to the presentation for Swimcart Surf Angling. I have been a patron for about 18 years now. My annual job is to hand out lots of prizes. As I was driving into St Helens, there were ambulance, police, fire and SES all driving out and I thought, 'I wonder what is going on?' There was a crash on Lottah Road and of course, you have a lot of people driving up there to ride their bikes. I do not know if it was a bike-related incident or not, but that road was often only for locals, as you would well know, Mr President.

There was not a huge amount of travelling public or visitors to the area, but now there is because there is another activity high on the agenda of people that possibility do not travel those roads or drive around on that sort of terrain very often - they are quite narrow, and when there has been a bit of rain, it can be quite slippery. Again, we took every one of our emergency services out of St Helens for a significant amount of time on that day. That would happen in everybody's area, they would have the same sort of incidents, the west coast, the north-west. It is important the community understands where the efforts of Ambulance Tasmania are being focused and to have that reporting available is absolutely key.

I support the recommendation from the committee to have all the data available and readily available for us to share with our communities on the services. It has been said by the member for Launceston and the member for Murchison how valuable these services are in our community, but also the volunteer component of delivering those services. We would not be able to function as an ambulance service in Tasmania without those 450-odd volunteers. That

support the Government has provided for volunteer Ambulance Tasmania, $50 000, it might not seem a lot, but I am sure it is significant to a small organisation. As elected members we need to continue to back the support the Government is providing in that regard. Any training they need and obviously their attire, as they need to be appropriately attired when they attend any incident, and I know they would be very appreciative of that.

The member for Murchison has methodically gone through the recommendations and some background behind those recommendations. I do not intend to repeat all of those, but acknowledge KPIs and that use of KPIs is an important process, certainly on those outcomes. I note the member talked about the fact you can have as many outputs as you like, but it is the outcomes that are important. I am sure when the Leader responds on behalf of the Government, there will be some response to that KPI.

It is always encouraging when you see the *Hansard* behind these reports and it appears that they were very frank and open with the committee. I acknowledge the work of the committee and again, we know the committee work in this place is a really valuable asset, not only to the Legislative Council and promoting the work we do, but also to the parliament. I feel sure the Government will support the work of the committee in regard to this important committee report. I again acknowledge the work of the Public Accounts Committee, I noticed there was quite a churn of members, but thankfully the Legislative Council seemed fairly stable on their representation on the committee.

[12.59 p.m.]

Mr WILLIE (Elwick) - Mr President, I rise as the second longest serving member of the Public Accounts Committee. I will not speak to the report, because the member for Murchison and the other contributors did that extensively. I rise to say Tasmania is well served by the Auditor-General and his staff. He is very professional and there is a very good working relationship with the Public Accounts Committee. This is a valuable process where the committee follows up on financial reports and also performance audits, it put departments on notice and I have been fortunate to serve under the Chair of two very long serving members.

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

QUESTIONS

Phasing Out Single-Use and Problem Plastics

Mr VALENTINE question to DEPUTY LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Ms PALMER

[2.32 p.m.]

Mr President, I have a question without notice; a continuation of one that went before and it is for clarification. Is the Tasmanian Government still committed to a phase-out of single-use plastics or just problematic single-use plastics?

ANSWER

Mr President, I thank the member for the question. The Tasmanian Government has committed to phase out problematic single-use plastics from events on public land and

government and council facilities by 2023. We have also committed to phase out problematic single-use plastics statewide by 2025, consistent with the national target agreed at the National Environment Ministers' meeting on 15 April 2021.

This phase-out approach is designed to ensure that organisations, government departments and local councils can learn, prepare and adjust to a ban of problematic single-use plastics by 2025. This commitment focuses on eight problematic and unnecessary plastic product types that have been identified nationally as problematic in the environment and agreed at the Environment Ministers' meeting, including plastic straws, plastic utensils and stirrers, and expanded polystyrene consumer food containers. Further information can be found in the Environment Ministers' meeting agreed communique, which is www.awe.gov.au/sites/default/files/documents/emm-1-agreed-communique.pdf.

The Government is working on phasing out these plastic types, and will be adopting a considered approach to which additional plastics beyond those agreed to at the Environment Ministers' meeting can also be phased out over time. Terminology for single-use plastics can be inconsistent or interchangeable between jurisdictions. For instance, the Victorian Government calls them problematic single-use plastics and single-use plastics; while the ACT Government largely refers to single-use plastics, which is consistent with Tasmania's approach.

Rock Lobster Fishery Proposed Changes

Ms LOVELL question to MINISTER for PRIMARY INDUSTRIES and WATER, Ms PALMER

[2.35 p.m.]

Mr President, my question is for the Minister for Primary Industries and Water. Minister, consultation is underway on the proposed rules and policy changes for the Tasmanian rock lobster fishery. Have you personally engaged in this consultation and who have you engaged with to assure yourself of the position of this fishery; and are you personally confident that the proposed change of expanding the 60-pot area is sound?

ANSWER

Mr President, I thank the member for my very first question as Primary Industries minister, and I am delighted it happened here in my home spot. The previous minister announced on 11 February 2022 that the Government would commence consultation on the next east coast rock lobster rebuilding strategy. The Government has been open about the critical state of the east coast stock levels, highlighting that stock assessment zone two has only reached 10 per cent unfished biomass.

That is why we are accelerating development of the next strategy, and putting in place new tools and controls on the fishery, so it can become more sustainable. We remain committed to rebuilding stocks to the critical 20 per cent unfished biomass target. It would have been reckless for the Government to slash the commercial sector overnight. We have taken responsible steps to reduce the east coast commercial catch by 10 tons, and to initiate a process of genuine consultation during 2022 with the commercial and recreational sectors on a new harvest strategy and resource sharing arrangement.

We all want to see access to the fishery continued, and at the same time, ensure it is sustainable for generations to come. Referring to your question about contact that has been made, I have literally been on the phone continuously to as many stakeholders as I could right across this portfolio. I am working very hard not just to make telephone connections, but also to have face-to-face time with them. That has been a priority of mine, and I have made it very clear to my office that is what we have to do over the coming weeks and months.

Elphin Sports Centre Upgrade

Ms RATTRAY question to MINISTER for DISABILITY SERVICES, Ms PALMER

[2.37 p.m.]

Mr President, my question is to the Minister for Disability Services. Minister, in regard to the Elphin Sports Centre facility in Launceston, I understand the government has been researching and seeking advice regarding options to upgrade the facility to accommodate for essential disability access. Can the minister please advise what action has been taken to date to progress this vital upgrade? This is a question from a member of my electorate who accesses that facility.

ANSWER

Mr President, I thank the member and I am very clear on her question, I can assure you. Our Government will always remain committed to working with people with disabilities, their families, their carers, disability providers and the wider community, to build a more equitable, inclusive and accessible state for all Tasmanians.

Elphin Sports Centre is an important venue for indoor sports in Launceston, and caters for a wide range of users, but unfortunately, it faces challenges in meeting contemporary community expectations for indoor sports facilities, including accessibility for all patrons. I am aware of concerns raised by Mr Michael Mitchell around the lack of appropriate accessibility at Elphin, and I can provide you with an update today.

I am advised that planning work is underway to address accessibility. Independent compliance inspections have been completed, and advice has been provided to government on options for improving accessibility at Elphin. Advice on appropriate next steps including priority items is being planned by the owner, which is Property Services in the Parks and Wildlife Service, in consultation with Communities, Sport and Recreation.

I can also confirm that the Parks and Wildlife Service will be releasing a request for quotation this month for priority minor works, such as kerb modification, stairway design, toilet design, signage and priority parking. These works will help address areas of highest priority while the further major redevelopment works are prepared.

As the new Minister for Disability Services, and also as a resident of Launceston, this is a very concerning issue for me. I give you my personal undertaking that I will be making direct contact with Mr Mitchell this evening, to listen to his concerns and to also give him an update on progress, and I will also be letting him know that you have advocated for him in this place

today. I assure you I will be following up on this matter and I will continue to monitor the progress.

Ms Rattray - Let me know if you need his phone number.

Waste Recovery Levy

Ms FORREST question to DEPUTY LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Ms PALMER

Mr President, I appreciate that the Leader has provided some answers to these questions that were put to the Government some time ago. It is appreciated, but I think it is important that they are put on to the record as well so it is easy for people to find.

My question was, with regard to the commitment from the Government that King Island, West Coast and Flinders councils, as recorded in *Hansard* during the second reading of the Waste and Resource Recovery Bill 2021, when the minister, Mr Jaensch stated:

> We also acknowledge the unique circumstance of King Island and Flinders and the West Coast councils. It is the Government's expectation that these councils will participate in the levy under special arrangements that ensure they are net beneficiaries of the levy, to assist them to invest in waste management options that help overcome the disadvantages of remoteness and scale faced by these communities.

I ask the Leader, or Deputy Leader - whoever has the answer to this one - to clearly describe the process by which these three councils will be net financial beneficiaries from the imposition of the waste recovery levy, but I understand, will still be charged, including the processes for:

(1) charging the fee;

(2) the recovery of costs to achieve a net beneficiary outcome; and

(3) reporting to clearly demonstrate how at least 100 per cent of the levy paid has been returned to the councils.

ANSWER

Mr President, I thank the member for the question. The landfill levy will apply to the King Island, Flinders Island and West Coast councils, the same as any other entity. By 'net beneficiary' we mean these remote councils will receive more than 100 per cent of the funds they pay into the levy on application through the grants process run by the Waste and Resource Recovery Board.

It is important that these councils participate in the levy so that they can benefit from it. We aim to support the three councils so they can run an efficient and effective system and receive an additional return that allows them to invest in waste management options that help overcome the disadvantages of remoteness and scale.

The minister has stated he intends to use the section 14 power under the act to direct the board to run this scheme in a way that supports this outcome for remote councils. The specifics of how this will be achieved will be finalised through further discussions with the remote councils in the coming months and in collaboration with the board once it is established.

In relation to transparency of reporting, the board will produce an annual report with audited financial statements each year, and the minister will table that document in parliament.

Infrastructure Priority List

Mr WILLIE question to DEPUTY LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Ms PALMER

[2.43 p.m.]

Can the state Government please provide the current Department of Education infrastructure priority list?

ANSWER

Mr President, I thank the member for Elwick for the question. I have the 2022 capital priority list provided in this attachment, but I will seek to table it. While I am slightly tempted to read it all out, I will seek leave to table this document and have it incorporated into *Hansard*.

Leave granted. See Appendix 1 on page 76.

Staffing Issues at the University of Tasmania

Ms WEBB question to DEPUTY LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Ms PALMER

[2.44 p.m.]

Mr President, this is a question to the Government with regard to staff resigning and/or taking redundancies from employment at UTAS in recent times. Can the Government:

(1) Confirm that staff have been required to sign non-disclosure agreements (NDAs)?

(2) If so:

(a) Clarify whether NDAs imposed at the time of resignation and/or redundancy are a standard practice at UTAS or any other educational institutes established under state legislation;

(b) Confirm how many former staff were required to sign NDAs upon leaving UTAS employment, for the period of the last five years; and

(c) advise what legal assistance is provided to staff at the time of negotiating any such NDAs?

ANSWER

Mr President, I thank the member for Nelson for the question. The questions relate to the operations of the University of Tasmania and to matters that are ultimately the responsibility of the University Council.

Staffing Issues at the University of Tasmania

Ms WEBB question to DEPUTY LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Ms PALMER

[2.45 p.m.]

Mr President, I have a further question to the Government.

With regard to staff resigning, separating, and/or taking redundancies from employment at the University of Tasmania (UTAS) recently, can the Government:

(1) Confirm that UTAS staff have been required to sign deeds of settlement containing confidentiality and/or non-disparagement clauses?

(2) If so:

(a) Clarify whether deeds of settlement containing confidentiality and/or non-disparagement clauses are a standard practice at UTAS or any other educational institutions established under state legislation;

(b) Confirm how many former staffers were required to sign deeds of settlement containing confidentiality and/or non-disparagement clauses upon leaving UTAS employment for the period of the last five years, including the college or department in which they have been employed at the time of employment termination; and

(c) Advise what legal assistance is provided to staff at the time of negotiating deeds of settlement?

(3) With regard to employment contracts for staff at UTAS, can the Government:

(a) Confirm whether confidentiality and/or non-disparagement clauses are currently written into employment contracts at UTAS as a standard practice;

(b) Advise current numbers of UTAS staff with confidentiality and/or non-disparagement clauses included within their employment contracts;

(c) Advise whether the use of NDAs and confidentiality and non-disparagement clauses and their potential negative impact upon academic freedom of speech, the reputation of UTAS among the Tasmanian community, are consistent with the cultural and social obligations as stipulated under the University of Tasmania Act 1992?

ANSWER

Mr President, I thank the member for Nelson for her question.

The questions relate to the operations of the University of Tasmania and to matters that are ultimately the responsibility of the University Council.

Community Transport Services Charges

Ms RATTRAY question to DEPUTY LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Ms PALMER

[2.47 p.m.]

Mr President, the answer to this question has also been provided to our office at an early time but it is an important issue so I am going to ask it so that it is on the public record. Our office has been advised by clients of Community Transport Services Tasmania (CTST) that the new fees have been increased significantly. For example, a trip from Scottsdale to Launceston is now $38 and previously was $15. When asked, the response to this significant increase was that the round trip was over 120 kilometres - 124 kilometres - and that was four kilometres over the maximum distance.

(1) How can the Government justify such a significant increase for those who have no other option but to use this service that is predominantly accessed for medical purposes?

(2) Will the Government review the current maximum distance, given the insignificant number of kilometres over the allowed distance currently receiving the reasonable subsidies?

ANSWER

Mr President, I thank the member for her question.

Community Transport Services Tasmania is a not-for-profit organisation and as such, can set client fees depending on their costs of service provision. This can be impacted by many variables including the range of different trips, ratio of paid staff to volunteers, costs of fuel and other overheads, including funding fee waivers. Both the Australian and Tasmanian governments' community care programs fund community transport for eligible persons. However, neither level of government directs fee charges by providers for transport service provision. Every provider is required to have a fee waiver policy which can reduce or remove a requirement for fee payment. This is negotiated directly between the person concerned and the provider.

The Government understands there was an error relating to zone rates in correspondence from CTST earlier this year, sent to a small group of consumers who reside on a zone boundary, and was later corrected in correspondence by CTST on 16 February 2022. Anyone with concerns about the charges associated with services provided by Community Transport Services Tasmania should contact the organisation directly.

Staffing Issues at the University of Tasmania

Ms WEBB question to DEPUTY LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Ms PALMER

[2.50 p.m.]

Mr President, I was not quick enough to jump up to follow up on that previous one, but certainly one of those questions I received an answer to was far from the business of the university because it was directed to the Government. I will resubmit it but it was the last one of that list which asked whether the use of those various instruments and their potential negative impact on academic freedom of speech and the reputation of UTAS among the Tasmanian community was consistent with the cultural and social obligations as stipulated under the University of Tasmania Act. It is the responsibility of the Government and of a particular minister and is something I would have thought the Government could actually provide an answer to. I will resubmit and just put a notice here that I will be doing that through the Leader's office.

A final set of questions if I may, Mr President. This question is for the Government. I ask the Leader of the Government:

(1) With regard to the public consultation processes which closed on 27 October 2020 on the draft version of the Youth Justice Amendment (Searches in Custody) Bill 2020 tabled in the House of Assembly, can the Government:

    (a) detail the number of submissions received;

    (b) confirm that submissions received during the consultation process on this draft bill are subject to the Government's publication of submissions received by Tasmanian government departments in response to consultation on major policy issues policy;

    (c) advise the date by which all non-confidential public submissions received will be published on the Department of Justice website in accordance with government policy; and

    (d) confirm that submissions will be published prior to the bill being debated in the Legislative Council?

(2) With regard to the public consultation process which closed on 19 March 2021 on the draft Bail Bill 2021, can the Government:

    (a) detail the number of submissions received;

    (b) confirm that submissions received during the consultation process on this draft bill are subject to the Government's publication of submissions received by Tasmanian government departments in response to consultation on major policy issues policy;

(c) advise the date by which all non-confidential public submissions received will be published on the Department of Justice website in accordance with government policy; and

(d) confirm that submissions will be published prior to the bill being debated in the Legislative Council?

(3) With regard to the public consultation process which closed on 28 September 2021 on the Electoral Disclosure and Funding Bill 2021 and the Electoral Matters (Miscellaneous Amendments) Bill 2021, can the Government:

(a) detail the number of submissions received;

(b) confirm that submissions received during the consultation process on these two draft electoral reform bills are subject to the Government's publication of submissions received by the Tasmanian government departments in response to consultation on major policy issues policy; and

(c) advise the date by which all non-confidential public submissions received will be published on the Department of Justice website in accordance with government policy?

ANSWER

Mr President, I thank the member for the questions. The Government publishes public submissions in accordance with the whole of government submissions policy, which is available on the DPAC website. Do you want me to read that website out?

Ms Webb - There is no need to read it.

Ms PALMER - The policy provides that depending on the nature of the policy matter under consideration, it may not be appropriate to publish submissions until after the Government has considered all advice and information provided to it. Similarly, the policy also notes publication options include, within a reasonable time frame from the conclusion of the project policy. The legislation, the Department of Justice typically publishes submissions shortly after a bill has been completed and finalised for introduction, in response to submissions and following the Government's consideration of the issues and advice. This is typically around the tabling date of the final bill, which can be sometime after the end of the consultation period with the timing of the Government's final consideration determined in accordance with legislative priority.

This approach allows for the public to contemporaneously seek both the issues raised in submissions and response to those issues in the final tabled version of the bill. The Youth Justice Amendment (Searches in Custody) Bill 2022 was tabled on 22 March 2022 with the submissions in response to the community consultation for the bill published and available on the department's website. The submissions in relation to other bills inquired about, which are yet to be introduced by the Government, will be published in accordance with the above policy.

Ms WEBB (Nelson) - Following up if I may to make two points and I will follow through with the supplementary question directly to the Leader's office, but parts of my question that asked for the detail of the number of submissions received could completely have been answered by the Government. There is no reason not to answer that question at all. I do not see why it was ignored in the Government's answer. I will have to resubmit that.

Might I point out it was misleading to say the Youth Justice Amendment (Searches in Custody) Bill 2022 submissions were available when the bill was tabled. The bill was tabled, as you said, on 22 March. Those submissions were put on the website on 24 March, after I stood and put these questions on notice in this Chamber. It was good the Government responded so promptly when I did get up and put those questions on notice and put those submissions up, given the bill had already been tabled and was coming to this Chamber quite soon after that.

This answer also begs the question, if a matter is not ever to be brought forward by the Government to our parliament, would those submissions made in the process ever come to light? They should be and the policy allows for that, but I will put the follow-up questions through.

Wielangta Road Upgrade

Mr WILLIE question to DEPUTY LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Ms PALMER

[2.56 p.m.]

Mr President, the closure of the Tasman Highway section in Paradise Gorge in 2021 highlighted the importance of the Wielangta Road as an alternative road access option for the east coast of Tasmania. During the period of closure, certain commitments were made by the minister for Infrastructure in relation to Wielangta Road. Can the minister outline the progress to date in relation to Wielangta Road, in particular:

(1) Further works to resolve the Wielangta Road ownership issues;

(2) Feasibility and estimated costs of staged upgrade of the road; and

(3) Possible sealing of key sections, bridge replacements and safety improvements.

This was a question asked in the last session. I am aware of some developments since then.

ANSWER

Mr President, I thank the member for the question. The Department of State Growth has engaged Pitt and Sherry consultants to undertake a detailed investigation on the upgrades to the Wielangta Road, including identifying the land tenure issues. A report will be provided to the department in June 2022, outlining the recommended course of action relating to the ownership of the road. Initial contact has been made with all the identified road owners.

In September 2022, the consultant will provide a cost estimate and options analysis report, including the initial engineering and risk assessments. The options report will be reviewed by the department and will form the basis of developing a suitable staging for the upgrade works.

Rapid Access to Specialist Services

Ms FORREST question to DEPUTY LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Ms PALMER

[2.58 p.m.]

Mr President, with regard to the Rapid Access to Specialists in the Community initiative:

(1) Has the service commenced, and if so, how is the program initiative being integrated with existing health services? How many referrals and/or episodes of care have been provided? What feedback, if any, is available regarding the benefits of the service and what challenges have impacted the commencement or operation of the service?

(2) If the service has not commenced, has the service model been finalised? If so, can a description of the model be provided; if not, when is finalisation expected? Have staff been recruited and if so, how many; in what specialities and where are they located? Finally, has the development of supporting materials, for example, patient management plans, patient referral forms, promotional material, policies and procedures been completed and if not, what is the time line for completion?

ANSWER

Mr President, I thank the member for her question. The Rapid Access to Specialists in the Community service commenced delivery on 1 April 2021. The service covers population centres in northern Tasmania, currently extending west from Launceston through to Deloraine and surrounding areas. There will be further services delivered in the north-west as the model continues to develop. To ensure continuity with the recent impacts of community transmission of COVID-19 on the Tasmanian Health Service, the service has transitioned to delivery by telehealth for the present time. The service has been integrated with existing health services by providing specialist support predominantly to general practitioners in primary care, such as GP practices, district hospitals and community health centres, the Hospital Aged Care Liaison Team and the Community Rapid Response team, with rapid access to THS specialists, for advice and patient review. There have been 104 patients referred to the service, with 228 episodes of care provided to date. Patients are benefiting from the additional support provided to their GPs, which is enabling more appropriate plans of care, and better access to advice relating to issues such as comorbidities. Work is underway to develop a process to quantitively measure service effectiveness, patient outcomes and GP perceptions of the service, and to provide an opportunity for feedback about potential improvements ahead of any further expansion.

This mechanism will be implemented once in-person services resume. As the health system responds to the ongoing situation with COVID-19 in Tasmania, uptake of the service

by GPs and other community-based health professionals has affected service delivery. Despite the impacts of COVID-19 in 2022 preventing the in-reach service being delivered in person, the medical specialists continue to provide telehealth support to participating GPs. The THS is currently planning for the recommencement of in-reach services.

MESSAGES FROM THE HOUSE OF ASSEMBLY

Resumption of Proceedings

[3.02 p.m.]

Mr PRESIDENT - Honourable members, the House of Assembly having passed the following resolution begs now to transmit the same to the Legislative Council and to request its concurrence therein -

> *Resolved*, that in accordance with Standing Order No. 248, a message be transmitted to the Legislative Council requesting that the proceedings of the -
>
> > Criminal Code Amendment Bill 2022 (No. 4); and
> > Land Tax Rating Amendment Bill 2022 (No. 6)
>
> which were interrupted by the prorogation of Parliament on 5 April 2022 be resumed at the stage at which they were so interrupted.
>
> Mark Shelton, Speaker,
> House of Assembly, 3 May 2022.

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

> That the message be taken into consideration forthwith.

Motion agreed to.

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

> That in accordance with standing order 317 (2)(b) the proceedings on the said bills be resumed at the stage at which they were interrupted by the prorogation of Parliament on 5 April 2022.

Motion agreed to.

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

> That a message be transmitted to the House of Assembly acquainting that House accordingly.

Motion agreed to.

MESSAGE FROM THE HOUSE OF ASSEMBLY

Attendance of Ministers from the Legislative Council in the House of Assembly

Mr PRESIDENT - Honourable members, the House of Assembly having agreed to the following resolution begs now to transmit the same to the Legislative Council and to request its concurrence therein.

> *Resolved*, that pursuant to the provisions of House of Assembly Standing Order 50, a message be transmitted to the Legislative Council requesting that the Legislative Council give leave for any member of the Legislative Council who is a Minister of the Crown to attend the Assembly so as to respond specifically to Questions without Notice seeking information of the kind covered by the Standing Orders of the House of Assembly.
>
> Mark Shelton, Speaker,
> House of Assembly, 3 May 2022.

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

> That the message be taken into consideration forthwith.

Motion agreed to.

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

> That leave be granted to members of the Legislative Council who are Ministers of the Crown to attend the House of Assembly if they think fit, so as to respond specifically to Questions without Notice seeking information of the kind covered by the Standing Orders of the House of Assembly.

Motion agreed to.

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

> That a message be transmitted to the House of Assembly acquainting that House accordingly.

Motion agreed to.

Committee Appointments - Joint House Committee

Mr PRESIDENT - A further message from the House of Assembly:

The House of Assembly has appointed the following members to serve on the Joint Committee of both Houses, known as the House Committee, to control Parliament House and grounds including catering for parliament:

the Speaker;
the Chair of Committees; and
Mr Winter.

Mark Shelton, Speaker,
House of Assembly, 3 May 2022.

Committee Appointments - Joint Library Committee

Mr PRESIDENT - A further message from the House of Assembly:

The House of Assembly has appointed the following members to serve on a Joint Committee of both Houses to manage the Library:

the Speaker;
the Chair of Committees;
Mrs Alexander;
Dr Broad;
Ms Dow; and
Mr Ellis.

Mark Shelton, Speaker,
House of Assembly, 3 May 2022.

Committee Appointments - Parliamentary Standing Committee on Subordinate Legislation

Mr PRESIDENT - A further message from the House of Assembly:

In accordance with the provisions of section 3 of the Subordinate Legislation Committee Act 1969 (No. 44), the following member has been appointed on the part of the House of Assembly to serve on the Parliamentary Standing Committee on Subordinate Legislation:

Mr Wood.

Mark Shelton, Speaker,
House of Assembly, 3 May 2022

MOTION

Consideration and Noting - Parliamentary Standing Committee of Public Accounts - Review of Auditor-General's Report No. 1 2016-17: Ambulance Emergency Services

Resumed from above.

[3.06 p.m.]

Mr WILLIE (Elwick) - Mr President, before the break I was talking about how important this process is. It is a great accountability measure for government departments. I was fortunate to serve under two long-serving members of parliament that chaired the Public Accounts. Both had different styles. The former Chair was like a dog with a bone, if he thought something had been hidden, and was very -

Ms Rattray - And the new one is not?

Mr WILLIE - No, I am getting to that. Of course, the member for Murchison, who is chairing the committee now, is very rigorous. I welcome the workload. Without going into committee details, we are looking into a lot of matters. The Public Accounts Committee is well served by this place in particular to have a bit of stability and some members who have been there for a little while now.

In the future, if we continue this sort of direction where we are heading, a lot of government departments will be on their toes and responding to the Auditor-General's reports whether it is the performance ones or the financial audits. They know we are not going to let it go either, and that they will need to take action where recommendations are made. I certainly look forward to continuing that work.

Without reflecting on the other place, I note that this place has provided some stability to that committee. I think we have welcomed another committee member since that report was tabled. There will be another name on the next one. I appreciate working with the Chair and the committee, and wanted to note that without going into the detail of the report as I consider that others have covered that very well.

[3.08 p.m.]

Mr VALENTINE (Hobart) - Mr President, thank you to the committee for undertaking the work. The Public Accounts Committee is a valuable committee, and indeed there may be matters that I might wish to refer to in another domain. It is clear that a lot of work has gone into this.

I used to have a fair bit to do with the ambulance service. I used to be their ICT consultant. I have followed their path through life, especially regarding the systems they have and how they operate. There is a heck of a lot of hard work that goes on there. I believe everybody would appreciate that this particular sphere of government services is so essential.

If you have ever had cause to call an ambulance, which someone did on my behalf about 10 years ago, when I had a little bit of an argument with the road -

Ms Rattray - On the bike?

Mr VALENTINE - Yes. That is right. No, off the bike.

Mr PRESIDENT - It is always someone else's fault.

Mr VALENTINE - The point is, that when they arrive you have a sense of calm and you know you are in good hands.

Everybody around this Chamber would be the first people to say that it is an essential service and we really do appreciate the work in providing that service to the community.

Any observations made here are done with the best intent and it is important we recognise that. It is not a level of criticism of any one individual, but this is about the system, how it works and how best to provide the service. Making sure the most efficient service is being provided with limited resources.

The committee recommendation on page 12 follows a number of findings about clinical governance that:

> Ambulance Tasmania report and compare clinical review findings across regions.

That has a great potential to demonstrate a number of things, especially the delivery of services across the regions. We are one state. It is important that every area of the state has a level of service they can be confident in and they can call on when needed.

Yes, it is the case, sadly, there are times when the service arrives too late. We have heard about one of those this week. A seven-hour wait. We will not go into that, because it is a subject of significant investigation at the moment, but a seven-hour wait is a long time to wait for an ambulance and it did not have a good outcome. I am sure every step will be taken to get to the bottom of the circumstances in relation to that.

When you are in an urban environment like Hobart, there are lots of ambulances. The resource required is significant because the population is high. In regional areas, maybe the population is not so high, but there are greater distances to travel. It is a complex issue in terms of providing services across the state that has such a dispersed population. Nevertheless, that should not stop us from trying to find the best way forward, to make sure we do the best with the resources possible.

Recommendation (3) that:

> Ambulance Tasmania develop strategies to improve response times to those of other jurisdictions and undertake cost benefit analysis of those strategies before deciding on implementation.

We can do things off-the-cuff which you think might work, but it is by far the best approach to drill down and actually look at the benefits and the costs associated with some of the strategies to be implemented. I can see the benefit of that, so one hopes that will occur.

Basically, I note the report, but certainly support the observations made in it. I support the work of the committee and encourage the Government to take up the recommendations and

see if we can provide a service that is equal for all Tasmanians. I congratulate the committee on a good inquiry they have undertaken and encourage the Government to listen carefully to it.

[3.15 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I thank the member for Murchison for her comprehensive noting of the report and for bringing that on. The Government welcomes the report from the Public Accounts Committee regarding the review into the Auditor-General's Report No.1 of 2016-17: Ambulance Emergency Services.

Since the release of the Auditor-General's Report in September 2016, the Government has worked with Ambulance Tasmania to address the matters raised in the report, as well as to address the increase in demand not only for ambulances services, but health services more generally.

As of January 2022, the Tasmanian Government has employed an additional 243 FTEs at Ambulance Tasmania since we came into Government. At the last election, we committed to employing an additional 48 paramedics, with half of these allocated to rural and regional areas across the state. Members will also be aware the Premier has announced that through the 2022-23 state Budget the Government will be funding an additional 11 paramedics on top of our original commitment, who will be located between Sorell and Huonville in response to the increasing demand.

The Government acknowledges that there can be periods of significant demand and that is why we have appropriate patient demand protocols in place to ensure our health services can call in additional resourcing when it is required. We understand people in the community are concerned about demand in our health system and Ambulance Tasmania has clinically operated triage systems in place to deal with those in our community needing emergency care.

There are many factors which can impact on emergency response times. Tasmania has a very decentralised population, which means a greater proportion of people live in rural and remote areas, which means longer distances for ambulances to travel. And despite the challenges, the Government is very focused on supporting and investing heavily in Ambulance Tasmania to ensure Tasmanians can get the response they need and when they need it.

Along with additional staffing, Ambulance Tasmania is also implementing new innovative services aimed at improving patient outcomes and reducing the need to transport patients to the emergency department when their health needs can be appropriately met without visiting a hospital. These programs include our Secondary Triage service, which is linking lower acuity patients with other services within the community; the Police, Ambulance, Clinician Early Response, PACER team, who are treating mental health clients in the community; the expansion of extended care paramedics who have an extended scope of practice to manage low acuity cases without the need to transport to hospital; and the introduction of out-of-hospital thrombolysis, which is significantly improving patient outcomes for those who are experiencing a heart attack. I am advised approximately 2120 triple zero calls have been successfully diverted from an emergency ambulance response since the commencement of the secondary triage and our PACER team have responded to call-outs to 370 people within its first 13 weeks of operation. Importantly, the majority of these people attended to by PACER, 73 per cent, were supported to remain in the community.

The Public Accounts Committee provided a total of nine recommendations in their report and I will now briefly address those and the actions that have been taken in response.

Recommendation 1: Ambulance Tasmania proactively and publicly reports performance data with a focus on patient outcomes, including regional comparison data. When the new Premier Mr Rockliff first took over the health portfolio, one of his first decisions was to issue the Health Dashboard monthly rather than quarterly. This ensures the public has the most up-to-date data on our health system. The dashboard currently provides the median response time for ambulances statewide, currently 14.8 minutes, and the number of incidents and dispatches. The budget papers also provide a regional breakdown of response times. However, I am advised that Ambulance Tasmania is looking at publishing this data on the dashboard on a monthly basis.

Ambulance Tasmania is also progressing the development of a strategic directions document, in line with the Department of Health's strategic priorities 2021-23, which were provided to Estimates Committee A last year. The strategic directions will inform annual clinical and business priorities and as part of this process, Ambulance Tasmania is identifying performance data that better reflects patient outcomes.

Recommendation 2: New approaches and/or practices undertaken by Ambulance Tasmania that seek to improve patient outcomes be evaluated to guide future service delivery and funding decisions.

Ambulance Tasmania does identify, trial and evaluate new clinical approaches and practices prior to rollout across the service. I have already mentioned some examples of these. Importantly, the aim of all clinical approaches is to improve patient outcomes.

I want to touch further on the introduction of out-of-hospital thrombolysis. Some members may have seen in the media earlier the year of the story of Mr Rod Mackenzie, whose wife phoned triple zero as Rod was experiencing chest pain. Once, thrombolysis was only delivered for patients after they arrived in hospital, which meant losing valuable time. Being able to get rid of a clot as soon as possible means the risk of dying from a heart attack is reduced significantly. In the case of Mr Mackenzie, it meant he suffered no damage.

The trial of out-of-hospital thrombolysis commenced in the north-west and the intention is to roll it out statewide.

Recommendation 3: Ambulance Tasmania considers the public release of regional performance data.

As I outlined in my response to recommendation 1, Ambulance Tasmania is looking at the release of more information data that also reflects patient outcomes.

Recommendation 4: Ambulance Tasmania reports and compares clinical review findings across regions.

I am advised that a clinical service team within Ambulance Tasmania supports the clinical practices across the organisation, with a focus on the determination and coordination of clinical practice, patient safety and information, infection prevention control, clinical governance and innovation, and education and support.

Paramedic education and training resources, previously situated in the regions, have been centralised to increase focus on consistency of clinical practice and standards across Ambulance Tasmania. The Clinical Governance Committee provides oversight of clinical practice for paramedics and volunteers on a statewide basis.

Recommendation 5: Ambulance Tasmania conducts a cost-benefit analysis to evaluate the effectiveness of measures, such as the implementation of double branch stations, secondary triage services and the recruitment of additional staff.

Ambulance Tasmania is looking at how a cost-benefit analysis can be undertaken on several new clinical initiatives that have been introduced, and I have mentioned previously, these being secondary triage, PACER, out-of-hospital thrombolysis and the recruitment of a pool of casual paramedics.

The Government has also committed to reviewing ambulance service demand which will help guide future investments in Tasmania into ambulance services. Through this review, Ambulance Tasmania will also look to quantify the cost, risk and performance benefit of any station upgrades. Importantly, Ambulance Tasmania will also consider where resources are best positioned to meet community demand for emergency ambulance services and the optimum clinical skill mix and staffing levels for each community.

Recommendation 6: Ambulance Tasmania investigates whether higher proportions of volunteers in rural and regional areas of the state are impacting on mobilisation times after the negative impact of the COVID-19 pandemic on volunteer numbers has stabilised.

Firstly, I thank the team of volunteer ambulance officers we have in this state for their tireless efforts in serving our local community. Ambulance Tasmania is in the process of recruiting the position of Manager, Community First Responders and Volunteers. This position will place increased strategic focus on volunteers and service delivery. There are many variables that impact on emergency response times in rural and regional areas with volunteers representing a significant resource in supporting branch station officers across the state in providing pre-hospital emergency care.

We are also exploring the use of a technology solution to better roster, activate and support our volunteers and community first responders in regional and remote areas of the state.

Recommendation 7: Ambulance Tasmania evaluates the effectiveness of remedial actions taken related to response time outliers.

I am advised that Ambulance Tasmania already employs a number of processes to monitor, investigate and instigate actions related to delayed response times. This includes daily reporting at a statewide and regional level.

Recommendation 8: Ambulance Tasmania continues to monitor:

(a) the number of multiple responses; and

(b) the effectiveness of any measures implemented to reduce the unnecessary depletion of resources.

Ambulance Tasmania continues to monitor the deployment of multiple resources to emergency incidences and also considers alternative approaches in an effort to better utilise the resources that are available.

Optional resourcing is also reviewed on a daily basis which is achieved through reporting of response times, resource and roster management, as well as monitoring of demand for ambulance services.

Recommendation 9: Ambulance Tasmania focuses on patient outcome focused KPIs and performance targets in the development of these measures.

As I mentioned earlier, the strategic directions Ambulance Tasmania is currently drafting will inform annual clinical and business priorities. As part of this process, Ambulance Tasmania is identifying performance data that better reflects patient outcomes.

The Tasmanian Government is committed to providing the right care, in the right place, at the right time to our community. We are also focused on the continuous improvement of our services and to ensure our Ambulance Tasmania paramedics, nurses and physicians are enabled and supported to provide safe and innovative care to Tasmanians.

In relation to the concerns raised by the member for McIntyre about paramedics who respond to calls on their own, I can advise members that Ambulance Tasmania is currently reviewing the single officer response procedure. There are safeguards provided by the procedure for our paramedics and volunteer ambulance officers who respond to an incident in the community on their own, such as the deployment of backup responders. Ambulance Tasmania provides duress alarms for those frontline emergency services. These alert the State Operations Centre when activated.

Ms Rattray - I doubt that it would be of much help at Rushy Lagoon.

Mrs HISCUTT - The duress alert procedure outlines steps to ensure a consistent approach to paramedic and volunteer safety and protection. The State Operations Centre also provides alerts for addresses that have been linked with potential danger. These are also linked with the Tasmania Police alert system. Concerns for the safety of our emergency responders are communicated across agencies by the Emergency Services Computer Aided Dispatch (ESCAD) system.

In response to the interjection by the member for McIntyre, only ambulances that are in black spots have satellite phones. Mostly rural and remote areas. So, Madam Acting President, the Government notes the report.

[3.30 p.m.]

Ms FORREST (Murchison) - Madam Acting President, I thank members for their comments, contributions to this and for also recognising the value of this sort of process.

A comment from the Member for Elwick, and I do hope he is back after this Saturday. He has been a very valuable member of the committee and we appreciate the work he has done on that committee.

Members - Hear, hear.

Ms FORREST - I appreciate the Leader's response on behalf of the Government. I do note from other inquiries undertaken that some of this information that has come forward to the committee is not yet public.

It is a matter we certainly will be following up in budget Estimates no doubt, including the extra paramedics you have referred to. Their location, how many. I am sure paramedics are in great demand all around the country.

When you look at the South Australian recent election, the key plank of the Labor Party's election manifesto was ambulance ramping and the wait times for ambulance. It is not unique to Tasmania and South Australia has their own challenges with its population being dispersed into more regional areas too.

I appreciate the very positive response to the recommendations that are made. I understand there is already work ongoing on some of those. There has been a delay over the various prorogations and things like that, in getting this report to this point of debate, but it is always good to take the opportunities we have to actually see what is being invested, how and where.

I particularly look forward to seeing the revised KPIs, not just for Ambulance Tasmania but for health more broadly, that are patient-focused and outcomes-focused.

Before closing on this debate, Madam Acting President, I acknowledge and thank all the paramedics who work for Ambulance Tasmania.

Members - Hear, hear.

Ms FORREST - It is an incredibly challenging job. We know a lot of them suffer mental traumas as a result of their work. This is particularly the case in small rural communities where you can be picking up someone you know from some traumatic event, someone who is even a relative. That is a very traumatic experience for any ambulance officer, whatever their ranking, and something we know is a lived reality for many of our very courageous paramedics.

I thank them sincerely for their work. I acknowledge the work that Joe Acker as the CEO is doing in what appears to be a cultural piece of work and hopefully is addressing some of those very real issues of mental health and welfare that impact on our paramedics.

We cannot do without them, and we need to look after them, their physical and their mental health. They do an incredible job and they almost always never quite know what they are going to. In terms of what a patient is going to present with, they might think it is one thing, and it turns out to be something else. We know that in circumstances where they might be responding to a violent episode outside a pub after a rowdy night, they can get abused, verbally abused and even physically threatened. That is not okay, ever. We should condemn that in the strongest of terms.

The member for McIntyre, yourself, as Madam Acting President, raised in your contribution, the single member responses create some challenges. I would hope that, in those sorts of circumstances, where you know it is potentially a violent or volatile situation, that backup will be provided immediately from the police, if not from another paramedic response or similar.

I also acknowledge the really important work the PACER team is doing in looking after fellow Tasmanians with mental health challenges who actually need to be looked after in the community. It is a much better and safer place for them and where their needs can be met in the community, that is a much better outcome for everybody.

These are great initiatives, as is the secondary triage. You can read in the report, there is a description of how they look at the data coming through their control room and when they get an extended response time, they look at every aspect of it broken down. They look at the time to answer the phone, how many seconds did it take. The time to get the information from the person and then the time to dispatch the vehicle and the team. I know that Ambulance Tasmania takes this very seriously and they have various mechanisms to look at all aspects to make sure of that. They identified one challenge in the control room aspect and addressed it. It is only by monitoring those circumstances and actually looking at what is really happening you can identify them.

I commend Ambulance Tasmania for the work they have done. I look forward to further engagement on this matter during budget Estimates and also through other inquiries that PAC is undertaking in regard to the COVID-19 response, as has been publicised in terms of our inquiry. We thank the members for their contribution and the Government's response.

Report noted.

MOTION

Consideration and Noting - Report of the Parliamentary Standing Committee of Public Accounts Review of Auditor-General's Report No. 11 2018-19: Performance of Tasmania's Four Major Hospitals in the Delivery of Emergency Department Services

[3.36 p.m.]

Ms FORREST (Murchison) - Madam Acting President, I move -

> The report of the Parliamentary Standing Committee of Public Accounts Review of Auditor-General's Report No. 11 2018-19: Performance of Tasmania's Four Major Hospitals in the Delivery of Emergency Department Services be considered and noted.

Madam Acting President, I will go over some of the things we mentioned the last time because someone may be listening to this debate or reading it without the background of the previous report.

To start in broad terms, this review was done by the Auditor-General into the performance of Tasmania's four major emergency departments and the delivery of their services in 2018-19 and we all know what happened in 2020. The important thing to remember is we were looking at a period in time before COVID-19. Whilst the responses have had to take COVID-19 into account, in terms of looking where to from here and how do we manage, the period of time when the Auditor-General was looking at it was prior to the pandemic and it showed a system under enormous strain even then.

In March 2021, the committee received a briefing from the Auditor-General about his report into the emergency department services and the committee resolved to undertake a follow-up audit of inquiry into the adoption and progress of recommendations made by the Auditor-General. This is a longer report and it covers a few more areas than the previous Ambulance Tasmania report, but we took the same process. We sent a questionnaire to the minister asking the questions about the progress on the implementation of any recommendations, any explanations for delay and of course, things might have started at the end of 2019, early 2020, but probably went a bit pear-shaped after that. The committee was quite understanding there could have been delays in implementation as a result of COVID-19 and any rationale for not implementing and adopting recommendations.

Once we received the written response from the minister, we invited the minister to provide evidence. Since receiving the Government's response to the committee's questionnaire and evidence taken by the committee, the circumstances in the emergency departments of the state health system have come under significant pressure. This particularly was the case following the reopening of our state borders in December last year when the Omicron variant became apparent and the major virus transmitted around the state. W hilst everyone would know here that the plan put in place by the Government under the former Premier's leadership was colloquially called Delta Shield, Delta Shield might have been much more effective against the Delta variant, but had a more limited impact against the Omicron variant.

The committee was able to complete this report prior to that time, prior to the reopening of our borders and made the decision when we reported to only report the information received prior to that time. Otherwise, it becomes almost a new inquiry. We really wanted to follow up on the Auditor-General's recommendations from his 2018-19 review.

This needs to be read alongside the Auditor-General's report to get more context around some of the measures that are referred to in our report, as well as in the Auditor-General's report. Overall, the committee found that the majority of performance measures considered by the Auditor-General have not experienced much improvement. Remember, this is before COVID-19. We are not talking about post-COVID-19.

I appreciate the Government providing updated figures, as far as they could, for some of these measures, which are in Appendix 2. The figures in Appendix 2 relate to the period since 2018-19, up to 2020-21, prior to the opening of the border. To get any context of trends, you need to line them up alongside the Auditor-General's report. The Auditor-General's report has much the same graphs, containing the previous figures. We have referred to that in part of the report, as to whether there has been much movement. In some areas there have been minor improvements, but that is offset by a deterioration in one of the four main hospitals in a lot of cases. If you really want to understand the data, you need to consider the two reports together.

Key areas of concern that the Auditor-General had in regard to the performance of Tasmania's emergency departments and the delivery of their services included comments about leadership and culture; significant commentary around patient access and flow; and the management recognition and investigation of sentinel and adverse events in patients' healthcare. He also recommended that all the previous reviews - which are significant in number and go back quite some time - be pulled off the shelf and looked at, to ask why reinvent the wheel when so much of this work has already been done.

For some time now in this place, through the whole long and sorry saga of health system reform in Tasmania, I remember trying very hard to get one Tasmanian health service and organisation rather than three, and failing by the narrowest of margins. I am used to that. Clearly, however, that was what was needed, because that is what we finally got. But we lost so much time on the way. I bashed my head against the wall, and went back and did it again, but here we are.

One of the key problems that occurred under the three THO system was this absolutely opaque reporting structure and framework. Nobody knew who was reporting to whom. There was nobody overseeing everything. There were no clear lines of reporting. Clinicians as well as administrators were off doing their own things. Every area was a law unto itself. That might be a bit harsh in some respects, but that really was what the problems were. Whilst the Auditor-General did not go back into that history as much, there was clearly still work to be done in 2018-19 in leadership and culture.

There have been some scathing reports about the cultural problems in our health services in the past. More recently, members may recall the report looking at maternity services in the north-west. It broke my heart to read that. It absolutely broke my heart to know that midwives felt so devalued by the system the Government had created, which provided very little job satisfaction, and almost none of the continuity of care which we know makes a positive impact on mothers' and babies' outcomes. Women were often not provided with the care that made the biggest difference for them. The report that was done and released most recently made that very clear. Fortunately, I think the Government at the time made a commitment to address that. The current minister has also made a commitment to address it. It breaks my heart to see what we had up in the north-west and what we lost, in terms of proper caseload models of care, continuity of care, and really satisfied mothers, families and midwives. If you want to be shattered, go and read the report, and put yourself in the shoes of some of those midwives. I say that with International Midwives Day in two days time.

The work the Government has done in more recent years, and particularly since the Auditor-General's review of these services, has led to a much more structured leadership team approach and reporting structures.

As one of our findings states, the new Department of Health executive structure has been implemented to bring together executive leadership for the department and the THS, including mental health and primary and community care, with all positions reporting to the secretary. That may sound like a no-brainer to most people, but that is not how it was. I consider that to be very important. It takes time for the benefits to flow through, but without it we would be dealing with those same challenges of no clear lines of reporting, and thus no clear responsibility. Page 16 of our report notes that in 2020 the Department of Health implemented a new, streamlined executive structure for the state's health system.

The structure strengthened local decision-making authority and accountability, and provided a stronger sense of collaboration and cooperation and shared purpose within the Department of Health. Establishing an effective governance structure is critical to improving health care across our public health system. The strengthened governance framework provides accountability, transparency and responsiveness to change and also clarifies and confirms local decision-making authority and accountability.

The governance changes have clarified the roles and responsivities of operational areas, with the establishment of the positions of Chief Executive Hospital South, Chief Executive Hospitals North/North West. These positions are responsible for the operations of hospitals and associated clinical services, and report directly to the secretary. Everyone knows who they are reporting to, and it is to a single person - the secretary. The governance changes have also established the portfolio of community mental health and wellbeing, with a dedicated deputy secretary and supporting operational structure.

Those things are very important, to ensure clarity and clear lines of responsibility and thus accountability. That simply was not there. Members can read through the findings and more about those roles and how they operate.

The department has also implemented integrated operations centres, or IOCs. Those centres integrate the operations so that everyone knows what is happening with patient flow, patient access, including with ambulance and mental health services. As I said in my previous contribution on ambulance services, if you look at ambulance in isolation and do not look at the emergency department where they end up, you might think the ambulance should have been able to offload that patient quicker. However, you have to look at the whole system, and this is a much more integrated approach, as the name suggests.

Patient access and flow is such an important part of the operations of a health facility. As long as I can remember, we have heard commentary about the fact that one of your barriers is getting patients out of hospital. The last place the patient, or person, wants to be is in hospital if they do not require acute hospital care. This is particularly true of older people. It is quite disturbing when you hear stories about older people being kept in hospital because they cannot get an aged care bed. I hear that much less than I used to, but that actually can lead to much worse outcomes for that older person.

Access and flow is about knowing who is in your hospital, knowing what their condition is and knowing where they are going next. Discharge starts the minute you walk in the door. Or it should. Improving access and flow deals with that. It looks at how patients can be moved through the system, making sure they are not waiting in a bed while they get a prescription filled. That is all they are waiting for. These things make a lot of sense to people who are working in the system. It seems like they should just happen automatically, but it does not unless someone pays attention to it.

In its responses to the committee, the Government talked about the development of a suite of consistent reporting measures that provide a snapshot of access and flow performance. That has commenced. It is probably further down the track than when the committee heard about it. I assume there has been a bit of a passage of time. Additional funding has also been provided to reduce the attendance in emergency departments through enhanced care in the community. Some of that relates to some of the work that Ambulance Tasmania is doing as well. Again, that crossover.

It is really important that we do not overlook the fact that primary health and care provided in the community is really the prime responsibility of the federal government. The federal government spent a pittance on primary health and preventive health measures. We are never going to fix our hospital systems if we do not deal with the preventive side of it: properly resourced primary health, make sure we have enough GPs, and other models of care and health care from other health professionals like nurse practitioners, better use of pharmacists, which

the Royal is now doing. I think having a pharmacist in the emergency department is being rolled out to other hospitals. I will get to that in a minute. In the Royal that has actually shown significant reductions in adverse events. That is patient outcomes.

Mr Valentine - It is a long game, is it not? Preventive health?

Ms FORREST - Yes.

Mr Valentine - You have to start and it might not have immediate outcomes but it is that long-term benefit.

Ms FORREST - Stopping a medication error has immediate outcomes. That is what the pharmacists in the ED are doing. I will come to that a little bit further. The Rural Health Services Inquiry, which has been prorogued twice now and had to cancel hearings because of COVID-19 and other things, has heard a lot of this sort of evidence. Most of that is on the public record already by way of our submissions and transcripts. We hope to report in the not-too-distant future so long as we do not have to prorogue again or something. There will be a lot covered in that. The Auditor-General's report was narrower and more focused on matters he was looking at.

The access and flow is a vital part of it. Under the leadership of the minister and, I note, Kathrine Morgan-Wicks as the secretary, who does an amazing amount of work in overseeing this very busy and demanding portfolio area, a lot of work has been done. The access targets that were developed by the Australasian College for Emergency Medicine have been adopted. That was something we heard some time ago in other committees about the need to adopt those actual targets. Targets are fine, as KPIs that measure outcomes are fine, but you cannot do it in the absence of patient outcomes-focused KPIs as well.

The Auditor-General commented a lot too on some of the adverse outcomes and the sentinel events. For those who may not be aware, sentinel events are like a near miss. Something happens which makes you think 'jeez, that could have turned out badly'. But there by the grace of God, or whatever you say, the patient did not have a particularly bad, or not as bad, an outcome. Basically, they dodged a bullet. Those sentinel events are just as important to review and assess and drill down into as the adverse event in which a person is harmed. Yes, it was lucky that that did not happen then but there can be significant learnings from a sentinel event. It is like a red flag. If you ignore the red flag, it could well happen again and the outcome may not be as favourable.

The Auditor-General had a bit to say about that and also noted - or made recommendations regarding the review and doing a root cause analysis of the events. The minister and Ms Morgan-Wicks, as well as Professor Tony Lawler, spoke about the review process. There is a really good description of how they undertake that review in the report and I encourage you to read that if you are interested in how they assess those events and how they categorise them.

But all SAC ratings events - which is severity access code ratings - all SACs 2 to 4 are investigated but not with a root cause analysis methodology, but SAC 1s are assessed. They are the more serious, obviously.

The THS does have in place a fairly sophisticated mechanism to assess high severity incidents and monitor the implementation of recommendations and that is described by - I am pretty sure it was Professor Lawler.

Also, a communications tool called Medtasker has been utilised in the reporting and monitoring of adverse events. Back when I worked in hospitals - it feels like 100 years ago now - the old incident report was a paper-based form. God knows if they actually went anywhere some of them. It was done at the end of the shift when you desperately wanted to get home because things had gone pear-shaped during the shift. You should do those incident reports after any potential adverse event but often you just breathe a sigh of relief and keep going out the door because nothing bad happened. This communication tool is a much more robust model, and necessary. It also means that you can track the trends and things like that, which is really important in improving patient outcomes.

As I said, the department claims that the implementation of the Partnered Pharmacist Medication Charting - which is the partner pharmacist in the DEM, in the emergency department - has significantly reduced medication and intravenous fluid administration adverse events.

I will take you to page 27 where they talk about that. It is Professor Lawler speaking about this and he said:

> In the past, we saw medication errors that occurred through transcription of medications when patients came to the emergency department …

We all know that emergency departments are very busy places, a lot of pressure. You have senior doctors in there but you also have junior residents and that sort of thing who may be tasked with writing up the patient's medications. Errors can be and are made in the transcription of that information:

> … or medications being added or removed when they shouldn't have been. The implementation of our partner pharmacists' medication charting, which is a model which has been utilised elsewhere and we're using now, in which the reconciliation is undertaken by a pharmacist within the emergency department. The charting is undertaken, the junior doctor is sat down with and discussions around these issues that have occurred have virtually eliminated serious adverse events and, as elsewhere, have indicated length-of-stay improvements. It has been rolled out statewide with similarly positive responses. We have identified a number of issues that were prominent features in adverse events. They included medication errors and an increase in ramping.

Mrs HISCUTT - Point of order, Madam Acting President. We do not have a quorum.

Madam ACTING PRESIDENT - Ring the bells, even though it is only three minutes before we would be stopping anyway. Two minutes now. I think it is pointless. As it is close to four o'clock, I move that the sitting be suspended until 4.30 p.m. as agreed by the Council on 3 May 2022.

Sitting suspended from 4 p.m. to 4.30 p.m.

MOTION

Consideration and Noting - Report of the Parliamentary Standing Committee of Public Accounts Review of Auditor-General's Report No. 11 2018-19: Performance of Tasmania's Four Major Hospitals in the Delivery of Emergency Department Services

Resumed from above.

[4.32 p.m.]

Ms FORREST (Murchison) - Mr President, I was talking patient access and flow. The report sort of follows the Auditor-General's recommendations, but I will skip around it a bit because different aspects of the report pick up different findings on the same matters. Following the access and flow recommendation and the comments on the importance of improving patient access and the flow of patients through our health facilities, finding 26 notes the following initiatives seek to address the Auditor-General's recommendations, 4(a) and 4(b).

They are: the Statewide Access and Patient Flow Program; the Tasmanian Emergency Care Network, which was established under the Statewide Access and Patient Flow Program and is a clinican-led mechanism that engages emergency and non-emergency clinicians, Ambulance Tasmania service, consumers and policymakers from across the health system. It is really important to hear from consumers who have that lived experience and may see things that others do not, to those busily involved in providing the care. Staff engagement forums that are meant to encourage direct staff involvement in access and patient flow initiatives. Direct staff does not just mean nursing staff. It means the cleaning staff, the catering staff -

Mr Valentine - Orderlies.

Ms FORREST - Yes. The medical orderlies. They can see blockages in the system. It is a bit like that Lean process we see used in industry. Everyone has a voice. Everyone's ideas are taken on board. Every one of those ideas is followed through and reported back. People feel empowered to speak up and not that they are going to be told, 'What would you know, you are only the cleaner,' or whatever it is. Dale Elphinstone told me once in his business, one of the best ideas on their heavy machinery, one of their mining trucks, came from the administration assistants in the office who asked, 'Why do you always do it that way? Why not do it this way?' It saved them a whole lot of money and was a much more efficient process. You never know where the good ideas will come from. Everyone needs a voice. It is important to engage all those who engage with our health services.

The staff engagement forums are to encourage direct staff involvement. The Public/Private Hospitals Partnership Working Group has become very important during COVID-19 to ensure we have additional space for surges in relation to the COVID-19 pandemic.

The Making Care Appropriate for Patients is a real time understanding of access and patient flow challenges that enables better utilisation of clinical services and inefficiencies. This is what I was referring to briefly where you know where every patient is on their journey through the health system.

I visited a hospital in Seattle a few years ago, back in the day when you could travel, and it was really interesting. It was the surgical ward where you went in one side and here is the patient flow board, all electronic with the patients - not their personal details - but where they are on their journey. What they are awaiting and what is happening today.

You walk through a very well designed ward. It was completely gutted and remodelled. You come up the other side, and by the time we had done this loop and looked at the facility - it probably took 20 minutes, half an hour, to see this ward and how it operated - the board had completely changed, because about six of the patients who were due for discharge that day had already gone, their beds were clean and the rooms were ready for the next one.

Those sorts of systems can make a massive difference, but it has to be everyone inputting the data and making sure it is up to date. Some of these mechanisms are designed to operate in that sort of way. These are things we can look at further, different processes.

And Medtasker, which I have already mentioned, is the workplace communication management tool to ensure that relevant staff are appropriately matched with the relevant tasks and targeted in deployment of resources. You do not always need a highly skilled registered nurse. You might need a new grad to fill the gap that may be there. It is making sure that you have the right people where you need them. Also, there has been an implementation of a clinical utilisation review process which is again, an electronic tool, and the utilisation of data analytics and eHealth tools.

I think all of those will work together, but you can put lots of processes in place, but unless you check in that they are actually making a difference and not creating additional work, when the outcome or the benefit is not more than the input required, you might be just going down a rabbit hole. It is important to make sure that those measures put in are reviewed.

At the time the evidence was taken by the committee, the available data for some of these processes were still being developed. But the department informed us, that once they are fully developed these data will be utilised to identify barriers to discharge bottlenecks, gaps in the continuation of a patient's care, and whether appropriate care is provided where the patient needs it and that may not neccassarily be in the hospital.

There is a range of other findings around access and flow. I absolutely accept the Government has done quite a bit of work in improving access and flow. It has been a problem for a long time. Of course, the digital world we live in now should make that far easier, but some of our older hospitals and systems take a while to implement such technology. It should be a priority. Even though it might look expensive at the outset, the cost savings you can gain through having better patient access and flow well and truly will pay for themselves, along those lines.

The other question I have not really spoken about at any length is the culture piece. Identified by the Auditor-General and identified in previous reviews, there was a need for cultural change within our health service and within our hospital systems.

The Government has put in place a number of mechanisms to do the cultural piece and has invested in that. It is vital that is followed through and continued, as new people come into the system, people from other states come into the system and even overseas, when we start getting overseas workers returning and that sort of thing.

Everyone comes with their own baggage, their own experience and it does not mean they are right and everyone else is wrong or the other way around, but where people are not being respected or not feeling valued, you can end up with lots of problems.

The department informed us they have developed their Pathway to Excellence Program which is an internationally recognised framework with proven success of driving organisational culture change. This commenced in 2019 at Hospitals South with the expansion to Hospitals North/North West approved during 2021. I am not sure if that has actually been rolled out there yet, but the Leader may be able to mention that in her reply.

Hospitals South has been undertaking a program called SUFS - Speaking Up for Safety - cultural change program, with more than 1500 staff attending scheduled presentations. The 12 Speaking Up for Safety cultural change program presenters were then accredited in March 2021, which makes a total of 22 accredited presenters. The second stage is being rolled out or was planned to commence in September 2021.

Doing this sort of promotion of speaking up for safety often means you end up getting more reports of adverse outcomes because people recognise that that is what is required and people will perhaps report things when they might have walked out at the end of the shift and thought that was just a lucky miss. When people feel empowered to speak up, to know they are not going to be judged, that they are not going to be hauled over the coals for something that perhaps was not even a fault of theirs, they actually can make sure that any errors or processes that may have contributed to that adverse event can be dealt with and prevented for the future. It is only when you make the staff feel safe that they will feel safe to report. The witch-hunt of the past - and it used to be a witch-hunt, and you know who was at the bottom of the pecking order and would feel the pain. So it is a really important piece of work. The company Insync was engaged to conduct a staff engagement survey and the results from that were provided through the hospital's intranet.

I believe the Government has broadly taken the recommendations of the Auditor-General quite seriously and they have put in place a lot of mechanisms to deal with this, acknowledging that it has been happening at a really complicated time since the Auditor-General had a look at the DEM. It will be something we will continue to follow up through the Estimates process as to progress on some of these processes that have been put in place.

In addition to the recommendations related specifically to the Auditor-General's recommendations, the committee made three overarching recommendations. I will go through those because it does relate to what I mentioned in my previous contribution, not just to this report but generally the reviews that have been done by the Auditor-General and then follow-up assessments by the Public Accounts Committee.

The first one is to review the effectiveness of all initiatives implemented in response to the Auditor-General's report with a focus on patient outcomes and staff wellbeing. There have been a lot of processes put in place. There is a list of them that you can read in this report. I am sure that each of them is probably having an impact. We need to be sure that we are not just doing stuff because it seemed like a good idea at the time, but that it is having the desired outcome. So, it is reviewing those and checking in to make sure they are achieving the stated or expected outcome.

The second one is to ensure responsibility is clearly assigned to regularly review areas raised by the Auditor-General, including emergency department access and patient flow, workplace culture, staff engagement and leadership, performance and management, investigation and reporting of adverse events. It needs to be really clear whose job it is to follow those things up. Do not imagine it is the secretary's because she has a fair bit on, but there must be others further down the management structure who should be tasked with making sure that those matters are reviewed regularly.

We also recommended a written response to this report on recommendations which the Government does provide generally, and I note there will be a response during this debate.

The other recommendations we made related directly to the Auditor-General's recommendations. In broad terms, they were basically saying there needs to be ongoing monitoring of the outcomes of the actions that have been taken to address and respond to the Auditor-General's recommendations and the importance of the Tasmanian Health Service continuing to take a system-wide approach. It is only then that you will pick up trends and you will see that while things seem to be working particularly well in one hospital, it is not working so well on another. So what is this hospital doing that could be implemented in this other hospital to make more rapid change and greater improvement?

The Tasmanian Health Service urgently reviews the increase in adverse events in the emergency departments to identify aspects unrelated to a positive reporting culture. The Department suggested to us, as I mentioned with that Speaking Up for Safety program, that when people feel more empowered to report near misses and sentinel events you will see a spike in reports. That is good. There is nothing wrong with that. It is not bad.

However, it seems from some of the data we got - and it is included in the report and information provided to the committee - that there has still been an increase in adverse events that probably are not necessarily related to an increased reporting culture. If you just put it all down to an increased reporting culture, you could miss some really important information. The committee recommends that the THS actually looks at and assesses that. We also recommend that THS publicly reports measures taken to identify and mitigate against the risk factors that are not necessarily associated with those matters. Also, as I mentioned, to monitor cultural change and make sure that programs are actually being effective and report on patient flow access and challenges.

The other key recommendation in many respects is the data collected through the clinical utilisation process of making care appropriate for patients, which is right patient, right time, right place, all those sorts of things, and that other data sources be analysed and reported publicly as they relate to patient outcomes. Avoidable admissions, non-qualifying continuing days of stay for admitted patients - these are patients who should be going home but are not - identification of gaps in health care provision and patient care received in the most appropriate settings. These things are about outcomes for patients because they now come from patients getting timely access to a bed too. It is not just what happens to them when they are actually in there.

The report, in many ways, speaks for itself. I encourage the members to have a read of it and if you are interested in how the data is tracking, get the Auditor-General's report and line it up with the tables in the back of this report that were provided by the Government and you will see. It will be interesting to see how they continue to track, acknowledging that who knows

what the COVID-19 impact will be on this. I think sometimes having a very strict visiting policy, which has been in place for quite some time now, not just in the DEM but in maternity wards and other parts of our hospital, can have a positive side effect. You have fewer interruptions to patient care because you do not have to kick everybody out but we must make sure the patients are well supported when they are in there with family when they need them. I note the report and I look forward to other members' contributions.

[4.47 p.m.]

Ms ARMITAGE (Launceston) - Mr President, firstly, I again thank the member for Murchison for bringing this forward. The Auditor-General's report correctly highlights that the challenges faced by Tasmanian public hospitals are regularly publicised, including increased presentations to emergency departments, overcrowding, ambulance ramping, long patient wait times, adverse patient outcomes and the frequent presence of access block. We have seen dreadful stories in recent years of people whose inability to access care resulted in their deaths. This is a tragedy and should not occur in an advanced healthcare system such as ours.

The report also correctly indicates that the solution to fixing what is often perceived as an emergency department-only problem requires a whole of hospital and system-wide approach. Effective and efficient delivery of patient care in emergency departments depends on a variety of interrelated elements, such as prompt offloading of ambulance patients, quick and accurate triage, timely and accurate diagnosis and appropriate clinical treatment, timely discharge or admission to an inpatient bed and many others.

Combined with these findings, there has been a growth in demand over the last nine years, with patients presenting to emergency departments increasing by 15 per cent and a growing complexity of presentations. People find it very intimidating to navigate the health system and this is not helped by the horror stories we frequently see in the media. We must give Tasmanians good access to health care and ensure that the wellbeing of hospital staff, paramedics and support staff is also taken seriously.

With Tasmania's ageing population and projected growth of health concerns, many of which are unknowns thanks to the COVID-19 pandemic, it is critical that we take steps now to ensure that our hospitals and our emergency departments are properly resourced and prepared to take on these issues. It is therefore jarring to read that the audit concluded that increasingly ED patients were not receiving timely care.

The report states:

> It is my conclusion the Tasmanian hospital system is not working effectively to meet the growing demand for ED care, inpatient beds and its associated performance obligations for ED access, and patient flow within the THS service plan.

This is partly attributed to capacity constraints, particularly at the Royal Hobart Hospital which is undergoing extensive redevelopment works, but also because of longstanding cultural process weaknesses within hospitals that are impeding effective discharge planning, bed management and coordination between EDs and inpatient areas. Successive reviews by the Tasmanian and Australian governments over the last decade have highlighted dysfunctional

silos, behaviours, process barriers and resistance to change from some clinicians and administrators within hospitals as major drivers of inefficiencies.

This is a damming assessment of our hospital system. Some of the recommendations from the Public Accounts Committee are that we need strong leadership, and we need to ensure that our hospital staff, clinicians, doctors and patients are listened to. Resistance to cultural change can be a result of poor leadership, or when people's ideas are not being heard. Good management of our hospital systems starts with good managers.

Our hospital system is too important to botch up. The lives of Tasmanians quite literally lie in the balance, and I am of the belief that our hospitals need to be supported and that a bottom-up approach to devising internal and external policies needs to take place. A top-down command and control model has been tried and has failed. In order to get staff and clinicians on board, they need to be listened to and taken seriously.

The system we have now is unsustainable, and people - both patients and hospital staff - get hurt in the process. To this end, I note that the committee recommends that the THS monitors the progress of cultural change through the regular use of recognised and externally assessed programs with progress outcomes reported publicly. This is a good start, and will help develop positive and trusting relationships between hospital staff and management.

For larger scale policy, results of these outcomes also need to be made public, and I hope to see some follow-through with this. Also, preventive health is a major contributor to hospital need, and demand for clinical care. I understand that the Government and the health department are aware of the importance of preventive health, and that channelling more resources into such healthcare measures is obvious. It makes sense, therefore, to do everything possible to give people access to preventive health care procedures, like endoscopies and colonoscopies, not just to ease up a hospital room, but to give Tasmanians the best chance for long-term wellbeing.

So many factors feed into the performance of Tasmanian emergency departments, and it is likely that without serious and significant change, starting from the top, it will not get any better. In conclusion, I note that under these circumstances at the frontline of healthcare delivery in our emergency departments, from clinicians to triage nurses and custodial staff, the feedback I receive from the community is overwhelmingly positive. Our hospital staff do an incredible job, especially after weathering the pandemic over the past two-and-a-half years, to deliver excellent care to vulnerable patients in need.

I thank them for their dedication and hard work, and want to construct a health system that looks after their needs, just as much as their patients. I note the recommendations of the report, and that most of them and the summary of findings have been outlined by the member for Murchison.

I do note the report and thank the member for Murchison for bringing it forward.

[4:54 p.m.]

Mr VALENTINE (Hobart) - Mr President, I have a small contribution to make on this report. I have not fully read the report to be honest, but it did bring to my mind quite a number of discussions during the acute health services inquiry.

Ms Forrest - And the preventive health inquiry.

Mr VALENTINE - Yes, that one too; but the one I was involved with was the acute health services one. I remember at that time, this Lean system that the member for Murchison was talking about. Somebody who came down from the mainland was pushing that idea, I think it was from Queensland, that it would be a good system to put in place. It worked on the basis of being a pull system rather than push system, as I recall. The member for Murchison might correct me if I am wrong. When the wards have space, they put out the demand for people to come up rather than people being pushed onto them, and having to have people wait in corridors for wards.

Ms Forrest - Through you, Mr President. It is bigger than that, because it means that if you look at the actual layout of the ward, and track how far a nurse walks unnecessarily, it is quite an extraordinary distance. It is also about having things placed appropriately so you do not have to walk so far.

Mr VALENTINE - That is right; and all about the efficiencies of time and motion. That Lean system was first put in play by Toyota, as I recall. Who would have thought it might have an application in hospitals? Quite clearly it did. It gained a degree of impetus there.

In that inquiry, we also looked at the part that private emergency departments played. At that time, Mr Pervan was the secretary, and he talked about the private hospital system. I asked about the services that, for example, Calvary was providing, and whether there were any contractual obligations to provide certain levels of service. Mr Pervan said there are, in the conditions of the licences we now issue, which are far more robust documents than they used to be. Of course, Calvary now might not be providing services because they have gone into bypass.

As I recall, Mr Pervan said in 2018 that until five years previously, the licence for a private hospital in Tasmania consisted of a handwritten name in a ledger book. He said he still had the licence book in his office - it went back to 1901. They are now given a very thorough document that specifies the services they are licensed to provide, as well as particular reporting requirements, such that if for any reason they were unable to maintain a licensed service, they have to notify the secretary immediately. I am interested to know whether the Public Accounts Committee considered the impact of private hospitals going on bypass on emergency departments today, as opposed to what it was like back then.

Ms Forrest - Not specifically, no. As I said, we were responding to the Auditor-General's recommendations. You are talking about the partnership agreement outcomes. They are the sort of things we want the Government to report against.

Mr VALENTINE - Clearly, when a private hospital's emergency department goes on bypass, a very significant amount of work goes back to the public hospitals. I know during that time, when we were looking at the acute health inquiry, there seemed to be a general opinion that people would turn up to the emergency department when they could simply go to a GP. In conversations with a number of people that dealt with the emergency department, they said that is not as big a problem as a lot of people might expect. Indeed, it might save some emergency department presentations, but they are triaged and dealt with and they can then get them on their way. They are not in there for a long period of time or need to have a bed found for them. I found that interesting.

Looking at the findings of the committee and the Auditor-General, clearly there is a job of work to be done. Anything that can be done to improve that front end, if I can put it that way, must improve patient flow and the pressure of demand for the whole hospital, and simple things - the fact you have people in wards ready to go home but they cannot because they cannot get their medication as it happens to be a weekend and there is nobody in the pharmacy, or whatever. Those sorts of things. A bed is being held up because somebody simply cannot be discharged without the proper medications. They were some of the observations made during that acute health services inquiry. Clearly, that is more particularly about those in general wards, but it stops a bed being available for somebody who might be in the emergency department, which then clogs up - bed block. We know how that can make a hospital dysfunctional when they have bed block with people waiting in less than desirable circumstances in corridors and the like. We do not want to see people who are suffering to have that sort of an ordeal.

It is the same with ambulance ramping. We know when you have a lot of ambulances there, they simply cannot get their patients into the emergency department. Therefore, that holds the ambulance up from being available to be attending to their next case. They are wicked problems. It might seem to some it is in chaos and I am sure there are elements of chaos during the operation of hospitals during the year, but the fact is they can only work with what they have, they are human. It is important they are managed in an effective and efficient way to be able to improve the circumstance. I feel for them. I feel for those people in the emergency department as it is not very often you go to the emergency department at the Royal and find it is an empty room. Huge numbers of people are waiting for service for various conditions and so, triaging is very important. The member for McIntyre will back me up here, when we looked at some of the development projects of the Royal - one just recently with regard to the emergency department, the adding of X number of beds will help to alleviate some of that bed block currently occurring.

Ms Rattray - One of the things I noticed particularly when we looked at what was to be redeveloped, they will have a much more streamlined and efficient work area. The number of products in the corridors that cannot be useful and helpful for their work, I could see that that was so unnecessary. You are right, it will help with beds but it will make it a better working environment also.

Mr VALENTINE - It also makes for better occupational health and safety at the end of the day.

Ms Rattray - I thank the member for raising that.

Mr VALENTINE - When we went there and had a look at it, we queried and questioned them about patient flow and how that would improve. We were given a good understanding as to how that would be a benefit to patient flow, simply by having a greater number of beds, and being able to utilise the space more efficiently.

I commend the committee for the work on this. Again, as with the previous one, a lot of work here. I commend the Auditor-General for the work they put in. They are such an important spoke in our review wheel and we thank them for their work and efforts on matters such as this. I note the report.

[5.04 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, the Government welcomes the Parliamentary Committee of Public Accounts Review of Auditor-General's Report No.11 of 2018-19: Performance of Tasmania's four major hospitals in the delivery of emergency department services, which was finalised on 23 February 2022, and we thank the member for Murchison for bringing it on and her contribution.

The committee's inquiry follows the Auditor-General's assurance report on the performance of Tasmania's four major hospitals in the delivery of emergency department services. I note this review covers services delivered during the period of 1 July 2009 to 30 June 2018.

The Auditor-General's assurance report contained 10 recommendations for improved performance and the committee has made three overarching recommendations to the Department of Health and eight recommendations directly related to actions taken in response to the Auditor-General's recommendations.

Members would be aware that since the department submitted its response in June 2021, and the minister's submissions to the hearings in September 2021, the context of health service delivery has changed, with wide-spread community transmission of COVID-19, which has impacted on the performance of the Tasmanian emergency departments.

Despite the Tasmanian Government's record investment in health - the 2021-2022 state Budget included $10.7 billion funding for health over four years, which is $900 million more than the previous year's budget - there are ongoing challenges in our health system, with increasing demand particularly during the COVID-19 pandemic.

I am advised the department is implementing innovative approaches across the state to improve access to health services and patient flow within the health system.

We are looking at admission and discharge processes to help reduce pressure on our emergency departments, including direct admissions and criterion-led discharge where appropriate.

The Government is investing to increase capacity, particularly at the Royal Hobart Hospital which, as the Auditor-General's report noted, has experienced the highest growth in emergency department presentations. To address this growth, the Tasmanian Government is currently increasing medical staffing in the emergency department by at least 15 per cent, by recruiting an additional 10.5 full-time equivalent doctors in the Royal Hobart Hospital Emergency Department.

Construction has commenced on an expansion of the Royal Hobart Hospital Emergency Department which will deliver an additional 25 new emergency department beds by the end of 2022. In recognition that the whole system needs to support successful patient flow, we are embracing innovative approaches to keep patients out of hospital by offering quality care in the community.

A recent initiative that has shown great innovation is the success of the COVID@home program, which has provided virtual care to COVID-19 positive patients, and therefore

minimised the demand on hospital services. Where hospital care is required, COVID@home program includes a direct admission pathway to prevent patients from attending the emergency department unnecessarily.

Members would be interested to hear that since the program commenced in December 2021, the COVID-19@home data through to late April shows that 11 970 people have received care in their homes and this has been a significant contributor to Tasmania continuing to have one of the lowest rates of COVID-19 related hospital admissions when compared to other states.

Other recent examples of successful innovation include the Community Rapid Response Service, which provides quality care in the community for people with a range of conditions including chronic and complex illnesses preventing ED attendances.

Then there is the Ambulance Secondary Triage service with paramedics and registered nurses providing clinical advice to triple zero callers and successfully diverting many triple zero calls from requiring an ambulance response.

Police, Ambulance and Clinician Early Response (PACER) which sees mental health workers travel with police and ambulance to attend mental health-specific triple zero calls, and provides care in the community to prevent unnecessary presentations to the emergency department.

Then we have the GP and pharmacy after hours initiative which is funding primary care providers to open for extended hours to improve access to services.

It is important to note that the committee's report acknowledges that the department, including Tasmanian Health Service has implemented many measures to address the issues identified by the Auditor-General and that the department is committed to addressing all recommendations. In response to the PAC's recommendation that the department reviews the effectiveness of all initiatives implemented in response to the Auditor-General's report, with a focus on patient outcomes and staff wellbeing, the department advises that:

> The internal audit team undertakes a biannual review of open audit findings and seeks regular updates on progress to implement recommendations. In August 2021, the Department of Health Strategic Priorities 2021-23 document was launched, which includes the pillar, Improving access and patient flow across our health system.
>
> Under this pillar, there are 16 initiatives that specifically focus on addressing many of the issues identified within the Auditor-General's report. The Department of Health's executives regularly review progress against these measures.

In regard to the committee's recommendation that the department ensures responsibility is clearly assigned to regularly review areas raised by the Auditor-General, including ED access and patient flow, workplace culture, staff engagement and leadership, performance and management, investigation and reporting of adverse events, I am advised that this recommendation is also addressed through the implementation of the Department of Health Strategic Priorities 2021-23.

In addition to the specific pillar driving improvements in access and patient flow, this includes three other relevant pillars. They are, number one, to build and develop a sustainable and positive workforce, we need now and for the future; and two, to strengthen our governance, risk and financial management, performance and accountability. Thirdly, to strengthen clinical safety, quality and regulatory oversight. So, relevant areas of the department are reporting progress against the measures contained in each of these pillars.

In response to the recommendation that the department provides a written response to the committee on the final report and its recommendations, the department has advised that the department will submit a further response by the end of 2022, to enable sufficient time for material changes following implementation of initiatives to address the report's recommendations. The department notes that cultural change takes time, particularly in the context of its focus on delivering critical health services.

In response to the recommendation that the department and the THS continue to monitor and report on outcomes of actions taken and performance measures to address the recommendations of both reports, the department advises that it is implementing a revised THS performance framework in 2018-19 to strengthen performance monitoring and reporting at a local level, support local decision-making and accountability and maintain a statewide strategy and planning within one health system. The framework focuses on underlying risk factors that influence performance and are early indicators that adversely affect patient outcomes.

The framework is updated annually, and is overseen by a subcommittee of the Health executive, to provide strategic oversight, advice and to make recommendations to the Health executive on management and underperformance risks. The department's Health executive reviews emergency department performance and performance trends weekly and reviews the reasons for deviation, with a focus on solutions.

Regarding the recommendation that the THS continues to take a system-wide approach to identify underlying factors contributing to adverse events, the department advises that the THS will continue to take a system-wide approach to identify underlying and causative factors that are identified as contributing to an adverse event.

In response to the recommendation that the THS urgently reviews the increase in adverse events in the EDs to identify aspects unrelated to a positive reporting culture, the department advises that the THS takes the reporting of adverse events seriously and supports and encourages staff to report patient/client safety events in the safety reporting and learning system. Fluctuations in reporting occur at different times and safety events in the safety reporting and learning systems are reviewed in accordance with the risk policy. Despite the fluctuations in the adverse outcomes recorded, I am advised that Tasmania's four public emergency departments had a lower rate of complications compared to their peer hospitals over the last two-year period.

Regarding the recommendation that the THS publicly report measures taken to identify and mitigate against factors related to adverse events in the EDs and the associated outcomes, I am advised that the THS is implementing an extensive range of quality improvement initiatives within the ED. Patient flow project work is addressing both identification and mitigation of factors that contribute to adverse events in the emergency department, which, it is noted, will benefit patient flow and outcomes throughout the hospital.

Ms Forrest - It does not actually say how that is being reported, though. I understand they are doing it. You did not actually mention how that will be reported, except that they are doing it.

Mrs HISCUTT - The THS has a system to actively manage clinical risks and to identify risk factors that are shared across patient safety events to mitigate commonly associated risks to ultimately improve patients' safety, health care delivery, and the ED's experience. Is that what you were asking about?

Ms Forrest - Not specifically. I will come to it in my summing up anyway. It is really the fact that the reporting of this so there is some public accountability needs to be a part of that piece. For example, in the information we received from the Government -

Mrs HISCUTT - I will finish and see if there is something in there.

In response to the recommendation that the THS monitor progress of cultural change through the regular use of recognised and externally assessed programs with progress outcomes reported publicly, the department advises that the information provided earlier regarding cultural change measures is embedded within the strategic priorities and the process for regular review.

Regarding the recommendation that the Department of Health and THS monitor regularly and report on patient flow and access challenges, the department advises that THS South has established access and flow meetings and all hospital streams discuss this issue as a regular agenda item at their meetings. Hospitals North has established a patient access and flow committee and has a patient flow meeting each morning. Hospitals North West has recently adopted the seven principles of patient flow, which will guide work in the region and enable a system-wide approach to identify and resolve delays across services, facilitate timely transfer of patients and promote standardised practice, care coordination and demand, and escalation management. The secretary of the Department of Health receives daily access and patient flow reports. The department also publicly releases a monthly health system dashboard which reports on important public health system indicators, including those impacting on patient flow and access. In addition, the Department of Health has established the Statewide Access and Patient Flow Program that reports to the Health executive on a regular basis.

In response to the recommendation that the data collected through the clinical utilisation review process, Making Care Appropriate for Patients - the MCAP - and other data sources be analysed and reported publicly as they relate to patient outcomes; avoidable omissions; non-quantifying continuing days of stay for admitted patients; identification of gaps in health care provision; and patient care received in most appropriate settings, I am advised that the MCAP system has been fully implemented across all THS in-patient settings, with a system implementation project formally closed in February 2022. Clinical and operational services are working to embed the MCAP system into normal business, including data monitoring and using MCAP data to inform clinical care planning and operational decision-making to deliver the right care in the right place and facilitate effective patient flow.

The MCAP data is used on a daily operational basis as part of clinical meetings such as shift handover, multidisciplinary rounds, and discharge meetings. Work is underway to increase access to, and visibility of, MCAP data through visual dashboards to assist in managing patient flow within the access across the hospitals. As the MCAP system matures,

the data quality will continue to improve to enable the identification of clear trends and service gaps.

Mr President, regarding the recommendation that internal audits to be undertaken to ensure the effectiveness and efficiency of the project management office, the department advises that this recommendation has been provided to the department's internal audit team for consideration.

The member for Murchison asked about safety reporting and learning systems, and the management by patient safety teams in each hospital in line with the risk policy. This is not made public because of the self-reporting nature. It is important that staff feel supported to report.

In conclusion, the Tasmanian Government is committed to providing the right care, in the right place, at the right time to the community. To enable this, we have delivered more funding, more staffing, and more health services than any previous government. However, it is acknowledged that there are ongoing challenges with demand continuing to increase and more people presenting for care at emergency departments in our public hospitals.

We will continue to work closely with clinicians to implement innovative solutions to improve access and flow as a priority in our emergency departments, which will ultimately benefit our hospitals and the entire system.

Mr President, the Government notes the report.

[5.23 p.m.]

Ms FORREST (Murchison) - Mr President, I appreciate members' contributions and the Leader's response.

To clarify that last point about the reporting of the investigation and outcomes of adverse events, I absolutely accept and acknowledge that staff need to feel safe and not likely to be identified. I was trying to refer to how to report the statistics around those events and identify the things that have been implemented to reduce the risk and the incidence of adverse outcomes.

Appendix 2, page 7 of the report contains information that was provided to the committee by the department following information they provided to the Auditor-General for these same adverse events. If you look at Figure 11 below Table 5, you will see that the Royal Hobart Hospital has had a significant reduction in adverse events in the emergency department. In my previous comments I noted that according to the Government - and I accept their comment - a lot of that has been as a result of the introduction of a pharmacist into the emergency department to do the medication assessment to avoid medication and IV administration errors. Kathrine Morgan-Wicks, secretary of the department, referred to that when she spoke to the committee. It is not drilling down into the details, it is high-level information.

When you look at the medication IV fluids category, in 2019 there were 240 adverse events across all four hospitals' emergency departments. In 2020 it was 218 so there was a reduction. For the first six months of 2021 it was 109, which is exactly half of what it was for 2020. Obviously, we do not want to see any adverse events but we know humans are humans and errors will occur and matters can be overlooked, in a highly stressful environment. I have worked in these places, and I know how under pressure it can be. I am not expecting we see a

zero rate here. It is more about how we are tracking with the measures being taken and how effective are those measures to achieve a reduction. I would like to see the chart for Figure 11 continue to drop right down. I would also like to see the figures for the Mersey drop, because that has just stayed the same. There has not been any improvement in the last three years since the Auditor-General had a look at it.

It does not mean that things are really bad at the Mersey, it just means that maybe with the implementation of the pharmacist in that department - if that has been implemented - you might see a reduction there. Everyone expects a positive outcome when you walk inside the hospital door. Not everyone gets it, and sometimes that can be because of the nature of their illness.

I have a couple of comments on some of the measures being put in place, and I acknowledge the significant investment that this Government has put into health. The ComRRS has been a very successful approach and support, particularly for after-hours care. A lot of people do not seem to know about it and it seems a lot of GPs do not appear to engage with it. You need to engage with a GP to access this and it is cut off on the edge of Wynyard, before Flowerdale. If you live in Flowerdale, bad luck. If you live in Wynyard, okay, you are in.

I know there are reasons why you have to draw boundaries somewhere but in view of the success that ComRRS is having, I encourage the Government to continue to look at expansion of it. Again, you need to engage the GPs in that process, but it is a mechanism to keep people out of hospital, including patients who are dying. There are patients, like my own dad, who wanted to die at home in his own bed, in his own place and with the assistance of ComRRS we achieved that. I am eternally grateful to the ComRRS staff for the support they provided to me and to the family during that really sad time. These are matters we will raise in budget Estimates when we have the minister across the table.

The triage process and the Police, Ambulance and Clinician Early Response (PACER) team are very important in reducing the load on emergency departments. As the Leader was talking about PACER, it took me back to 2013, as I recall, although I could be wrong. I chaired a committee that looked at a review of the Mental Health Act, much to the chagrin of the former minister for health, Lara Giddings, who begged me not to do it because they were already doing it. It was already about 13 years beyond when it should have been done. We did it, and the government, the Labor government at the time, was very grateful because the committee did a lot of work. The need to keep mental health patients out of our EDs is one of the things that was strongly identified. Also, if you have a mental health worker who goes out with police, rather than having a person with a mental health crisis ending up in a police cell - that is not a good outcome, even if they are drunk, or under the influence of drugs. A police cell may be necessary but you need a mental health worker there to assess them. We looked at these issues a long time ago, and it is good to see that this is now being implemented; possibly from a different basis but the principles are the same. Some things take a while but anyway, the outcomes will hopefully be better mental health care for the patients who really need it.

Mr Valentine - Through you, Mr President. I had somebody contact me in regard to that patient service and they said it was absolutely wonderful. It really did relieve the stress for the whole family.

Ms FORREST - Yes, that is right. The last place a person with a serious mental health condition or crisis needs to go to is an emergency room.

Mr Valentine - That is exactly right.

Ms FORREST - Bright lights, lots of noise, people rushing everywhere. It is hardly a therapeutic environment for anybody who is not requiring that level of physical care rather than mental health care.

The Leader also spoke about the 16 initiatives and I believe the committee identified that. Many initiatives have been put in place but we need to monitor their effectiveness and not just keep them going because we have put them in and we do not know how to get rid of it, even if it might not be working.

I think I have covered all the points I wanted to cover, I appreciate the contribution of the Government and they are putting in a lot of effort. It has been an extraordinarily difficult time over the last two years, and particularly the last period of time since December when we opened the borders. It has been a very stressful time, for all staff working in our hospitals, all health-related staff, cleaning staff, catering staff, everyone who does their bit to provide that care for our patients.

I acknowledge the staff in the hospitals and thank them for their work. International Midwives Day is on Thursday and then 12 May is International Nurses Day. Thank a nurse, personally go out of your way to say thank you, because the extraordinary efforts our healthcare workers go to need to be recognised. While there is a lot of criticism, I get people ringing my offices, saying they have had this terrible experience at the hospital, they do not usually contact me and say what brilliant service they got.

Mrs Hiscutt - I get those reports and I say write a letter to the paper and they don't because most happy people just go about their business.

Ms FORREST - That is right and I understand why people who are unhappy with the system or if something has happened to them or their family would come and there is a process I follow with them to try to get resolution. I do acknowledge the minister's staff in the support and the feedback they give around that, and their proactive approach. I had one serious matter brought to my attention just recently so I texted the minister directly, and he was straight onto it. It was a potentially very serious matter and I am appreciative of that relationship that we can deal with these matters very promptly and directly.

I thank the members for their contribution and note the report.

Report noted.

ADJOURNMENT

[5.32 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

That the Council at its rising adjourns until 11 am on Wednesday, 5 May 2022.

Mr President, before I move the adjournment, can I remind members of our briefings tomorrow, in committee room 2; at 10 o'clock, there will be a briefing on the Forests Practices Amendment (Validation) Bill, at 10:30, the Land Tax Rating Amendment Bill.

Motion agreed to.

Clarification of comments

[5.33 p.m.]

Ms FORREST (Murchison) - Mr President, I rise to respond to the Leader's statement to the House on 22 March 2022 as this is the first opportunity I have had since then to respond. I was benched recently. Before addressing this specifically, I would like to provide some context to my comments. In this place I have often queried why we actually have the need for ministers to be present at GBE hearings, as scrutiny always relates to the matter of operations of the businesses, that is the purpose of the scrutiny, and we have other processes such as questions, with and without notice, budget Estimates and other committees to hold ministers to account in these roles.

As I understand it in a GBE scrutiny we are required - as the minister Mr Barnett has often reminded us - as members of the scrutiny committee, that all questions go through the minister, and all responses to the committee go through the minister. I have witnessed him reminding those giving evidence to the GBE scrutiny committees of the requirement that all answers they provide go through the minister following the minister's invitation to them to respond to the questions of the committee.

I understand that as the minister is present, there is an agreed process; after all, the minister is the elected member and answerable to the public. It is based on this understanding and my experience that in my comments I made in March, I referred to the minister's responsibility for providing answers to questions and thus his role in ensuring information provided to the committee is true and accurate. It is true, I was asking detailed questions in relation to the value of energy imports and exports across Basslink.

I have sought this and other relevant information relating to the cost and revenues to the Government via our GBEs and state-owned companies for some time now, particularly since the consideration of a second interconnector. The reason I have been seeking this information is that only with this accurate information can anyone assess the profitability of Basslink, which surely must be an important factor when deciding whether to build a second interconnector. As noted in the Leader's statement, the minister stated that it is clear in the *Hansard* recording of this hearing that questions related to operational matters were referred to the acting CEO of Hydro Tasmania. I do not dispute that. It is clearly recorded in *Hansard* and is the usual practice. However, as I refer to above, every question, and I believe every answer, was directed through the minister and as I understand, this would indicate the minister's ultimate responsibility.

In my adjournment comments I stated in the information provided to the GBE scrutiny hearing into Hydro Tasmania on 2 December 2021, the Minister for Energy and Emissions

Reduction misled the GBE committee. I note the minister unequivocally rejects this and is seeking withdrawal and an apology from me. I note, as I stated above, the matters related to the operations of Hydro Tasmania were referred to the acting CEO to be answered. On that basis, I apologise to the minister Mr Barnett and withdraw the related comments in my statement.

It is important to note this does not remove the fact that misleading and inaccurate information was provided to the committee. The GBE committee was not provided with accurate or factual information. I note the Leader indicated through her statement the CEO of Hydro Tasmania, Mr Ian Brooksbank, stands by his responses to these questions, and that the responses he provided were based on his interpretation of the questions on the day. To restate the matter, the question I asked was quite direct: what is the dollar amount of those gigawatt hours for the year and the import and export? The acting CEO's response, as noted in *Hansard* was that the megawatt hours are public knowledge, but the outcome of that is not. If I was a party competitor to Hydro, I could backsolve the value Hydro had gained from that. I was told it was commercially in confidence to Hydro and the reason this detail would not be revealed. Specifically, the acting CEO stated, "The way we arbitrage, and as you have pointed out, across Basslink, is a competitive advantage for Hydro Tasmania, and therefore for the state, and no, the achievement of that is commercially in confidence." The megawatt hours are public knowledge, the outcomes of that, are not.

As I noted on 10 March 2022 on adjournment, I subsequently discovered this is not the case. Not only do the National Electricity Market users have access to the figures, our own Office of the Economic Regulator publishes the NEM figures on a weekly basis. The value of exports and imports, both the quantities and the dollar amounts are available on a weekly basis. As noted in my comments on adjournment, I further tried to understand why the value of electricity generated by the Woolnorth Wind Farm had dramatically fallen in the most recent year. The committee was told by Hydro Tasmania's acting CEO it was all to do with the movements in fair value of electricity contracts. I found it difficult to believe this question similarly could be misunderstood. I now know that changes in the fair value of electricity are listed separately in Woolnorth's profit and loss. It looks as though the answer I was given may also have been incorrect and I continue to seek an explanation for this matter as well.

I have indeed, as noted by the Leader, asked for a detailed response to these matters. I requested, but have yet to receive, a copy of the semi-annual public record on interregional electricity trading for the last five years - this is information that office staff say Hydro is required to produce - and a time series covering both quantities and dollar amounts of the Basslink imports and exports since 2006.

I also require a response to the question of why the dollar value of electricity generated by Woolnorth Wind Farm has dramatically fallen in the most recent year. I note the minister has referred this request to Hydro Tasmania to provide a response and I ask this response be provided in parliament as well as provided to me personally, as it must be part of the public record to correct the details provided to the committee that were not accurate. If the Leader is unable to provide that this week, I will seek to put those questions on the Notice Paper.

The Council adjourned at 5.38 p.m.

Appendix 1

Department of Education

Joan Palmer 3.5.22

2022 Capital Works Review Process - Priority List

School Name	Latest Priority Rating
[redacted]	[redacted]
Albuera Street Primary School	2
Bagdad Primary School	2
Bellerive Primary School	2
Franklin Primary School	2
Glenora District School	2
Hellyer College	2
Howrah Primary School	2
Huonville High School	2
Moonah Primary School	2
Mount Nelson Primary School	2
New Town High School	2
Norwood Primary School	2
Punchbowl Primary School	2
Queechy High School	2
Richmond Primary School	2
Snug Primary School	2
Waverley Primary School	2
West Launceston Primary School	2
Blackmans Bay Primary School	3
Beaconsfield Primary School	3
Bridport Primary School	3
Chigwell Child & Family Centre	3
Cygnet Primary School	3
Devonport Primary School	3
Dover District School	3
Forest Primary School	3
Glen Huon Primary School	3
Hobart College	3
JRLF Senior School	3
Longford Primary School	3

Tabled and incorporated into Hansard by J. Palmer 3 May 2022 Clerk Assistant/ Deputy Clerk

School Name	Latest Priority Rating
Miandetta Primary School	3
Mount Stuart Primary School	3
Nixon Street Primary School	3
Ptunarra Derwent Valley Child & Family Centre	3
Scottsdale High School	3
Trevallyn Primary School	3
Ulverstone Secondary College	3

Colour copy of tabled paper provided for ease of reading

2022 Capital Works Review Process - Priority List	
School Name	**Latest Priority Rating**
Burnie Primary School	1
Campbell Town District High School	1
Clarence High School	1
Deloraine High School	1
Dodges Ferry Primary School	1
East Derwent Primary School	1
Glen Dhu Primary School	1
Havenview Primary School	1
Lilydale District School	1
Lindisfarne North Primary School	1
Mowbray Heights Primary School	1
Ogilvie High School	1
Port Dalrymple School	1
Princes Street Primary School	1
Ringarooma Primary School	1
Risdon Vale Primary School	1
Rosetta Primary School	1
South George Town Primary School	1
South Hobart Primary School	1
Taroona High School	1
Taroona Primary School	1
Albuera Street Primary School	2
Bagdad Primary School	2
Bellerive Primary School	2
Franklin Primary School	2
Glenora District School	2
Hellyer College	2
Howrah Primary School	2
Huonville High School	2
Moonah Primary School	2
Mount Nelson Primary School	2
New Town High School	2
Norwood Primary School	2
Punchbowl Primary School	2
Queechy High School	2
Richmond Primary School	2
Snug Primary School	2
Waverley Primary School	2
West Launceston Primary School	2
Blackmans Bay Primary School	3
Beaconsfield Primary School	3
Bridport Primary School	3
Chigwell Child & Family Centre	3
Cygnet Primary School	3
Devonport Primary School	3
Dover District School	3
Forest Primary School	3
Glen Huon Primary School	3
Hobart College	3
JRLF Senior School	3
Longford Primary School	3

School Name	Latest Priority Rating
Miandetta Primary School	3
Mount Stuart Primary School	3
Nixon Street Primary School	3
Ptunarra Derwent Valley Child & Family Centre	3
Scottsdale High School	3
Trevallyn Primary School	3
Ulverstone Secondary College	3
Elizabeth College	4
Glenorchy Primary School	4
Goulburn Street Primary School	4
Illawarra Primary School	4
Lindisfarne Primary School	4
Newstead College	4
Perth Primary School	4
Rokeby Primary School	4
Rose Bay High School	4
Rosny College	4
Southern Support School	4
St Marys District School	4
Tasman District School	4
Yolla District High School	4
Bayview Secondary College	5
Bruny Island District School	5
Burnie High School	5
Campania District School	5
Claremont College	5
Cressy District High School	5
Deloraine Primary School	5
Don College	5
Fairview Primary School	5
Hagley Farm Primary School	5
Invermay Primary School	5
King Island District High School	5
Kingston High School	5
Launceston College	5
Margate Primary School	5
Mole Creek Primary School	5
Oatlands District High School	5
Orford Primary School	5
Ravenswood Heights Primary School	5
Sandy Bay Infant School	5
Sheffield School	5
St Helens District High School	5
Tagara Lia (Bridgewater CLFC)	5
Triabunna District School	5
Waimea Heights Primary School	5
Warrane Primary School	5
West Ulverstone Primary School	5
Windermere Primary School	5
Winnaleah District High School	5
Woodbridge School	5
Wynyard High School	5