PARLIAMENT OF TASMANIA

LEGISLATIVE COUNCIL

REPORT OF DEBATES

Thursday 2 September 2021

REVISED EDITION

Contents

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The President, **Mr Farrell**, took the Chair at 11 a.m., acknowledged the Traditional People and read Prayers.

COMMITTEE MEMBERSHIP - APPOINTMENT

Select Committee on Road Safety in Tasmania

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

> That the honourable member for Elwick, Mr Willie, be appointed to serve on the Select Committee on Road Safety in Tasmania.

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - We have no issue with that. The only thing that concerns me is that the honourable member does ride a pushbike.

Mr PRESIDENT - It concerns us all.

Motion agreed.

MOTION

Noting Budget Papers

Continued from 1 September 2021 (page 84).

[11.04 a.m.]

Mr GAFFNEY (Mersey) - Mr President, I do not have anything more to add, other than that I had a request yesterday from some members that if the response I had to one of the questions about COVID-19 could be sent to people, so I have done that. Hopefully, that will assist them in their deliberations and in working closely with their communities.

[11.05 a.m.]

Dr SEIDEL (Huon) - Mr President, before I give my Budget Reply as the outgoing Labor member for the fantastic electorate of Huon, I take the opportunity to congratulate the member for Braddon, Anita Dow, on being appointed shadow minister for mental health and wellbeing. Anita Dow is an accomplished health practitioner herself and I am certain that she will do an outstanding job in her new portfolio.

I also congratulate the fabulous member for Rumney on being appointed shadow minister for parks and the environment. It is the environment and our great national parks that make Tasmania unique and I am really glad that they will now get the attention they deserve by a member of a major party.

The Budget by the Government's own admission is nothing but numbers printed on a set of papers. There is no cohesion, there is no vision. But there is this ever-present slogan 'securing Tasmania's future' that has been regurgitated for months now.

The $2.5 billion of additional spending is substantial, yet what has the Government to show for it? This Budget could have been the opportunity to initiate structural economic reforms. Structural economic reform is badly needed here in Tasmania and we are lagging significantly behind each and every other state in that respect.

This Budget could have been the opportunity to transition our health system from focusing on expensive treatment of diseases in hospitals to cost-effective interventions in the community. But there has been no impetus, no plan, no vision. Again, what we got is slogans and slogans only.

This Budget could have been a future-focused budget, getting our communities and industries prepared and ready for the effects of climate change, such as extreme weather events, rising temperatures in our oceans, coastal erosion and catastrophic bushfires.

But there is no plan on how this Government is going to protect our community assets, our industry assets and our World Heritage areas from climate change. There is no plan for the environment, none. There is nothing in this Budget to even assess the state of the environment here in Tasmania. The last State of the Environment Report was released in 2009. A State of the Environment Report is meant to be released every five years. All other states in Australia are doing it. The Commonwealth is doing it. But Tasmania is just ignoring its legal and statutory obligations and that is how much the environment matters to this Liberal Government. It is just being ignored.

This is not about hope. This is not about that everything is going to be all right. It really has to be about action, action now.

This Budget could have been an opportunity to outline a clear plan on how this Government is securing our future. But it has left us with a slogan and has left us with increased debt. The spending will push the state's net debt from $460 million in the last financial year to over $3.5 billion in 2024-2025, so in less than four years. Let us be clear, we will have to pay off that debt. We cannot rely on the Commonwealth to bail us out again. The world has changed. Securing our future looks different to me. It sure looks different to the future generations of Tasmanians.

This Budget is not about investing in a better future and for a better Tasmania. This Budget is just the legislative framework to patch up the many self-inflicted wounds since 2014. This Budget is a squandered opportunity. Of course, you would expect me to talk about health. No matter how you want to spin it, our health system is in dire straits. Our doctors, nurses, allied health and support staff cannot be expected to work any harder - but this Government does exactly that.

The Treasurer, now Premier, has diverted $1.6 billion from our health sector since 2014 and the consequences are so obvious. We have the longest ambulance waiting times in the nation. We have the longest hospital waiting list. The backlog in our hospitals and emergency departments is a national disgrace. Mr Rockliff's aim is still to make Tasmania the healthiest state in the nation. Members will recall that I asked the then minister, Ms Courtney, in budget

Estimates last year, is that still the Government's plan? The minister did not know at the time and she said, 'Well, that is actually Mr Rockliff's portfolio not mine'.

The minister issued a media announcement the day after and clearly stated, 'Yes; the Tasmanian Government committed to the healthy population target, 100 per cent committed to the target, to make Tasmania the healthiest population in Australia by 2025. We have no intention of walking away from it'. That statement was released at the end of November last year.

I am not sure what the minister's definition of 'healthiest' is. I am going to ask him in Estimates. There will be plenty of time for him to get the answer ready and not to take that answer on notice.

Ms Forrest - The Leader is taking notes so she can send it through.

Dr SEIDEL -We have Tasmanians dying, waiting for an ambulance. We have Tasmanians dying waiting on hospital waiting lists to urgently see a specialist or to have urgent surgery. We have Tasmanians dying in emergency departments waiting to be admitted to hospital. The cause of death is never 'waiting for care'. The cause of death is never a health system in a crisis. The Liberal Government stands for one and one only health ideology - that health care can be rationed, and it can be rationed by setting up waiting lists.

There is not a single diagnosed medical condition that will improve by actively rationing access to specialist care after being referred by a GP as a matter of emergency. If you are being referred urgently with an abnormal bowel cancer screening test, waiting is not going to improve your health. If you have cancer, that cancer will spread whilst you are waiting.

Rationing by waiting list has implications and it does come at a cost. Indeed, cost can be calculated taking into account lost income and productivity while waiting for necessary surgery. The Fraser Institute in Canada has developed that methodology, calculating the private costs of public waiting lists. I commissioned Wells Economic Analysis to write a report on that. How much does it cost Tasmanians to wait for necessary elective surgery? The cost per year, for the last year alone, is $120.1 million. That is a conservative estimate, only for elective surgery; not for patients who are waiting to see an oncologist, not for patients who live in chronic pain who need to see a pain specialist, not for patients who need to see a cardiologist because of a heart condition. $120 million every year - for surgery alone.

Mr Valentine - Add to that the inconvenience and cost when they turn up for elective surgery and the surgeon is not there, or that overnight cost they are burdened with, then having to go back and restart.

Dr SEIDEL -That is exactly right. How about updating the Tasmanian public every year on the private cost of public waiting lists? That is a nice little project for Treasury to do. It can be done. The methodology is sound, it is internationally accepted. We have done it. I will seek leave later to table that report.

If you are waiting in the emergency department for admission to hospital, waiting does not improve your health either. You have a higher chance of a poor health outcome and death if you have to wait for more than four hours. The evidence is crystal clear. Let me be very clear - our health professionals in our department cannot be working any harder. If there are

no beds, there are no beds. If there is not enough staff, there is not enough staff. There are consequences for that. We do not have to look at the health dashboard that is now being released every month online. Have a look at the data from the Australian Institute of Health and Welfare on waiting times in public hospitals. If you have a look at the data for the Launceston General Hospital, you will find that 90 per cent of patients there will be seen within 28 hours and 32 minutes - 28 hours. Ten per cent were even longer. The LGH bed block is the worst in the country; people are waiting up to 28 hours, sometimes even longer. The national average is just 13 hours for hospitals in a similar location on the mainland. It is the number 1 ranked hospital for bed block in the country. It is not a record to be proud of.

Number four is the Royal Hobart Hospital. It is not 28 hours, but 22 hours. 22 hours, for vulnerable people who present to the emergency department who must be admitted, who are just waiting and waiting. I will again ask in Estimates how many patients have died in the emergency department while waiting to be admitted. I do not want these questions to be taken on notice again, only to receive a lukewarm answer 10 days later.

Let us get back to the headline figures that received so much attention: $10.7 billion investment in health, $900 million more than last year. Every Liberal budget is accompanied by a flood of press releases with flashy figures and inspiring initiatives. They always provide glowing headlines, and they always mislead. Political spin is the hallmark of this Government, but trickiness at this level is really unprecedented. The $900 million figure was widely reported, but little understood. It actually does not mean the Government will spend $900 million more this year than they did last. The actual increase is only $112 million. They arrive at $900 million by adding up the amount the new Budget promises to spend over 2021-22 to 2024-25 and comparing it with the amount the previous Budget promised over 2020-21 to 2023-2024. Right?

Both of those are projections - not actual spending. The minister's press release is comparing one set of estimates that may never have happened in the first place, with a second set that may not happen either. It is completely and utterly meaningless.

Two major infrastructure projects are meant to be underway in Health. It is the redevelopment of the Royal Hobart Hospital and the Launceston General Hospital. For the LGH, only $25 million is allocated this year out of an estimated total cost of $667 million. At the end of the four years covered by this Budget only $78 million, or 12 per cent, will have actually been allocated, yet the LGH master plan was the Liberal Government's signature Health policy - $580 million for a 10-year master plan. I remember the announcement vividly.

After reading the announcement I was surprised to see the fine print, the footnote, which read, 'subject to Commonwealth funding'. That is the way to do it, you just promise something and somebody else can pay for it. That is really interesting because it is your promise, that is your signature Health policy, $580 million, and somebody else can pay for it. You would hope there is an agreement in place that there is somebody who actually is going to pay for it.

Members will remember I asked a question without notice, whether before, during or after the election the Tasmanian Government had actually spoken to the federal government about funding the LGH. The answer I received was that a phone call was made in June, between Mr Rockliff and Mr Hunt. In June, so they have just made it up.

Because it just was not sounding right I did some media on it and then I read through the federal budget looking for the $580 million and, of course, not a single penny was allocated. The Minister for Health newly appointed had to go out and say, mapping out the future of the LGH end of May, the Tasmanian Liberal Government has committed an additional $580 million over 10 years to fund these next exciting stages. They have committed, again. If you are committed on 27 May 2021, why are you not committed during the election campaign?

There is another issue. All these election promises are meant to be costed. There is the Charter of Budget Honesty. We are submitting our costings to Treasury, so what was actually submitted? Nothing. Now, you have promised $580 million here. Where is the money coming from? You are over half a billion dollars short. If you knew you were going to fund it after the election, submit it to Treasury before the election. It is a $580 million project. It is a reasonable expectation you are being honest with the Tasmanian people. Nonsense.

At the Royal Hobart Hospital, 44 per cent of the announced total will be spent by 2025, but much is missing. The Budget does not mention the critically urgent second campus on the former repatriation hospital site. That repatriation master plan was signed off and supported by all relevant health stakeholders in 2019. Since then, there has been absolute silence. It is not mentioned anywhere. One wonders why the work on the master plan was done in the first place. Was it just to pretend to be doing something in that area?

Our plan was to fund the repatriation master plan with $390 million, fully costed over four years, submitted to Treasury under the Charter of Budget Honesty, and we were called out for it. Apparently, we were making too many spending announcements and spending commitments. It is badly needed. If you have bed block in the Royal Hobart Hospital because you do not have enough beds, because you do not perform elective surgery, you have got to build those beds. You have to create the facilities to do elective surgery. There are patients with mental health conditions who are dying in the emergency department or they are committing suicide because it is simply inappropriate. You should have a mental health precinct as planned, signed off by the stakeholders in Repat master plan. Funded, we support it. It has to be done.

Then of course, there is the elective surgery blitz. The fifth blitz in a decade. The Government promises to provide an additional extra 29 300 surgeries and endoscopies between now and mid-2025. An extra 50 beds and funding of $746 million over four years and $204 million this year.

The total funding for the whole health portfolio is only $112 million more than the amount in last year's Budget. Where is the extra $204 million coming from? Either, the money will not be spent and we are only two months into the financial year or there will be cuts in other areas. Which ones? The Government will not say.

It is all a bit odd, because the funding figures of $246 million over four years and $204 million this year for elective surgery were released in the Statewide Elective Surgery Four-Year Plan for 2021-2025. It is on page 13. That surgery plan was only released nine days before the Budget was handed down. There is no good reason for the Budget not to conform with the surgery plan. There is no good reason. It all smells a bit fishy to my liking. But it gets worse. As I mentioned the Government has promised 29 300 additional surgeries and the Government is promising it by employing, now wait for it, an additional 10 doctors. 10 doctors. So, we have 7325 extra - extra surgeries every year. That is 183 per working week, considering

that we have 40 working weeks per calendar year. That is 36 surgeries a day on a five-day working week with 10 doctors. What specialities are we talking about?

Once you need a team of doctors, for example, the surgeon, a surgical assistant, an anaesthetist as you would need for most of those operations, those numbers do not add up any more. They just do not add up. Are we talking about cataract surgery, using antiseptic eye drops, vasectomies under local anaesthesia? Be honest with the Tasmania people. The so-called elective surgery blitzes do not work and often do more harm to the system than any good. So, why is this Government proposing it for the fifth time? It just does not make any sense.

The harsh reality is that too many doctors and nurses are leaving our public health system. If you speak to the Nursing and Midwifery Federation, they estimate conservatively around 30-50 nurses are leaving the public health system every month. We had over a dozen psychiatrists leaving the public health system in a year.

Mr Valentine - Something we cannot afford this year.

Dr SEIDEL - No, we cannot, member for Hobart, because we also had 108 suicides last year. If you compare the suicide rate in Tasmania, there has been an over 30 per cent increase of suicides from 2015-2021. If you compare the Tasmanian data on suicides to the rest of the mainland, our suicide rate is 30 per cent higher. That is what we are dealing with. That is why our election promise was to appoint an independent Tasmanian suicide prevention commissioner, because what we are doing right now is not working. Never mind how much money you put into triage systems. A triage system is not going to close the episode of care. It is great to have an accessible triage system, but the care has to be delivered. It is not the allocation, it is delivery of care by clinicians. It is the outcome.

But no worries. If you speak to medical students, if you speak to nursing students, they do not even think about a future in Tasmania. We know that once they graduate they are going to the mainland because of better working conditions and because of better pay. Nurses in the Tasmanian health system earn 30 per cent less compared to what you would earn on the mainland. The cost of living is the same. Houses are the same cost. We have just released another report on the horizontal fiscal equalisation scheme. That scheme was designed to compensate public workers in Public Health and public offices with regard to the equities they have for pay. Why are we not paying them? But no, that is right, $1.6 billion has been diverted from Health since 2014. It should have gone into nurses' salaries, allied health practitioners' salaries. Gone.

Mr Valentine - They are allowed to do that of course.

Dr SEIDEL - Of course they are and the consequences are obvious. No doctors, no nurses, patients waiting on elective surgery lists alone at a cost of $120 million every year. Burnout. It is 'penny-wise and pound-foolish' over and over again. But not to worry. The Government solution is now to set up another medical workforce centre, another recruitment centre, a big announcement, that is lovely. I would like to know what happened to the last workforce unit they announced with great fanfare. In 2018, Michael Ferguson, then minister for health, announced fast-tracking of a Tasmanian Health Recruitment, Retention and Workforce Planning Unit:

> As one of its first actions, Cabinet has today approved the fast tracking of a dedicated Health Recruitment, Retention and Workplace Planning Unit. The new unit will be established within the first month of a re-elected Hodgman Liberal Government to assist with the delivery of more than 1300 new health staff over the next six years…The Hodgman Liberal Government considers health a priority and we are hitting the ground running.

That was 22 March 2018. It is not 'hitting the ground running'; it is punching the walls doing nothing, it is a standstill. Nothing happened. Top priority, 2018 media release.

There has been little support for paramedics and there has been little support for our volunteer ambulance officers, very little support. Ambulance waiting times are the worst in the country. They have increased 30 per cent since this Liberal Government was elected. Waiting times in regional areas are particularly appalling. Ambulances are being diverted, leaving vulnerable patients untreated for hours and too often the consequences are fatal. I will ask that question at Estimates again: how many patients have died whilst they are waiting for an ambulance? I do not want to hear that we do not collect that data. That is the answer I received last time.

There are 54 ambulance stations in Tasmania, only 14 of them are staffed 24/7 by paramedic crews. A further seven stations are double branch stations with a roster of a single paramedic 24/7 and ambulance volunteer support. There is not a single station with 24/7 paramedic cover on the east coast, west coast, on King or Flinders islands, not a single ambulance station. At least the Government has committed to increasing paramedic numbers, and that is good, because we have a lot of graduates and they are leaving the state as well because there are not enough positions for them.

It is not clear to me why this Government decided to fund fewer than 50 positions full-time if the demand is over 144 full-time paramedics - that is not my number, it is the Australian Paramedics Association Tasmania. How is this Government supporting our ambulance volunteers? My understanding is that more than 200 of them have left the volunteer force. How do we support them? They want to help their community. They do not want to be diverted to help in another area. They want to stay in their communities but too often it happens and there are flow-on effects.

If all the ambulances allocated for Launceston are ramped at the LGH, then ambulances from Scottsdale need to go and help out and that is the volunteer crew. Scottsdale is very busy these days. If there is no paramedic there, what are the poor doctors doing there without any paramedic support? The member for McIntyre asked, rightly so, how do we keep those doctors? We support them better. That is why we propose a comprehensive health action plan co-designed with the relative stakeholders, better supporting our 14 rural district hospitals, better supporting our ambulance crews. The demand is there. This is not about rationing; it is about offering help and people need help. You do not want to be sick, you do not make stuff up.

Mr Valentine - It has to be end-to-end planning does it not? The hospitals themselves have to be able to have the capacity to deal with what is actually happening.

Dr SEIDEL - Absolutely right. It is not only one thing. Health systems are complex systems. It is not a surprise, so you need to have complex-system thinking not slogan-based policy; that is the difference.

I will make some specific points based on the propaganda leaflets the Government has kindly provided with the budget papers again. I made similar points when the last budget was handed down. I might just start with the health pamphlet. I am really pleased that this time there is a disclaimer there: funding over four years, 'asterisk'; over three years, over two years, asterisk. I looked up last year's one and there was an asterisk for 'Commonwealth contributes to it'. I suppose another would be good, another asterisk for 'wishful thinking' or 'in your dreams'. Really useful.

Let us start, '$8 million to support better GP after hours access and reduce pressure on the emergency department'. It reads really well; the package is very light on detail. The extending hours package for GP surgeries is a pilot project for a year. The additional fund of round about $40 000 or $50 000 is only just going to pay for the overtime rates for medical receptionists, let alone for any clinical staff. Why are we setting up pilot programs to fail? The demand is there. Do meaningful public-private partnerships if you want to take off the pressure from our public hospital emergency departments.

You are absolutely right - of the 165 000 ED presentations every year, 115 000 actually go home on the same day. They probably could be seen elsewhere, they probably can be seen in GP practices if we improve access, if we ensure they are bulk-billed. That is why we put a package in our election promise. It turns out that is going to cost you $28 million every year, not $8 million.

$18.3 million to increase staffing in Tasmania's district hospitals as part of the Safe Staffing model. I cannot believe that is in the Budget; it should be a given. Of course, there should be safe staffing models. How come there are no safe staffing models?

Is this Government telling me now there are purposely underfunded small rural district hospitals and now they are trying to compensate for that because we started a Rural Health Services inquiry? Yes, you are right. Bed occupancy rate is 44 per cent on average in those small rural hospitals. Staffing levels really have not changed for over 20 years.

I have read the internal reports about downgrading our small district hospitals to nursing-type facilities. It is the last thing we need, but also if you do not have enough staff in those hospitals, doctors will not take the responsibility for that. If there is a reason for doctors not wanting to work in rural areas, for not looking after patients in small rural hospitals, it is often because there are not enough team members present who you can work with.

In my own electorate of Huon, there are meant to be two small district hospitals in Dover and Franklin and staffing is an issue. Staff training is an issue. If you only have one enrolled nurse on duty overnight this is not safe. How can that happen?

Mrs Hiscutt - It sounds like the member for Huon should have been putting out the Opposition budget.

Dr SEIDEL - That is a very good question because our Health Action Plan actually has been released during the election including the funding. Our package for small district hospitals has been released, including funding.

Mr Duigan - How much did it cost? More than us, more death.

Dr SEIDEL - More than this.

Mr Duigan - You went to the election offering to be the alternative health minister and then here we are three months after the election and you are running away. If you have the answers -

Mr PRESIDENT - Order, Mr Duigan, we do not play the man in this Chamber, play the ball. I ask all members to keep their perspective.

Mr Duigan - I withdraw. If you have the answers, where is your conviction? If the answers are here - very few people get the opportunity to be the alternate -

Mr PRESIDENT - Order, I will remind members of standing order 99(8) which states that: members are not to promote a quarrel with other members. Interjection is fine. Let us keep it tidy. Remember, we are in the Legislative Council.

Dr SEIDEL - I actually do not mind those questions at all, Mr President, because compared to others I do not have a copyright on good health policies. There is no copyright and you will have listened to me stating in this Chamber that I am willing to work with the minister in order to ensure health policies implemented by this Government are sound, reasonable and supported.

I do not want to criticise Health and it does not matter whether I am here talking about health, it does not matter. That thinking that [inaudible] out there just to be used and if your Health minister had taken the time during the election campaign to have a debate with me that probably would have been to the benefit of the community as well. If your Government had reached out to the stakeholders I reach out to you would have carried the same policies.

Why did you not speak to the Rural Doctors Association of Australia?

Why did you not endorse a policy of the Australian Nursing & Midwifery Federation with regard to their workforce model, the way they want to recruit nurses, the way they want to recruit into permanent positions?

The science is out there; you just need to accept the science. It is straightforward.

Again, for the record, our Health policy was still out there and so was the Health Action Plan, member for Windermere. Again, our Rural Hospital Package would have included a $3.5 million capital investment for each and every one of our district hospitals. It would have been $59.5 million. We also, with support of and co-designed with the Rural Doctors Association and the AMA, proposed a training package for 50 rural generalist doctors at a - or investment - of $6 million.

On top of that, we are also funding 85 nurse practitioner positions to ensure nurse practitioners are located in each and every rural district hospital to take the pressure off the medical doctors working there. We are also funding 50 scholarships for nurses to become nurse practitioners because they all want to train, they all want to do more. It is about jobs. It is about a permanent workforce. It is about making quite sure our rural areas are not disadvantaged because currently, they are. That is why the life expectancy of rural Tasmanians is the second lowest in the country, just a bit better when compared with the Australian outback.

Do you know what? That is not me saying this as the last shadow health minister, that is what the current shadow health minister says and what the last 10 have done, because nothing has changed. We pay the same taxes, the same rates, the same levies in rural areas and rural Tasmanians are systematically disadvantaged over and over again, because it does not matter. Rural Tasmanians do not seem to matter to this Government. If they did, they would invest in rural health.

I am pleased the Leader mentioned the medicinal cannabis controlled access scheme which was proposed in the State of the State Address in March and promised to be fully implemented by 1 July. As we heard a couple of days ago, they are on their way. What takes them so long? So one supplication process is an extra tickbox when you apply to the TGA. It works in New South Wales. What is the hold up and how are medicinal cannabis products subsidised? Is it only through a THS pharmacy through a safety net? What about patients who want to access those cannabis products from a community pharmacy? How long will this take? It cannot be that hard.

Ms Forrest - I saw some regulations come through in a Subordinate Legislation meeting today.

Dr SEIDEL - About time. The 1 July was the deadline, with big fanfare, and I do not want to hear the hold up was because of the election and they could not do anything. That is self-inflicted. If you have a job to do, do not call in actions in between, do the job.

We talked about mental health telephone triaging systems. I want to warn members, this is not only about triaging. It has to be about delivery of the clinical service. I appreciate the funding for ambulance secondary triage is around $130 per call. It is quite substantial. Compare that to the average Commonwealth funding of a GP consultation just over and above $38. It is not really about being referred from one entity to another. It is about a clinical service being delivered. That is how we improve health outcomes.

We talked about the medical workforce unit, $5 million to deliver an additional 20 000 dental appointments statewide. At $5 million for 20 000 appointments, that is $250 per dental appointment. That is what I pay when I see my dentist every six months for a check-up. What procedures are we talking about here that can be funded with $250? What was the thinking behind that figure? Was it to blow things up because $5 million and 20 000 looks good? What is the data driving at? I do not know. What is the outcome going to be? It does not matter, just having appointments. It is the same language about delivering things. I remember the Commonwealth government was really good in stating that vaccines have been delivered. They meant it literally - delivered to the location, not administered into people's arms. There is a difference. That is why I am worried. Securing Tasmania with delivering our plan - yes, deliver a plan, but it is the implementation of the plan and ensuring we have the outcome. It is in the language.

$9.2 million to support the implementation of the End-of-Life Choices (Voluntary Assisted Dying) Act was really welcome. I remind the government that the Premier said at the end of last year there will be a delay because UTAS is going to commission a report, but there will be no penalty timewise. The legislation was meant to be implemented by 1 July 2022. Now the time line is the end of October 2022. I do not know why that is. Are they going to explain that to the Tasmanian people who are dying, who want to access assisted dying, who were promised by the Premier there would not be a time penalty just by delaying the date in the legislation? It is meant to be 1 July.

I also remind the Government that when assisted dying has become law and is fully implemented it has to be universally accessible as well. Currently palliative care is delivered at Calvary Hospital in Launceston, there […TBC inaudible 11:52:00]. I urge the Government to negotiate with Calvary to ensure that assisted dying can be accessed in a facility that is run by Calvary Hospital. If that is not possible, I urge the Government to consider our proposal to set up an independent hospice in Launceston. Tasmanians will expect they have access to assisted dying regardless of where they live. Do not disappoint Tasmanians in their dying days.

Yes, I am still the member for Huon in the lovely Franklin electorate. The reason why I call it propaganda is because it is. I remember last year I said the Huntingfield development was already delivered at the time - delivery of the new Huntingfield land release project, a subdivision that will provide around 470 residential lots. Apparently, that was delivered for the last budget. Surprisingly enough at the time, there was not even a development application lodged with the local council. Huntingfield is in my electorate. I am actually pleased to see nothing about the Huntingfield development in the pamphlet this time around, because nothing has happened. The work has not even started. The cows have gone from the area, but nothing has started. On the contrary, the only thing the Minister for Infrastructure and Transport did was threatening to take the local council to a planning tribunal because council asked to have a slip lane attached to a roundabout to compensate for the increased traffic. The project has already been delivered last year - but there is nothing. I just do not know.

The member for Elwick made quite a few pointed comments regarding schools. Bruny Island is also in my electorate, and has a lovely little country school, a very old school. They actually used school buildings that were in other areas of the island and put them all together quite a few decades ago. They used the same old buildings, with the same issues with plumbing and things falling apart. They really are hard to repair. The principal is doing a fabulous job there. It is a great little school. However, despite it being one of the oldest schools in the state, the principal does not have an increased budget to account for repairs. There is no compensation. The principal needs to decide, do I fix up the plumbing that is 40 years old, or do I spend the money in getting a support worker who can work with one of our students who has ADHD and needs full support during the day? He has to weigh that up. Plumbing or teacher support. Why can't we give rural schools an extra allowance to compensate for the increased repairs they have? Why would you penalise them? How attractive do you think that is to be a principal of an old school compared to a new school? Repairs just do not occur.

Yes, it is an island and it is hard to have staff working in the school. Staff would have come because it is a good little school. One of the teacher assistants had to resign - why? She lives in the Channel area near Kettering. She has to travel to the island and the ferry ticket is over $30, and there is no allowance. The Education department does not pay for travel. If you are on a teacher aide salary, over $30 every day for travel is substantial. It's crazy. The department does not pay for a ferry ticket for a teacher aide to look after children with increased

learning needs; but somehow the school makes it work. Country people expect life to be hard, but it should not be that hard. As I have said over and over again, they pay the same taxes, the same levies, the same rates.

Mr Willie - I would have thought all government service workers on the island would have free travel.

Dr SEIDEL - And they should at least be supported when they need to be supported.

In my electorate, aquaculture plays a major role. The Government has an ambitious target to double the output of aquaculture. There is little support for industry workers. There is little support for the industry. There is little support for the environment. We do not even know what the state of the environment is because the last State Of The Environment Report was done in 2009.

The responsible minister says, 'wood is good'. When we had the bushfires in 2019 and Ta Ann sawmill burned down, they could not get insurance again because they were in a bushfire-prone area; but the minister was nowhere to be seen. Jobs have gone, never to come back. Where is the support for those industries when they need the support? It is not the industry that caused the bushfires.

Tourism. There is not much for tourism in my electorate. Huon Valley Council asked specifically for funding for certain projects but there is no mountain bike park, no shared walk and cycle way from Huonville to Franklin.

Roads. The only thing we received was a 10-day consultation period on the Huon Highway corridor plan. There is bridge called Oates Bridge in Lucaston. It is on a tourist route and cycle route. The gaps on the bridge are so wide, the member for Elwick could park his bicycle in them and it would stand upright.

Of course, children would not be riding their bicycles to school because they would have to go on the highway and that is not safe either. Why can't we fix a simple bridge?

Pelverata Road, from Woodstock to Sandfly, is the only secondary outlet road from the Huon Valley. If there is a bushfire and the Huon Highway is closed, you are stuck in the Huon Valley.

It was interesting to read comments from the lord mayor of Hobart about what are we going to do when we have a bushfire in Hobart. What happens if we did have a bushfire in the Houn Valley? Getting out is quite tough. If the highway is closed, they are stuck.

Mr Valentine - You probably would not want to be going up through Pelverata.

Dr SEIDEL - No, and you know why? Because the gravel road is completely deficient. It is not safe. You cannot actually use it.

Ms Forrest - With the speed at which fire travels too.

Dr SEIDEL -What are we telling people in the Huon who have already had a bushfire substantial enough that industries, such as forestry industries and sawmills, cannot get

insurance anymore to rebuild? That is how prone they are and we just leave those communities alone. Yes, the Huon Valley is a climate-vulnerable community. I tabled a petition regarding erosion in the community of Garden Island Creek because of rising sea levels. This community is still waiting for an answer, and the petition was tabled last year. I brought it up in Estimates and nothing has happened since.

We had the bushfires in the area and I had to ask last year whether a light tanker was going to be delivered to the volunteer fire brigade in Dover because they do not have the equipment to keep the community safe. In Dover, volunteers, where there are major industrial assets - Tassal is there, Huon Aquaculture is there. If there is a major outbreak, if there is another bushfire, they are gone. They are not coming back. It is about protecting our assets; it is about climate change mitigation; it is about supporting climate-resilient communities. It is not good enough to say we have been carbon-neutral for five years, that is not what I am talking about. It is helping communities now from the facts that are obvious.

Temperatures in our oceans are rising and our communities are affected by that, it was front page news in the *Washington Post*. This Government does not seem to care. It has major implications for the aquaculture industry, it has major implications for recreational fishers. It directly affects our way of life. No plan. Talk to the fruitgrowers, talk to the wine growers who were affected by the bushfires who could not sell their crop because of the smoke. Speak to them. Where is the climate resilience plan for them? There is none.

How do we support the industries that support our communities? I do not get any answers. Tasmanians will judge this Government by its actions in the present and not by making promises about securing something in the future. The future is now and it is about owning up to present responsibilities. It is about being accountable.

I note the Budget and seek leave to table the Wells Economic Analysis report on the cost of elective surgery in Tasmania.

Leave granted.

[12.03 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I do have a few answers that I would like to deliver now. It starts with the member for McIntyre who noted the $4.5 million for community health and wellbeing in the Huon, Scottsdale and Ulverstone. The question was, how is it going to work and what does this mean for those communities?

The Government recognises the need to do more in the ill-health prevention space and early intervention by empowering Tasmanians to improve their own health and wellbeing. As part of this, we have committed a further $20 million in the state Budget for ill-health preventative measures. This includes $4.5 million to trial the three Tasmanian community health and wellbeing networks in Ulverstone, Scottsdale and the Huon over two years in partnership with Health Consumers Tasmania. The hubs will empower communities to improve their health literacy and awareness and coordinate place-based preventative health initiatives.

Early discussions on how these networks will operate are underway with Health Consumers Tasmania's CEO, Bruce Levett, who has described the commitment as, 'a potential

game changer for the community'. That was an HCT media release on Thursday, 26 August 2021 if you wanted to read that further.

The member for McIntyre also wanted to know the difference between a small business package and a business package. Typically, the department uses the Australian Bureau of Statistics definition of a small business as 'an actively trading business with 0-19 employees'. A micro-business is a small business with 0-4 employees. When developing small business packages, these are generally targeted to those businesses which employ 0-19 people.

In the case of the Border Closure Critical Support Grant program we use a turnover test being between $25 000 and $50 000 for a micro-business and $50 000 to…I do not like what is written here so I will not read that out.

Ms Forrest - You did not like it. Was it very rude?

Mrs HISCUTT - No, it is confusing, so it is not right.

I will read it out then I will get that checked so it says $25 000 to $50 000 for a micro-business and $50 000 to $10 000 million for a small business, so that is not right. I will get that checked and corrected and sent to you. Obviously, there is a word or two that should not be there.

Ms Forrest - There are too many zeros.

Mrs HISCUTT - Yes, I will get that corrected.

The member for Launceston has also asked about disability funding: How is it going to be measured transparently and how is the effectiveness going to be benchmarked?

Tasmania's contribution to the National Disability Insurance Scheme (NDIS) is publicly available and there is regular public report, including quarterly dashboard updates provided through the NDIS. These updates provide information on the latest numbers of Tasmanian participants and also the proportion and level of packaging that is being provided in broad terms.

In terms of new commitments made in this year's Budget, these are subject to the usual scrutiny processes such as the budget Estimates committees and we are working through the process of implementing these commitments.

Funding from government to community sector organisations is facilitated by a funding agreement which outlines the intent and purpose of the funding, including outcomes.

The reporting required in relation to specific KPIs: there are standard mechanisms within funding arrangements to ensure that organisations which receive government funding are meeting the requirements of their arrangements and any associated KPIs. Members of the community can be assured that the Government will always work with organisations to support them to meet their requirements in line with their agreements.

Ms Armitage - Can I go back to that? You are not actually telling me why there is no line item for Disability Services apart from the NDIS?

Mrs HISCUTT - That may be a question for GBEs. I have read what is there. I cannot help you any further.

Ms Armitage - It did not make sense in response to the question I asked. Thank you.

Mrs HISCUTT - Member for Murchison. What data and how is it being collected to measure the success or otherwise of programs to promote women in leadership positions and/or in male-dominated industries?

Measuring the success of current programs to promote women into leadership positions is undertaken through a variety of channels. These include, annual reports which are publicly available reporting on Tasmanian women's strategies and the Women on Boards Strategy which focuses on Tasmanian Government policies, programs and processes for improving outcomes for women. There are Cabinet reports, quarterly updates on progress under the Women on Boards Strategy to Cabinet. Grants management: grant recipients including those funded as part of the Women in Leadership scholarships will provide reports as part of their responsibilities under their grant deed with the Crown. These reports are used by the department to assess whether programs are meeting their agreed purposes and expending funding appropriately.

As part of the 2021-22 Budget, the Tasmanian Government has committed $3.975 million over four years to ensuring women have the opportunity to fully participate in our economic, social, political and community life. These are new initiatives and monitoring and evaluation is being considered in their development, including the above reporting mechanisms and other comprehensive reporting frameworks where the need is identified.

Ms Forrest - If it is a Cabinet report, we do not ever get to see it. There is no way to determine whether these are outcomes-focused. I will let you continue but will follow up more next week.

Mrs HISCUTT - The Tasmanian Women's Council and the Women's Strategy Interdepartmental Committee are currently advising on the development of the new Tasmanian Women's Strategy, including monitoring and evaluation frameworks as a key component of this implementation. So, any more questions you have, member for Murchison, could be for next week or questions without notice.

The member for Murchison also asked for an update on the progress of the work being done with students being impacted by trauma. Funding is being provided to support individual students who have complex trauma histories and behavioural challenges. Students to receive funding have been identified through a detailed assessment process undertaken by a panel comprised of Department of Education representatives and principals. Students to receive funding in 2021 have been identified through this process and funding has been provided to the schools where these students are enrolled. Schools are now using this funding to implement individualised support programs for each student.

In 2021, 256 students are receiving individualised support through this program. Some examples of individual support are through additional teacher aide support and engagement of students through youth mentoring programs. Funding of $2 million is also set aside for professional learning in trauma-informed practice for all teachers and teacher assistants.

Ms Forrest - Trauma-informed counselling and support is a specialist area. Teachers or teacher aides are not trained specifically in it, as I understand it, so you have to bring that up to speed before you can start working effectively with these children. Otherwise, you risk more harm. I hope that is the plan. It seems the cart might be before the horse. It is something that could be looked at.

Mrs HISCUTT - Yes. It could be a question for Estimates.

Last, but not least, the member for Nelson. I had to go through *Hansard* to make sure I heard this correctly and would like to address it. I will start by quoting what the member for Nelson said:

> There are members here in this Chamber and in the other place, from both major parties, who have received funding from the poker machine industry to assist in their election to Parliament.

Mrs HISCUTT - Mr President, I, for one, was personally offended and insulted by that comment. I would like to put on record I was fully funded and it is all loaded up on the Legislative Council website for everybody to see. I also believe my colleagues have not received any direct funding from the poker machine industry to fund their elections, either.

Ms Lovell - I, too, would like to put that on record. I certainly did not receive any funding from any poker machine operators or hospitality venues and believe the same for my colleagues. As the member would be aware, no third parties are able to enter any expense in our elections. So, any party contribution would not have been made. I assume that would also be the same for the other side.

Mrs HISCUTT - Member for Rumney, thank you for those comments. Members for Rosevears and Windermere, thank you for those comments. As we note, there is a limit on our election spend. It is a limit that, for all of us in this House, is manageable and I did self-fund. I reiterate I was offended and insulted by that comment. If the member has any evidence to say that any party person in this House - what happens in the other place is their business - I would certainly like to see that.

Ms Webb - I welcome those declarations. That is wonderful to hear. I am not going to put evidence on the record at this point in time. I guess my allusion was to not just personal funding, but party funding. I take the point that in our elections, parties are not able to directly fund our election campaigns. Certainly that does moderate what I was saying, for sure. I do not resile at all from saying that both major parties take money from the poker machine industry. Perhaps I overreached in making that point.

Mrs HISCUTT - Do I take that as an apology to members here in this House?

Ms Webb - I just qualified my statement, so yes, it is.

Mrs HISCUTT - So yes, that is an apology to party members here in this House? You have here. I will read it again if you like.

Ms Webb - I have qualified my statement.

Mr PRESIDENT - Order. I will just remind members this is all covered under Standing order 99. Section 5 clearly states what is allowed to be said in debate. We must not get into a debate at this point. I think the point has been made and answered. We will just proceed.

Mrs HISCUTT - Thank you for your ruling, Mr President. That is the summing up, thank you, Mr President.

Budget papers noted.

MOTION

Appropriation Bills - Referral to Estimates Committees

[12.16 p.m.]

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

> That the Budget papers and the Appropriation Bills (No. 1 and No.2) for 2021 be referred to Estimates Committee A and Committee B of this Council.

Motion agreed to.

GUARDIANSHIP AND ADMINISTRATION AMENDMENT (ADVANCE CARE DIRECTIVES) BILL 2021 (No. 14)

In Committee

Continued from 26 August 2021 (page 26).

Madam DEPUTY CHAIR - I remind members we have postponed Division 3, but we will continue through Division 5, then return to the postponed Division. I hope that makes it clear for everyone.

Clause 15 -
Division 5 - Consent to health care when advance health directive in effect
Subclauses 35Q to 35W

Ms FORREST - Madam Deputy Chair, I have to get my head back into this. I have these marked up from a little while ago. From memory, I spoke a little about this and a matter I want to raise in proposed section 35T on a previous clause.

Madam DEPUTY CHAIR - You have had one speak, member.

Ms FORREST - Not on this one, I have not, on 35T?

Madam DEPUTY CHAIR - Q to W.

Ms FORREST - Did I? Apparently I spoke about it then, what did I say? How did we get to this one?

Mr Valentine - Do you have an amendment?

Ms FORREST - No, that is previous and back in Division 4. We are in Division 5 now, for those who are keeping up.

Madam DEPUTY CHAIR - We are going through the clause in Division lots and according to my paperwork, 35Q to 35W, the member has had one speak.

Ms FORREST - That would be it, I have spoken about that then, thank you. I am happy with that, Deputy Chair. I did not think I had spoken on that particular point but I have.

Subclauses 35Q to 35W agreed to.

Division 6 - Registration of advance care directives
Subclause 35X

Subclause 35X agreed to.

Division 7 - Revocation of advance care directives
Subclauses 35Y and 35Z

Subclauses 35Y and 35Z agreed to.

Division 8 - Validity and limitation of liability
Subclauses 35ZA, 35ZB, 35ZC, 35ZD, 35ZE

Subclauses 35ZA, 35ZB, 35ZC, 35ZD and 35ZE agreed to.

Division 1 - Dispute resolution, review and appeals
Subclauses 35ZF, 35ZG, 35ZH, 35ZI, 35ZJ, 35ZK

Subclauses 35ZF, 35ZG, 35ZH, 35ZI, 35ZJ and 35ZK agreed to.

Division 2 - Miscellaneous
Subclauses 35ZL, 35ZM, 35ZN, 35ZO, 35ZP

Ms FORREST - I wanted to refer to clause 35ZL where it states that:

> This Part does not affect common law recognition of instructions about health care given by an adult that are not given in an advance care directive under this Act.

I would like the Leader to provide a bit more explanation about what that means in terms of what another form of advance care directive, like a common law advance care directive, is and how that fits in. It does not affect them, but it is how this bill fits this and how would health professionals caring for people be able to ascertain whether there was a common law advance care directive or not.

Mrs HISCUTT - So, can existing common law advance care directives be registered with the board? Clause 35X provides that the board may register an advance care directive. It

may, however, refuse to register an advance care directive if it does not meet the formal requirements for information and witnessing outlined in clauses 35H, 35I or 35J of the act. Existing common law advance care directives that meet the formal requirements may be able to be registered. An advance care directive is not invalidated, however, merely because it is not registered.

Clause 35ZL provides the legislation does not affect the validity of common law advance care directives. This means if a person has made an advance care directive prior to the act coming into force, or instructions about health care are not given in an advance care directive under the legislation, they remain valid as long as they meet common law requirements as outlined in the TLRI final report, page 97. At common law an advance care directive must be respected and given effect where it was made voluntarily by a capable adult, it is clear and unambiguous, it extends to the situation at hand and the circumstances of the person who made the advance care directive have not changed such that the person would no longer intend the advance care directive to apply.

This is consistent with the precedent established in Hunter and New England Area Health Services v A [2009] NSWSC 761 on 6 August 2009. This case was heard in New South Wales. In the Tasmanian context, the validity or otherwise of common law advance care directives has yet to be judicially considered. The advantage of establishing a clear legal framework for advance care directives is that it sets out statutory criteria for the validity of an advance care directive and encourages consistency and accuracy in the way in which a person's instructions about future health care are documented.

Ms FORREST - Thank you, Leader, for that comprehensive response. The only question I have that follows is, does it then become incumbent on the person to ensure such an unregistered advance care directive is made available? They either have to carry it on their person, or they register it with their doctor and their local hospital and even to paramedics, perhaps, I do not know. It seems to become incumbent on the person that people are going to be aware of their wishes because it is, potentially, not going to be registered. It may be registered, but not necessarily.

Mrs HISCUTT - As happens now with ACDs, yes. If it is not registered, somebody has to know.

Ms LOVELL - I seek clarification and this may have been covered elsewhere. I understand proposed section 35ZL in terms of instructions about health care given by an adult that are not given in an advance care directive. My question is to clarify, if a person has a common law advance care directive that does give instructions about a particular circumstance, they then have an advance care directive registered under this act that gives contradictory instructions, does the new advance care directive automatically override the common law advance care directive?

Mrs HISCUTT - Yes. It is a good summary, thank you.

Mr VALENTINE - I am also seeking clarification. I brought this up in my second reading contribution, with respect to the way they are referred to. Looking at say, proposed section 35K, it talks about advance care directives meeting certain requirements. If we are going to call them advance care directives, and common law advance care directives are called advance care directives, it is very confusing when interpreting this act.

There are aspects of a common law advance care directive that may not be included in a registered advance care directive, or one that is not registered yet it is put together under the powers of this act. Is there a distinction between something that is put together under the powers of this act that is not registered, compared with the common law advance care directive? If the common law advance care directive provides for certain actions to take place that are not covered in an advance care directive put together under this act or a registered advance care directive, are they still valid?

Mrs HISCUTT - The entire purpose of this bill is to codify the formal ACD registration process to make clear for the Tasmanian community and medical practitioners the purpose and use of ACDs when choosing health care options. We want to encourage people to register and use the appropriate forms. The ACD is a term currently used for common law instructions and the act codifies that. It saves confusion.

Mr Valentine - Regardless of registration or not?

Mrs HISCUTT - Therefore the ACD is an ACD made under the act. However, common law instructions that are not inconsistent can operate under common law. It is simply to not cause confusion. It is an ACD.

Subclauses 35ZL, 35ZM, 35ZN, 35ZO and 35ZP agreed to.

Postponed Division 3 - Advance care directives

Ms FORREST - Madam Chair, I move two amendments to this subclause on behalf of the member for Mersey who has spoken too much.

I move - first amendment, page 38, proposed new section 35I(5)(e) -

After 'has a'

insert instead

'known'

The member for Mersey made a very valid observation that you could be excluded or not be able to witness an advance care directive if you have a pecuniary interest. That is all well and good if you know about it.

A member - Page 38.

Mrs Hiscutt - Through you Madam Deputy Chair, it might be on page 35 in some of the older prints of the bill.

Ms FORREST - I have the old bill. It is page 37. In paragraph (e), if a person has a pecuniary interest in the estate of the person giving the advance care directive, they would not be able to witness the advance care directive. That makes sense. As was previously discussed in the debate before we got to this point, a person may not know they have an interest. Obviously, it would be incumbent on the person who is asking someone to sign to be aware of who can witness such a document. However, the person signing it may not want to ask the person directly 'are you looking after me in your will'?

It does not detract from the provision at all to state that the person has a 'known' pecuniary interest. They would clearly be disqualified from being a witness. However, if they had such an interest, but had no knowledge of it, I imagine it would come down to interpretation if it was challenged. Also, it is at a point in time, not enduring. Subsequently, that person may become a beneficiary. If you know you have a pecuniary interest, then of course you should disqualify yourself. The person asking you to sign it may not be entirely aware of all the provisions. It makes it easier for the person being asked to be a witness. The member for Mersey may wish to add some comments, but that is the reason for it.

Mrs HISCUTT - The Government's position on this is that we do not oppose the amendment. However, for clarity as to why the Government considers it unnecessary, I would like to address how proposed section 35I(5) works.

Firstly, the excluded witness list is designed to exclude people who have a potential conflict of interest at the time they witness the document. For example, a person who does not have a pecuniary interest at the time they are witnesses, has no conflict in that regard. It is a point of time. If they do have a pecuniary interest in the future, that does not affect the ACD.

Secondly, proposed section 35G(2) of the bill provides that a person making an ACD, must have decision making ability, must understand what an advance care directive is and understand the consequences of giving an advance care directive. It is the responsibility of the person giving the ACD to determine whether a person witnessing the document is a beneficiary of their estate. The person giving the ACD will be guided by the form and other guidance material so as not to have such people witness their ACD.

In other words, the person making the ACD, knows who has a pecuniary interest, such as being a beneficiary. Therefore, it is not necessary to insert 'known' in this clause.

Further, implementation of the bill will ensure educational and explanatory material for ACDs that guide people making an ACD as to who they can have as witnesses.

If there are any inadvertent errors in witnessing, clause 35K gives the Guardianship and Administration Board the ability to validate any errors, in appropriate circumstances. Proposed section 35K(2), means that if a person has given or attempted to give an ACD that does not meet the formal requirements such as witnessing under clause 35I, the board is able to make an order declaring that the ACD is valid.

For example, the board may do this if satisfied the ACD reflects what a person wanted and they have not been subject to undue influence.

The Government is of the view that proposed section 35I(5)(e) works as intended. It will be understood by people making the ACDs in light of the guidance they will receive, and any errors can be addressed by the board.

If members in this House desire clarification of that provision, the Government will not oppose the amendment, but we do think that it is unnecessary based on those comments.

Mr GAFFNEY - I am pleased that the Government does not oppose it, nor do they think it is necessary. I consider it is necessary, because it reads more easily for someone to pick it

up. I thank the member for Murchison for bringing it on board. I am supportive of the amendment.

Mr VALENTINE - I still have the same question that I had previously. With respect to the amendment, I support the amendment. I am interested to know whether it would also include a doctor. You can be in a nursing home and you can have somebody who is administratively involved but -

Ms Forrest - We are on (e). You are on the next one.

Mr VALENTINE - No, I am on the amendment.

Madam DEPUTY CHAIR - It is only the first amendment.

Mr VALENTINE - Okay. I will wait for the next one. I apologise.

First amendment agreed.

Ms FORREST - Madam Deputy Chair, I move the following further amendment -

Same page, same proposed new section, same subsection, paragraph (f).

Leave out paragraph (f)

Insert instead the following paragraph:

(f) if the person, as a result of his or her position in a hospital, hospice, nursing home or other facility, has a direct or indirect ability to control or influence the care and management of the person giving the advance care directive who is resident at that facility; or

This one was to try to clarify the intent of subsection (f) as it appears in the bill. It talks about a person who occupies a position of authority in any of those places, like the hospital, the hospice or nursing home. When we further explored that during the debate last time and again subsequently with the Leader and her team of advisers, it was clear to me and to the member for Mersey that it was about someone's ability to influence the person in making an advance care directive that may then benefit somebody else rather than that person themselves.

The risk is one of being coerced or being influenced in a way that may see the benefit flow to somebody else. Particularly when you are looking at people in nursing homes and facilities like that where they are quite vulnerable, older people do not want to be a burden. My own dad said that to me recently; he did not want to be a burden. It is a natural thing for people to say at the end of a life, particularly when they are an older person and they have lived a long life. They do not want to be a burden.

It is a risk if someone has influence over that person and they could encourage them to sign an advance care directive that potentially benefits that person not the person making the advance care directive.

This clarifies it. It is a bit more wordy in some respects but it is all about the capacity to have influence over the care and management of the person, not so much the person who may be a friend or an acquaintance who is not going to have an influence over that decision-making.

Mrs HISCUTT - The Government will support the amendment to clarify the operation of this provision. Just for background, proposed section 35I(5)(f) is based on section 15(2)(d) of the South Australian Advance Care Directives Act 2013, which also includes a person who 'occupies a position of authority in a hospital, hospice, nursing home or other facility at which the person giving the advance care directive resides'.

The term 'position of authority' is a reference to a position of authority where the person has an authority in relation to the person making the ACD such as a practical control or influence over that person. There are similar references to 'position of authority' in some other statutes in relation to people who have a position of authority over another such that they should not do certain things.

In the case of a person living in a health facility, they are in a position of vulnerability compared to the influence of the clinical and management positions of the facility. To avoid any actual or perceived conflict of interest, such persons in a position of authority in the facility are excluded from being witnesses. Persons in the facility with no authority in relation to the person making the ACD, therefore, could be a witness as they have no conflict.

South Australia's educational material notes that this excludes persons who are not independent or who have a potential conflict of interest such as a senior nursing or medical person at the facility. The Tasmanian implementation process would develop similar material.

However, to clarify the intent of the clause, it is to ensure vulnerable Tasmanians are afforded protection from undue influence or control when making their advance care directives due to the power imbalance that may be present between residents and certain facility staff. The amendment captures all persons in the facility who have a direct or indirect ability to control or influence the person making the advance care directives without unnecessarily or inappropriately restricting the category of persons who may be in a position of authority.

It is important to retain a broad definition, as each situation will be different depending on the circumstances. Accordingly, this amendment provides the clarity that members have been seeking and the Government will support the proposed amendment.

In relation to a specific question from the member for Hobart, yes, if a doctor in question is, for example, a person's primary doctor, who is in a position to unduly influence their decision in making their ACD, they would not be able to witness. However, this does not prevent any other doctor from witnessing. I hope that clarifies it for you.

Mr VALENTINE - The fundamental question is that they do not have to be a doctor who is employed by the facility the person is living in. That is the question. They may be a visiting doctor, if you like, but under this amendment - I should be putting this to the member for Mersey - it would cover doctors, that person's doctor, whether they are employed by the facility that person is in or not.

Ms Forrest - If they were their principal doctor, do you mean?

Mr VALENTINE - Principal doctor of the person, who may not be employed by the facility they are living in. That is what I am asking about.

Mrs HISCUTT - For clarification, the only time you must have a doctor would be for a child. If the person occupies a position of authority in a hospital, hospice, nursing home or other facility at which the person giving the advance care directive resides, so it can be any doctor.

Mr Valentine - Any doctor, that is right.

Mrs HISCUTT - Yes, it could be any doctor working in the facility. It could be a doctor visiting another patient. It could be a friend who is a doctor. It can be any doctor, as long as they do not have any undue influence on your decision-making.

Mr Valentine - I appreciate it is not mandatory for a doctor to witness an adult's advance care directive, it is only for children, but if they do witness it they are covered. If they have a pecuniary interest, they should not be signing it.

Mrs HISCUTT - That is absolutely correct.

Mr GAFFNEY - I thank the OPC and the Government for this, and the member for Murchison. It makes it much clearer. I am sure the South Australian Government will be changing their act because this is far superior.

Second amendment agreed to.

Clause 15 as amended agreed to.

Clauses 16 to 24 agreed to.

Clause 25 -
Section 89 amended (Duty to keep register)

Ms FORREST - It follows through to clause 26. In proposed section 25, subsection (2) says:

> The register is to be made available for inspection by persons in accordance with the regulations.

I will also ask a question regarding proposed section 26 at the same time. Going to clause 26(i)(v), this is the regulation-making power, about regulations will be made regarding who may have access to or obtain information from the register.

I did raise this in the second reading. I know the Leader made some comment in her reply. I would like to know again the process that will be undertaken to ensure it is not overly restrictive, but also maintains a person's privacy. A lot of these advance care directives will contain personal medical and other information. They do need to be accessible, often when a person has lost capacity, to ensure they get the treatment they actually desire or not.

Mrs HISCUTT - The question is how will the register work, and who will or will not have access to it. Proposed section 35X provides authority to the board to register an advance care directive and requires that the board keep, or cause to be kept, a register for this purpose. Flexibility in the form in which the register is kept is to account for any changes that may arise from the national discussion to create a register of instruments.

At the same time, clause 25 amends section 89 of the principal act, Duty to keep register, to remove reference to the hours that the register is open for inspection and to require that the register is made available for inspection by persons in accordance with the regulations.

A regulation-making power has been included in section 90 of the principal act for this purpose. The regulations will be able to cover any matter relating to the registration of advance care directives, including the form and manner in which the register is kept, the form and contents of the register, who may apply for registration, the procedure for registration including the alteration and removal of entries, who may have access to or obtain information from the register, and procedures for accessing or obtaining information from the register.

Decisions regarding access to the register may be made with the relevant national standards in mind. Separate to this process, all state and territory jurisdictions and the Commonwealth are working on establishing a national register for enduring powers of attorney documents. Discussions have been raised about establishing a single national register for all enduring documents, including advance care directives. Questions regarding access to the register are being considered in that context, particularly the issue of how to balance the right to privacy versus the need for quick and easy access to documents to those who have a need.

Matters being considered include the options for creating a digital footprint so that whenever the register is accessed, the principal or a person nominated by the principal for this purpose is notified. These are all matters that will be taken into account in developing regulations related to the registration of advance care directives.

Ms FORREST - Thank you, Leader, for that explanation. What is the time frame for the development of these regulations? Obviously, the act cannot operate without the regulations.

Mrs HISCUTT - As with all regulations it is yet to be determined. We were hoping a six-month time frame, but it could stretch out to 12 months. It is a bit like how long is a piece of string with regulations. Yes, it is definitely at the forefront of the department's mind.

Ms Forrest - They are not waiting for some nationally consistent approach in the short term?

Mrs HISCUTT - No. We will be doing our own and then bearing that in mind as it is happening.

Ms Forrest - Cannot be waiting for the feds. It could take two to 10 years.

Clause 25 agreed to.

Clauses 26 to 28 agreed to.

Title agreed to.

Bill reported with amendments.

Third reading to be made an order of the day for another day.

FOOD AMENDMENT BILL 2021 (No. 27)

Second Reading

[12.58 p.m.]

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

That the bill be now read the second time.

The purpose of the Food Amendment Bill 2021 is to clarify and enhance the data exchange provisions in the Food Act 2003 and to correct references to out-of-date Australian Government legislation.

The Food Act seeks to ensure the provision of food that is safe and suitable for human consumption and to prevent misleading conduct in connection with the sale of food. It also enables the application of the Australia New Zealand Food Standards Code in Tasmania.

Since the act was proclaimed almost 20 years ago there have been numerous changes and reforms in food safety regulation. These changes reflect the evolving nature of the food system technology and business practises.

In 2015, the act was amended to allow a greater range of mobile food businesses to apply for statewide registration. Before the amendments, many mobile food businesses were required to register in each local government area in which they operated. The 2015 amendments have successfully reduced compliance costs for mobile food businesses.

The administrative burden on councils associated with processing applications has also been reduced enabling environmental health officers to concentrate on compliance and inspection activities in order to more effectively protect public health.

While the 2015 amendments have been effective at reducing regulatory burden and enhancing public health -

Sitting suspended from 1.00 p.m. to 2.30 p.m.

QUESTIONS

Tasmanian Schools - Incidents

Mr WILLIE question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.32 p.m.]

Can the state Government provide figures for the following questions?

(1) The figures held by the Department of Education related to the level of bullying in each Tasmanian school for 2020?

(2) The number of student-on-student assaults or other incidents of physical violence that occurred in each Tasmanian school in 2020?

(3) The number of student-on-teacher assaults or other incidents of physical violence that occurred in each Tasmanian school in 2020?

(4) The number of workers compensation claims resulting from stress or other psychological injury to Department of Education employees and the schools they worked in when the claim was made?

(5) The number of suspensions for bullying, harassment, stalking of another student in each Tasmanian school in 2020?

(6) The number of suspensions for bullying, harassment, stalking of a teacher or other staff member in each Tasmanian school in 2020?

(7) The total number of student suspensions in each Tasmanian school in 2020, including a breakdown by year level?

ANSWER

I am so pleased to have an answer for the member for Elwick today. These answers have been compiled using centrally-held student suspension data for the year 2020.

(1) In 2020 there were 112 student suspension incidents for the reasons of bullying/physical harassment of a student in Tasmanian government schools.

Mr Willie - It is for each Tasmanian school?

Mrs HISCUTT - In Tasmanian government schools.

Mr Willie - Not 'schools', school.

Mrs HISCUTT - Schools, it has an 's' here.

Mr WILLIE - Each Tasmanian school, is the question.

Mrs HISCUTT - It has been generalised, has it not?

Mr Willie - Yes, conveniently.

Mrs HISCUTT - The figure was 112 students in the schools.

I can see a follow-up question here, Mr President.

(2) In 2020 there were 1789 student suspension incidents for the reason of physical abuse of another student in Tasmanian government schools.

(3) In 2020 there were 268 student suspension incidents for the reasons of physical abuse of a teacher or another staff member or physical harassment of a teacher in Tasmanian government schools.

(4) The overall number of workers compensation claims lodged for stress are outlined in this little table. I will read it in a moment.

Liability for all claims was not accepted due to injury not being work-related and compensable.

Stress claims, for the year ending 31 March 2020, a total of 71. There was a head count of 10 669 and the percentage of claims to employees was 0.006 per cent.

(5) In 2020 there were 46 student suspension incidents for the reason of harassment or stalking of another student in Tasmanian government schools.

(6) In 2020 there were 14 student suspension incidents for the reason of harassment or stalking of a teacher or other staff member in Tasmanian government schools.

(7) The number of student suspension incidents by year level in Tasmanian government schools in 2020 were: kindergarten, 6; prep, 37; year 1, 129; year 2, 234; year 3, 367; year 4, 354; year 5, 401; year 6, 570; year 7, 1145; year 8, 1412; year 9, 1199; year 10, 813; year 11, 110; year 12, 53; the total is 6830.

There are a couple of footnotes I will read into *Hansard* as well. Year 13 students are included in year 12 counts. Some of these numbers may differ from those provided previously due to ongoing data quality checks and updating of the dataset. Note 3, the data source is the DoE Internal as of 31 March 2021.

Mr Willie - Note 4, it took two weeks to get me stuff that I already had. You did not answer my questions.

Ms Forrest - You have next week.

Budget 2021-22 - Output Information for Government Agencies

Ms FORREST question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.37 p.m.]

Please provide estimated outcomes figures for all line items in the tables listed below:

(1) Communities Tasmania, tables 2.2, 2.10 and 2.12.

(2) Finance-General, tables 4.1, 4.2, 4.4 and 4.5.

(3) Health, tables 5.2, 5.5 and 5.8.

(4) Ministerial and Parliamentary Support, tables 7.1 and 7.3.

(5) Premier and Cabinet, tables 9.2, 9.9 and 9.11.

(6) Primary Industries, Parks, Water and Environment, tables 10.2, 10.11, 10.14 and 10.15.

(7) State Growth, tables 11.2, 11.8, 11.11 and 11.12.

(8) Treasury and Finance, tables 12.2 and 12.8.

ANSWER

I thank the member for her question. The requested tables relate to detailed output information for the various agencies itemised above. The most recent information published in the 2020-21 financial year is the 2020-21 Preliminary Outcomes Report. As such, Budget Paper No. 1 incorporates 2020-21 preliminary outcomes where available at the General Government sector level. The Preliminary Outcomes Report was published on 30 July 2021. The report presents the income statement, balance sheet and cash flow statement for the General Government sector and preliminary outcomes for the Public Account. of 2020-21 preliminary outcomes information is not presented at the detailed output level.

Due to the timing of the 2021-22 Budget, preliminary outcomes information at the detailed output level has not been prepared for inclusion in Budget Paper No. 2. Audited 2020-21 outcome information on outputs will be available in agency financial statements which are due to be tabled in agency annual reports by the end of October 2021.

AFL Matches in Tasmania

Ms FORREST question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.39 p.m.]

With regard to the two AFL finals matches played in Tasmania on the weekend of the 28 -29 August:

(1) How many players, AFL officials and other support staff were permitted entry into the state?

(2) Were all players, AFL officials and other support staff be required to stay in hotel quarantine if they were not flying in and out on the same day?

(3) How many players, AFL officials and other support staff were accommodated in hotel quarantine and what hotels or facilities were used for this purpose?

(4) How were the costs of hotel quarantine met?

(5) a) Were any Tasmanians displaced from these facilities to enable the hotel/facility to be used, and if so, how many people had bookings cancelled or cut short?

b) Were these people compensated and if so by whom?

(6) (a) Were any non-essential spectators permitted to the games?
(b) If so, on what basis was entry to Tasmania permitted?

(7) With regard to essential players and support staff, what interaction, if any, occurred with staff or other attendees at the ground?

(8) Were all who entered Tasmania for these games required to have a recent negative COVID-19 test prior to entering Tasmania?

(9) Were all who entered the state for this purpose vaccinated and, if not, how many were unvaccinated?

ANSWER

Mr President, I thank the member for Murchison for her question. Government contracted quarantine hotels were not used by AFL teams and officials for accommodation for the recent period they were in Tasmania. Accommodation was booked and paid for by the AFL directly with the proprietors. This is a commercial matter between the AFL and the proprietors and the Government is not privy to that information.

Current border security protocols and established AFL and club COVID-19-safe protocols approved by Public Health were strictly applied throughout this time. All AFL staff, AFL=accredited attendees and club players and officials were tested prior to departure to Tasmania and were tested on a regular basis whilst in Tasmania. It is not a requirement to be vaccinated in order to enter Tasmania.

Australia vs Afghanistan - Test Cricket Match at Bellerive Oval

Dr SEIDEL question to MINISTER for SPORT and RECREATION, Ms HOWLETT

[2.41 p.m.]

According to the ABC news the Taliban have approved the test cricket match between Afghanistan and Australia to go ahead on November 27 at the Bellerive Oval. Do you support the Taliban flag to be flying over the Bellerive Oval or indeed any other place in Tasmania?

ANSWER

Mr President, I thank the member for Huon for his question. I am not aware nor have I received any advice that the Taliban flag will be flown at cricket matches, and will be seeking advice on these matters from Cricket Australia.

Australia vs Afghanistan - Test Cricket Match at Bellerive Oval

Dr SEIDEL question to MINISTER for SPORT and RECREATION, Ms HOWLETT

[2.42 p.m.]

Do you support any Taliban member to be granted a visa to enter Tasmania to support the Afghanistan cricket team on November 27 at the Bellerive Oval?

ANSWER

Mr President, I thank the member for Huon for his question. As I stated we will be seeking information from Cricket Australia. It is a one-off match and that is a match that has been planned between Australia and Afghanistan this summer, as you are aware. We recognise the community concerns; however, it is important that we seek advice on these matters from Cricket Australia, the federal government and community leaders including from our own Tasmania's Hazara community.

Australia vs Afghanistan - Test Cricket Match at Bellerive Oval

Dr SEIDEL question to MINISTER for SPORT and RECREATION, Ms HOWLETT

[2.43 p.m.]

As Minister for Sport and Recreation will you seek advice from ASIO about potential Taliban members entering Tasmania as part of the Afghanistan cricket team for November 27?

ANSWER

Mr President, I thank the member for Huon for his question. At this stage, spectators from Afghanistan will not be allowed into the country to watch the game, but we will be seeking advice from Cricket Australia.

Australia vs Afghanistan - Test Cricket Match at Bellerive Oval

Mr WILLIE question to MINISTER for SPORT and RECREATION, Ms HOWLETT

[2.44 p.m.]

My question is on the same topic. Have you reached out to the federal government on this matter and sought advice on their position?

ANSWER

Mr President, I thank the member for Elwick for his question. We are currently seeking advice on that matter.

Mr Willie - You have contacted them?

Ms HOWLETT - We are currently seeking advice on that matter.

Hospitals - Intensive Care Units

Ms FORREST question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.44 p.m.]

With regard to the occupancy of intensive care units (ICUs) in Tasmania's three major hospitals, what is the average weekly occupancy of each ICU, the Royal Hobart Hospital, the Launceston General Hospital and the North West Regional Hospital, over the last three years?

ANSWER

Mr President, I thank the member for Murchison for her question. I have pages of graphs, numbers and figures. If the member is happy for me to do so, I will table the answers and have it incorporated into *Hansard*.

Mr PRESIDENT - The Leader seeks leave to table the document and have it incorporated into *Hansard*.

Leave granted.

See Appendix 1 for incorporated document (page 40).

Paralympics - Payment of Paralympians

Ms FORREST question to MINISTER for SPORT and RECREATION, Ms HOWLETT

[2.45 p.m.]

This follows up from the question I have been asking during the week regarding the $20 000 payment to all able-bodied Olympians who win a gold medal. Can I ask what the minister is planning to do in lobbying to see that corrected as a matter of urgency?

ANSWER

I thank the member for her question. There has been some very pleasing news. The Prime Minister has made a statement in Parliament that the federal government will provide funding to Paralympics Australia, ensuring Paralympians are awarded the same medal bonuses as Olympians: $20 000 for gold, $15 000 for silver and $10 000 for bronze. That news broke around two o'clock this afternoon. That is a huge win.

ANSWER TO QUESTION

Border Closure Critical Support Grant Program

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) -

[2.47 p.m.]

Mr President, is now an appropriate time to clarify an original answer in summing up of the Budget?

Mr PRESIDENT - Yes, certainly.

Mrs HISCUTT - This was a question from the member for McIntyre. We were talking about small business packages. There was a figure in the answer that sounded very high. I had it checked. In the case of the Border Closure Critical Support Grant program, we use a turnover test being $25 000 to $50 000 for micro-businesses and between $50 000 and $10 million for a small business.

FOOD AMENDMENT BILL 2021 (No. 27)

Second Reading

Resumed from above.

[2.48 p.m.]

Mrs HISCUTT - Mr President, while the 2015 amendments have been effective at reducing regulatory burden and enhancing public health protection measures, their operation caused hierarchical deficiencies in the data exchange provisions contained in the Food Act. Specifically, the existing provisions do not easily allow councils or departmental officials to exchange food safety data with each other, or with other jurisdictions. The Food Amendment Bill proposes amendments to the Food Act to provide for enhanced and clarified information exchange mechanisms.

The Food Amendment Bill also proposes amendments enabling the Director of Public Health to establish and maintain a food business database. The amendments will facilitate compliance with and enforcement of the Food Act's provisions to enhance food safety and prevent food safety incidents. Under the new provisions the Director of Public Health may establish a database and authorise a council, state service agency, authorised officers and others to enter data into the database, to access and use the data in the database and to disclose information contained in the database if the director is satisfied that this would assist in achieving or implementing the Food Act's objectives.

These changes will help regulate us to better manage food safety in Tasmania. They will essentially allow an environmental health officer from anywhere in the state to access information relating to a mobile food business's compliance history, regardless of where the food business is registered. This will in turn enable environmental health officers to prioritise food business inspection in a risk-based manner.

The Food Amendment Bill clarifies that information obtained in connection with the administration of the act may be disclosed to a person developing, administering or enforcing a law of New Zealand, the Australian Government or a territory or other state that corresponds with the Food Act.

The ability to exchange data in this way is important when authorities are managing a food safety issue that involves the movement of food across jurisdictional borders or where working to coordinate a national food recall or incident response.

These changes will support a consistent regulatory environment for our local councils and departmental offices, thereby helping to protect our community's health and Tasmania's reputation as a supplier of safe and suitable food.

It will also facilitate responsive actions to food safety incidences, support national food safety response efforts and strengthen local council performance.

The Food Amendment Bill also corrects outdated legislative references associated with theAustralia New Zealand Food Standards Code.

Councils have been consulted on the Food Amendment Bill and have given support to the changes.

Mr President, I move -

That the debate stand adjourned.

Debate adjourned.

SUSPENSION OF SITTING

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

That the sitting be suspended untl the ringing of the division bells.

This is for the purpose of a briefing.

Motion agreed to.

Sitting suspended from 2.51 p.m. until 2.57 p.m.

FOOD AMENDMENT BILL 2021 (No. 27)

Second Reading

Resumed from above.

[2.57 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I have concluded the second reading and I now look forward to other members' contributions.

Ms FORREST (Murchison) - Mr President, I do not have any problem with this legislation and it probably moves into the modern world a little bit which is always helpful.

I assume the application of this act applies to food vans as well as established food businesses, because that is a point I wanted to comment on in relation to this bill.

Obviously, food safety is really important. If anyone has ever had food poisoning you will know it is not a pleasant place to be and you would probably wish you were dead rather than going through it at times. It is a real problem in some parts.

In particular, the matter of the regulation and operation of mobile food vans was a matter raised some time ago in this place about the frustrations that many of these operators were finding having separate by-laws in different council areas, which required them to have different pieces of paper and different compliance and different provisions between councils, particularly when they operated across council boundaries which many of them do. They go to festivals - particularly pre-COVID-19, and even currently. In our lucky state, they can still

do that. There was some discussion, and I note it was certainly discussed at our Subordinate Legislation Committee, about the importance of having consistent and statewide regulation in an area where there is inappropriate imposition of by-laws that are similar but not the same, and trying to address the same issues.

I believe there are probably more areas that could be looked at, to reduce regulation overall because by-laws are still regulation. It is still work that has to be done. Every council has to go through a heap of work and process to get them made. The amount of documentation the Subordinate Legislation Committee receives on each by-law that we have to consider is extensive. There is duplication a lot of the time. There are minor differences with matters that can relate across council boundaries.

The example we saw when this Food Act was amended in the first instance - to give effect to that and provide a statewide regulatory framework for food vans and other matters related to food safety - was a positive step. I hope the Government is willing to have a look at some of those other areas in terms of reducing the burden on local government, as much as anything. It means getting on with it too.

In terms of the disclosure of information, I assume it only needs to be disclosed when there is a request for information about a food safety incident. It is not that just anyone can go along and ask for information about that particular business. It should only be for the purposes of maintaining food safety. Could the Leader confirm that in her response?

I assume that the information being collected - is it all electronic? Does it all have to be electronic now or can there be a paper-based system? I am not suggesting there should be; I am just asking the question. I believe electronic collection is much better, but some of these small businesses operate in areas where the internet access is pretty woeful and that can be a challenge for them at times.

Other than that, I support the bill but wanted to clarify a couple of those points.

[3.01 p.m.]

Mr VALENTINE (Hobart) - I also support this. I remember this being debated quite some time ago and the reason behind having consistent laws. The member for Murchison is right. There is no question about that. The fact that it prevents people going from one jurisdiction to another, maybe having committed some sort of breach of the by-law somewhere else and getting away with not revealing that. It is important for councils to know who it is that they are authorising to sell food to the public. It is important that the information is available. The only question I have of the Leader would be in relation to the way the bill is written. It talks about restrictions on who can access the data once it is on the database. I assume that if it is council 'x', it is their data so presumably they access their own data from the database without any restriction. One expects that would be enabled. If you could clarify that it would be appreciated.

[3.03 p.m.]

Ms WEBB (Nelson) - Mr President, I too support this bill. The amendment in 2015 greatly benefited many mobile food businesses in Tasmania with a single statewide registration system that was introduced at that time. It significantly reduced the registration costs for many businesses. Prior to that coming into effect, mobile food businesses needed to apply in each

council area where they wanted to trade and with 29 councils. I know from talking to mobile food business owners that it had some drawbacks then.

Many instances have been described to me where mobile food businesses that would require registration for food preparation or a restaurant in one council area, may have had regular market or street sales in others, as well as registrations for festivals and events and the like. Multiple registrations were very expensive and repetitive and a real administrative burden for what are, essentially, very small businesses.

As we know, different councils have different requirements. One example described to me was Hobart City Council allowing home kitchens to meet required standards to be registered for commercial food and preparations, but Kingborough Council will only register dedicated commercial kitchens. Lots of challenges there.

The single statewide registration process addressed these compliance issues and costs for businesses and was very well received, by all reports, by food vendors. It was noted in this place in 2015, however, that for all its benefits there were possible inequities in the statewide registration system. These inequities included registration fees being paid in one council area, but responsibility for food safety and compliance inspections falling into another council area. The changes set out in the bill we have here will help rebalance some of those inequities, I understand. As the 2015 bill assisted mobile food businesses themselves, this bill will now assist councils and regulators to reduce unnecessary duplication on administration costs through sharing that information collection and dissemination.

I believe it is also going to help those mobile food vendors. Those with a good history of compliance and safety will be noted, and patterns of noncompliant activity can be more easily monitored across municipalities and events, and that is a positive outcome.

With 29 councils potentially doing their own thing, this bill will go some way to creating consistency in how food safety incidents are managed and monitored.

The Director of Public Health will be able to stipulate the information required, and with access to that information ensure that regulators have the necessary data to manage food safety issues across the state.

However, I did have queries regarding the bill and the other sorts of impacts it may have. I am interested to know, for example, if councils are going to feel an impact in terms of changes to the systems that they have, and if there is going to be any impost on them; and if they need to be compensated in some way because of the legislation.

In a similar way, I am interested in the information collection element. What types of information will be collected? I understand it is not too prescriptive in the bill itself, but I am curious as to what specific information the Director of Public Health has in mind in terms of collection of data and information.

I note there are assurances in the bill where it stipulates what information can be shared with whom and when, and that breaches will be subject to fines. However, could you clarify whether businesses will have the right to view the information that is held about them; and will they be able to amend that information or have it amended if it is inaccurate?

Other than those straightforward questions I support the bill.

[3.10 p.m.]

Mrs HISCUTT (Montgomery) - I have a fistful of things here. You were asking, can councils continue to access their own information, member for Hobart? In summary, the answer is yes. The database contains information about food businesses. The database will provide a central location for councils to check whether a mobile business is registered elsewhere. Councils can continue to access their own food safety information. Registration status, inspection outcomes and other relevant information will be recorded on the database by the council and/or the department. The information will be accessible only by authorised officers.

The database will streamline and facilitate the sharing of information relevant to the act. For example, if I was a food van operator registered with the Central Coast Council and I moved with my van next door to the member for Mersey's electorate, say in Latrobe, the Latrobe Council can then access my information if they had a need to.

Is that what you are asking?

Mr Valentine - It was about the strictures associated with the use of data. I know the bill is quite specific but if the council has information that they are entering into the database they are free to use that information as they wish, given it is their information. That is what I was asking but maybe we can clarify that.

Mr PRESIDENT - The member may be able to follow that up in Committee.

Mrs HISCUTT - Yes.

Mr Valentine - I think that is the best thing to do.

Mrs HISCUTT - All right, we will move on.

What information will be on the database?

The database contains information about food businesses. The database will provide a central location for councils to check whether a mobile business is registered elsewhere. Registration status, inspection outcomes and other relevant information will be recorded on the database by the councils and/or the department. As I said before, this information will be accessible only by authorised officers and it is going to streamline the process.

Why is it necessary to create a specific provision to allow a food business database to be kept?

The amendments expressly authorise the sharing of information about food businesses between various councils and authorised officers about food businesses.

There was a question relating to the types of disclosures being limited to food safety information.

Proposed new section 133 limits disclosures of information gathered pursuant to the act and relating to a person unless such disclosure is consented to or allowed for one of the reasons specified in the section. It is considered useful for different bodies involved in food business

regulations to share information with one another in order to inform decisions made pursuant to the Food Act. The amendments will also enable the Director of Public Health to establish a shared food business database and to more clearly clarify when information obtained under the principal act can be disclosed.

I think that has got them all. If there is something missing we can do it through the Committee stage.

Ms Webb - I had a question but if you do not have the answer now it can be clarified later. Can businesses access the data being held about them?

Mrs HISCUTT - I will have to seek some information on that. Businesses are quite welcome to request that information but they would have to go through an authorised officer.

Bill read the second time.

FOOD AMENDMENT BILL 2021 (No. 27)

In Committee

Clauses 1 to 5 agreed to.

Clause 6 -
Section 133 substituted

Mr VALENTINE - To simplify the question, does this place any greater stricture on a council's use of its own data, on how they use their own data before they put it into the database?

Mrs HISCUTT - No, it does not have any effect at all.

Clauses 6 and 7 agreed to.

Title agreed to.

Bill to be reported without amendment.

Third reading to be made an order of the day of another day.

TABLED PAPERS

Joint Parliamentary Standing Committee on Subordinate Legislation - Report

[3.18 p.m.]

Ms RATTRAY presented the Joint Parliamentary Standing Committee on Subordinate Legislation in relation to the Scrutiny of Notice issued under Section 20 of the COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020 (Supreme Court of Tasmania), Report No. 16.

Report received and printed.

ADJOURNMENT

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

> That at its rising, the Council adjourn until 9.30 a.m. on Friday, 17 September 2021.

The Council adjourned at 3.19 p.m.

Appendix 1

Questions without Notice

Name: Hon Ruth Forrest MLC

Questions:

With regard to occupancy of Intensive Care Unit (ICU) in Tasmania's three major hospitals:

1 What has the average weekly occupancy of each ICU at Royal Hobart Hospitals, Launceston General Hospital and North West Regional Hospital over the last three years?

Answered by: Hon Leonie Hiscutt MLC
Leader of Government in Legislative Council

Answers:

1 The weekly average (50th percentile) occupancy for the Royal Hobart Hospital Department of Critical Care Medicine (DCCM) is provided in the table below.

Royal Hobart Hospital
Department of Critical Care Medicine (DCCM)

Year Week	50 Percentile Daily Bed days	Year Week	50 Percentile Daily Bed days
2018/2019-05	13.13	2019/2020-30	15.20
2018/2019-06	13.20	2019/2020-31	18.35
2018/2019-07	15.79	2019/2020-32	17.71
2018/2019-08	17.92	2019/2020-33	16.40
2018/2019-09	16.29	2019/2020-34	14.07
2018/2019-10	15.86	2019/2020-35	18.04
2018/2019-11	16.02	2019/2020-36	15.49
2018/2019-12	16.85	2019/2020-37	13.99
2018/2019-13	15.44	2019/2020-38	11.56
2018/2019-14	14.80	2019/2020-39	10.83
2018/2019-15	17.50	2019/2020-40	13.47
2018/2019-16	15.89	2019/2020-41	11.23
2018/2019-17	15.90	2019/2020-42	8.85
2018/2019-18	15.97	2019/2020-43	7.62

2018/2019-19	17.32
2018/2019-20	15.97
2018/2019-21	15.94
2018/2019-22	17.50
2018/2019-23	17.50
2018/2019-24	16.44
2018/2019-25	15.82
2018/2019-26	10.45
2018/2019-27	15.25
2018/2019-28	15.88
2018/2019-29	13.80
2018/2019-30	12.04
2018/2019-31	13.70
2018/2019-32	15.23
2018/2019-33	19.22
2018/2019-34	18.66
2018/2019-35	19.37
2018/2019-36	20.07
2018/2019-37	17.71
2018/2019-38	15.90
2018/2019-39	18.34
2018/2019-40	16.47
2018/2019-41	15.27
2018/2019-42	16.33
2018/2019-43	17.52
2018/2019-44	17.77
2018/2019-45	17.19
2018/2019-46	16.75
2018/2019-47	17.31
2018/2019-48	18.23
2018/2019-49	16.19
2018/2019-50	14.82
2018/2019-51	16.82
2018/2019-52	19.43
2018/2019-53	18.21
2019/2020-05	16.95
2019/2020-06	16.82
2019/2020-07	14.79
2019/2020-08	18.08
2019/2020-09	13.86
2019/2020-10	17.02
2019/2020-11	16.20
2019/2020-12	16.05
2019/2020-13	14.27
2019/2020-14	16.31
2019/2020-15	15.85

2019/2020-44	10.26
2019/2020-45	11.78
2019/2020-46	12.86
2019/2020-47	15.48
2019/2020-48	15.21
2019/2020-49	15.42
2019/2020-50	15.38
2019/2020-51	15.64
2019/2020-52	16.46
2019/2020-53	17.36
2020/2021-05	14.43
2020/2021-06	13.01
2020/2021-07	11.95
2020/2021-08	10.51
2020/2021-09	13.60
2020/2021-10	16.71
2020/2021-11	17.71
2020/2021-12	16.22
2020/2021-13	14.07
2020/2021-14	11.75
2020/2021-15	15.55
2020/2021-16	15.73
2020/2021-17	14.13
2020/2021-18	15.90
2020/2021-19	15.38
2020/2021-20	15.29
2020/2021-21	14.40
2020/2021-22	15.63
2020/2021-23	15.12
2020/2021-24	14.16
2020/2021-25	12.67
2020/2021-26	11.91
2020/2021-27	15.23
2020/2021-28	14.78
2020/2021-29	15.35
2020/2021-30	13.47
2020/2021-31	16.14
2020/2021-32	15.77
2020/2021-33	14.68
2020/2021-34	14.78
2020/2021-35	15.38
2020/2021-36	17.30
2020/2021-37	15.55
2020/2021-38	15.68
2020/2021-39	14.05
2020/2021-40	12.51

2019/2020-16	18.05	2020/2021-41	11.82
2019/2020-17	18.01	2020/2021-42	14.62
2019/2020-18	14.92	2020/2021-43	16.40
2019/2020-19	16.73	2020/2021-44	17.02
2019/2020-20	17.28	2020/2021-45	15.06
2019/2020-21	17.21	2020/2021-46	16.00
2019/2020-22	16.64	2020/2021-47	15.44
2019/2020-23	15.40	2020/2021-48	15.21
2019/2020-24	17.69	2020/2021-49	8.63
2019/2020-25	18.07	2020/2021-50	10.80
2019/2020-26	14.24	2020/2021-51	10.75
2019/2020-27	14.87	2020/2021-52	12.30
2019/2020-28	13.06	2020/2021-53	14.57
2019/2020-29	13.02		

The table below outlines the weekly average (50th percentile) occupancy for the Launceston General Hospital Intensive Care Unit.

Year Week	50 Percentile Daily Occupied Beds	Year Week	50 Percentile Daily Occupied Beds	Year Week	50 Percentile Daily Occupied Beds
2018/2019-01	10.07	2019/2020-01	8.29	2020/2021-01	8.67
2018/2019-02	9.00	2019/2020-02	8.90	2020/2021-02	8.01
2018/2019-03	8.32	2019/2020-03	8.76	2020/2021-03	7.29
2018/2019-04	7.83	2019/2020-04	9.44	2020/2021-04	6.78
2018/2019-05	7.59	2019/2020-05	9.17	2020/2021-05	6.99
2018/2019-06	8.11	2019/2020-06	8.60	2020/2021-06	7.44
2018/2019-07	7.85	2019/2020-07	9.50	2020/2021-07	8.91
2018/2019-08	7.32	2019/2020-08	8.09	2020/2021-08	8.45
2018/2019-09	8.49	2019/2020-09	9.41	2020/2021-09	8.86
2018/2019-10	8.25	2019/2020-10	9.93	2020/2021-10	7.75
2018/2019-11	7.14	2019/2020-11	9.66	2020/2021-11	6.19
2018/2019-12	7.93	2019/2020-12	9.17	2020/2021-12	7.90
2018/2019-13	8.47	2019/2020-13	8.47	2020/2021-13	7.92
2018/2019-14	7.45	2019/2020-14	8.82	2020/2021-14	8.23
2018/2019-15	8.22	2019/2020-15	8.83	2020/2021-15	8.37
2018/2019-16	9.06	2019/2020-16	8.55	2020/2021-16	7.78
2018/2019-17	8.95	2019/2020-17	8.01	2020/2021-17	7.30
2018/2019-18	8.57	2019/2020-18	7.39	2020/2021-18	7.49
2018/2019-19	8.38	2019/2020-19	8.46	2020/2021-19	7.73
2018/2019-20	8.33	2019/2020-20	9.30	2020/2021-20	7.08
2018/2019-21	8.36	2019/2020-21	8.52	2020/2021-21	8.67
2018/2019-22	8.00	2019/2020-22	7.78	2020/2021-22	6.42
2018/2019-23	7.40	2019/2020-23	5.54	2020/2021-23	7.39
2018/2019-24	8.31	2019/2020-24	8.19	2020/2021-24	7.45
2018/2019-25	8.23	2019/2020-25	7.15	2020/2021-25	9.36
2018/2019-26	7.49	2019/2020-26	7.62	2020/2021-26	10.53

2018/2019-27	7.67	2019/2020-27	6.41	2020/2021-27	6.73
2018/2019-28	5.61	2019/2020-28	7.73	2020/2021-28	7.68
2018/2019-29	7.22	2019/2020-29	5.47	2020/2021-29	8.61
2018/2019-30	7.35	2019/2020-30	7.84	2020/2021-30	9.70
2018/2019-31	7.97	2019/2020-31	6.51	2020/2021-31	9.01
2018/2019-32	7.85	2019/2020-32	8.02	2020/2021-32	8.54
2018/2019-33	8.10	2019/2020-33	8.07	2020/2021-33	7.18
2018/2019-34	8.22	2019/2020-34	9.63	2020/2021-34	10.01
2018/2019-35	7.45	2019/2020-35	6.74	2020/2021-35	9.42
2018/2019-36	7.81	2019/2020-36	7.21	2020/2021-36	8.42
2018/2019-37	8.81	2019/2020-37	7.64	2020/2021-37	8.19
2018/2019-38	8.72	2019/2020-38	7.79	2020/2021-38	6.41
2018/2019-39	8.61	2019/2020-39	7.60	2020/2021-39	6.56
2018/2019-40	8.37	2019/2020-40	4.62	2020/2021-40	7.53
2018/2019-41	9.45	2019/2020-41	4.10	2020/2021-41	8.16
2018/2019-42	7.59	2019/2020-42	7.65	2020/2021-42	7.76
2018/2019-43	8.01	2019/2020-43	6.83	2020/2021-43	6.38
2018/2019-44	8.77	2019/2020-44	7.01	2020/2021-44	7.88
2018/2019-45	8.13	2019/2020-45	9.18	2020/2021-45	7.74
2018/2019-46	7.49	2019/2020-46	8.43	2020/2021-46	8.15
2018/2019-47	8.18	2019/2020-47	8.70	2020/2021-47	8.18
2018/2019-48	9.89	2019/2020-48	7.38	2020/2021-48	8.07
2018/2019-49	8.84	2019/2020-49	6.17	2020/2021-49	7.66
2018/2019-50	9.03	2019/2020-50	8.64	2020/2021-50	9.13
2018/2019-51	7.75	2019/2020-51	8.61	2020/2021-51	8.50
2018/2019-52	9.17	2019/2020-52	9.20	2020/2021-52	6.89
2018/2019-53	10.91	2019/2020-53	9.21	2020/2021-53	6.20

The table below outlines the weekly average (50th percentile) for the North West Regional Hospital Intensive Care Unit.

Year Week	50 Percentile Daily Occupied Beds	Year Week	50 Percentile Daily Occupied Beds	Year Week	50 Percentile Daily Occupied Beds
2018/2019-01	4.88	2019/2020-01	5.23	2020/2021-01	5.43
2018/2019-02	4.54	2019/2020-02	4.83	2020/2021-02	5.00
2018/2019-03	3.25	2019/2020-03	4.70	2020/2021-03	4.80
2018/2019-04	2.97	2019/2020-04	4.98	2020/2021-04	3.45
2018/2019-05	3.60	2019/2020-05	5.55	2020/2021-05	4.19
2018/2019-06	5.76	2019/2020-06	4.36	2020/2021-06	5.38
2018/2019-07	5.25	2019/2020-07	4.19	2020/2021-07	4.64
2018/2019-08	4.00	2019/2020-08	2.64	2020/2021-08	4.33
2018/2019-09	5.30	2019/2020-09	2.05	2020/2021-09	4.50
2018/2019-10	5.25	2019/2020-10	4.72	2020/2021-10	6.00
2018/2019-11	4.70	2019/2020-11	4.00	2020/2021-11	4.44
2018/2019-12	4.26	2019/2020-12	5.57	2020/2021-12	5.02
2018/2019-13	5.03	2019/2020-13	4.75	2020/2021-13	5.74

2018/2019-14	3.14	2019/2020-14	3.34	2020/2021-14	4.72
2018/2019-15	3.91	2019/2020-15	3.63	2020/2021-15	4.40
2018/2019-16	5.85	2019/2020-16	4.38	2020/2021-16	5.43
2018/2019-17	5.27	2019/2020-17	4.50	2020/2021-17	4.83
2018/2019-18	4.11	2019/2020-18	5.00	2020/2021-18	4.44
2018/2019-19	5.68	2019/2020-19	2.65	2020/2021-19	4.63
2018/2019-20	4.77	2019/2020-20	3.35	2020/2021-20	5.23
2018/2019-21	5.54	2019/2020-21	4.18	2020/2021-21	5.64
2018/2019-22	4.95	2019/2020-22	3.89	2020/2021-22	5.63
2018/2019-23	4.26	2019/2020-23	3.80	2020/2021-23	4.46
2018/2019-24	3.98	2019/2020-24	5.34	2020/2021-24	3.95
2018/2019-25	3.86	2019/2020-25	3.55	2020/2021-25	3.28
2018/2019-26	4.00	2019/2020-26	3.89	2020/2021-26	4.37
2018/2019-27	4.30	2019/2020-27	4.39	2020/2021-27	4.18
2018/2019-28	4.99	2019/2020-28	5.30	2020/2021-28	4.00
2018/2019-29	4.34	2019/2020-29	4.68	2020/2021-29	4.94
2018/2019-30	4.00	2019/2020-30	3.38	2020/2021-30	3.61
2018/2019-31	3.03	2019/2020-31	5.42	2020/2021-31	4.36
2018/2019-32	5.01	2019/2020-32	3.44	2020/2021-32	4.02
2018/2019-33	4.70	2019/2020-33	3.97	2020/2021-33	2.56
2018/2019-34	5.56	2019/2020-34	3.58	2020/2021-34	3.97
2018/2019-35	4.61	2019/2020-35	4.25	2020/2021-35	5.46
2018/2019-36	3.49	2019/2020-36	5.33	2020/2021-36	4.82
2018/2019-37	2.79	2019/2020-37	3.65	2020/2021-37	4.69
2018/2019-38	4.85	2019/2020-38	2.49	2020/2021-38	3.66
2018/2019-39	5.54	2019/2020-39	1.00	2020/2021-39	4.70
2018/2019-40	4.46	2019/2020-40	1.00	2020/2021-40	4.44
2018/2019-41	3.99	2019/2020-41	1.00	2020/2021-41	5.01
2018/2019-42	3.90	2019/2020-45	0.43	2020/2021-42	4.53
2018/2019-43	4.67	2019/2020-46	1.00	2020/2021-43	3.71
2018/2019-44	4.72	2019/2020-47	2.49	2020/2021-44	5.24
2018/2019-45	6.19	2019/2020-48	3.77	2020/2021-45	2.72
2018/2019-46	5.72	2019/2020-49	4.20	2020/2021-46	4.09
2018/2019-47	4.10	2019/2020-50	5.30	2020/2021-47	5.71
2018/2019-48	3.70	2019/2020-51	4.21	2020/2021-48	4.97
2018/2019-49	3.35	2019/2020-52	5.56	2020/2021-49	5.22
2018/2019-50	4.27	2019/2020-53	4.92	2020/2021-50	5.35
2018/2019-51	3.81				
2018/2019-52	3.66				
2018/2019-53	4.25				

Note: there is no data provided between 2019-2020-41 to 45, due to the North West Regional Hospital being closed due to a COVID outbreak.

Note: The attached data comprises of all occupied beds in ICUs which includes both High Dependency(HDU) and Intensive Care (ICU) patients

Note: This information was sourced from the PCD Dashboard, Business Intelligence Unit data warehouse by the Clinical Financial and Analytical Unit (CFA) and provides data over the last three financial years, for overnight stays in intensive care.

Jeremy Rockliff MP
Minister for Health