



PARLIAMENT OF TASMANIA

TRANSCRIPT

LEGISLATIVE COUNCIL

ESTIMATES COMMITTEE B

Hon. Guy Barnett MP

Monday 23 September 2024

MEMBERS

Hon Rosemary Armitage MLC (Deputy Chair)

Hon Luke Edmunds MLC

Hon Mike Gaffney MLC

Hon Cassy O'Connor MLC

Hon Tania Rattray MLC (Chair)

Hon Meg Webb MLC

IN ATTENDANCE

Hon. GUY BARNETT MP

Attorney-General, Minister for Justice, Minister for Health, Mental Health and Wellbeing,
Minister for Veterans' Affairs

Kristy Bourne

Acting Secretary, Department of Justice

Colin Shepherd

Deputy Secretary, Strategy, Governance and Major Projects, Department of Justice

Penelope Ikedife

Registrar, Supreme Court, Department of Justice

Daryl Coates

Director of Public Prosecutions

Pauline van Adrichem

Deputy Secretary, Justice and Reform, Department of Justice

Julia Hickey

Acting CEO, Integrity Commission

Wayne Johnson

Director, Monetary Penalties Enforcement Service, Department of Justice

Richard Connock

Ombudsman

Melissa Gray

Deputy Secretary Policy and Reform, Department of Premier and Cabinet

Rebecca Pinto

Executive Director Community Partnerships and Priorities, Department of Premier and Cabinet

Dale Webster

Acting Secretary, Department of Health

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The Committee met at 8.58 am.

CHAIR (Ms Rattray) - We will commence the broadcast. In doing so, I sincerely welcome everyone to the first day of budget Estimates for this financial year.

I will introduce the members of Committee Estimates B at the table. To my right, the honourable Meg Webb, the honourable Rosemary Armitage, I am Tania Rattray, we have the honourable Luke Edmunds, and we have the honourable Cassy O'Connor. We also have secretariat support of Julie and Craig. We have Gaye from Hansard. We have an apology from the honourable member for Mersey, Mr Gaffney, who is unable to be with us today but will catch up with us with us later in the week.

This is our team at the table, Attorney-General. We will invite you to introduce who you have. As I have indicated prior to commencing the broadcast we will invite you to provide a brief overview and there may well be a few short questions around that overview. We will launch into line items, and we start with Supreme Court Services, so whoever has that responsibility can get themselves prepared. Thank you, Attorney-General.

Mr BARNETT - Thanks very much, Chair, and I thank the members of the committee for the opportunity to commence today, and I am looking forward to that. On my left is Kristy Bourne, my acting secretary, and on my right is Pauline Van Adrichem, the Deputy Secretary Justice and Reform. I do have other representatives from my department, and we'll bring those to the table as and when required, as thought appropriate by me and the committee.

CHAIR - And you'll introduce them at that time.

Mr BARNETT - I will.

CHAIR - And their title and area of responsibility.

Mr BARNETT - That's it.

CHAIR - Thank you.

Mr BARNETT - Thanks so much, Chair. With a short opening statement in terms of the Justice portfolio, the Budget contains additional funding for the Department of Justice, much of which is focused on progressing the department's response to the Commission of Inquiry. Costs of the department, \$42.8 million has been allocated to a wide range of important initiatives for my portfolio of Attorney-General and Justice, recognising that the justice system is a critically important institution in our thriving democracy. This includes the Just Healthy Families program, which has been expanded with an additional \$1.2 million over four years to provide easier access to legal advice for those impacted by family violence. Tasmanian Legal Aid will receive \$1.4 million in additional funding to establish dedicated resources to provide legal advice and services to Tasmanians who are impacted by child sexual abuse, and we recognise there has been an increase in demand for services delivered by the victim support services, particularly as a result of the government's various initiatives to address family and sexual violence. That is why we are increasing resources with \$2.8 million over four years being made available for the victims of crime counselling service.

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We are also increasing the resources with an additional \$1.2 million over four years to administer our victims of crime assistance scheme and enable the engagement of additional sessional commissioners to make compensation decisions. We know the Commission of Inquiry has been very important and we have provided, in terms of those support services, additional funding. \$1.4 million over four years to continue the rollout of the audio-visual communications equipment in the Supreme and Magistrates' Courts of Tasmania, particularly in regional areas. \$4.2 million for the office of the independent regulator, \$700,000 over four years for the office of the ombudsman to speed up the right to information, investigation, review, and education processes. \$9.6 million over four years for the Office of the Director of Public Prosecutions to increase capacity to respond to the COI recommendations. \$800,000 over four years for the Integrity Commission to improve their ability to actively monitor and oversee notifications and investigations conducted by public authorities. And \$4.8 million over four years to enable the state litigation office to respond to increasingly complicated matters.

The budget also delivers additional targeted funding of \$500,000 for our Magistrates' Court to assist them in the court backlog cases and ensure they can manage the ongoing case complexity. The funding provided across the Attorney - General and Justice portfolios further evidence of the government's commitment to ensuring the efficient and effective operation of our justice system. The range of initiatives I have outlined here will enable the department to progress a range of reforms which address the recommendations of the commission of inquiry, and ensure that all Tasmanians, particularly our most vulnerable, have access to justice. Thanks very much, Chair. I will leave it there and perhaps open up for questions through you, Chair.

CHAIR - Thank you. Overview questions. Ms Webb.

Ms WEBB - Yes. If I mention the topic and it fits best in a line item, could you identify that so we can just leave it until then, if that's possible?

Mr BARNETT - For sure.

Ms WEBB - I have one that relates to commission of inquiry records and the State Archivist.

Mr BARNETT - Yes.

Ms WEBB - Does that belong in a line item somewhere?

Mr BARNETT - That would be - I'll just do a quick check on that. Well, we could take it in either overview now, or we could take it in the commission of inquiry line item, which is later in the procedures.

Ms WEBB - Which relates to line item -

Mr BARNETT - I'll just check.

Ms WEBB - There isn't a specific -

CHAIR - There isn't a specific -

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Ms WEBB - I know that my further questions are going to relate to a range of commission of inquiry things and where they best fit because there isn't a line item.

Mr BARNETT - Yes. We've got the Child Abuse Royal Commission Response Unit, or we can deal with it now. Whichever you would prefer. We're very flexible.

Ms WEBB - So that Child Abuse Royal Commission Response Unit line isn't just royal commission; it's also commission of inquiry.

Mr BARNETT - We're flexible. We really don't mind.

Ms WEBB - Okay. We can leave it until then, if you like. That's fine. So that's 1.12. Another one, justices of the peace and professional development issues. Is there a line item for those?

Mr BARNETT - Good question. I'll just take advice on that. There's no specific line item for that one, so -

Ms WEBB - Okay. I'll just quickly ask - it should be a quick one, so let's ask it now.

Mr BARNETT - Yes, no problem.

CHAIR - We'll put that in overview.

Mr BARNETT - No problem.

Ms WEBB - Thank you, Chair. I'm interested to hear a little bit about the resourcing of Tasmania's justices of the peace, JPs, and I note that the deputy secretary, strategy, governance, and major projects is responsible for overall oversight of JP and the administration of JPs. What's the annual resourcing allocated for the administration and support of JPs? That's the first of my questions.

Mr BARNETT - Thank you for the question. I will take advice from my secretary. We'll come back to you as soon as possible during the day.

Ms WEBB - Thank you. I've got a few other questions that would follow on from that.

Mr BARNETT - Yes.

Ms WEBB - I might just mention them now, and then the people preparing answers for you might be able to cover those as well.

Mr BARNETT - Thank you.

Ms WEBB - I am interested about any statutory responsibilities or other responsibilities that JPs must comply with. For example, the Justice of the Peace Code of Conduct Regulations 2019, as I'm aware of, and also what training and professional development opportunities are provided for either current registered JPs or those seeking to apply for the first time. Is there a resource allocation for the purpose of training and professional development of JPs? I'm aware of a course in Queensland offered via TAFE Queensland, which is called a Course in

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Community Justice Services (Justice of the Peace). Do we offer or intend to offer something similar here? That was the extent of my questions.

Mr BARNETT - Thanks so much for the question. Very resilient group of people. If we could bring our deputy secretary, Colin Shepherd, strategy, governance, and major projects to the table, Chair.

Ms WEBB - We're going to answers now. Okay.

CHAIR - Are these the answers? Come along, Colin. That's if you can fight your way through Kristy's mile of books there and use those lovely microphones because they really help.

Mr SHEPHERD - So through you, Attorney-General. So, we have training program that is required for all JPs to undertake before they can be approved to take on that role. So that's something that is organised through the department. As I said, all JPs have to do that training before they can be qualified. In terms of resources, we've got a small team of three staff. One is dedicated to JPs, and another manager who looks after that, as well as myself.

Ms WEBB - Thank you. What are the details around the annual resources allocation and any specific resourcing for professional development, is there some detail we can follow up on after? And so apart from the initial training, is there anything that's expected in terms of further professional development?

Mr SHEPHERD - Through you, Attorney-General. At the moment, there is not. We are looking at opportunities into the future. We have been in discussion with the JP associations, but at the moment, once they have concluded their initial training, there's nothing further that we offer.

Ms WEBB - Thank you. I appreciate that.

CHAIR - Can I head to another member?

Ms WEBB - Yes, please.

CHAIR - So the honourable member for Hobart, in overview.

Ms O'CONNOR - Thank you, Chair. In overview.

CHAIR - Please don't wander into other areas.

Ms O'CONNOR - No, Attorney-General, there are outputs which relate to this question, but they're separate outputs. I want to ask you a holistic question about funding for integrity and oversight bodies in this budget. As we know the Integrity Commission faces an efficiency dividend. They're the lowest funded integrity by a long margin in the country. In fact, Chief Commissioner Greg Mellick has said it will be, and I quote, 'On our current budget, we cannot provide the level of investigation or oversight the report recommends'. The Ombudsman, who is also responsible for the National Preventative Mechanism has issued a similar statement, and in fact the NPM can't perform their statutory function on the funding you've allocated. Did you push during budget negotiations for the integrity and oversight bodies within your portfolios to

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have adequate funding? Did you explain to your colleagues that they would not be able to effectively perform their statutory responsibilities if they weren't provided with more funds?

Mr BARNETT - Through you, Chair, thank you very much for the question. First of all, I want to say I value the Integrity Commission and their important role as does the government. It's very important that they have the ability to undertake that role. We take it very -

Ms O'CONNOR - They don't on their current funding.

CHAIR - We will let the Attorney-General answer.

Mr BARNETT - So I take this matter very seriously. We actually have increased funding to the Integrity Commission; \$200,000 a year over the next four years to support the commission of inquiry to implement its oversight and compliance program to actively monitor and oversee notifications and investigations conducted by public authorities. I draw that to your attention.

CHAIR - We don't want to wander too much into this because this is later on down our list.

Mr BARNETT - Sure. It was part of the question through you, Chair, related to the efficiency dividends which I'd like to respond to the member.

Ms O'CONNOR - For both the Integrity Commissioner and the Ombudsman. Hobbling them.

Mr BARNETT - I'm responding to the question on the efficiency dividend with respect to the Integrity Commission, which was a question I heard, and I'd like to put it on the record if that's okay. As I have previously advised the House, the Integrity Commission is subject to efficiency dividends and has been allocated an annual budget efficiency dividend of \$20,000 in the 2024-25 year. The number is less than indexation. It is so small it actually is not even captured in the budget. I draw that to your attention. Having said that we do take it very seriously and it's a very important organisation, and with respect to our independent oversight entities across government, more than happy to deal with those in the various outputs but we do consider them all very seriously and important.

Ms O'CONNOR - Not seriously enough to fund them adequately, minister, with respect.

CHAIR - Thank you. Unless you have another oversight question, and then we are going to head into Supreme Court Services.

Ms WEBB - I have another oversight question, if I may. This relates broadly to the department and how we are tracking with RTI. I have a series of questions relating to that. The first one is, could you provide the average turnaround time from seeking information to determination for all departmental RTI requests for the 2023-24 financial year. So, the previous financial year, and how that compares to the one before that. I'm then also interested to hear about detail for the 2023-24 financial year on the number of RTI applications that were received and from that which ones were determined or how many were determined in full, partially or refused, and the number of days taken for each. These might be more readily taken on notice, I appreciate, so I'm just -

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Mr BARNETT - We're keen to answer the questions, if at all possible, through you, Chair, if you just pause and allow us to. We've got two questions so far.

Ms WEBB - They're fairly data-heavy ones so they might be ones that need to be considered.

Mr BARNETT - They are, and I would like to kick it off and then I'll pass to my acting secretary, if that's okay. But certainly, as a government we do take this very seriously, the right to information, and we certainly, as a government, commit to openness and transparency.

Ms O'CONNOR - Not under your record, you don't.

Mr BARNETT - Will I continue, Chair?

CHAIR - You will continue, and we will allow the Attorney-General and those that he indicates to answer the question without continual interjection. Thank you.

Mr BARNETT - Having said that, Chair, I'll pass to my acting secretary to respond to the question.

Ms BOURNE - Thank you, Attorney-General, through you. In the financial year 2023-24 the department received 267 applications under the RTI Act and determined 256 applications. So, this is a decrease on 2022-23 when the department received 323 applications, and 277 applications were determined. In that 2023-24 financial year, 202 of the 256 applications determined by the department were dealt within within the 20-day statutory timeframe. A further 15 applications involved an extension negotiated with the applicant and three involved consultations with third parties. We do have numbers from the 2019-20-year breakdown of applications received, determined and provided in full if you wanted me to go back? We've got them from 2019-20.

Ms WEBB - I'm happy for that to be provided in a table form to us rather than read out and to take too much time here. I am interested in those numbers through to the 2023-24 financial year. Can we have a table form later?

Mr BARNETT - We can provide that for you. We can absolutely do that for you, Chair. No problem.

CHAIR - Thank you.

Ms WEBB - To follow on from those questions around RTI, I'm interested if there are any projected changes in staffing and funding resources allocated for this 2024-25 financial year compared to what's been provided in previous financial years within the department.

Ms BOURNE - Attorney-General, through you, no anticipated change but as Mr Shepherd indicated before, within the office of the secretary we have a dedicated team. One of those positions is assigned to managing the RTI process with another staff member under them and an additional staff member that focuses predominantly on management of our justices of the peace. No anticipated changes to that structure but always maintaining, I guess, a view over the workload of that team particularly as we see the complexity of RTIs increase but also

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the volume of them as well. But it's something we're certainly managing within the office of the secretary.

Ms WEBB - Is there a policy that relates to the publication onto the department's website of the RTI information that's been requested, assessed and released? I'm just interested if there's a policy behind that that states what is put on the website and the timeframes that it needs to go up; whether there's a structure to that?

Mr BARNETT - Thank you for the question. I think it's best if the acting secretary responds to that question. Obviously across government through DPAC there's a routine disclosure -

Ms WEBB - It's just there's an inconsistency across departments in terms of how things are treated as being presented on the website. Timeliness and what is put up or not put up. So I'm interested from each department to hear about any internal policy that might be there that's followed.

Mr BARNETT - Thank you for the question.

Ms BOURNE - Attorney-General, through you, we certainly have internal policies where we try to meet both our statutory timeframes but also in the best interests of disclosing or publishing information as quickly as possible. Certainly, our website has recently gone through a refresh to try and make that information more accessible, but we do have an RTI policy.

Ms WEBB - Is that something you could share with the committee, and maybe table it for us a little later?

Ms BOURNE - Through you, Attorney-General, we can certainly take it on notice and attempt to share with the committee the information that we have that guides both our internal RTI process and how we communicate that process to members of the public.

CHAIR - Thank you. We'll make a note of that. Is it possible to move on to our line items?

Mr BARNETT - Sorry, Chair, we do have an answer to the earlier question from the acting secretary, if that's all right.

CHAIR - Thank you. Technology is amazing, isn't it.

Ms BOURNE - It is amazing and wonderful people who are listening intently. Thanks, Chair. Through you, Attorney-General, there's no specific budget allocated to justice of the peace associations, but the department does reimburse reasonable expenses as required. In the 2023-24 financial year we paid, through a grants process, \$14,000 to the three justice of the peace associations across the state. I should note, in addition to Mr Shepherd's comments around the training, the department provides our justices of the peace work very closely with our courts. Just last week, for example, the Supreme Court provided justice of the peace training in relation to probate documents in particular, which are obviously a niche area that our JPs do an enormous amount of work on to support the signing centre that they run through the Supreme Court registry.

CHAIR - Thank you. Now we'll launch into the line items. We start with 1.1, which is Supreme Court Services. I invite Ms Armitage to ask the first few questions.

1.1 Supreme Court Services

Ms ARMITAGE - Thank you, Chair. Attorney-General, as in previous years, the former - or the chief justice, the Honourable Alan Blow, says the court's greatest challenge remain the backlog of first instance criminal cases. In the reporting year - that was obviously last year - the clearance rate decreased from 115.8 to 90.4 per cent. Can you advise how many people are currently held without bail awaiting trial? What is the longest time that someone has been held without having been found guilty and without bail?

Mr BARNETT - Thanks very much for the question. I know it's in several parts, and it's a very important matter.

I appreciate that Tasmanians have access to an efficient, effective criminal and civil justice system which enables court proceedings to be finalised in a timely manner. Government has implanted a range of strategies in order to assist the court to overcome the backlog in criminal cases in particular, including the expansion of the associate judge responsibilities to include criminal as well as civil matters. This complements other reforms, including the appointment of the seventh judge in 2021 and a range of legislative changes aimed at reducing the backlog in the Supreme Court.

Our 2030 Strong Plan includes support for the Supreme and Magistrates' Courts to review their case management and listing procedures to ensure the efficient use of court resources. It'll also include the introduction of legislation to mandate pre-trial conferences to identify and resolve any legal arguments, and these measures will streamline the conduct of criminal trials by reducing unanticipated legal arguments. The government continues to work closely with the courts to continue to identify strategies to reduce the backlog. With respect to the other two parts of your question I'll pass to the acting secretary. Thank you, Chair.

Ms BOURNE - Attorney-General, through you, as at 20 September 24, there are 130 remandees being held on remand who are not concurrently serving a sentence of imprisonment and whose current episode of remand included one or more orders from the Supreme Court. The median length of time on remand for the 130 remandees was 92 days. The mean length of time on remand for the 130 prisoners was 188 days and the longest time on remand among these remandees is 1407 days. The accused remanded for the longest period was charged with one count of murder, and I understand sentencing submissions have been adjourned until October 2024.

Ms ARMITAGE - Thank you for that. Continuing along a similar line, I noticed in *The Examiner* newspaper, I think it was only last week, a 31-year-old woman who's had to appear in court for nearly three years had her case dismissed in the Supreme Court. Can you tell me - and I'm not asking about the individual case - but when this happens, the general reasons for dismissal? Is it that, basically, over the length of time that they've been held, witnesses have gone? Is it the prosecution is not ready, there's no court time available, or lack of judiciary? That at the end a case gets dismissed because, as I said, by the end of it either the evidence, the witnesses aren't there or something else happens? What is the general thing with something

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like this when cases are dismissed over a period of time or how many? What percentage would you have dismissed? Mainly they've waited so long and there are no longer witnesses.

Mr BARNETT - Thank you very much. It's a very important question, and in terms of the answer it's multifaceted. The Director of Public Prosecutions, I think, is at least relevant -

Ms ARMITAGE - More over it.

Mr BARNETT - So perhaps we could hold that for then.

Ms ARMITAGE - Yes.

Mr BARNETT - But the other thought to assist the committee: I do have the Registrar of the Supreme Court here if you'd like to hear from the registrar on that matter.

Ms ARMITAGE - That'd be great, thank you. Yes.

Mr BARNETT - Not specifically on the matter; on the matter more generally.

CHAIR - Whichever end you'd like to take a seat.

Mr BARNETT - Yes. I introduce Penny Ikedife, the Registrar of the Supreme Court.

Ms IKEDIFE - Thank you, minister.

Mr BARNETT - Thank you very much, Penny, for being here. Can you assist the member?

CHAIR - Do you hear the question?

Ms IKEDIFE - I did.

CHAIR - Do you need it repeated?

Ms IKEDIFE - No, that's fine. Thank you. Quite frequently the reasons behind a case being dismissed are within the understanding of the Director of Public Prosecution. But the reasons which have been raised as potential reasons for a case to be dismissed are certainly ones that in various cases might be standing behind that decision. It may also be that alternative charges are laid and the matter is determined, say, in the Magistrates' Court rather than the Supreme Court.

Ms ARMITAGE - Thank you. I'll just have one last question so that others can share the questions. How many people opted for judge-only trials in the Supreme Court in probably the last financial year?

Mr BARNETT - Let's see if we can assist the member with that answer. We've got the registrar with us. Penny, I don't know if you can assist on that one.

Ms IKEDIFE - Yes, through you, Attorney-General, in the 2023-24 financial year there were two cases where judge-alone trials were granted but have not yet been heard. One has

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been listed for trial; the other has not yet progressed that far. In the current financial year, the 2024-25 financial year, a further grant for a judge-alone trial was made, but that matter has now been discharged.

CHAIR - All right. As a follow-on question - is that as many as was expected, or is that what was always expected with a judge-only trial? It's less than what I would have thought, but I have no background.

Mr BARNETT - Chair, I'll just see if Penny would like to respond.

Ms IKEDIFE - Through you, Attorney-General, I'm not sure that there was necessarily any solid expectation. Other jurisdictions have a judge-alone trial rate of about 10 per cent, so that might have been the expectation in this, perhaps approximately.

CHAIR - It'd be a point-something per cent.

Ms IKEDIFE - Yes.

CHAIR - Yes. It's not a lot, no. Do you expect it to become more or is it that this will be the rate?

Ms IKEDIFE - I don't think there's any expectation that it will shift radically.

CHAIR - Okay. Thank you.

Ms O'CONNOR - Attorney-General, as you know, justice delayed is justice denied. Would you agree that, broadly speaking, the Supreme Court of Tasmania suffers from a structure, organisation and legislation which is no longer fit for purpose? People are waiting three, four and five years for a hearing. We know from the annual report that there are extreme delays in the court. It's slow, expensive for litigants, cumbersome. It's got these archaic rules. Critically, there's no capacity for the Chief Justice to case manage, which embeds that process of delaying justice. Do you agree that court reform is required?

Mr BARNETT - Thank you very much for the question, and you've made some very good points. As I indicated in my opening remarks, it's a concern to the government and I know it's a concern to the Supreme Court. Indeed, an efficient and effective justice system is important for the Magistrates' Court and across TASCAT as well, which is probably one of the best reforms in the justice system in the last decade, which was established three years ago under our government. Yes, I think you've made some very good points.

I've outlined some of the reforms that have taken place, including the broadening the jurisdiction of the Associate Supreme Court judge, the appointment of an acting judge, of course, and the appointment of a seventh judge some years ago in 2021. We've undertaken some legislative reforms already, but there's more to be done in this space. I'm looking forward to working not just with my department but also the courts and also the relevant stakeholders to work together.

I've hosted, since I've been Attorney-General, a number of justice forums, which is - all the key people in the justice system. So, the Chief Justice, Supreme Court, Magistrates' Court,

DPP, of course, my Acting Secretary who chairs, and I have convened those meetings. They have been incredibly productive and useful.

More recently we have been focusing on the Justice Commission legislation which has recently been tabled in the Parliament, but it is my vision for that forum to be looking at other challenges and opportunities in the justice system to work together to see what we can do to address those challenges and what and how we can seize the opportunity to make reform to improve the justice system.

Ms O'CONNOR - Thank you, Minister. One group of people who are particularly disadvantaged by a slow and cumbersome Supreme Court system is victim survivors and their families. Do you agree there is a need for urgency here in terms of making sure that our justice system is simpler, cheaper, fairer, trauma-informed?

Mr BARNETT - Yes, thank you very much. I would agree that at all times we should be focusing on a more efficient and effective and timely justice system to address the needs, obviously, for all Tasmanians, including our victim survivors, and we take that very seriously with out response to the commission of inquiry report and recommendations and a commitment to the 191 recommendations.

I think I shared in my opening remarks the importance of the legislative reforms in terms of improving case management. I see that as important to get ahead of the game, to deal with some of the concerns before it actually gets into the court process, so that you have pre-case mediation opportunities and to avoid those, you know, what could be described as an untimely consideration of these matters.

Ms O'CONNOR - Thank you, minister. I mean, in one instance I know of a victim survivor who is still waiting five or six years after charges were laid against her abuser. I acknowledge that you understand the extent of the problem. Your government is in the process now of recruiting for a new Chief Justice. This new Chief Justice will have to deal with this cumbersome Supreme Court system that is not fit for purpose. Did you want to update the Committee on your recruitment process for a new Chief Justice?

Mr BARNETT - Yes, I can do that, and thank you very much. Expressions of interest were made available I think some months ago, or a little bit less, and likewise recruitment entity to identify possible Chief Justice and/or puisne judge. We are going through that process: we have identified a panel, and the panel has been established under the leadership of my Acting Secretary.

Obviously that process is progressing in the usual way, and I am very pleased with the level of interest that has been demonstrated and expressed, and the Acting Secretary perhaps can add to that, but it is progressing positively in an appropriate way. Obviously the Chief Justice, if I can pay a tribute to Alan Blow.

CHAIR - I was going to do that, but you've beat me to it.

Mr BARNETT - Well, thank you very much.

CHAIR - If you do yours first?

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Mr BARNETT - Well, I have done this publicly and privately with Chief Justice Alan Blow, who has taken a very strong leadership role and has demonstrated his incredible acumen as a jurist and for and on behalf of the Supreme Court and Tasmanian justice system. I recently hosted the High Court judges and they were very complimentary as well of Justice Alan Blow. So, we had the High Court Chief Justice Stephen Gageler who was here.

He spoke in the Parliament and it was a real honour to host them. Because it has been since, I think, 2016 since they have been in Tasmania. So, it is 200 years of the Supreme Court this year, and it is absolutely a wonderful testament of the separation of powers, which I am very strong on, a strong independent justice system, and I think people that know me know that to be true, and we need to preserve, protect and promote the benefits of our justice system and this is obviously another opportunity to do that through the appointment process. As I alluded to, in answer to the honourable member, working through the justice forum to address the challenges and opportunities that we have in Tasmania to take on further reform, to make further improvements to our justice system.

Ms O'CONNOR - Just I need timeframe, if you don't mind, Chair, on when the Chief Justice is expected to be in place, and you have some very reassuring noises about reform of the Supreme Court. Do you foresee yourself sitting down when the Chief Justice is in place and talking about court reform?

Mr BARNETT - It's an agenda item for me every day of the week with my department. There're the key stakeholders, obviously I work positively and collaboratively with both the Supreme Court and the Magistrates' Courts and I hope that is recognised. I see that as very important. I take it very seriously. In terms of the timeframe, if I can just draw to your attention that the Chief Justice is due to retire -

CHAIR - Retire in December.

Mr BARNETT - In December, early December, so we are on track to certainly ensure that there is leadership of the Court going forward, noting early December when the Chief Justice steps down, for which we will all be very grateful and I will have more to say at the time. But it is important that we have an ongoing leadership position in place going forward. Of course, Christmas time is a bit of a lull for the justice system, the Supreme Court and the Magistrates' Court, but we will be making further announcements in due course once we go through an appropriate process.

CHAIR - Thank you, Attorney-General, and that was a very appropriate acknowledgement. But on behalf of this Committee and the Legislative Council, we would also like to acknowledge the retirement of the Chief Justice, Alan Blow AO. And I have seen him from time to time, as we walk through the carpark at Parliament, and he is always kind enough to stop and have a chat, and I certainly hope that he still does that if he is wandering around the streets of Hobart after he retires. We wish him the very best of retirements, health and whatever he chooses to do in the future. But he certainly has provided a wonderful commitment and service to the people of Tasmania in and through the justice system.

Mr BARNETT - I concur entirely with that, Chair, thank you for that. And just to underline the importance of the process, we need to go through a process: there is a panel, powerful, important, credentialed panellists, and they will provide advice and feedback in the

usual way and then there has to be consultation in the usual way, we will follow those protocols, so we have got to get that right, and we will have more to say in due course.

CHAIR - Thank you. Mr Lardner.

Ms WEBB - Thank you.

CHAIR - And I will come back to Ms Armitage.

Ms WEBB - Picking up on - you mentioned earlier, Attorney-General, the Judicial Commission Bill that is being considered by Parliament, and imagining that a bill or something similar is passed through Parliament in relation to that matter, is there funding and resourcing provided for in this budget to establish the judicial commission if they just waited?

Mr BARNETT - Yes. So just to confirm as per the legislation, to indicate to yourself and honourable members, the staffing of the Judicial Commission is reserved by law, so there will be funding for the Judicial Commission subject to it making it through the Parliament as appropriate.

Ms WEBB - So would we understand that then to be additional to what is here in the Supreme Court, say, line item? That it is not within this figure; will it be additional on top of that?

Mr BARNETT - Yes, correct. It is reserved by law.

Ms WEBB - Okay, thank you.

Mr BARNETT - So the costs for that staff will be paid in the usual way as we do for our courts.

CHAIR - Ms Armitage.

Ms ARMITAGE - Thank you, Chair. I notice Attorney-General, in the budget books, that it states 'the Court continues to aim to achieve the national target of no more than 10 per cent of pending cases being older than 12 months'. I also note there was a total of 743 non-appeal matters pending as at 30 June, of which 130, 17.5 per cent, were between 12 months and 24 months.

So, Attorney-General, as no other Australian jurisdiction has achieved this 10 per cent target, do you actually assert that this is a realistic goal for Tasmania? Do you anticipate that this figure could be reached in the coming years? And my final question, just on this, what would assist the Supreme Court in meeting this figure?

Mr BARNETT - Yes, thanks very much for the question. It's a little bit operational there, so I will pass to the Acting Secretary and/or the -

Ms ARMITAGE - Or the Registrar.

Mr BARNETT - Registrar of the Supreme Court.

Ms IKEDIFE - Thank you. Through you, minister.

CHAIR - Page 147 of the budget papers. Am I on the right page?

Ms ARMITAGE - Yes. Well, 150 to do with the comment. But you're right, 147, in that area.

Ms IKEDIFE - Yes. So the target for the Supreme Court criminal jurisdiction pending cases over 12 months for the 2024-25 year is 40 per cent. This year, the figure that was reached was 39.8 per cent for the 2023-24 year.

Ms ARMITAGE - Right. Well, my question, just looking at the comments on the bottom of page 150 where 130 or 17.5 per cent were between 12 months and 24 months. So what would assist the Supreme Court in actually achieving the 10 per cent figure? It is commented that the court continue to aim to achieve the national target of no more than 10 per cent. So I'm just wondering what can actually be done. Obviously, we're nowhere near meeting it. We keep putting up the comment.

Mr BARNETT - Thank you for the question. I'll -

Ms ARMITAGE - But how are we going to get there I guess is what my question is.

Mr BARNETT - Yes. No, thank you for the question. I'll just pass to Kristy or Penny.

Ms ARMITAGE - Thank you.

Ms BOURNE - Thank you, Attorney-General, through you. I think limited times to any Australian jurisdiction also achieved that 10 per cent target in relation to cases between 12 and 24 months old. And historically, the Supreme Court hasn't met that target. I think some of the Attorney-General's comments earlier about the strategies that the Supreme Court has in place to try and manage the way it manages its lists and the case management aspect of the court's business, particularly in relation to the new associate judge and the expansion of the associate justices jurisdiction around the case management of criminal matters in particular. It is hoped that the combination of those pieces of reform, both legislative and process driven by the Chief Justice, will assist to improve the management of the throughput of work through the courts. But it is true that that 10 per cent target has historically been very, very difficult to achieve.

Ms ARMITAGE - I just have one last question before sharing. You'll tell me, Attorney-General, if you think this doesn't fit. The Budget states that one of the factors that influences the criminal case backlog is the availability of counsel from the DPP and from Legal Aid and the private legal profession. So do you believe there's a shortage of lawyers in Tasmania and are there enough graduates entering the profession for within the state and elsewhere? If there's not, what should we be actually doing and what do you consider we should do to try and encourage more lawyers to practise criminal law obviously in Tasmania?

Mr BARNETT - Firstly, much of what you said is correct. It is very challenging in Tasmania and in our justice system, and that's why as a government we have provided an extra \$9.6 million for the Director of Public Prosecutions to do his important work. And that's acknowledged, I think, when you meet with the DPP today, he'll express his views accordingly. But in addition to that, there is absolutely a shortage in parts of Tasmania and particularly in

terms of criminal matters. I want to pay a tribute to Tasmania Legal Aid for what they do, thank their many members of their staff but also those that donate and support on a pro bono basis the lawyers in our justice system who do that, and I want to acknowledge them today.

We also, as the department, have a range of initiatives in place, which I'll ask the Acting Secretary to speak to, which encourages more graduates to work in the justice system and in the Department of Justice and then build that capacity for them to then serve in the private sector as well. So I will pass to the Acting Secretary. I think you've raised some very important concerns. That's why we have a range of initiatives in place to address those concerns. It is a big challenge, and it's something again that I'll be raising with the justice forum that I meet with regularly to get their thoughts and views on how we can best address those concerns.

CHAIR - I spend my entire day looking at my watch and the clock around this place. If that's something that we could have tabled, that list of initiatives, that would be wonderful, unless there's something -

Mr BARNETT - It's a very, I think, short summary if you wanted to share that quickly with the Chair and the committee.

Ms BOURNE - Thanks, Attorney-General, through you. Chair, yes, time is running away. So just to, I think, reiterate what the Attorney-General has said. So recent ABS data demonstrates that we have, in Tasmania, the lowest percentage of law graduates with a practising certificate nationally. I think in 2023-24, we only had 16 firms and seven barristers statewide who did 50 per cent or more of criminal work. So Legal Aid, as the Attorney-General has noted, is particularly or acutely aware of this shortage, and they're doing some work themselves to attract legal practitioners.

But the department more recently has this year commenced its inaugural law graduate or legal graduate program, so we currently have 12 legal graduates who were recently admitted to practise who are also undertaking their legal practise course training, and they finish with us early next year. It's something we want to continue to do on a yearly basis so that we can, as an agency with all of our areas including the Crown, develop and grow our own legal professionals but also do better at advertising the benefit of working in the state service as a legal practitioner. But it's certainly something that is impacting the availability of counsel and how matters progress through both of our courts.

CHAIR - Thank you. I think we'll move through now to the Magisterial Court Services.

1.2 Magisterial Court Services

CHAIR - I have a broad question around the staffing numbers, if we could have the staffing numbers for the entire Department of Justice. So I've got some older figures and I'm interested to have a look at what the new figures are and also how many vacancies there are as well.

Mr BARNETT - All right. I think that's a two-part question, and it's clearly operational in terms of staffing numbers. I'll just check if - across the Department of Justice, I think your question was, Chair.

CHAIR - Yes, thank you.

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Mr BARNETT - If we could deal with that first, through you.

CHAIR - I don't need you to split them up. It's fine.

Mr BARNETT - Yes.

CHAIR - It's just that we always like to get these on the record.

Ms BOURNE - Certainly.

Mr BARNETT - So thank you very much.

Ms BOURNE - So thank you. Through you, Attorney-General. As at 30 June 2024, the Department of Justice, and that includes the Office of the Ombudsman and the Office of the DPP, had staffing of 1,683.3 FTE with a headcount of 1,792.

CHAIR - Okay. Increase, good.

Ms BOURNE - An increase, yes.

Mr BARNETT - Yes.

CHAIR - And vacancies, if that's possible to have?

Mr BARNETT - Yes. If we could come back to you on that one, Chair.

CHAIR - Yes, that's fine.

Mr BARNETT - Thank you.

CHAIR - Obviously, this question follows on, if I might, around vacancies is recruitment and retention. I'm just interested because I read that there were some challenges with recruitment for the Magistrates' Court for staffing and retention of staff, and it also indicated that the staff were quite young. I suppose, when you're my age, anybody around 30 is young. So I'm just interested in is that still the case or has that been more resolved of recent times and those young recruitments are now more experienced?

Mr BARNETT - Yes. Thanks very much, Chair. Firstly, before I pass to the Deputy Secretary, the Magistrates' Court has 87 staff statewide supporting 17 magistrates who are based in four permanent registries, Hobart, Launceston, Burnie and Devonport. The court is the busiest court in Tasmania, seeing 33,750 lodgements in 2023-24 and 191,610 listings, an increase of more than 25 per cent since 2019-20. The court sits 365 day per year and relies on volunteer Bench justices to run night courts and weekend courts. With respect to the other parts of the question, I might pass to my deputy secretary.

Ms VAN ADRICHEM - Thank you, Attorney-General, through you. Unfortunately, the challenges in relation to retention remain at the Magistrates' Court. In 2023-24, they've reported a 31 per cent separation rate, so staff that have left the Magistrates' Court to other positions potentially within the Department of Justice or elsewhere. I think what's important

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to note is that the staff profile of the Magistrates' Court has a majority in the band 2, band 3 range. And that's the, I suppose, entry level for the public service. So, there's a lot of movement in those particular bandings with other positions that may be advertised in other outputs at that same level or a promotion point as well. I know that the administrator of the Magistrates' Court is working very hard with her team to look at ways to support or improve training and retention as well, to ensure that all functions can continue to be undertaken. The department has also supported additional positions at the Magistrates' Courts. So, to support when there is staff movement, that there is still sufficient staff to continue the operations of the court as well.

CHAIR - Did you have a supplementary?

Ms O'Connor - Well, it's relating to -

CHAIR - Relating to staffing.

Ms O'Connor - It's the Magistrates' Court coronial division.

CHAIR - Okay. Go on the list.

CHAIR - Well, before I head up to Ms O'Connor, I have one more question that's just around the quantum of consultants for the last financial year, and I'm happy if someone looks it up and comes back to me.

Mr BARNETT - You mean for the Department of Justice across the department?

CHAIR - Yes, across the department.

Mr BARNETT - All right. We'll just check if we've got that.

CHAIR - Yes, yes.

Mr BARNETT - Yes, we've got - we can help you with that, Chair.

Ms BOURNE - Thank you. Attorney-General, through you. So, the department engaged consultants over the value of \$10,000 from 1 July 2023 to 30 June 2024 to a total of \$4.894 million. So, 75.9 per cent of those consultancies were Tasmanian consultants, and 24.1 per cent of those were non-Tasmanian consultancies.

CHAIR - That is a significant increase on last year, which was \$2.635 million. Is there something behind that significant increase?

Ms BOURNE - Through you, Attorney-General, if you're happy for me to continue. So there certainly is an increase. Largely attributable to associated costs progressing with our Justice Connect or Astria project which included outsourcing specialist IT project services due to an inability to recruit staff to undertake those functions, given the tight labour market. Increased costs associated with the progress on the construction of the new kitchen facility at the Risdon Prison site, which is obviously not within the Attorney-General's portfolio responsibilities. Also -

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CHAIR - But this department wears the cost of consultants for what type of facility is required.

Ms BOURNE - That's right. Yes. That's right.

CHAIR - Okay.

Ms BOURNE - So that consultancy cost is across all of the department's relevant ministerial portfolios.

CHAIR - Okay. All right.

Ms BOURNE - And they will all -

Mr BARNETT - Does that make sense to you?

CHAIR - It makes sense. It's a lot of money.

Mr BARNETT - So it's not just for me, but Corrections and - yes.

CHAIR - Yes, yes. Well, that explained the significant increase.

Mr BARNETT - WorkSafe.

CHAIR - So that's about it?

Ms BOURNE - Through you, Attorney-General, very quickly. Also, the establishment of the office of the independent regulator which the agency assisted with incurred costs as well to set up the office itself, and obviously it has its own line item now, but during that establishment phase IT is included in that figure.

CHAIR - All right. Ms O'Connor.

Ms O'CONNOR - Thank you, Chair. Minister, I have here the final report of the independent review, reportable deaths, and death reporting processes in Tasmanian public hospitals, which we'll talk a bit more about in health. But this relates to the actions of the coroner's office. So the review found significant issues in death reporting practices, particularly concerning the actions of a former staff member of the Launceston General Hospital. But it makes the observation that the coroner's office was contacted on several occasions to discuss general issues of policy and practice both historically and currently in relation to the interface between the Tasmania health service and the coroner's office. Unfortunately, no one from the coroner's office was available to meet with the panel. Minister, given the seriousness of the allegations relating to Dr Renshaw over his time at the LGH, do you agree that it is not good enough for the coroner's office not to cooperate with such a significant review of the Tasmanian health service?

Mr BARNETT - Well, first of all, thank you for the question, and as you've indicated, it's a very important matter and a sensitive matter and that's why the government did initiate that independent review of those reportable deaths. And I'm sure in the health space later today, we could share more about that, and that highlights how importantly we do take this. It's an

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independent review, and it needs to be undertaken in a very thorough and comprehensive, which is certainly is.

Ms O'CONNOR - Well, it's done.

Mr BARNETT - Well, in terms of the reportable deaths, that's ongoing.

Ms O'CONNOR - The follow on from the review, you mean.

Mr BARNETT - Yes.

Ms O'CONNOR - The recommendation to refer 29 deaths be reported to the coroner, that process, you mean.

Mr BARNETT - Yes, yes. That's right. But the Health department can say more about that later today, but what I'm saying is in terms of the coroner, that's an independent entity of government. And myself as Attorney-General, and of course, the acting secretary can speak to it. I do meet with the chief coroner - I have met with her in the last couple of months, obviously raised these important matters.

Ms O'CONNOR - Did you raise this specific matter, this criticism?

Mr BARNETT - I won't go into the details, but I have raised those important matters, a range of matters that we discuss with the chief coroner. I meet with the chief magistrate, of course, as well on a regular basis as I meet with the chief justice as well on a regular basis. So, but we just must respect the independence of the chief magistrate and the chief coroner. I will pass to the acting secretary to add to that to assist the honourable member.

Ms O'CONNOR - Well, I am actually - that is enough information. If you can't go into the details of how the coroner's office responded to this very significant review, given that you have regular meetings with the coroner -

Mr BARNETT - Well, I can't. I'm more than happy to check with the acting secretary if the acting secretary could assist.

Ms O'CONNOR - Well, if there's new information relating to the question.

Mr BARNETT - I'm trying to assist the committee.

Ms O'CONNOR - Yes.

Mr BARNETT - So we'll do a quick check and see if that's possible.

Ms BOURNE - Thanks, Attorney-General, through you. No additional information, noting the coroner's independence, but I guess, in a general sense, discussions that we have through the deputy secretary and the administrator of courts, the chief coroner, and the chief magistrate where we may identify where processes administratively may be improved to the betterment of services to the public and other agencies which they serve is an ongoing discussion. I don't have anything more to add on this particular.

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Ms O'CONNOR - Thank you very much. Is there any protocol, or do you think there should be a protocol between the Coroner's office and government agencies where agencies are seeking information or advice from the Coroner's office because this is not actually, by any measure, good enough when you've got the THS review team several times, trying to initiate a discussion about this review and not hearing anything from the Coroner's office, which we don't know that may have impacted on the outcomes of the review. I ask, Attorney-General, if you will commit to taking this up with the chief coroner as a specific subject matter and seeking some understanding about how we can make sure this doesn't happen again?

Mr BARNETT - Thank you very much. I think the acting secretary has outlined, I think, very well, the relationship.

Ms O'CONNOR - I asked you a question, though.

Mr BARNETT - And that's what I'm just - as a, you know, prelude to my answer, indicated that I think with the department working cooperatively and collaboratively on how we can improve processes for the public, and that the courts respond accordingly while at all times preserving their independence and highlighting the importance of that, certainly, as Attorney-General, I see that as important. I have, in the past, raised those concerns, and will continue to raise those concerns, and indeed, any other challenges and opportunities on how we can improve the system for members of the Tasmanian public.

CHAIR - All right. Thank you.

Ms O'CONNOR - Well, you need to reassure the committee, I think, that this sort of thing won't happen again.

CHAIR - Thank you. Ms Webb.

Ms WEBB - Thank you. It follows on, on Coroners court matters, actually, coroner's matters. I'm wondering whether the additional funding that was provided as an election commitment to address increased demand and case complexity in the Magistrates' Court, is any of that allocated to the coroner's office or the coroner's space at all?

Ms BOURNE - Thank you, Attorney-General, through you. So, yes, the additional funding is to be allocated broadly across each of the court's functions.

Ms WEBB - Can you give us a breakdown of how it's going to be allocated? It's only half a million dollars a year, I believe.

Ms BOURNE - Yes. Not specifically. That is a matter for the administrator to work through in terms of how best to allocate that expenditure.

Ms WEBB - Right.

Ms BOURNE - Nothing the particular expenses that are unique to the Coronial Division, which are non-discretionary around mortuary, ambulance and other things, but is a matter for the administrator.

Ms WEBB - So noting that, on page 152 of the budget paper that we're looking at, number 2, volume 1, the coronial case loads have been on an increasing trajectory over the past five years as described there on page 152. So what level of confidence do you have, Attorney-General, that the Coroner has adequate resources to deal with the responsibilities that it does hold? As the department secretary - acting secretary has just mentioned, there's statutory obligations. Is it sufficient resourcing, do you believe, that's been provided into that space?

Mr BARNETT - Yes. Thank you for the question, and I do take it seriously, and that's why in meetings with my department, we discuss these matters on an ongoing basis and the importance of ensuring that the resources - that all possible resources are made available to meet the needs of our court, noting that it is challenging in light of the increasing demand, but I'll pass to the acting secretary.

Ms BOURNE - Thanks, Attorney-General, through you. So, the Coronial Division accounts for about 16 per cent of the overall court's operating budget. And, as I mentioned before, a number of their expenses are non-discretionary. Whilst obviously there are discussions between the deputy secretary, administrator and the chief magistrate and chief coroner about trying to manage those expenses. They need to be accounted for and paid in terms of services that they cannot not deliver. But certainly, there's a 21 per cent increase, as I understand it, on the last financial year's expenses. And including things, salary costs and the like, as well, it's an area of the court that does require a significant, I guess, consideration around its operating budget. I know that's something the administrator follows quite closely.

Ms WEBB - Are there records kept of money that family members may have to pay in order to access critical records relating to the death of their loved ones? There's been reports in the media and the like and some things raised to my attention around families being in a position of having to pay considerable amounts just to access records. Is there some record-keeping about that and the degree to which that occurs?

Ms BOURNE - Thank you, Attorney-General, through you. We'd probably need some further detail about how that request has arisen. I know ordinarily if the file is not disclosed by the coronial division it may be with reference to an application under the RTI Act and the payment of that fee. But if there's further information that can be provided we can certainly look into that.

Ms BOURNE - I might follow up later. I'll follow up later.

CHAIR - The honourable member might like to do that privately. Ms Armitage.

Ms ARMITAGE - Thank you, Chair. I notice on page 152 the coronial case load increased by 1.7 per cent in 2023. Do we have any indication of the current case load, whether it's continued to increase, hopefully gone down, or -

Mr BARNETT - Thank you for the question.

Ms BOURNE - Thank you, attorney, through you. The coronial case load from 1 July 23 to 30 June 24 has seen 1142 cases reported to the Coroner, which is an increase compared to the same period last year when there were 895 reported cases.

Ms ARMITAGE - Yes.

Ms BOURNE - So an increase.

Ms ARMITAGE - Thank you. Also, Attorney-General, can you tell me how many Coroners do we have? How many full-time Coroners do we have, and where are - and if you don't mind, where are they based?

Mr BARNETT - Yes. Thanks very much for the question. It's more operational. I'll pass to the acting secretary.

Ms BOURNE - Thanks, Attorney-General, through you. There are three full-time magistrates that undertake coronial work, all of whom are based in Hobart with statewide jurisdiction. Then from time to time other magistrates are called upon to assist to conduct inquests. Over the past few years there was a centralisation of the coronial model, thereby they're based in Hobart but obviously circuit to other centres such as Launceston, Devonport and the like to undertake inquests.

Ms ARMITAGE - Attorney-General, over the years, over quite a number of years that we've had this output, I have asked the Attorney-General and I can look at last year's and I think the year before that I mentioned -

CHAIR - And the year before.

Ms ARMITAGE - Well, many years. But I have had many discussions with the legal community in Launceston. They keep wondering why we don't have a magistrate performing coronial duties in the north. As I said last year, I think the Attorney-General was going to have the discussion with the chief - well, that was the previous year - was going to have a discussion with the chief magistrate. I mean, is there any possibility of coronial matters actually having a dedicated full-time magistrate doing coronial duties in Launceston or in the north?

Mr BARNETT - Yes. Thank you for the question. I fully understand where you're coming from.

Ms WEBB - And a 'yes' would suffice.

Ms ARMITAGE - And I get it regularly when I speak with the legal community.

Mr BARNETT - Yes. Yes. I can understand where you're coming from. And, of course, again, in terms of the independence of the courts in Tasmania, of course, the chief magistrate makes the decision with respect to that matter and in terms of how the Magistrates' Court is managed and the Coronial Division of the Magistrates' Court is managed, and it has been consistent in that regard. I'll just see if the acting secretary can add to that answer.

CHAIR - Briefly, thank you.

Ms BOURNE - Concur with what the Attorney-General said. Thank you, Attorney-General, through you. It does reflect the centralisation of coronial services, including the services provided by Health within Hobart. The decision has not been undertaken in isolation; it reflects the broad - the central coronial model in Hobart.

CHAIR - This is the final question in this output.

Ms ARMITAGE - Thank you.

CHAIR - Sharp question, sharp, curt answer.

Ms O'CONNOR - Thank you, Chair.

CHAIR - Thank you, Ms O'Connor.

Ms O'CONNOR - Thank you, Chair. Just back to the final report of the independent review into reportable deaths processes in Tasmanian hospitals, particularly at the LGH, the review talked about cases of deaths that were returned by the Coroner to the LGH with advice that they were not reported with. But due to the lack of cooperation from the Coroner's office they were unable to ascertain if this advice came from a medical person. Isn't this a significant outstanding question and will you get to the bottom of it?

Mr BARNETT - Thank you very much for the question. I think it's relevant as well for the Health portfolio, and I'll have my acting secretary here -

Ms O'CONNOR - About the actions of the coroner's office, though.

Mr BARNETT - Yes. But it refers to the responses to the Health department or department of Health. But I'm also happy to take that on notice -

CHAIR - Notice.

Ms O'CONNOR - On notice.

CHAIR - Right. Thank you.

Mr BARNETT - To assist the honourable member, notwithstanding we've got Health later today.

CHAIR - Right.

Ms O'CONNOR - Yes.

CHAIR - Okay.

Ms O'CONNOR - Okay. Thank you.

CHAIR - Thank you. It's on the record. So, 1.3, Births, Deaths and Marriages. Always interesting. The Honourable Member for Pembroke.

1.3 Births, Deaths and Marriages

Mr EDMUNDS - Thank you, Attorney-General, and I'm conscious of the time, so I'll try to do this quite quickly.

CHAIR - Always, aren't we?

Mr EDMUNDS - With regards to output 1.3 and on page 147, is there an actual figure for the unit cost per transaction in Births, Deaths and Marriages for the 2023-24 year? And I'm asking that because obviously we're nearly three months into the year.

Mr BARNETT - Yes. Thank you. Certainly 2023-24 year, registration activity declined slightly, but demand for certificates remained constant. The revenue remained stable due to the ongoing demand for certificates for identity purposes. There's no cost for the registration of a birth, death or marriage. I can give you the cost of a standard certificate: is \$57.97. And applicants suffering financial hardship can apply for a fee waiver. But I'll just check if the acting secretary can add to that answer.

Ms BOURNE - Nothing further to add from me, Attorney-General.

Mr BARNETT - Or do you want to -

Ms BOURNE - Thank you, deputy secretary.

Mr BARNETT - We have got a unit cost to assist the Honourable Member. Please go ahead.

CHAIR - Thank you, Pauline.

MS VAN ADRICHEM - The unit cost, per transaction in 2023-24 was \$21.

CHAIR - Move your microphone over a little bit closer to you. Wonderful.

Mr EDMUNDS - Thanks for that, I appreciate it. Why is the target for the number of birth certificates issued within seven days for 2023-24 and 2024-25 less than the preceding years?

CHAIR - It should be quicker then, if there are less people being born and being registered.

Mr BARNETT - We have just got Gavin Wailes, who is our Director of Finance. I will just check with the Acting Secretary.

Ms BOURNE - Certainly, Attorney-General. It is the standard target applied to this output, and it has been that for some time.

Mr EDMUNDS - Thank you very much. Will that -

CHAIR - So it's just a repeat, in other words?

Mr EDMUNDS - I will cross out my next question, because I reckon the answer will be the same. Can I ask one final one for me on 1.3. Is this Division subject to the efficiency dividend?

Ms BOURNE - Thank you, Attorney-General, through you. The agency has taken a targeted approach to meeting its budget efficiencies. That includes a blanket 2 per cent reduction across all outputs of the agency, so that output managers in our view, in the executives' view, are the best determinant of where they may be able to reduce costs with limited impact on service delivery, and that will include Births, Deaths and Marriages.

Mr EDMUNDS - Thank you.

CHAIR - Thank you. Moving onto 1.4 Support and Compensation for Victims of Crime, and again thank you, Mr Edmunds.

1.4 Support and Compensation for Victims of Crime (b)

Mr EDMUNDS - Thank you, and thanks for your answers' brevity before. I know we have got a lot to get through. Regarding the allocation made to provide compensation for crimes against children in an institutional setting, how did the government arrive at the figure you did in estimating how much compensation would be payable, and how many complainants do you expect, and does that include the AYDC class action?

CHAIR - Three questions in one.

Mr BARNETT - There is quite a bit in that with those questions, but I think the Honourable Member, and certainly in terms of victims of crime, it is taken very seriously. That is why we have provided that funding support. Sometimes it can be a very daunting prospect for our victims of crime as they try and, you know, progress through the justice system. That is why we are improving access to justice and during the process provides support for those victims. I might just pass to the acting secretary to answer that, but as she does, we do have that victim support service, and it is a result of that investment. It is a very important service and I just want to acknowledge their work. I pass to the acting secretary.

Ms BOURNE - Thank you, Attorney-General, through you. There are two separate funding envelopes, theoretically: the Commission of Crime (Victim's Assistance) funding, and then the Ashley class action funding falls within the Child Abuse Royal Commission Response Unit allocation.

Mr EDMUNDS - Yes, thanks very much. There is an increase in funding for counselling for victims of crime. How do you plan to contract the counselling services, and will any of these services be provided in-house or will it be outsourced? I might just bundle these up again as well: will you run an open procurement, and how will you evaluate effectiveness, and how many contracts, who are they, what is the value of each, what lengths are the contracts for, and how many victim survivors do you expect to support?

CHAIR - If there is any of those questions that you would like to take on notice then please just advise us and we will send them through.

Mr BARNETT - Thank you. I think there is a few things we can definitely answer. I will pass to the acting secretary in one moment, but certainly the reason we are providing that additional funding for assistance for victims of crime is because they deserve that support. It is \$1.2 million over the four years, and it is to administer the Victims of Crime Assistance

Scheme, enabling the engagement of additional sessional Commissioners to make compensation decisions when required over four years.

I will indicate the Victims of Crime Counselling Service, that is an additional \$2.8 million over four years, and that will provide support for the government's response to 21.5 of the commission of inquiry. I will pass to the acting secretary to provide additional response to that answer.

Ms BOURNE - Thanks, Attorney-General. Through you, so in terms of the question around how we will deliver the additional counselling services, that is currently provided by in-house staff. We are currently looking at how, or if, there needs to be any change to that in light of the additional funding but have not determined that at this stage.

Mr EDMUNDS - Thank you very much.

CHAIR - Okay. Any further questions?

Ms O'CONNOR - Thank you, Chair. Minister, I have a constituent who was abused as a decision by a justice in 1954 not to determine custody of the children. This child was placed in various informal foster arrangements and has suffered lifelong damage. So, this is not a case of someone who experienced abuse in an institutional setting; it is someone who was abused as a result of a decision of a Tasmanian institution. Where does someone like that go for justice?

Mr BARNETT - Thank you. Yes. It's obviously, first of all, we cannot go into individual matters as you can understand, but certainly my heart goes out to someone as you have described in your question. It could clearly have ramifications for the longer term. Obviously there are whole - there is a very significant number of young people in out of home care, so that may have been, you know, what you have been referring to when you talk about 'foster care'.

Ms O'CONNOR - It was an informal arrangement.

Mr BARNETT - Okay.

Ms O'CONNOR - A very abusive one.

Mr BARNETT - Yes. So, look, as I say, it is very hard to comment on an individual circumstance and I wouldn't want to do that. But in terms of a civil claim, clearly the said person or someone in that situation could take advice and pursue their rights with respect to any claim that they may wish to make in accordance with our justice system and make a claim as what is called a civil claim, if that is appropriate. But I would certainly be taking advice.

Ms O'CONNOR - Thank you, minister. I will just close by saying I am preparing some correspondence to write to you on behalf of this victim survivor, so keep your eye on the mail.

Mr BARNETT - Thank you for the heads up.

1.5 Tasmanian Legal Aid (b)

CHAIR - Thank you, Ms Webb.

Ms WEBB - Thank you, Chair. Attorney-General, I want to first ask about the duty lawyer services, the general ones. I will come to the AYDC ones in a minute. Duty lawyer services provide essential assistance to people as we are well aware, following arrest, to make bail applications and assist them during intake lists and court mandated diversion reviews. Tasmanian Legal Aid provides duty lawyers and mental health lawyer services through a fixed grant deed which is, I think, through to the end of this financial year. That only covers salaries and does not include superannuation and is not indexed.

So that leaves TLA underfunded by approximately \$470,000 a year to provide those services. It is my understanding, and I believe there is also a budget efficiency that was applied on top of that shortfall that is already there. Can you explain why the grant deed for those services doesn't cover overheads, superannuation or indexation?

Mr BARNETT - Well, thank you very much for the question. There is quite a comprehensive number of questions there and remarks. First of all, I would want to pay a tribute to Tasmania Legal Aid, 50 years of service. I hosted an event in Parliament House to pay that tribute some months ago. There was a wonderful address by Kristen Wylie, Director of Legal Aid, which I think the honourable member may have been there to -

Ms WEBB - I attended. It was good. It doesn't pay the bills, though, to have a wonderful reception.

CHAIR - It was great to receive the invitation.

Mr BARNETT - Thank you, very much through you, Chair. I appreciate that, and -

Ms WEBB - The question was pretty straightforward, minister.

Mr BARNETT - I know, and I am going to pass to my acting secretary, but I also acknowledge Jules Scarlet, who is the new Chair of Tas Legal Aid who has just started some months ago and congratulations to her. So, I will pass to my Acting Secretary.

Ms BOURNE - Thanks, Attorney-General, through you. It is true that although there is commitment from government in this budget to provide indexation to community services. A number of which are our legal assistance services, the state funding for criminal duty lawyer services and mental health lawyers that TLA receives is not indexed and only covers salary costs, and that's something that we continue to talk with the director about, and the impact that that has on services. TLA funding generally continues to be indexed between about -

Ms WEBB - I'll come to indexation in a minute if that's okay. I'd like to focus on the duty lawyer issue and the fact that we don't have indexation, superannuation or overheads included in that funding. Attorney-General, how on earth do you expect TLA to continue to deliver that service at the level that's agreed if essentially, they're taking a \$470 000 hit because of the underfunding of the grant deed.

Mr BARNETT - Thank you very much for the question. Obviously, we really appreciate the work of Tasmania Legal Aid and the services that they do provide which is across the board,

obviously, supporting families, family disputes, legal education as well. There's a whole range of services that they do provide, but I'll ask the acting secretary to add to that answer.

Ms BURNETT - Thanks attorney. Through you. I do understand and these will be part of ongoing discussions that the deputy secretary and I will continue to have with Legal Aid, that they have, in the last financial year seen a very sharp increase in the amount of grants awarded to the private profession for criminal work which has put increasing pressure on their budget, which goes back to the point we were making earlier about the lack of criminal practitioners and the complexity of matters has increased. We're also working with the Commonwealth government now around the next national access to justice partnership which is currently the legal assistance partnership, to ensure that Legal Aid and other community legal services receive appropriate levels of the Commonwealth funding.

In relation to the budget-saving initiative that has sought to be applied to Legal Aid, Legal Aid do not have to find an efficiency of up to two per cent across their operating budget. The department has thought, looking strategically at where costs can be saved, that TLA could account for a saving of \$104,000 in this current financial year; conscious of the impact that that has when increasing demand for services and complexity of matters is there. But it is an ongoing point of discussion.

Ms WEBB - So' Attorney-General, there's an efficiency of \$104,000 you're expecting TLA to find when you're already underfunding them to the tune of \$470,000 because you don't pay superannuation or indexation or overheads on duty lawyers. Do you expect them to deliver the same level of service given that?

Mr BARNETT - Thank you for the question. Through you, Chair, I think the two things that I want to emphasise is my appreciation for Tasmania Legal Aid and what they do. Secondly, our negotiations with the Commonwealth with respect to the National Legal Aid Assistance Partnership; this is something that's been going on for some time. The federal government has a role to play. They have made an agreement in the recent four weeks to increase that funding support for which I am very grateful. On behalf of Tasmania, I will be fighting for our fair share in Tasmania to support not just Legal Aid but other funding support for our community legal services as well. So that will be determined following the negotiations in coming weeks and months.

Ms WEBB - So, Attorney-General, that sounds like you're looking to the Commonwealth to pick up the tab for state-funded purposes. But I'll move onto indexation if I might. Last year Legal Aid received 1.63 per cent in indexation and this year it appears to be less than that. Can you confirm that this year it will be possibly less than 1.5 per cent indexation that Legal Aid is receiving for their funded services that attract indexation?

Ms BOURNE - Thank you, Attorney-General. Through you. My understanding is that TLA funding that attracts indexation will continue to be indexed between 1.63 per cent and 2 per cent which is less than CPI, as noting the increase to the payments to private practitioners that TLA have also instituted at the direction of their board at 2 per cent.

Ms WEBB - And in fact they're also, are they not, required to pay their Legal Aid salaries indexed at 3 per cent per annum because that's a state service award. So, they're paying their own lawyers 3 per cent indexation to keep up with the state service award. They're paying the private practitioners 2 per cent, and Attorney-General, you are indexing them 1.63 per cent at

best. So, you're underfunding them. Presumably you are now expecting them to reduce the services they provide.

Ms BOURNE - Thank you, Attorney-General. Through you. It was remiss of me not to note the community sector organisations indexation increase and as it applies to TLA. So that will see the grant arrangements that we have in place with Legal Aid - indexation of 3.5 per cent will be applied for 2024-25 year with 3 per cent indexation in each year of the forward estimates in line with public sector wages, and I do think it's important to note that there are a number of cost pressures on TLA at the moment and that includes that potential overspend in relation to grants of aid for criminal matters which is something that we're continuing to discuss with the director, and I know the board is considering with a great degree of seriousness given the impact on its operating budget.

Ms WEBB - The community sector indexation you just spoke about - what parts of TLA funding does that apply to?

Ms BOURNE - Thanks Attorney-General. Through you. That is as I understand it the general state government allocation.

Ms WEBB - Right. Thank you.

Ms BOURNE - The number is not in front of me at this point in time, but not the duty lawyer grants which were funded previously from the Solicitors' Guarantee Fund.

Mr BARNETT - Through you, Chair, I can advise the committee that the Solicitors' Guarantee Fund is in excess this year which I'm very pleased to advise and expressions of interest for those excess funds will be made public in coming weeks. I'm very pleased to note that and I'm looking forward to receiving the various expressions of interest to deal with these important matters which I'm sure will be appreciated by the community legal sector, and Legal Aid, and other organisations accordingly.

CHAIR - Thank you. Ms O'Connor. I'm mindful of time.

Ms O'CONNOR - Yes. Thank you. Minister, Legal Aid provides assistance to children in the Youth Justice Division of the magistrate's court and offers an after-hours duty lawyer service in collaboration with the Hobart Community Legal Service. How many children and young people have received assistance through the duty lawyer services over the past year, and what percentage of those cases involved unrepresented defendants?

Mr BARNETT - Thank you very much for those questions. It's clearly an operational matter and I'll just check if my department can assist the committee. Yes, they're still locating the answer so if we could get back to you as soon as possible.

CHAIR - I think it's arrived. It's nice to see Kristen Wylie here in the committee room.

Mr BARNETT - Yes, it is. It's absolutely wonderful to see Kristen here. But perhaps if we just maybe move to the next question and then we'll come back to the committee.

Ms O'CONNOR - Yes, I'm very happy to do that. Recommendation 1214 of the commission of enquiry report calls for access to legal advice and a bail system for children and

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young people at AYDC. How soon does government plan to implement and fund this duty lawyer service? Will there be specific funding allocated to ensure children and young people can receive free face-to-face legal advice at any stage of their case?

Mr BARNETT - Yes. Thanks for the question. I think certainly from my part an answer in two parts, and then I'll pass to the acting secretary. First of all, the funding in the budget for the duty lawyer service is based at Ashley, which I'm really pleased about. That funding increase as I mentioned in my opening remarks is very much appreciated and I know will be appreciated as well. I'm just thinking what that second point was, but I will pass to the acting secretary to add to that answer.

Ms BOURNE - Thanks Attorney-General. Through you. As you've noted the additional funding provided to Tasmania Legal Aid to provide legal services and advice to people who are impacted by child sexual abuse includes the provision of the duty lawyer at Ashley, and hopefully provide that really timely access to counsel. The detail about how Legal Aid seeks to provide that service is still something to be worked through. Probably, that's unfair on Legal Aid. I know Kristen's done a lot of work with the board to think about how that can roll out, but I think it's something that can continue to be finalised now that funding has been confirmed.

CHAIR - Okay, thank you.

Mr BARNETT - And through you, Chair, quickly to your first -

CHAIR - Previous question, yes.

Mr BARNETT - Well, to your first part of your question regarding bail reform, and as I have shared more recently, so the government plans to table a bill this year with respect to bail reform. At least, stage 1 of that, and with further reforms expected next year.

Ms O'CONNOR - Can I put that initial question on notice about how many children have received assistance?

Mr BARNETT - Yes, yes. I think we've got the answer. Thank you. Through you, Chair.

Ms VAN ADRICHEM - I have the answer. Through you, Attorney-General. In the south, there were 53 youth matters that Hobart Community Legal Service assisted with - from 1 July 23 until 30 June 24.

CHAIR -

Ms VAN ADRICHEM - And in the north, there are 17 representation services, 13 in Launceston, two in Devonport, and two in Burnie.

CHAIR - Okay, thank you.

Ms O'CONNOR - Thank you.

Ms WEBB - Can I clarify something from that?

CHAIR - Point of clarification from the honourable member for Nelson.

Ms WEBB - Thank you. I want to follow up on the answer you provided in relation to the additional funding provided to Tasmania Legal Aid related to commission of inquiry matters, which I take it to be listed here amongst election commitments as the \$388 000 in 2024-25, \$388 000 in 2025-26, et cetera. And you listed things that that needed to cover. That sounded like it included the duty lawyers at AYDC and the additional legal advice to be provided more broadly to community members who are affected by child sexual abuse in institutional settings. Does it also include the TasVOCAL service that's been announced? And if so, can you just give a divvy up of that \$388 000 for this financial year? It seems like a lot to be done with a little.

Mr BARNETT - Thanks very much. Through you, Chair.

CHAIR - Here comes the divvy up man to the table.

Ms BOURNE - Thanks, Attorney-General, through you. We don't have a breakdown at this stage, but it does include those three areas that you've referenced as well as some additional funding to supplement the existing Legal Aid policy team to assist in the development of making sure the services best match the need.

Ms WEBB - So even more to be fitted into the \$388 000 which seems an extraordinarily small amount to deliver all of those services. Is TasVOCAL in fact - I am interested to ask a question about TasVOCAL, but I know that the member for Hobart still had a call there on questions.

CHAIR - So I think we'll ask -

CHAIR - We've asked the question, so then Ms O'Connor will go to legal assistance, so last question here.

Ms WEBB - In terms of TasVOCAL which is to, I believe, assist in accessing national redress schemes, and to make referrals where appropriate. How it was decided to prioritise that service and investing money into it, given there's a longstanding national service which I think is called Knowmore Legal, which does a similar role. And so how -

Mr BARNETT - Well, thank you for the question, and I was very pleased to stand with Tas Legal Aid and other stakeholders and, of course, representatives of victim survivor groups in Hobart a month or so ago when that was announced, and that's a funding support. I acknowledge the work of Knowmore Legal as well. In terms of the detail, I will pass to my acting secretary.

Ms BOURNE - Thanks, Attorney-General, through you. The funding for this service was considered as part of a range of, I guess, initial services to support people to seek advice about how best to manage their particular circumstances and be able to provide a referral point to the appropriate service, whether that be to counsel for pursuing a civil claim or a redress claim. It's intended to work concurrently with the service that Knowmore provides, which historically has provided services to Tasmanian applicants for redress. I think the value of TasVOCAL - there are many values, but to supplement that service with an in-person presence in the state I think is really important, and it was something that Legal Aid had been talking

about for some time and were able to stand up that service very quickly. So complimentary to the Knowmore service.

CHAIR - Okay. Thank you. 1.6 is legal assistance. Thank you, Ms O'Connor.

1.6 Legal Assistance

Ms O'CONNOR - Thank you, Chair, Minister. With the passing of the excellent disability inclusion and safeguarding bill, there's expected to be an increased demand for legal representation for people with disabilities. Your Story was a legal service that acted as a crucial portal for individuals with disabilities to connect with various services including NDIS and health. Your Story has closed due to lack of funding. Minister, Tasmania's Legal Aid outlined a clear budget proposal of about \$270,000 to reinstate the Your Story program, including legal and administrative positions as well as overhead and operating costs. What is preventing the government from allocating these funds to assist people with disabilities navigate the legal and other government systems?

Mr BARNETT - Well, firstly, thank you for the question and concur with your remarks regarding the legislation, and it's very pleasing to see its support. Having said that, you've made reference to Your Story and asked questions about it, and just a note for the committee that it's a federal fund program which I am advised has now ceased by the federal government. And of course, those representations can and should be made to the federal government, and I appreciate their service and the federal government's actions has had an impact here in Tasmania as I assume -

Ms O'CONNOR - Have you advocated for this service or for there to be better access to legal advice for people with disabilities, given the Commonwealth's apparent failure?

Mr BARNETT - Well, I know the Minister for Disabilities is an outstanding minister who is incredibly dedicated with respect to people with disabilities, so I can't speak for her. But I do know she is a very strong advocate.

Ms O'CONNOR - It's about Legal Aid funding and the provision of legal assistance, though.

Mr BARNETT - Yes. Yes, that's right. I've just acknowledged her strong advocacy, and we work together on a range of matters. But you know, certainly, I will acknowledge the comments that you've made, and I know that in the ongoing negotiations with the federal government, there may be an opportunity to further put that before them for consideration.

Ms O'CONNOR - Thanks, Chair.

CHAIR - All right. Thank you. We will now move to 1.7, which is the Office of the Anti-Discrimination Commissioner.

1.7 Office of the Anti-Discrimination Commissioner

CHAIR - I am looking at budget papers on page 167 of budget paper no.1 volume 2. And there's a decrease in the budget, so I am really interested in understanding, given the work,

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of the Office of the Anti-Discrimination Commissioner, how that's come about. And it's also in the forward estimates as well, and then it ramps up 2026-27, and 2027-28.

Mr BARNETT - All right. Well, thank you, and I will pass to the acting secretary in a moment. But I certainly appreciate the importance of that role. We certainly support as a government, and I know others around this table support free speech but also allowing all Tasmanians to express those opinions in a respectful and a reasonable manner with those views, and certainly support the rights of all members of our community to be protected from discrimination and the incitement of hatred. Ultimately, it's a matter of balance. We know that. It's everyone's right to be able to genuinely participate in public debate and discussion while ensuring there are appropriate protections in place to stop people from going too far. I will pass to the acting secretary.

CHAIR - Yes, budget.

Ms BOURNE - Thank you, Attorney-General, through you. There is a small decrease in the office's budget for the 2024-25 year, which doesn't have any particular - is not for any particular rhyme or reason, Chair. The -

CHAIR - Are they doing more with less?

Ms BOURNE - So I should retract that statement and always seek advice from Mr Wailes.

CHAIR - Yes.

Ms BOURNE - I should note that there is -

CHAIR - I'm not sure why he doesn't sit at the table. He comes over so regularly.

Ms BOURNE - So there is, as part of the savings initiatives that the department has considered, that \$100,000 reduction in that year is related to that particular efficiency measure, and particularly related to the training revenue of that office. It has the ability to charge fees for the training that its staff deliver. Following discussions with the commissioner, it's hoped that by refocusing part of its business, it should be able to part-fund some of its operations which is why there's -

CHAIR - And recover the decrease.

Ms BOURNE - And recover them through fee-for-service training, which it already does undertake and I know is an area of focus for the commissioner to increase the number of those services provided to agencies in the private sector.

CHAIR - Okay. In the commissioner's annual report, it talked about the Anti-Discrimination Act being updated. Is there any progress on that? Has that been decided by government, Attorney-General?

Mr BARNETT - Yes. Thanks very much, Chair. I think you may be making reference to recent representations made by the Anti-Discrimination Commissioner, but the -

CHAIR - This was in the annual report of 2022-23.

Mr BARNETT - Yes.

CHAIR - So the most recent one that we have.

Mr BARNETT - Right. Thank you very much. So certainly, as a government we're considering that report, and we'll have more to say in due course.

CHAIR - Thank you. Ms Webb?

Ms WEBB - In fact, the Anti-Discrimination Commissioner wrote to all candidates during the recent state election highlighting the need for a review of the Act and also called for the introduction of a Human Rights Act for Tasmania, I note, which was also recently re-recommended again by the TLRI when they reprised a report on that matter, the initial one being 2007. So when will you be providing a formal response to the TLRI's Charter of Human Rights for Tasmania update report which was released on 30 April this year?

Mr BARNETT - Yes. Thank you very much for the question. Firstly, in terms of the Anti-Discrimination Commission and the correspondence, as I said earlier, we're reviewing the matter. We'll have more to say in due course. With respect to the second part of your question -

CHAIR - Which is around the human rights.

Ms WEBB - It's just when will you be providing a formal response?

Mr BARNETT - I know. I'm just noting that, and I appreciate your interest.

CHAIR - I know they're very large folders, Attorney-General.

Mr BARNETT - Yes. To firstly thank the TLRI for their report and note the importance of human rights and also note that my department is currently preparing advice on that more recent research paper, and I'll be considering that and an appropriate response to that paper in due course, and to indicate the preliminary view of this is that the government has a range of legislation and obviously common law in place that protects the human rights of Tasmanians, and there's not a strong inclination to progress in accordance with the recommendations. But I will take further advice from the department and we'll have more to say in due course.

Ms WEBB - Can I ask specifically in relation to Anti-Discrimination Act, and you spoke about potentially review at some point, can you specifically rule out that you will seek to review the current section 17(1) of the Anti-Discrimination Act in this financial year or the near future? Specifically, can you rule out you won't be seeking to remove current terms from that section of the Act?

Mr BARNETT - I think the Premier's made some comments in recent months, certainly in the last 12 months in terms of the Anti-Discrimination Act, and we intend to ensure that it remains strong and balanced. We'll consider the views of the Anti-Discrimination Commission and, as I've said, I'll have more to say in due course.

CHAIR - Thank you. 1.8 Elections and Referendums.

1.8 Elections and Referendums

CHAIR - Ms Webb.

Ms WEBB - Just a quick one, Chair. I know we're trying to move through clearly. Political donation disclosures section of the Electoral Disclosure and Funding Act 2023 will not commence until 1 July 2025. In part, that delay was to provide the Electoral Commission with sufficient time to develop the necessary reporting and disclosure infrastructure as well as education materials. Can you provide an update on progress of the development of the necessary political donations disclosure framework by the TEC? Will it be complete and in place by 1 July next year?

Mr BARNETT - Yes. Thank you very much for the question. I'll pass to the acting secretary.

Ms BOURNE - Thanks, Attorney-General, through you. As I think the commissioner has -

CHAIR - We can't believe that Mr Hawkey's not here. I've been looking around.

Ms BOURNE - We have wonderful Ngaire though too.

CHAIR - Yes.

Ms BOURNE - But the work that the commission has undertaken specifically to make sure that it's ready to undertake what is a fairly significant additional workload has been informed by a review of their staffing structure and their establishment, which has created a new model so that it can ensure that it can implement the new disclosure and funding legislation. While I wouldn't like to speak for the commissioner or deputy commissioner, from the discussions I've had with Mr Hawkey, I think they're very well placed both in terms of people and the systems needed to make sure that that new disclosure and funding legislation can be implemented.

Ms WEBB - By the deadline that's there.

Ms BOURNE - That's right.

Ms WEBB - Thank you.

CHAIR - There's no requirement for an efficiency dividend?

Ms WEBB - Their funding is reserved by law.

CHAIR - Okay.

Ms BOURNE - Yes. That is right, yes.

Mr BARNETT - Funding is reserved by law.

CHAIR - Thank you. 1.9 Tasmanian Industrial Commission.

1.9 Tasmanian Industrial Commission

CHAIR - Thank you, Ms Armitage.

Ms ARMITAGE - Thank you, Chair. Attorney-General, just looking at the efficiency clearance rate for the TIC and I note that in 2021-22 it was only 6 per cent, fell to 75 per cent in 2022-23. Just wondering what it is actually now, if we would have a percentage or a bit of an idea how it's faring.

Mr BARNETT - Thank you for the question. To get an update on that operational matter to the Tasmanian Industrial Commission, I'll pass to the acting secretary.

Ms BOURNE - Certainly. Thank you, Attorney-General. I have some general performance figures that hopefully answer -

Ms ARMITAGE - We're just wondering if it's improving or if it's still on a decline.

Ms BOURNE - Yes. From 1 July 2023 to June 2024, there were 191 applications lodged with the TIC including 95 industrial matters, 37 applications pursuant to section 50(1)(a) under the State Service Act - and apologies, in relation to the 95 industrial matter applications, 69 files were finalised and closed within three months, nine finalised and closed within six months and of the 17 remaining, many of these have had a hearing conducted and a decision is pending. In relation to the 37 applications lodged pursuant to the State Service Act section 50(1)(a), there were 32 applications finalised and closed within three months, the remaining four finalised and closed within six months, and one file remains adjourned while the respondent implements the agreed outcomes.

And 57 applications were lodged pursuant to section 50(1)(b) of the State Service Act; 34 applications finalised and closed within three months, three finalised and closed within six months, and of the remaining 20 applications, some of these have proceeded to arbitration and some took time for parties to reach agreement and conciliation is ongoing. So, 135 applications in total finalised within three months.

Ms ARMITAGE - So do we have a clearance rate percentage just to compare with the previous years or not as yet? It just gives more of a comparison, apples with apples.

Mr BARNETT - I don't think we have that, through you, Chair.

Ms ARMITAGE - Okay. We're just noting that the target clearance rate for the next two years is 95 per cent and, as said, down in 2022 it was 75 per cent. Do you believe that the TIC is adequately resourced to carry out its functions and meet its performance targets?

Mr BARNETT - Thank you for the question. Thank you, Secretary.

Ms BOURNE - Thanks, Attorney-General, through you. I think existing funding levels have been maintained for the Industrial Commission in 2023-24 and across the forward

estimates, and that allocation and the staffing levels with the associate model and the like appears to be addressing the case load that comes before it.

CHAIR - Thank you. My question is around the inquiry that was undertaken in 2019 for the parliamentary salaries and allowances. We know that nobody wants to talk about members of parliament and salaries and allowances, but nobody wants to ever forget the 40 per cent increase, either. So that report was to be tabled, my understanding was, in January 2021, and I know I've asked a series of questions, and I'm still waiting for a response. Attorney-General, do you have a response to that inquiry? I actually made a submission but never received anything back.

Mr BARNETT - Well, thank you very much for the question, Chair, because I think it's a very good question.

CHAIR - Well, it's the work of the commission.

Mr BARNETT - And I think it's a very good question. Because I've asked that question as well when I went -

CHAIR - If you can't get and I can't get an answer, how do we get an answer?

Mr BARNETT - And the secretary, my acting secretary, has likewise raised that question as well.

CHAIR - So where do we get an answer? How do we get an answer?

Mr BARNETT - That's something that is also a very good question and has been considered by me, and I'm sure others as well. Because it's clearly relevant -

CHAIR - Well overdue.

Mr BARNETT - It is absolutely overdue. But I want to acknowledge the independence of the entity and in saying that and in asking the question.

Ms WEBB - Can I follow up?

Mr BARNETT - Yes.

Ms WEBB - So the -

CHAIR - Ms Webb, please.

Ms WEBB - The report -

CHAIR - If you've got some sort of suggestion about the report -

Ms WEBB - The report that was due to be tabled in 2021, have you seen the report, Attorney-General?

Mr BARNETT - No, I haven't seen the report, and I've asked about the whereabouts of the report.

Ms WEBB - Has anyone in the parliamentary system seen the report?

Mr BARNETT - I haven't seen it, my acting secretary hasn't seen it. I might pass to the acting secretary to add to the answer. In fact, we could have my deputy secretary Ross Smith come to the table if the committee is interested to answer the question.

Ms WEBB - Welcome, Ross.

CHAIR - We've only got 10 more minutes.

Ms BOURNE - It's probably something we can file.

Ms WEBB - Yes.

CHAIR - We don't want it to take up too much time because I don't want to cut other areas short. But it's a relevant question and if you've got a brief answer we'd be happy with it.

Mr SMITH - Yes. I've spoken recently with the president and he has indicated to me that he expects to be able to provide it or complete it for tabling in October. We've spoken with the commission on a number of times to make sure that they've got adequate resources to be able to complete the report, and they've assured me they don't require resources.

CHAIR - All right. Thank you. Watch this space, I expect. Thank you, Ross. Appreciate that.

Mr BARNETT - Thank you, Ross.

CHAIR - Moving on now to 1.10, Tasmanian Civil and Administrative Tribunal. Ms O'Connor.

1.10 Tasmanian Civil and Administrative Tribunal

Ms O'CONNOR - Thank you. Minister, the House has now before it the TASCAT additional jurisdictions bill of 2024 and it went through a consultation process. We were glad that your office was amenable to our suggested changes that would've led to a significant reach potentially of government policy considerations in TASCAT hearings and determinations. But the bill brought a whole lot of extra responsibilities, including the health complaints, property agents under the TASCAT - auspices of TASCAT. Do you know why the Tasmanian Racing Appeals Board was one of the very few entities not to be brought over under TASCAT's new arrangements? Because we understand or we were advised that it was initially considered and then decided not to.

Mr BARNETT - Thank you for the question. I am not aware of the reason why.

Ms O'CONNOR - Okay. Thank you, minister. I also note that the Legal Professional Disciplinary Tribunal has declined an opportunity to come under TASCAT's jurisdiction. It does seem that, I mean, I guess there's an argument for the Legal Professional Tribunal to keep

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it in-house, but there's also an argument for it not to be. But do you agree the Tasmanian Racing Appeals Board, being able to challenge their determinations, is something that would fit under the new arrangements for TASCAT?

Mr BARNETT - Thank you very much for the question. I'd have to take advice on that, and I'll just check with the acting secretary if she has any further advice.

Ms BOURNE - Nothing in particular, Attorney-General, other than, as has been alluded to, the consultation process and the work in terms of tranching the jurisdictions to come across to TASCAT has been very comprehensive and also very conscious of the need to manage the passage of new jurisdictions to the tribunal so that it can accommodate particular new streams and adjust either its membership of sessional members and registry staff to accommodate.

Ms O'CONNOR - Yes. Thank you. No, that's fine. Can I maybe put on notice why was the Tasmanian Racing Appeals Board not brought under the TASCAT new administration?

Mr BARNETT - Okay.

Ms O'CONNOR - Thank you, minister. That's it from me, Chair.

CHAIR - Okay. Thank you. If there's nothing else we'll move on to the Office of the Public Guardian, and again Ms O'Connor.

1.11 Office of the Public Guardian

Ms O'CONNOR - Thank you, Chair. Minister, as you know, many people who are on - under a guardianship order also have their affairs managed by the Public Trustee. This is a question that falls within this output, because it's about vulnerable clients. You issued a press release a short time ago to say that the Public Trustee, which has come under enormous criticism in recent years, will be restructured with the commercial will, estate and trustee services to be transferred to the private sector. How will this lower costs for vulnerable clients?

Mr BARNETT - Thanks very much for the question. I'm pleased to have the opportunity to indicate that the Public Trustee will be restructured with the commercial will, estate and trustee services currently provided to be transferred to the private sector. In terms of that restructure the Public Trustee will operate within a government agency. There will be an independent review over coming weeks looking at best practice to ensure the most vulnerable Tasmanians receive the quality, efficient and effective services that they deserve.

This follows both the Dr Damian Bugg review as well as the Tasmanian Economic Regulator review of the Public Trustee fees and charges for clients required by law to use its services. I want to put on the record my thanks to the Public Trustee for their leadership, and likewise my thanks to the Chair and the board for their work to date, and indicate that this transition is expected to occur and take place over the next 12 to 18 months.

Ms O'CONNOR - Thanks, minister, but with respect you didn't answer my question. If you are transferring commercial will, estate and trustee services from the Public Trustee to the private sector, it has all the makings of a lawyer's picnic. Can you explain how doing this won't lead to extra costs for vulnerable clients for people who are on orders? What will you as

minister be doing to ensure that costs of these newly-privatised services with vulnerable people's money will be restrained and contained?

Mr BARNETT - Thank you very much for the question, and that's at the forefront of the government's mind in terms of costs for vulnerable Tasmanians, those that need and deserve those services. That is one of the reasons why, based on the advice of not just the Bugg review but the Economic Regulator - because we need to ensure that those - well, I'll use an example: the orders that you've made reference to, they will be part of the services delivered by government.

Within the Department of Justice, it will be a transition process that will remain at the top of my mind and, indeed, the government's mind as we transition to ensure that the most vulnerable Tasmanians receive the quality, the efficient and effective services in a cost-effective manner. It is very important for those vulnerable Tasmanians that that is achieved, and that is the view of the government. I am more than happy for the acting secretary to add to that, but that's hopefully an answer to assist the committee.

Ms O'CONNOR - We're just about out of time, but I'm sure every member of this committee will be watching this one to make - to keep you to your word.

Mr BARNETT - Thank you for your feedback.

Ms WEBB - Absolutely shocking to privatise. Shocking.

CHAIR - Thank you, Mr Edmunds.

Mr EDMUNDS - Just on the same topic - more than happy for these to go on notice - how many wills and estates does the Public Trustee manage?

Mr BARNETT - So as you know, this is under Public Guardian, but your question relates to the Public Trustee, and that is a question in scrutiny later in the year when we have the Public Trustee at the table.

CHAIR - Which is five minutes away, I believe. It's very close, isn't it?

Mr BARNETT - A fair point.

CHAIR - It is very close.

Mr BARNETT - Not far away.

CHAIR - It's not far away.

Mr BARNETT - Thank you.

CHAIR - Thank you. If there are no further questions here, and Ms Webb has a series of questions around 1.12 Child Abuse Royal Commission responses.

Ms WEBB - No, I said to you we're out of time.

CHAIR - She is going to -

Ms WEBB - I will follow them up through the other Committee.

CHAIR - Yes. We are going to leave those for another time, given that is quite an extensive area, and move to 1.13 which is Safe at Home.

1.13 Safe at Home (b)

Ms WEBB - Thank you. Just a quick question around Safe at Home, I am mindful of time. A budget efficiency dividend was applied, I believe, to the Safe at Home program which we know supports the protection of victims and specifically the victim survivors of family violence. What was the efficiency that was applied, and where will it be applied within the program? I am particularly interested to understand whether that is going to result in reduced services to protect victim survivors of family violence.

Mr BARNETT - Thank you very much for the question. I think it is more operational. I will ask my acting secretary to respond to the Honourable Member.

Ms BOURNE - Thanks, Attorney-General, through you. There is an efficiency dividend, so to speak, applied to the Safe at Home output. Starting at \$44,000 in this current financial year. And similarly, to legal aid, the blanket so to speak, 2 per cent, or up to 2 per cent efficiency, that we have applied to all outputs for areas to consider the best way they can meet that target does not apply to Safe at Home in light of the specific allocation that we have applied. Excuse me one moment.

Ms WEBB - So there is a \$44,000 efficiency being applied. The other part of my question, Attorney-General, is which parts of the service are expected to be impacted by that.

Mr BARNETT - So through you, Chair, this might be an opportunity for Gavin Wailes, our Finance Director to come to the table.

CHAIR - Finally we have sat him down.

Mr BARNETT - To come to the table and assist the Honourable Member with that question.

CHAIR - Welcome, Gavin.

Mr WAILES - Thank you, Attorney-General, through you. There is a couple of different elements to the Safe at Home output. There are the in-house services which attract the 2 per cent and a few other specific savings which we have already implemented. There are also the grants provided to the other agencies, which are provided through Justice, and we have applied a \$44,000 budget efficiency divided across those, and that is about \$4 million that the \$44,000 comes from.

Ms WEBB - So what sort of services are they, that are receiving that cut, through you, Attorney-General.

Mr WAILES - So they are the specific services that were provided in last year's budget on a permanent basis, so that is across the Departments of Police, Fire and Emergency Management, the Department of Health, and the Department for Children, Education and young people.

Ms WEBB - All right. Is the suggestion then, Attorney-General, that we need to find out what will be cut through those agencies themselves in relation to the Safe at Home funding that flows to them from Justice?

Mr WAILES - I wouldn't - sorry, Attorney-General, through you, I wouldn't expect there to be any cuts given it is only a small amount. But the way that funding is provided between government agencies, is because that funding is provided to those agencies from the Department, rather than directly through appropriation, means that it is effectively passing on the normal efficiency across all outputs through that funding, because it wouldn't otherwise have been applied.

Ms WEBB - Sure.

CHAIR - Thank you. 1.15 Office of the Independent Regulator. Mr Edmunds.

1.15 Office of the Independent Regulator (b)

Mr EDMUNDS - Thank you. The Office of the Independent Regulator has significant budget for its commencement. Do you know how many staff it will employ and do you have their position descriptions or each of their responsibilities?

Mr BARNETT - Thanks very much for the question. I would like to, before passing to the acting secretary, thank the Office of the Independent Regulator and the Independent Regulator, Louise Coe, for her leadership, and it has been a very, very busy year to deliver on the objectives of our government to ensure our Child Safe framework which commenced on 1 January this year. But I will pass to the acting secretary to provide more detail.

Ms BOURNE - My thanks, Attorney-General, through you. The Office of the Independent Regulator has been supported by the Department of Justice to recruit 18.6 FTE staff to key roles in the office. I do not have the individual position descriptions in front of me that are attached to those roles, noting that the independent regulator, Ms Coe, has set about to establish the office with a range of staff, both legal policy and support roles, to make sure she has the complement she needs to fulfill her statutory functions.

Mr EDMUNDS - Yes, no worries. How would the office - you have probably answered that, actually. Where will the office work from? Does it have a physical office setting?

Mr BARNETT - Yes, it does.

Mr EDMUNDS - Yes.

Ms BOURNE - Thanks, Attorney-General, through you. The Independent Regulator is already established and has office space in Macquarie Street in Hobart.

Mr EDMUNDS - Yes. That is where those 18.6 will all be located? There is no north, south or anything like that?

Ms BOURNE - Not at this stage; all in the south.

Mr EDMUNDS - Yes. No worries, thank you.

CHAIR - Good thing you answered that before the honourable member for Launceston came back. We will move now to 2.1, Crown Law. Ms O'Connor, you have a question?

Output Group 2 (b)
Legal Services (b)

2.1 Legislative Development and Review (b)

Ms O'CONNOR - Thank you, Madam Chair. Attorney-General, did Crown Law provide advice to government in relation to the contracts over the stadium and the AFL contract?

Mr BARNETT - Thank you for the question.

Ms BOURNE - Thanks, Attorney-General, through you. The Office of the Crown Solicitor, as the members would be aware, has a number of undertakings that it provides for government initiatives, and that does include the Tasmanian AFL licence. And the Project of State Significance process for the proposed new stadium.

Ms O'CONNOR - So can we just confirm, Crown Law will provide advice to government, but also to the Macquarie Point Development Corporation as it engages in procurement and the signing of contracts over the proposed, unaffordable, unpopular stadium at Macquarie Point?

Mr BARNETT - Thank you very much for the question, and of course I don't agree with all parts of your question. However, we will just see if we can assist the honourable member. My understanding is certainly that Crown Law provides advice to the government, but I will check with the acting secretary.

Ms O'CONNOR - In terms of the government sector.

Mr BARNETT - Yes.

Ms O'CONNOR - So Mac Point Stadiums Tasmania.

Ms BOURNE - Yes. Thanks, Attorney-General, through you. My understanding is the Office supplies legal support across all government - sorry, for commercial transactions across all government services. I would suspect that it is also providing advice to those entities connected to government as well, certainly for the purposes of the stadium, working very closely with State Growth around the process that was announced last week to make sure that they were well advised in terms of how that process is managed.

Ms O'CONNOR - Thank you.

CHAIR - Thank you. 2.2 Legislation Development and Review. Ms Webb.

2.2 Legislation Development and Review (b)

Ms WEBB - Thank you. I would just like to skip through a few examples of areas of legislation, reform or review and get an update from you, if that's okay, Attorney-General, knowing that we are short for time. The Sentencing Advisory Council has recommended treating all hate-motivated crimes as equally grievous, by allowing for aggravated sentencing if crimes are motivated by hate on a range of grounds, not just race. When will you introduce an appropriate amendment to the Sentencing Act?

Mr BARNETT - Yes, thank you very much. Just to put on the record again, my thanks to Michael O'Farrell and the Sentencing Advisory Council for their report. I have had a meeting with them, Mick O'Farrell and also other stakeholders, and I have asked my department to prepare advice. I am certainly inclined towards progressing the relevant reform, but I will need to take advice from my department before progressing further.

Ms WEBB - The next area, intersex surgeries. TLRI recommended, and the ACT has adopted, a law preventing unnecessary medical interventions on infants with variations of sex characteristics. Will you be introducing this reform?

Mr BARNETT - Again. Thank you very much for that. I am aware of the TLRI report and its recommendations. I had meetings with the relevant stakeholders, and my heart goes out to those people that I have met. It is a very, very sensitive and emotional matter for them and their families, and it is something I am taking very seriously and intend to do whatever I can to provide the best possible way forward for the future for people in such a position and some solace, at least, for those who've been through that situation where there was medical intervention at the -

Ms WEBB - So are you going to introduce something that will protect further children down the track from the same interventions by preventing that through a legislative mechanism?

Mr BARNETT - I think you have heard what I have just shared with you. I'm taking further advice from the department. I've met with relevant stakeholders and those concerned. I take it very seriously. I intend to progress in due course but with some vigour measures to address those concerns.

Ms WEBB - On the TLRI also, they released a review of privacy laws in Tasmania this year in May. It makes 63 recommendations because it says that our state's existing privacy laws are not adequately protective. Will the government be formally considering and responding to that TLRI report and the 63 recommendations and if so, when?

Mr BARNETT - Yes, I'm awaiting advice from the department on that report and will respond in due course.

Ms WEBB - Will our state be engaging in a harmonising exercise around enduring powers of attorney? I believe a national report from the Age Discrimination Commissioner

revealed a significant gap in that space and an issue around lack of harmonisation. Is this on your radar as progressing?

Mr BARNETT - Yes. My department is part of a national working group. It is on my radar and my department's radar, and we'll certainly be responding. But those sorts of things are normally done through a national approach wherever possible. That's my inclination as an attorney, and I think that's the best way, if at all possible, to progress those reforms.

Ms WEBB - Just one final one that I wanted to ask about is property disclosures. Tasmania and the Northern Territory are the only jurisdictions that don't require vendors to provide full disclosure about a property they're selling. LGAT has identified in its budget priority statement that more information is required on a breakfast cereal packet than for a property sale in Tasmania, which sounds pretty disgraceful. Consumers are left well and truly hung out to dry sometimes. So why does the Tasmanian Government continue to refuse to establish a modern property disclosure approach for Tasmania consistent with other states and will you pursue a legislative solution to that?

Mr BARNETT - Thank you very much for the -

CHAIR - A yes and a yes would be good.

Mr BARNETT - I can understand where you're coming from, Chair, but that would be an appropriate question for the appropriate minister for Consumer Building and Occupational Services.

Ms WEBB - Is it on the legislative agenda under this line item?

Mr BARNETT - Well, I'm not the relevant minister. The Minister for Small Business and CBOS is the Deputy Premier.

Ms WEBB - Okay. That's fine.

CHAIR - Thank you. The very favourite 3.3 Enforcement of Monetary Penalties, I think that's how we can help with the budget situation in Tasmania.

Output group 3(b)

Corrections, Rehabilitation and Enforcement (b)

3.3 Enforcement of Monetary Penalties (b)

CHAIR - Ms Rosemary Armitage, thank you.

Ms ARMITAGE - Thank you. My question is what rate of debtors entered into instalment or variation plans in the previous financial year? Do we have a percentage of how many people actually entered into -

Mr BARNETT - I think it would be useful to call Wayne Johnson to the table.

Ms ARMITAGE - Yes. Well, we always do. We were waiting.

CHAIR - We see him over there. Yes.

Mr BARNETT - Why don't we see if Wayne could join us.

CHAIR - Welcome, Wayne.

Mr BARNETT - He's the director of MPES.

CHAIR - Find your way through those mass of books there.

Ms ARMITAGE - If I might say, Attorney-General, that Mr Johnson was extremely helpful to a constituent of mine recently, and I think credit where it's due.

Mr BARNETT - I'm delighted to hear that.

Ms ARMITAGE - There was information provided.

Mr BARNETT - Delighted to hear, but not surprised. Thank you. If you just want to repeat the question, unless Mr Johnson's got -

Ms ARMITAGE - Just wondering about the rate of debtors that entered into instalments or variation plans in the last financial year, if there's a figure there or an idea of how many people are trying to pay off their fines.

Mr JOHNSON - Through you, Attorney-General. I do have that. I can't turn it up quickly for you. It does vary. We have about 30,000 debtors at any one time.

Ms ARMITAGE - Yes.

Mr JOHNSON - I'm sorry. I do have the figure, but I can't turn it up at a moment's notice.

Ms ARMITAGE - No, no. That's quite all right.

Mr BARNETT - We can get that back to you as soon as possible.

Ms ARMITAGE - No, that's perfectly fine. Just another question with regard to interstate debtors. So how many debts for debtors located in other jurisdictions get settled or finalised there? Do we have a bit of a figure?

Mr JOHNSON - Yes. Through you again, Attorney-General.

Mr BARNETT - Thank you, Wayne.

Mr JOHNSON - We estimate it's about \$11 million and we base that on their last known address that we had obtained through either the Electoral Commission or from the Motor Registry System. Most of those, probably about 4 million, we estimate are in Victoria, about 2, 2 and a half million are in Queensland, and about 1.5 million are in New South Wales.

Ms ARMITAGE - So just wondering -

Mr BARNETT - Just through you, Chair. I'm just double checking with Wayne, and the advice I have is at 30 June 2024, \$9.4 million was owed by persons believed to be residing interstate. Enforcement options outside of Tasmania are more limited. I'll just do a double check on that with my acting secretary and Wayne Johnson.

Ms ARMITAGE - While you're looking for those, I'm just wondering what enforcement tools do we actually have available for debtors who aren't in Tasmania. What can we actually do to get that money back?

Mr JOHNSON - Through you, Attorney-General.

Ms BOURNE - Through you, Attorney-General. Wayne, I'll just clarify. I think the figure that Mr Johnson provided is correct, but that includes debtors located overseas as well, and that \$9,370,228 is for interstate debtors. Just to clarify that point, Attorney-General.

Ms ARMITAGE - No, that's fine. Thank you, Attorney-General. I just wondered what can we actually do? What tools do we have available to get that money back?

Mr JOHNSON - Thank you. I can answer that question second. Your earlier question, I can tell you nearly \$30 million of the overall debt is subject to payment plans.

Ms ARMITAGE - Thank you.

Mr JOHNSON - As at 30 June 2024. Our powers are more limited across jurisdictional boundaries. Our Act is a state Act, of course. We can suspend people's Tasmanian licenses. We can suspend people's Tasmanian vehicle registrations. But our powers are limited across jurisdictional boundaries.

Ms ARMITAGE - So if they don't pay up, there's not a lot we can do unless they come to live here.

Mr BARNETT - Are you talking for interstate or in Tasmania?

Ms ARMITAGE - Interstate.

Mr BARNETT - Interstate, yes.

Ms ARMITAGE - Mainly interstate. Obviously, overseas as well.

Mr BARNETT - Far more challenging interstate.

Ms ARMITAGE - So we don't obviously have any reciprocal with other states to do with MPES.

Mr JOHNSON - Through you, Attorney-General. We do have some reciprocal arrangements, but again, they're limited. For example, Queensland has also passed reciprocal laws. However, if it's a court debt, if we seek to recover that or have Queensland recover that for us, that money stays in Queensland rather than coming to us.

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Ms ARMITAGE - Okay.

CHAIR - Well, let's do that for Queenslanders straight up.

Mr JOHNSON - Yes. There was an instance where a debtor owed in excess of \$100,000 living in Queensland. It was a few years ago, but it was one of the very few instances where I applied to a magistrate here for a warrant of commitment. I knew that the person up there was working, had a business. A warrant of commitment was issued. The Queensland police turned up and knocked on their door, and then they contacted me to enter into a payment arrangement, and they've made substantial payments as far as that debt goes.

Ms ARMITAGE - Thank you. Thank you, Wayne.

Mr JOHNSON - But that's a last resort.

Ms ARMITAGE - Thank you, Attorney-General. Appreciate it.

Mr BARNETT - Thank you, Chair.

CHAIR - Thank you very much. And I thank everyone for really pushing ahead with and meeting some sort of our time. So, we shall suspend for a morning tea break and we will come back before 11.35, we'll need to be started again. So just a tad after 11.30. Thank you.

The Committee suspended from 11.18 a.m. to 11.34 am.

We welcome to the table Daryl Coates of the DPP. Thank you very much. Is there anything, Attorney-General, that you wanted to say before we launch straight into questions?

Mr BARNETT - Thanks very much, Chair. I'd like to welcome Daryl Coates, our Director of Public Prosecutions and also his team, and also indicate as I shared in my opening remarks the significant funding support in this budget which recognises the important work of the DPP and of course the demand as well. So I won't need to say anymore, Chair, and happy to have questions.

CHAIR - Okay. Thank you very much. I'll start the line of questioning. You have indicated, Attorney-General, that there is an increase but every time the parliament deals with legislation and more recently it seems that there's a role for the DPP. So, you know, it continues to grow, and I'm really interested in whether the agency has those senior people. Because I know in the annual report Mr Coates talked about only having a few senior people and there is a need to increase the number of staff capable of conducting senior prosecutions. So I'm really interested in that senior component of your staffing and whether, you know, you've been able to make those appointments necessary to undertake those increased obligations under government policy and legislation. Also what challenges there are around that. I'm not sure how you want to handball that, Attorney-General.

Mr BARNETT - I will handball that directly to the DPP and thank you very much for the question.

Mr COATES - Thank you. We certainly do need more senior staff. Obviously, in the last few years there's been a significant increase in sexual assault cases and family violence

cases that need senior prosecutors. At the moment I've got to just send a business case study to the Justice department to employ some further senior people. However, having said that they are difficult to get. You probably have heard before there is a shortage of experienced lawyers who do criminal law.

CHAIR - How is that addressed? I know we talked earlier about the government having a policy around promoting young people, or not necessarily young people but people taking up a law degree. But it's going to take a while to get to that level, I expect, so do you look interstate, or do you just keep looking in the private sector and hope that you can present enough of the salary that will attract them into this area?

Mr COATES - Well we've employed some people from interstate recently. We look at graduates. We look at the private profession. I think one issue that we do have with staff is that in the lower-middle levels the salary in other positions in the public service where, say for example policy, is equivalent to what we're paying, and the pressure is far less so we lose a few people to those areas. So hopefully -

CHAIR - With the submission that's been made to the Justice department those band levels might rise or need to rise is probably what you're telling us.

Mr COATES - Yes.

CHAIR - So, Attorney-General, here we have it. You've got the DPP asking your department for assistance here. So what can you give back to the committee that might give Mr Coates some comfort?

Mr BARNETT - Well the first thing we can give back to the committee is the \$9.6 million increase in the budget for the DPP over the next four years, which is a flow-on from the important work in response to the Commission of Inquiry. Having said that I'll pass to the acting secretary to add to my answer.

Ms BOURNE - Thanks Attorney-General. Through you. As Mr Coates has indicated we work very closely with each of the Crown principals and the Director of Crown Law about staffing needs, and I think it's a multi-faceted approach. Both seeking to be an attractive employer and part of that is obviously the salary and working with Crown law about making sure that position descriptions actually match the work that practitioners are doing in an incredibly demanding and now increasingly trauma-informed area of work to make sure that we can attract the best people and we'll consider that business case and continue to liaise with Crown law and also making sure that we continue to grow our own through our graduate program as well to add to that employer of choice.

CHAIR - Given that we've already heard that it's obviously a high-pressure environment, and as you've indicated, needs to have that trauma-informed background sitting there as well given what is dealt with. So what sort of supports are there in place in the DPP office for those staff that you do have and that you do want to keep in regard to dealing with that high stress and pressure that they work under on a day-to-day basis.

Mr COATES - We've put a number of things in place. Firstly, we have a two-day in-house CLE session twice a year. We normally will have some to talk about health and wellbeing, vicarious trauma. Secondly, we encourage people to contact the Justice Department

provider for health and wellbeing. Thirdly, any person in our office is entitled to, the policy says I think it's four sessions with their own private psychologist psychiatrist which we fund. But when people go past four, we continue to fund it. Those people, the accounts are sent to the Director of Crown Law, so the senior legal staff don't know about that. So it encourages people to use it. Of course, we do know about some of them because they tell us. We try to mitigate their workloads as best we can but as I said the workloads are heavy and going to court is stressful.

CHAIR - Speaking of going to court and the DPP annual report for 2022-23 gave a number of figures around criminal prosecutions and the like and I know that your annual report will be out fairly soon for the next one -

Mr COATES - There's a draft at my assistant's at the moment.

CHAIR - Yes, so I'm just interested, and I don't need to know every figure, but are the numbers still tracking somewhat similar to what they have in the past? For instance there were 515 criminal prosecutions and then they were finalised in the reporting year, and the number of discharged persons was 194. Then there were new committals that increased significantly from 446 to 545. So just some indication of whether the numbers looked like they're tracking similar to the previous annual report figures.

Mr COATES - I don't have the exact figures here, but the amount of work disposal was increased to, I think it was about 540-something. The discharges decreased to; I think it was 190-something the year before to 140-something this year. Unfortunately the new committals rose from 544 to 689. So in two years they've risen from 446 to 689 which is a 50 per cent increase.

CHAIR - No wonder your staff are stressed.

Mr COATES - That's despite the backlog bill that is reduced - that the less serious matters have gone back to the Magistrates' Court. So, for example, family violence has increased. For example, in the last financial year we had 130 cases of strangulation, which is a new offence under the criminal code. That may not mean that we indict for 130, because we also have the offence of persistent family violence, so some of those will go into that. There's been a significant increase in funding to police in that area, so that's resulting in the increases in the committals.

CHAIR - Thank you, Daryl. They've quite sobering numbers, aren't they? I mean, you're dealing with them on a daily basis, so we certainly, you know, acknowledge the workload of your office. I'd like to invite Ms Webb to ask a question, then Ms Armitage.

Ms WEBB - Thank you. It's really just following on to the same theme. Because it did say in your 2022-23 annual report when you highlighted the increase, 20 per cent increase at that time over 12 months, in the number of acquittals, and you've just described an even higher increase now anticipated for this time around. My comment there was that the backlog has remained about the same. It can only be addressed by a sizeable increase in resources. Now, that's not present in this budget, is it?

Mr COATES - We've got an increase in resources.

Ms WEBB - No, but not to address that backlog that you're talking about.

Mr COATES - I think that to address the backlog there needs to be a multi-faceted approach. For example, we certainly need more resources. Defence counsel need more resources. But, significantly, the police - for example, the police disclosure office needs more resources. But, significantly, in my view, we need something to do to address the late pleas of guilty. In South Australia and New South Wales for a number of years now they've had legislation that gives statutory discounts for pleas of guilty that the earlier you plead, the bigger your discount. That has a number of benefits: firstly, it means busy defence counsel have to look at matters earlier.

Secondly, resources are not tied up preparing matters for trial: so, for example, police resources, Forensic Science Service Tasmania resources and our resources. Thus, having the matter plead on the day or a couple of days beforehand, they're not tied up and they can be obviously used on cases that are going to trial. I just don't think there's one solution to the backlog. There's, you know, a number of different approaches.

Ms WEBB - I'm just trying to clarify, though, in terms of the comment from your annual report that a sizeable increase in resources was needed. The money that's provided in this budget, the additional money to increase capacity to respond to commission of inquiry recommendations, that's set - that's aside from backlog issues or is there a correlation between them?

Mr COATES - There is a correlation between -

Ms WEBB - How much overlap is there?

Mr COATES - Sexual assault cases amount to about 20 per cent of our actual cases, and then we've got the sexual advice charging service, so it's a significant proportion of our workload.

Ms WEBB - And so that extra capacity that's provided there in the budget to cover commission of inquiry responses, is that sufficient to meet the demand that you've got there in that space? And, therefore, what I'm interested to know then is what's left over and what resources are required to meet that.

Mr COATES - I'm hopeful. We're getting 1.5 this year and an extra 1.2 next year. I'm hopeful that that will be sufficient, yes.

Ms WEBB - Yes. Then in terms of if that deals with the commission of inquiry-related things, the rest of the backlog, can you quantify what's needed to help address that more effectively?

Mr COATES - I can't put it in a dollar figure, no.

Ms WEBB - Okay.

Mr COATES - Thank you.

Ms WEBB - You mentioned timely disclosure of evidence as an issue, and there's multiple parts to that, presumably, but where are the points of pain that need to be better resourced to address that particular issue?

Mr COATES - I think - and we've had discussions with Tasmania Police - the Tasmania Police disclosure office is extremely busy. Disclosure now has become much more complex because in the past it was just statements, but now there's video footage they've got to look at, there's CCTV, there's medical records and so on. And you can't just - you've got to - firstly, they've got to look at to see what should be redacted. They've got to look at what a video footage is relevant. For example, now we regularly get police body-worn camera. There might be the police officer goes out on a shift, there might be 3 hours of body-worn camera footage.

Ms WEBB - No, I understand there's increased complexity.

Mr COATES - Yes. Yes.

Ms WEBB - So are you pointing to the police team that deals with that as needing extra resources to process that more quickly -

Mr COATES - Yes. Yes.

Ms WEBB - So it comes to you?

Mr COATES - Yes.

Ms WEBB - Are there any other areas that require more resourcing, then, to assist with the timely disclosure of evidence?

Mr COATES - Not that I can think of at the moment, yes.

Ms WEBB - Right. That's the key area.

Mr COATES - Yes.

Ms WEBB - Thank you. I'm happy to move on.

CHAIR - There's a conversation with the Minister for Police, Attorney-General.

Mr COATES - I can say that we've had - the chief justice, myself and the police commissioner have had discussions in respect of that, yes, recently.

CHAIR - There's some urgency. Would that be fair to say? There's some urgency.

Mr COATES - There -

Mr BARNETT - Sorry, I'll just -

Mr COATES - Yes.

CHAIR - And that's certainly a question for you, Attorney-General.

Mr BARNETT - I guess it's a question for the Attorney-General.

CHAIR - Yes.

Mr BARNETT - And I'm sure the DPP could add to that. But, look, the DPP has outlined some of those challenges and concerns, particularly in terms of police and how that might assist the work of the DPP and the government more generally. The late pleas of guilty is absolutely, you know, on my mind in terms of potential reforms. We need a dedicated multifaceted approach, which I think the DPP made reference to, to address the backlog. And there's definitely an agenda item which is at the top of my list or certainly a priority that I consider very important.

CHAIR - I saw you making notes, so well done, Attorney-General.

Mr BARNETT - Thank you.

CHAIR - I'm sure others here would've also been making notes. Thank you. Ms Armitage.

Ms ARMITAGE - Thank you, Chair. Before I go on to my other question which I did ask the Attorney-General earlier and it was determined to be DPP, you've mentioned that reforms are on your mind. Would you look at suggested legislation as they have in another state; that there is, you know, a discount, obviously, for a guilty plea, which does fly in the face of the legislation that - the other legislation you tend to put up, which was mandatory sentences, which obviously discourages anyone from having a guilty plea. But we've had it in the past, the mandatory sentences, which to my mind discourages a guilty plea, because you're obviously going to get a mandatory sentence. Would you look at the plea of a guilty discount, as was indicated by Mr Coates in other state?

Mr BARNETT - The first thing I -

Ms O'CONNOR - Excellent question.

Mr BARNETT - Thank you very much for the question. The first thing I would say is, without pre-empting debate in your house or elsewhere, but you've made mention of mandatory sentences.

Ms ARMITAGE - Yes.

Mr BARNETT - Also I'm sure you'd made mention of presumption of mandatory sentences, which is actually a different matter, but on a similar vein.

Ms ARMITAGE - Yes.

Mr BARNETT - Having said that, as the Attorney-General, I will be taking advice from my department and likewise consulting with the justice forum, which are the key legal stakeholders and spokespeople, including Daryl, for example, in the DPP on these very important matters. We've worked through very effectively on a collaborative basis the Judicial Commissions Bill, which I think I'm really pleased where that's landed with great input and

important input where we've made amendments along the way to that legislation. It was really positive and collaborative. Goodwill all around.

My expectation is that I will continue to work with the justice forum, particularly with respect to the backlog and with respect to court reform, knowing there's an independent - you know, there's the separation of powers. They have an important role. But I'd like to think we could work together to look at those options. All of those options are on the table, including the option you referred to with respect to the South Australian legislation.

Ms ARMITAGE - No, thank you.

CHAIR - Yes, the question that you already asked.

Ms ARMITAGE - The question I asked earlier with regard to not expecting you to - through you, Attorney-General, to advise me of any individual case, but in the examiner newspaper last week, 31-year-old woman had to appear in court for nearly three years, and then had the case dismissed in the Supreme Court. As I said, I'm not going to ask you about that individual case, but if you could advise the main reason for delays, backlogs, and also dismissal. Is it a lack of the prosecution or defence not being ready? Is it a lack of judiciary? Or is it because when they get as old as this one gets, that the witness' are no longer available? There's no evidence there anymore.

Mr BARNETT - So, Chair, through you. Thank you very much for the question. Of course, we can't go into individual matters.

Ms ARMITAGE - Yes. No, and I don't wish for individual cases.

Mr BARNETT - And you have made that point.

Ms ARMITAGE - Yes.

Mr BARNETT - And I am just emphasising the point.

Ms ARMITAGE - It's all right.

Mr BARNETT - Having done that, we'll pass to the DPP.

Mr COATES - Well, there can be a -

Ms ARMITAGE - Well, the main reason. The main reason.

Mr COATES - The main reasons why we might discharge a matter that is old. It could be that a witness is no longer available. It could be that their memories are vague. There could be any - and in some -

Ms ARMITAGE - So there's not one main reason.

Mr COATES - In some cases, I've said, well, look, this has happened. There is a reasonable prospect of conviction, but there is also a reasonable prospect of acquittal. They're

not mutually exclusive. It is a relatively minor case. We've got all these more serious cases to do, and I -

Ms ARMITAGE - And a lot of court time tied up.

Mr COATES - And a lot of court time tied up. I have decided it's not in the public interest to continue. As I said, one of the problems with these cases is the shortage of defence counsel. For example, a defence counsel can't be in four places at once, so even if we've got court time and we could get it on, if we had more lawyers, the court would say, 'Well, you'll have to brief that.' But there's such a small pool of defence counsel, it's not possible with some cases for them to brief.

Ms ARMITAGE - Thank you. One final question, is there any indication of how many cases would be dismissed during a year? Just the average percentage because of, you know, lack of witnesses, lack of court. And when you do go through and think, okay, we've got so many serious cases that need to be dealt with, just wondering if there's any indication, Attorney-General, of how many cases might be dismissed in a year after people as in the case I mentioned, three years going back and forward to court.

Mr COATES - Thank you for the question. Well, last year there was 147 cases that we didn't continue.

Ms ARMITAGE - Yes.

Mr COATES - That was a decrease from, I think, the year before to name a report that I think was -

Ms ARMITAGE - It was 161. Wasn't it?

Mr COATES - It might have even been a bit higher, 194 or something. We -

Ms ARMITAGE - I thought I read the report quite well.

Mr COATES - Yes, except for sex cases, sexual assault cases. We haven't done a study of the reasons - you know, we haven't done an audit of the reasons. We did for the commission and inquiry in relation to sexual assault cases, and I can give you the figures for those. Here it is. We did a study of 231 sexual assault cases against children, and when I say against children, the complainant's may no longer be children because we get a lot of historical cases, between 1 January 2017 and 31 April 2022. So that was 231 committals. There was a conviction rate of 67.53 per cent, and a discharge rate of 23.3 per cent, which - and 54 were discharged.

Of the 54 that were discharged, 10 matters were for complainant's unwilling to proceed. Some was that there is no reasonable prospect of conviction. Having said that, we would have a less of a dropout rate, say, for sexual assault cases than, say, for an assault that's occurred in, you know, a pub or a hotel or something like that. We have witness assistance officers that try and will stay in contact with the complainants and give them updates. So that's the only area that we've done a study on.

Ms ARMITAGE - No, I appreciate it. Thank you. Thank you, Attorney-General.

Mr BARNETT - Thank you.

CHAIR - Thank you. On behalf of the committee, we very much appreciate your time. We know how busy you and your staff are, and we thank you for the work that you do, and particularly acknowledge how stressful the work is. Keep up the good work, Daryl.

Mr COATES - Thank you.

CHAIR - Cheers. Thank you. We will now move to 1.1 which is the Integrity Commission.

Output Group 1 Integrity Commission

1.1 Integrity Commission

Mr BARNETT - Thanks very much, Chair. I think Julia Hickey, our acting CEO, is here.

CHAIR - You've timed that beautifully. Welcome.

Mr BARNETT - Thank you very much, Chair. We have Julia Hickey, acting CEO.

CHAIR - Thank you. Ms O'Connor.

Mr BARNETT - I could just update the committee, if you'd like, in terms of the appointment of the CEO.

CHAIR - Sorry.

Mr BARNETT - That it's not far away, so it's gone through the usual process.

CHAIR - Not far away.

Mr BARNETT - I think you are aware of that protocol, so the Premier will have more to say in the very near future.

CHAIR - Any chance of defining 'not far away'? I've heard a few times around this place. Not far away could be months.

Mr BARNETT - No, in coming weeks, if not sooner.

CHAIR - Thank you. Ms O'Connor.

Ms O'CONNOR - Thank you, Chair. Minister, I want to take you back to the Weiss Independent Review into Paul Reynolds, and specifically recommendation no.5 as it relates to the Integrity Commission, and we'll get to some broader questions about the Integrity Commission's under funding soon. But recommendation 5 calls for amendments to the Integrity Commission Act to ensure all notifications made to the Integrity Commission in respect of members of Tasmania police who are alleged to have groomed and or sexually

abused persons can be investigated independently by the Integrity Commission, and there's a series of points there attached to this recommendation. One of them is to provide coercive examination powers to the Integrity Commission. Could you please provide an explanation to the committee about why these amendments haven't been brought forward, and why no extra funding has been allocated to the Integrity Commission to undertake these new responsibilities?

Mr BARNETT - Thanks very much for the question. I appreciate that, and as the Premier has said, on a number of occasions, we support the Weiss Review and all of the recommendations and commit to implementing those. And we have previously stated that, and as the Premier has outlined, the Integrity Commission will be reviewed with an eye to giving it a greater capacity and capability to conduct its work by mid-April 2025, and that's on the public record.

In terms of that review, it will include, as I understand it, any outstanding Commission of Inquiry recommendations, any outstanding recommendations from the 2016 Cox Statutory Review, and the May 2024 Integrity Commission Report into the right to information requested in the Department of Health, and the recommendations of the June 2024 Weiss Review. And the government has previously committed to increasing that support for the Integrity Commission, subject to the outcomes of that review of the Integrity Commission and the financial needs as they relate to the powers and width of the Integrity Commission's jurisdiction in existence at that time. And just to conclude, as I said at the opening remarks and in the parliament on many occasions, I respect and appreciate the work of the Integrity Commission and what they do.

Ms O'CONNOR - Thank you, Minister. I'm sure you would agree, given that the Cox Review was handed down in 2016, there's also been commission of inquiry recommendations, the Weiss Independent Review, you would agree that the process of reform of the Integrity Commission to enable it to do its job properly has been glacially slow. Now, are you confirming that the review for the JLN will be complete by April next year? That's the first part of my question.

The second part is has the Tasmanian Government - so this is something you could do without waiting for a review - written to the Commonwealth seeking amendments to the Telecommunications (Interception and Access) Act of 1979 to define the Commission as an eligible agency and grant it the status of a criminal law enforcement agency for the purposes of that Act? That is not something that you should have to wait for the JLN Review to undertake.

Mr BARNETT - Thank you very much for those questions. The first part of the question is yes, the Premier has announced the review and that will report in April next year. However, we're not waiting, and to indicate with respect to the Commission of Inquiry recommendation 18.11, which is endorsed the 2016 Independent Statutory Review by The Honourable William Cox AC, RFD, ED, QC regarding mandatory public authority notification of serious misconduct and misconduct by designated public officers to the commission. So that is legislation that I'm progressing to be progressed before the end of this year and tabled -

Ms O'CONNOR - An amendment to the Integrity Commission Act?

PUBLIC

Mr BARNETT - It'll be an amendment to that relevant legislation. It'll be likely in the form of a justice miscellaneous amendment bill. But yes, I will be progressing that reform. I think that's the main point. I'm happy to -

Ms O'CONNOR - The second part of the question was the request to the Commonwealth for us to be included under the Telecommunications (Interception and Access) Act of 1979.

Mr BARNETT - Thank you very much. That's certainly acknowledged, and as I said at the beginning, we support all the recommendations, so I think we'll be taking further advice from the department on that and progressing that accordingly based on that advice.

Ms O'CONNOR - So as you know, Attorney-General, relative to every other integrity body in every other jurisdiction, the Integrity Commission of Tasmania is significantly underfunded, far too few staff. Just as the Ombudsman was critical of your government's budget allocation to the Ombudsman's office this year, so to Chief Commissioner Greg Melick on 8 July, so before the judgment, said, 'On our current budget, we cannot provide the level of investigation or oversight that the report, that is the Weiss Review, recommends'. Minister, this is before the Budget went to the printers. Why wasn't there an allocation made to increase the funding of the Integrity Commission in light of all this extra work we're expecting this body to do.

Mr BARNETT - Thank you very much for the question. I think the report recommendations was brought down in June, as I recall it. Obviously, that needs to be given careful consideration. The Premier has outlined a commitment on behalf of the government to support those recommendations and to implement them. So that does take time, as you would understand, being a former minister in a government, and you're also aware of the budget process. But now that we have landed where we have, I certainly, as Attorney-General, would be keen to progress the implementation of the recommendations within my portfolio areas.

Ms O'CONNOR - Just a final question on this line of questioning, please, Chair. So Minister, just back to the request to the Commonwealth, can you confirm that request will be made?

Mr BARNETT - I can confirm that my department's aware of that report and recommendations, and I will be awaiting advice from my department and I'm looking -

Ms O'CONNOR - But you've had it for three months, this report.

Mr BARNETT - Yes, and I'm aware of that, and that's why I'm awaiting that advice from the department. I can check with my acting secretary as to the status of that advice and how quickly that could be acted on.

Ms O'CONNOR - Thank you.

Mr BARNETT - So if you're willing to hear from the acting secretary.

Ms BOURNE - Thanks, Attorney-General, through you. It's certainly something that the agency is considering in the context of the broad suite of proposed changes to the Integrity Commission Act coming out of our 2022 discussion paper, further discussions with the Commission about other amendments that it would like to be made, the relevant commission

of inquiry recommendations which the Attorney-General has touched upon, and the particular recommendations coming out of the Weiss Review, all in anticipation of the overarching review of the Act as part of the JLN agreement.

Ms O'CONNOR - Sorry, with respect, this is about Commonwealth legislation as distinct from the state Act where every other integrity body, through you, Minister, has these powers under Commonwealth law. I would have thought it's something that could be progressed as a core part of Regina Weiss' report prior to or during the review process initiated by JLN.

Ms BOURNE - Thanks. Attorney-General, through you. That's certainly an option that the department will put to the Attorney-General so as to be seen to be continuing to make change where possible without distorting any further work that may or will occur. And certainly, we've been talking with the Commission particularly around the implementation of recommendation 5 to enable that recommendation to the Commonwealth to be made, noting that many of the powers recommended by the Weiss Review the Commission has but working about what the nature of that request to the Commonwealth will be to be able to give effect to recommendation 5.

Ms O'CONNOR - Thank you.

CHAIR - Thank you, Ms Webb.

Ms WEBB - Thank you, Chair. I've got a few questions around the resources in the Budget there. Firstly, just to clarify, has an efficiency been required of the Integrity Commission and, if so, what areas of its operation does the Attorney-General expect to be impacted?

Mr BARNETT - I think I answered that question earlier, but just to confirm in terms of that, it ended up being, in terms of the efficiency dividend, a \$20 000 efficiency dividend, which because of its very small size wasn't actually in the Budget. But yes, that's what the figure is for the efficiency dividend.

Ms WEBB - Do we have a line of sight on what that's likely to impact in terms of the Commission's work?

Mr BARNETT - The \$20 000 impact? I'll just check. I'm not sure if our acting CO would like to comment on that. Please feel free.

CHAIR - Gavin might have something to add.

Mr BARNETT - Thank you, Chair. Gavin Wailes is at the table, our finance director.

CHAIR - Welcome back, Gavin. I don't know why you don't stay for the entire journey.

Ms WEBB - It's just minor questions, so please, let's have the answer and we'll keep going.

Mr WAILES - Thank you, Attorney-General, through you. There's a few minor efficiencies that have been applied by the Integrity Commission, including a transition of desk

phones to Microsoft Teams phones, which is a saving on desk phones costs with a reduced fee for licensing through Teams. There's also some training savings which have been allocated and a reduction in consultancies.

Ms WEBB - So delivering less training?

Ms HICKEY - I think, through you, Mr - attending less training.

Ms WEBB - Attending less training.

Ms HICKEY - Not delivering.

Ms WEBB - So purchasing less training for staff.

Ms HICKEY - Yes.

Ms WEBB - Thank you.

Mr WAILES - Sorry, that would also include some of the major conferences, so doing online training rather than attending interstate conferences, for example.

Ms WEBB - Thank you for that detail. I'm going to move on. That was just a small little question. In relation to the money that's been provided or the allocation that's been provided in the Budget for oversight and compliance program related to the commission of inquiry, \$200 000 each year across the forward estimates, it's a fairly vague description there about that being to actively monitor and oversee notifications and investigations conducted by public authorities. What is that money being spent on in order to provide that function?

Mr BARNETT - Thank you for the question. I'm happy for either my acting secretary or the Acting CO to respond.

Ms HICKEY - So through you, Minister. The additional resources will be allocated to our existing staff, so we already have an oversight and compliance function and we're hoping to expand that to some extent. It's a very small component of our operations unit.

Ms WEBB - What I'm interested to understand then, minister, is the degree to which that actually meets the need that is there in terms of a resource to undertake the function necessitated by the commission of inquiry recommendations. Is \$200,000 a year what was asked for or identified by the Integrity Commission as necessary to fulfill the function?

Mr BARNETT - Thanks very much for the question. Obviously, it's come out of the commission of inquiry report and recommendation which we take very seriously but in terms of the detail around that I'll pass to the acting CEO.

Ms HICKEY - Through you, minister, again it's simply a small expansion of an existing capacity. We have received a lot more notifications since the commission of inquiry was released so there's evidence that there's increasing demand as it were. So that will expand that capacity to some extent but it's impossible to determine whether that will be fully or whether the notifications will continue to increase.

PUBLIC

Ms WEBB - Right. It wasn't identified that there was a certain level of resource that would be required to meet delivering on that recommendation?

Ms HICKEY - I don't believe so. No.

Ms WEBB - Thank you.

CHAIR - Thank you. Mr Edmunds.

Mr EDMUNDS - Thank you. Just a quick one from me. Was it the 2021-22 annual report which made reference to an elected member having failed to declare and manage conflict of interest when making policy and expenditure decisions. I don't want to get into the politics of this but how long do you consider is acceptable for an investigation like that to remain outstanding?

Mr BARNETT - Yes, certainly. Thank you very much for the question. Certainly, as an Attorney-General I don't think it would be appropriate for me to comment on individual matters. I don't intend to. I'm more than happy for the acting CEO to add to that answer if the acting CEO wishes to add anything.

Ms HICKEY - Through you, minister, investigations by their nature are very complex. Similarly, it's not appropriate for me to comment on individual investigations but some matters are particularly complex, and we have to go through all the appropriate steps that are required to conduct a thorough and robust investigation that affords procedural fairness.

Mr EDMUNDS - The reason why I ask is obviously because there's a cloud over all 50 members of the parliament while this drags on. My next question is, do we consider that there are enough resources with the commission to conduct the inquiry?

Mr BARNETT - Again, I can't comment on individual matters. We support the work of the Integrity Commission and the importance of it and as you can see, we have provided funding support in response to the commission of inquiry related matters and there's a review currently being undertaken established by the Premier and that will be reported in April of next year.

Ms WEBB - Can I follow on from that?

CHAIR - Sure. I have a supplementary from Ms Webb.

Ms WEBB - Clearly these are long-running investigations and I'm not pointing to one in particular but there are a number of long-running investigations we're all aware of through public commentary. There's no doubt there's factors holding those up. That's nothing to do with the Commission of Inquiry money that's been provided in the budget. You haven't provided additional resources, presumably, to assist with potential resourcing issues that are contributing to delays in investigations. Would it be fair to say that there's a range of factors contributing to long-running investigations not being finished in a timely fashion? One of them might be resourcing issues. What would the other issues be? Are they legislative in nature? Are they to do with other legal impediments?

PUBLIC

Mr BARNETT - Well again thank you for the question and just cannot comment on individual matters.

Ms WEBB - I'm not asking you to.

Mr EDMUNDS - No one's asking you to.

CHAIR - No. That was a broad question.

Mr BARNETT - Thank you for that, and I'm making that point reasonably firmly. So thank you very much for that. I've indicated the importance of the Integrity Commission and its work and my thanks likewise to Greg Melick and the commissioners as well. Having said that I will pass to the acting CEO who might be able to speak to the second part of the question.

Ms WEBB - If I could clarify what the question was. It was in a broad sense the sorts of factors that may cause an investigation to drag on for an extended period of time; could we entirely attribute it to a lack of resourcing in the investigations team, or would we look to other factors and a combination of factors? Including legislative factors or others?

Ms HICKEY - So through you, minister. There are a range of factors that can lead to delays. There are a number of potential amendments to the Act that we have identified that are priorities that would help us to move through the investigative process in a more efficient way. There are sometimes examples of legal challenge to our powers which is perfectly appropriate and reasonable. The operations team in and of itself of course is constrained and it is limited, and the FTE of that team is always going to be - everything that we do is discretionary in a sense, so we have to make decisions about what to prioritise.

Ms WEBB - Would it be fair to say that - are there matters to do with the Act that require review and reform that would better protect against things like legal challenges being put in the way of progressing investigations?

Mr BARNETT - Well, I think the acting secretary might wish to add to the answer.

Ms BOURNE - Thanks, Attorney-General. Through you. Without being able to detail all of the changes that the acting CEO has referred to, certainly there has been ongoing engagement between the department and our strategic legislation team and the commission about what, in addition to the some of the changes existing reviews have suggested should be made to the Act, what changes will improve the operational efficiency, for lack of a better word, of the investigation process.

CHAIR - Thank you. Ms O'Connor.

Ms O'CONNOR - Thank you. Minister, as you're aware the comprehensive Cox Review Report of the independent reviewer brought down 55 recommendations which would address many of the functional challenges that the Integrity Commission may have. Government has only adopted six of those recommendations. Can you commit today to the review process, which will be finalised by April next year, incorporating those evidence-based, well-researched recommendations of former Justice Cox?

Mr BARNETT - Thank you very much for the question and I understand that. It's my clear understanding that the review that the Premier has established will consider all and any relevant measures to provide that report by April next year which would include the Cox Review Report and recommendations as well as the Weiss recommendations of June this year and as well as any outstanding commission of inquiry recommendations. I've already indicated to the committee of my intent as an Attorney-General to not wait, but to progress at least one of those legislative reform measures before the end of this year.

Ms O'CONNOR - What role will the Integrity Commission play? What role has it played in establishing the review that's underway and what role will it play, as it should, in advising that review to get the best outcomes for legislative reform?

Mr BARNETT - Yes, thanks very much for the question. Just to recap for the committee this is an inquiry established by the Premier as the relevant minister and as the Premier of course and so in terms of that it's probably a good question for the Premier.

Ms O'CONNOR - You are a relevant minister. This Act comes under your area of responsibility. This body does, which is why we're sitting here.

Mr BARNETT - Yes, and you're also aware that the Premier appoints and does have responsibility for the inquiry that's taking place and the terms of reference for that, and the important role of that independent review, and I have no doubt that the relevant inquiry would take advice from the Integrity Commissioner. I have no doubt they would take advice from my department's acting secretary and/or others in the department, and indeed other key stakeholders in the community. So that is my high level of expectation.

Ms O'CONNOR - Will you be involved in - presumably, given that it is part of your area of administrative responsibility, what involvement will you have in making sure that we end up with is an Integrity Commission which is fit for public purpose, and also that you are not having questions around public trust in the commission because it has been underfunded and nobbled by an Act that is not fit for purpose.

Mr BARNETT - Thank you for the question. It is certainly my expectation of having input and being consulted, and when that report is delivered in April I would be absolutely motivated, like the Premier, to ensure that the Integrity Commissioner is given the capacity and the ability to fulfill its functions in a very comprehensive and efficient manner.

Ms O'CONNOR - Would that include, Attorney-General, the recommendation in the Cox Review around section 91 of the Integrity Commission Act, which gives people who are subject to a complaint or an allegation the right to silence. Unlike any other investigative integrity body in the country, including the Commonwealth, we have a special provision here that gives people who are the subject of a potential investigation an automatic right to silence. Which means if they elect to take their right to silence, then investigations can die before they have drawn their first breath.

Are you prepared to look at section 92? Is it a recommendation in the Cox Review that the privilege against self-incrimination be excluded from the Act. It has also come up in the Weiss Review. It is a problem for the commission, don't you agree?

PUBLIC

Mr BARNETT - Yes. I would add two things to say about that. The review, I am sure, will take into account all of the report and recommendations of the Cox Review, as I have indicated it is very important. And indeed, all of the report and recommendations of the Weiss Review. What we do not want as a government and as a community is for the Integrity Commission to be weaponised in a political sense, because that is not in the best interests of the State, and that undermines the confidence in the Integrity Commission.

Ms O'CONNOR - Where did this come from? That is not the question: the question related to section 91 of the Act, it is a very specific question about a clause in the Act that can hobble Integrity Commission inquiries. Have you had a look at section 91? Do you agree with former Justice Cox that it should be dealt with?

Mr BARNETT - I have got enormous respect and admiration for the Honourable Bill Cox and his work, and yes I have reviewed and considered it very carefully, his report and recommendation, and I have no doubt that the Premier's independent review will consider that also as a high priority and deliver its report in April next year, when the Premier has indicated it will be delivered.

CHAIR - Thank you. Mr Edmunds?

Mr EDMUNDS - Just going back to the questions from the Member for Nelson and myself around the powers and the barriers to the investigations: has the Commission given any advice to the Attorney-General on these barriers?

Mr BARNETT - What barriers are you talking about?

Mr EDMUNDS - The barriers to investigation the Integrity Commission. No, sorry, the

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Ms WEBB - Completing investigations.

Mr EDMUNDS - Thank you.

Mr BARNETT - Yes. Well, I think the acting secretary answered that question earlier in terms of the interaction between the Department and the Integrity Commission.

Mr EDMUNDS - So the commission has given advice on how they would best see this tackled?

Mr BARNETT - That's best for the acting secretary to answer that question.

Ms BOURNE - Yes. Thanks, Attorney-General, through you. Advice in the sense of ongoing discussion and engagement around potential additional legislative reforms to improve their operations, that we then package up, essentially into advice to the Attorney-General on potential future law reform.

Mr EDMUNDS - Thank you.

CHAIR - Thank you. A final question, Ms Webb.

PUBLIC

Ms WEBB - Thank you. I had two, but I will go with one. So, the independent review that is being undertaken, or is to be undertaken, as you said, commissioned by the Premier, where is that being funded from? The Integrity Commission's budget, your department's budget, or the Premier's department's budget?

Mr BARNETT - Yes. Thank you for the question, we will take that on notice.

CHAIR - Thank you. Just make a note that there is a question on notice from Ms Webb around the funding for that. And you had another question?

Ms WEBB - I just wanted - it is probably a shortish one. The proportion of the actual Integrity Commission budget that goes to complaint handling audit investigation areas.

Mr BARNETT - So I think that is best - the acting CEO might be able to respond. I will just check.

Ms HICKEY - Through you, Minister, the majority of our budget is salaries. We have three units, effectively. We have the Operations Unit, Education and Engagement, Corporate Services, each is about a third. So, I don't know the specifics, but it would be equivalent: approximately a third of our overall salaries budget.

Ms WEBB - And the costs associated with the Board, where do they sit in that?

Mr BARNETT - Thank you for the question.

Ms HICKEY - Through you, Minister, that the board and the Chief Commissioner are funded out of an executive allocation.

Ms WEBB - So that's not part of the line item that we see here in the budget; that's separate to that line item amount? So, the revenue from appropriation is \$3.7 million or thereabouts.

Ms HICKEY - Yes.

Ms WEBB - So the board and the Chief Commissioner are separate to that?

Ms HICKEY - No, they are part of that.

Ms WEBB - Or inside that?

CHAIR - Included in that.

Ms HICKEY - Yes, they are included in that.

Ms WEBB - And what proportion of that amount does that represent?

Ms HICKEY - So the board members, individually, are remunerated at approximately \$15 000, and the Chief Commissioner, I believe, is approximately - actually, no, I think it is over \$100 000, but I can't remember the exact figure.

PUBLIC

Ms O'CONNOR - Much less than his counterparts in a similar role interstate.

Ms WEBB - No doubt. May we seek that detail?

CHAIR - Yes, is that able to be provided, a breakdown of that?

Mr BARNETT - It would be, absolutely.

Ms HICKEY - Through you, minister, it is actually in our annual report.

CHAIR - Your annual report?

Ms HICKEY - Yes.

CHAIR - And Gavin has probably got it in his hand.

Mr BARNETT - Gavin might be able to explain it all, members.

CHAIR - Thank you, Gavin.

Mr WAILES - Thank you, minister. Through you, last year the Integrity Commission spent \$228,630 on board salaries and other related costs.

Ms WEBB - Thank you.

CHAIR - Thank you.

Ms WEBB - So we are expecting a similar, I presume, similar amount this time.

Mr BARNETT - Thank you, Chair.

CHAIR - Okay. Thank you very much.

Mr BARNETT - And can I thank the acting CEO?

CHAIR - You can. Thank you very much for your time, and we always know that people are very busy and we do appreciate it.

Ms HICKEY - Thank you.

CHAIR - Thank you. Now moving to the Office of the Ombudsman, which is 1.1 on our output table. And I will move - Mr Connock, welcome. Welcome.

Output Group 1 (b)

The Office of the Ombudsman (b)

1.1 Decisions on Complaints Referred to the Ombudsman and Health Complaints Commissioner and Right to Information (b)

PUBLIC

Mr BARNETT - So, Chair, as our ombudsman comes to the table, could I welcome the ombudsman and just say a couple of remarks? Because I want to acknowledge the ombudsman, because this will be his last estimates briefing as ombudsman and also Health Complaints Commissioner.

CHAIR - He might change his mind by the end of this.

Mr BARNETT - And he has held these positions -

CHAIR - And five other hats.

Mr BARNETT - Many other hats, but certainly held these positions since 2014, he has been with the office of the ombudsman since 2007. And on behalf of the government I would absolutely like to thank the ombudsman for his significant contribution to these very important public institutions and to say you will be sorely missed, and his extensive experience will be sorely missed and I will have more to say about a replacement in the not too distant future.

CHAIR - And we, on behalf of the committee, and also our fellow legislative councillors, would also like to acknowledge the work that you do. We have no doubt that those five or six hats have become very heavy on your head.

Mr CONNOCK - They have a bit, yes.

CHAIR - And we wish you all the best for the future.

Mr CONNOCK - Well thank you very much.

CHAIR - Whatever that might look like. Thank you. Now I will ask Ms Armitage to commence the area of questions. Thank you.

Ms ARMITAGE - Thank you, Chair. It was mentioned you wore quite a few hats. Can you just outline the hats that you actually do wear?

Mr CONNOCK - Well, I am the parliamentary ombudsman, that is the one that takes complaints about the administration of government.

CHAIR - Yes.

Mr CONNOCK - I am the Health Complaints Commissioner.

CHAIR - Just move him other, just a little bit, thank you, Richard.

Mr CONNOCK - Is that all right?

CHAIR - Perfect.

Mr CONNOCK - There is not actually an Office of the Energy Ombudsman, but the ombudsman has functions under the Energy Ombudsman Act. I am also the custodial inspector. I am also the de-facto Information and Privacy Commissioner. There is something else in there, I know it. I am the NPM.

PUBLIC

CHAIR - I was going to say the NPM.

Ms ARMITAGE - Thank you.

Mr CONNOCK - That was the most recent one.

CHAIR - And you sent us letter, thank you.

Mr CONNOCK - I did.

CHAIR - No, you didn't. You made a media release.

Mr CONNOCK - Made a release. A limited release, it was.

CHAIR - Well done.

Ms ARMITAGE - Thank you for that. Through you, Attorney-General, obviously. How many FTEs in the department cover those many hats? How many staff do you actually have assisting, through the Attorney-General.

Mr CONNOCK - Through the Attorney-General. We've got currently 34 people at 27.4 FTE.

Ms ARMITAGE - I also noticed, I think it was in the media late last year, that you were advertising for a search for official prison visitors.

Mr CONNOCK - Yes.

Ms ARMITAGE - I appreciate that it's not an easy job. I'm just wondering did you receive adequate -

Mr CONNOCK - We got adequate responses to that, yes. We'll be going out again soon. Some of the positions come up again in the near future. That's another function I forgot to mention. I'm the manager of the prison official visitors and the principal mental health official visitor.

Ms ARMITAGE - Because you are the official visitor, aren't you, for the - yes, you're -

Mr CONNOCK - Yes, I'm the principal official visitor for mental health and the - yes. One complicated -

Mr BARNETT - But just note an officer in terms of prisons, that's one portfolio. But the Honourable Madeleine Ogilvie.

Ms ARMITAGE - I guess looking at the Custodial Inspector, probably one of the more - well, they're all difficult, but obviously that has come up of recent times. So as a Custodial Inspector, I think this is one of the issues that I've noticed the most difficult, is you can actually outline the problems that exist but my understanding, Attorney-General, is that they're a statutory body, there are no teeth to actually ensure that changes are made. So

PUBLIC

Attorney-General, any thoughts on the recent report that was put out by the Custodial Inspector?

Mr BARNETT - Yes. I think it's a fair question, and it's a very relevant one to the relevant minister, which is The honourable Madeleine Ogilvie.

Ms ARMITAGE - That's all right. We do have the other minister as well. So just one last question, because I'll share the questions around, but I noticed that the budget papers indicate that most health complaints are assessed within the statutory period and extended statutory period in 2023-24, 10 per cent of health complaints were still assessed as of the 90-day mark. I think you're doing a great job considering the lack of resources that you actually have. So what do you consider caused - sorry, through you, Attorney-General, what would have caused the delay for that outstanding 10 per cent? Is there one particular reason?

Mr CONNOCK - Staffing. It's nearly always just recruitment. We've had a difficult time recruiting over the last couple of years, and we're not alone there. It's a difficult market and we're not getting the sort of fields of applicants that we used to get in the numbers or with the skillsets. So it's been difficult to fill positions as we go along, and that's the primary thing. I can say now that we have recruited in the last financial year a new principal officer and another couple of officers came on board. We have now cleared out the health backlog. We've reduced the number of active cases to the lowest they've been in years. So we have made progress. I think that was last year's annual report that you're referring to.

Ms ARMITAGE - Yes, it was.

CHAIR - We haven't got a new one yet.

Mr CONNOCK - No, we haven't published the new one yet. That will be coming out fairly shortly. But that will show an improvement in timeframes and the number of active cases open and closures.

Ms ARMITAGE - Just one last question, through you, Attorney-General. So you mentioned lack of staff makes it difficult and you have recruited, so is there enough in the Budget to recruit the people that you actually require?

Mr CONNOCK - No. Not in terms of -

Ms ARMITAGE - So what would your shortfall be - if you were able to say to the Attorney-General, 'I need X amount of dollars to be able to do these six or seven hats well and be able to recruit the necessary people to actually have this important work done', how much money do you consider - now, this is just a bit of a random, you can probably be a little freer as you are retiring - just wondering if you could give an indication -

CHAIR - I think Mr Connock's always been free when it comes to this committee.

Ms ARMITAGE - Yes. No, we very much appreciate it.

Mr CONNOCK - Well, the big thing is the implementation of the NPM. As the honourable members would know, that was a two-phased approach that we brought to that. When I was asked to do a budget bid two and a half, three years ago for that, it was impossible

because nobody knew what was going to be actually involved in implementing OPCAT here. So I got some funding for an implementation program, and there were two stages to that. There was stage 1, and the government got right behind that.

It's given us \$1.1 million over the last two years to do a comprehensive scoping program to develop what we're calling expectations now; were standards, but we're calling them expectations in line with international bodies. The second phase, which was to start this year, was the operational phase. We delivered a report last year, last December, outlining the implementation program that had taken place, the work that had been done, and it made certain recommendations for the operational phase of the NPM.

One of the things that it recommended there was that the NPM should not continue to sit with the Office of the Ombudsman. The international obligation is that an NPM has to be financially and operationally independent. So the recommendation was - sorry, if I step back one little bit, our Custodial Inspectorate here has a proactive inspection model. So it's very similar to the active monitoring under OPCAT. So the recommendation that we made was that the NPM be a separate statutory officer, that officer also be the Custodial Inspectorate, and the two basically fuse into one separate statutory officer.

The model that we're proposing, the commission of inquiry recommended that the new officer, the Children's Commission, do the inspecting for youth justice. We have recommended a delegation model there, delegating from the NPM to the new Children's Commission and that that Commission be co-located with the NPM and Custodial Inspectorate. Now, the budget that we put up for all of that to be done was \$2.8 million.

Ms ARMITAGE - Through you, Attorney-General. Have you looked favourably at the \$2.8 million that's required? Is that likely to be provided?

CHAIR - It's not in the Budget.

Mr BARNETT - Thank you very much for the question. Again, I appreciate the work of the Ombudsman who you can see and as you've heard the funding support for those first two years in terms of that scoping. In terms of -

Ms ARMITAGE - The extra \$2.8 million.

Mr BARNETT - Yes, in terms of the progress, there has been progress, and my advice is the United Nations visited last year, and the Ombudsman might want to speak to that because I understand it was a positive meeting. Some of this is outside of my jurisdiction, of course, and relevant to the honourable minister Madeleine Ogilvie.

CHAIR - Well, it's beyond the portfolio, to be fair.

Ms ARMITAGE - We will ask -

Mr BARNETT - I'll just check if there's anything else that needs to be -

CHAIR - It touches on your health portfolio, aged care, disability care.

PUBLIC

Mr BARNETT - Yes, but I'm talking about primarily the prison system. Is there anything else you can add to that?

Ms BOURNE - Thanks, Attorney-General, through you. Nothing much more to add other than the work that continues to happen between the agency and Mr Connock's office to ensure that those visits can be provided for and wearing the NPM hat to make sure that our facilities are able to be inspected and looked at as required and ongoing discussions with Mr Connock's office about the resourcing requirements of his office.

Ms ARMITAGE - I guess my final question would be then does the government, through yourself, Attorney-General, appreciate the funding shortfall of the Ombudsman?

Mr BARNETT - Yes. Thank you very much for the question. As I've said, I appreciate the excellent work of the Ombudsman and the onerous tasks that they have undertaken over a long period of time. We've met and discussed that as I have with my department, and those discussions are ongoing and I take it seriously.

CHAIR - Thank you. Supplementary, Ms Webb, and then I'm coming up.

Ms WEBB - Yes, supplementary only. I have the same topic to ask a question about.

CHAIR - Yes, and so do we here, so I'm coming back.

Ms WEBB - So on the TNPM funding in particular, I wanted to follow up the questions there, because there was a model put forward which we know ultimately is aligned with the commission of inquiry recommendations and obviously the \$2.8 million identified hasn't been provided in this Budget, so clearly we're not expecting to see that model come to fruition under this Budget. What was allocated in this Budget is \$300,000 to the TNPM. So I want to understand, having listened to what the acting secretary just said a moment ago about certainly wanting to see the NPM fulfil its functions and do its visits, how many visits do you think the TNPM can do with \$300,000 per annum this year?

Mr BARNETT - I think it's a very fair question, but as I said earlier, I'm not the relevant minister for prisons, and I think the honourable member -

Ms WEBB - This is not a prison - just to clarify, if could just clarify -

Mr BARNETT - But a lot of it's to do -

Ms WEBB - Who's the responsible minister for the NPM?

Mr BARNETT - It's a lot to do with Corrections, and I'm not the Minister for Corrections.

Ms WEBB - Who's the responsible minister?

Mr BARNETT - Madeleine Ogilvie.

Ms WEBB - No, no. For the NPM. For the TNPM, who is the responsible minister?

Mr BARNETT - Yes, it's Madeleine Ogilvie.

Ms WEBB - Because the NPM's functions are certainly not exclusive to the prison environment. It touches into youth justice, it touches into health. It touches even into disability and aged care as the Member for Hobart said. Even potentially into the education space.

Mr BARNETT - Yes, I do think for the honourable members on the committee, the honourable member will be here on Wednesday. I am advised that she has been briefed and will be briefed and will be pleased to take those questions accordingly as the responsible minister.

Ms WEBB - Can I just check though before we move on from this, in terms of the statute that established the TPMPM whose portfolio does that sit attached to?

CHAIR - That's you, minister.

Mr BARNETT - Just checking with the acting secretary. That's a very specific operational matter.

Ms WEBB - It's an important responsibility accountability matter.

Mr BARNETT - In terms of the legislation I think the legislation specifically comes under my portfolio. I'll just confirm that. That is confirmed.

Ms WEBB - So you are the responsible minister for the TPMPM because you are responsible for the legislation that established it. It's entirely appropriate for us to put questions to you, Attorney-General, on the TPMPM because you are the responsible minister. I would like to put my question to you again to get your particular response. With an allocation of \$300,000 for this financial year, how many visits do you expect the TPMPM to conduct?

Mr BARNETT - I thank you very much for the question. In terms of exactly how many visits is expected to be conducted, I'd have to check with my acting secretary, or we can take it on-notice. Let's just see if the acting secretary can respond to this operational question.

Ms WEBB - Perhaps we could ask the Tasmanian TPMPM how many visits are made possible under \$300,000 a year.

Mr BARNETT - Through you, Chair. The acting secretary has advised that the ombudsman is best placed to answer that question, so I'll pass to the ombudsman.

CHAIR - That took a long way around.

Mr CONNOCK - Thank you. Effectively not many, if any at all.

CHAIR - Effectively not many.

Ms WEBB - So perhaps no visits at all -

Mr CONNOCK - Perhaps no visits -

Ms WEBB - Possible under \$300,000 of funding.

CHAIR - Thank you.

Mr CONNOCK - One thing that I can do with that money is make the position of the director a permanent one. But that's about all I can do with it.

Ms WEBB - So we can recruit a permanent role who won't have any money to actually do any roles under statute.

Mr CONNOCK - Who won't be able to conduct – there's some background stuff he can do. Yes.

Ms WEBB - Thank you.

Mr CONNOCK - What we were hoping to do in this phase was make the NPM operational, which means starting the visits, and it is, it does cover a lot of settings other than purely custodial. It is as you've outlined. There is a requirement of the United Nations that the NPM staff have appropriate skillsets and experience and things like that. I can't just do it. I'll step back again. I can't use existing staff to do the NPM work. I would have to recruit a separate team. So even if we didn't have the implementation report recommendations adopted it will still involve recruitment of an independent NPM team and our experience as shown -

CHAIR - Apologies, I didn't mean to cut you off.

Mr CONNOCK - I'll wait for the next question. I'll just say inspections normally require two people for safety and security reasons.

CHAIR - Thank you. Ms O'Connor.

Ms O'CONNOR - Minister, do you concede that the allocation of two and a-half million dollars less than what the NPM needed means that your government has funded it to the extent that it cannot perform its statutory obligations; and that is to prevent the inhumane or degrading treatment where their liberty may have been taken away from them.

Mr BARNETT - Thank you for the question, and I do absolutely not only concede but confirm the important role of the ombudsman in terms of the NPM and I note my understanding and the advice I have received of the visit, I think it was in the last 12 months, was a productive and useful visit in my understanding. I also agree that we need to do what we can to address the concerns you've raised. We need to do that as a government. We have responded to the commission of inquiry and will implement all 191 recommendations at a considerable investment for the taxpayer. I'm looking forward to undertaking the 54 legislative initiatives that flow from that and leading those measures.

Having said that, I absolutely concur that there are demands in the system and those resources are currently not meeting the demand. But we'd like to think that through further work and consideration those demands over time can be met.

Ms O'CONNOR - Thank you. Well that was a non-answer. Your government allocated \$300,000 for the Tasmanian National Preventive Mechanism knowing – you must've known

because there was a budget request and submission – that that would inhibit this really important role that parliament enacted from fulfilling its statutory obligations. The human cost of that, minister, is that there is no line of sight now through the NPM to people who are in places like mental health facilities, disability care facilities; a whole range of places outside prisons where people's liberty is deprived. Why did your government not fund the NPM to enable it to perform its statutory obligations?

Mr BARNETT - Thank you very much, Chair, through you for the question. Firstly, I don't concur with your opening remarks.

Ms O'CONNOR - Which one?

Mr BARNETT - Well your opening remarks where you were putting words in my mouth. I have answered the question. I will answer your question that you've delivered now. I won't be verbally by the Honourable Member. You can take my question as you want, but don't put words in my mouth, through you, Chair.

Ms O'CONNOR - I just said you didn't answer the question.

Mr BARNETT - That's a view that you can hold, and I won't be verbally. As an Attorney-General, I have already said that we've committed more than, I think it's \$1.6 million over two years for that scoping work. The ombudsman's made reference to that. In terms of next steps and the implementation stage we acknowledge that work is important. I'll take further advice -

Ms O'CONNOR - So important that you didn't fund it properly.

Mr BARNETT - Sorry, I'm trying to answer the question through you, Chair.

CHAIR - Continue.

Mr BARNETT - I will continue to take advice from the department and liaise with the department as I do likewise with the ombudsman from time to time.

Ms O'CONNOR - But with respect, last question on this line of questioning. With respect, minister, it's not up to the department to decide what level of funding is appropriate for such an important statutory entity. That's on you as minister. As minister you know the budget goes to cabinet and before then you need to have lined up your portfolio areas and the funding that they require. You oversaw a decision to just grossly underfund this body that will place people at risk. What are you going to do to fix it?

Mr BARNETT - Thank you very much, Chair. Through you. Thank you for the question. As I have indicated we've got increased funding in the justice portfolio in a whole range of areas for victim survivors -

Ms O'CONNOR - But not to the NPM.

Mr BARNETT - For women that need help in times of family violence, for the Director of Public Prosecution -

PUBLIC

Ms O'CONNOR - Well you're deflecting now.

Mr BARNETT - And a whole range of other areas, and I take it seriously and will continue to do so.

CHAIR - Thank you. Ms Webb.

Ms WEBB - Thank you. I'll move onto another area. RTI funding is something I'm interested in in terms of the ombudsman's office. Of course, we know that the key relevant ombudsman's office plays in that space. I do note that in the 2022-23 annual report from the office there it was noted that 86 per cent of the ombudsman's RTI decisions varied or set aside the public authority's findings that were being reviewed, continuing to reflect a very high percentage of areas in decision-making. I think we are nationally very high in that respect.

What I'm interested to hear since that was the 2022-23 annual report; is that trend continuing over subsequent financial years? What's the current rate, or thereabouts if an exact figure can't be provided perhaps an approximate figure can be – current rate of departments or agency's findings that are needing to be varied or put aside when external reviews are undertaken by the ombudsman's office.

Mr BARNETT - Thanks for the question. I think it's best for the ombudsman to respond.

Mr CONNOCK - Through the Attorney-General. These figures may be open to change. We're finalising annual reports at the present time, so we haven't, you know -

Ms WEBB - We'll take it as an approximate figure.

Mr CONNOCK - But roughly about 69 per cent have been varied and 20 per cent have been set aside.

Ms WEBB - So 89 per cent have either been varied or set aside.

Mr CONNOCK - That's rough figures.

Ms WEBB - So we've gotten worse in that sense since the 2022-23 annual report potentially.

Mr CONNOCK - Potentially.

Ms WEBB - Or potentially maybe similar if the number goes down slightly.

Mr CONNOCK - Similarly, I would say. Probably. We've had an increase in the number of requests as well so we're dealing with a lot more than we were, say -

Ms WEBB - We're still talking about percentages.

Mr CONNOCK - But we're still talking about percentages.

Ms WEBB - So what that seems to clearly indicate is an urgent need for ongoing training and resourcing and capacity building of RTI decision makers within departments. In terms of

that function for the ombudsman's office, where is the resourcing to provide appropriate levels of training and support through to departments in this year's allocated budget.

Mr CONNOCK - Well, it's not there in this year's allocation. We did put in a bid - we actually put in two bids for RTI. One was largely to implement a recommendation of the commission of inquiry to improve the standard of RTI in Tasmania by recruiting a full-time training officer. We don't have that luxury at the moment. The principal officer and I did a training session only last week, and it was incredibly well attended and incredibly well received. There is an appetite for it out there, and we should be providing it. But at the moment, we're just dealing with the number of extant applications for external review. While those numbers have come down significantly over the past 12 months, it's still an issue for us, this historical backlog.

Ms WEBB - The backlog.

Mr CONNOCK - We continue to get large numbers of requests for review and trying to struggle through the workload. So, I ask for a training officer because I do think, and I've said this to this committee and others before, but I do think if you can get the training going at a comparatively senior level, that instils confidence in the delegated offices below because I still think there is a feeling sometimes that your delegated officer is a bit fearful of what their manager might do. It's a question of educating from top down. But that really requires a full-time training officer. We also asked for another one-off expenditure to engage someone to develop online training modules and those sorts of things. We also put in a second bid for two band 5 investigation and review officers to speed up the internal review of RTI decisions. We got some additional funding in 2019-20, when I went from one band 6 to a band 8 principal officer and band 4 officer.

CHAIR - We felt like we helped with that.

Mr CONNOCK - Yes, but that hasn't been enough to deal with the backlog, and we've got two or three contract positions at the moment that are due to run out, so we're going to be, I think, probably pushing it to maintain the momentum that we've had over the last 12 months in bringing numbers down. We thought two new band 5, sort of mid-level officers to assist in, you know, managing that review process.

Ms WEBB - Thank you. So, Attorney-General, what explanation can you provide to the Committee in terms of providing absolutely nothing in this budget to provide training through from the ombudsman's office on RTI matters or to address the backlog that's there for external reviews, which is well-identified and long-standing. There is no funding in this budget for either of those measures that we've just heard.

Mr BARNETT - So through you, Chair, if I could respond to that question and just add to the answer that the ombudsman has provided. First of all, the government has provided \$500,000 over two years to support the significant uplift of RTI capability and practice in the Tasmanian state service. That will facilitate the provision of centralised training, build skilled RTI practitioners, and reduce key personal dependencies and agencies. Also promote, support, and a consistent practice in delivering enhanced processes and systems for Right to Information. I'm aware that this is obviously primarily in the DPAC space, but the head of the state service takes this very seriously as does the Premier.

PUBLIC

Ms WEBB - So that's a DPAC allocation. There's no allocation to the ombudsman's office to provide training services, which is part of the role, as in an additional amount.

Mr BARNETT - Well, I think there's a direct link, and the importance of training and education across the state service will ultimately flow through to the ombudsman and the work of the ombudsman. I wanted to make it clear that we do take it seriously, openness and transparency, and we will continue to do so. We have established a whole of government steering committee that met on three occasions and will continue to meet on a three weekly basis as of September this year. We have recruited a dedicated resource to lead this process to commence on 2 September.

Ms WEBB - This is all DPAC, which we can deal with tomorrow, which is fine.

Mr BARNETT - Well, it does flow through to the ombudsman, and we've also got a University of Tasmania collaboration to deliver a whole of government training program.

Ms WEBB - So do you not believe, then, that the ombudsman's office requires training resources to be provided to it in order to deliver training.

Mr BARNETT - I think absolutely, there is an understanding there needs to be ongoing professional development and the opportunity for training and resources, and that's acknowledged. Certainly, that will be clearly noted and understood for the months and years ahead.

CHAIR - Thank you. Ms O'Connor, final question.

Ms O'CONNOR - Thank you. I want to go back to the National Preventative Mechanism. The Optional Protocol to the Convention against Torture and other cruel, inhuman, or degrading treatment or punishment requires that state parties undertake to make available the necessary resources for the functioning of the national preventative mechanism. Minister, you failed to do this, but your government can find \$4 million for a chocolate fountain at Cadbury. Can't fund the NPM, can fund a chocolate fountain. Minister, after everything that's been revealed in the Commission of Inquiry and Royal Commissions into disability, aged care, and child sexual abuse, how do you, as part of this government, justify this funding shortfall and being in repeated breach of the option of protocol?

Mr BARNETT - So thanks very much for the question, and to indicate that our ongoing work with the Commonwealth government in this matter is very important. The first thing is to say that we have invested over those two years, as I have indicated earlier and the ombudsman's noted in his earlier remarks, we do have some funding from the Commonwealth. That relationship is ongoing. I'd like to refer to the acting secretary to provide the committee with an update with respect to the Commonwealth and their support, and the need for more support from the federal government.

Ms O'CONNOR - Briefly, because what I'm after, just to be clear because we're winding up for lunch here. I'm after a commitment from you that this funding shortfall will be dealt with as a matter of priority so that Tasmania is not in breach of its international obligations, and that the NPM can do their statutory role.

PUBLIC

Mr BARNETT - Thank you for the question, and that's why I'm referring to the acting secretary to assist the committee -

Ms O'CONNOR - The secretary can't make a commitment on your behalf.

Mr BARNETT - All right. We'll come back to that.

Ms O'CONNOR - Okay.

Mr BARNETT - But this will assist the committee.

Ms O'CONNOR - All right.

Mr BARNETT - Because I think you will be interested in the answer.

Ms BOURNE - Thanks, Attorney-General, through you. Just some very brief history in terms of the implementation of OPCAT has cost in the vicinity of \$1.2 million, and the Commonwealth contribution to that has been relatively small of \$155,000. Now, there are and remain negotiations, discussions between jurisdictions and the Commonwealth about the role the Commonwealth, in our view, should play in terms of investing in those frameworks, and we continue to seek ongoing co-funding on the NPM to make sure it can continue to do the work and meet its obligations as has been discussed.

Ms O'CONNOR - Or just do the work, with respect. Just do the work, because I just -

Ms O'CONNOR - So, minister, back to the original question, will you commit to making sure that the NPM is adequately and appropriately funded so that we're meeting our obligations under OPCAT and that we have a capacity for visits, unannounced, into places where people have their liberty deprived that come under the NPM to protect people from cruel, and inhumane, degrading treatment and torture?

Mr BARNETT - Yes, thanks very much. Look, in short, having been a federal senator, and I know in terms of these processes, the Commonwealth has made that commitment. My understanding - well, the state government has made that commitment in terms of support -

Ms O'CONNOR - Aren't you a party to it as well?

Mr BARNETT - For the OPCAT. I was just checking the exact date when that was signed.

Ms O'CONNOR - Support means resources.

Mr BARNETT - So I absolutely commit to what the government has provided in writing to the Commonwealth and to the public. It's on the public records, so yes. The answer is yes. Those commitments are on the public record. Those objectives are very important.

Ms O'CONNOR - Well, that wasn't the question. You've answered your own question.

Mr BARNETT - As an Attorney-General, I take it seriously, and I will do everything I can within my sphere of influence to progress those objectives.

Ms O'CONNOR - What.

CHAIR - Thank you. I feel like we are not gaining any additional information, so in light of that, we have gone just slightly over the lunch break. We will suspend, and we will need to be back here by 2.05. But in closing, again, we acknowledge the role of the ombudsman and thank you very much, Mr Connock, for your years of service and, you know, we acknowledge the work that you do.

Mr CONNOCK - Thank you very much.

CHAIR - Thank you. Thank you, all. Thank you all to those that won't be coming back this afternoon. Very much appreciated. It's not lost on us the work that goes into this.

Mr BARNETT - Yes. Chair, can I thank my department and all those involved today, and those who aren't here who also supported the department and myself?

CHAIR - Yes. They're looking on and sending messages, we absolutely acknowledge those.

Mr BARNETT - Thank you. I appreciate that. Thank you, Chair.

CHAIR - So thank you, all. And 2.05.

The Committee suspended at 1.04 pm. to 2.04 p.m.

MINISTER FOR VETERANS' AFFAIRS

Output Group 7

Community Partnerships and Priorities

7.7 Veterans' Affairs

CHAIR - Can I just check, Gaye, that you are fine to go? Thank you. Minister, we welcome you back in your new capacity, this time around as Minister for Veterans Affairs. After this, we will move on to Minister for Health. If you would like to introduce those who are joining you at the table, and you might have a brief overview.

Mr BARNETT - Yes, I do. Thank you very much, Chair. Thank you to the committee for the opportunity. I welcome to the table Mel Gray, Deputy Secretary of the Department of Premier and Cabinet, Policy and Reform; and likewise Rebecca Pinto, Executive Director of Community Policy, and to say at the outset how much I appreciate their support in this portfolio. In terms of opening remarks, as you know I am very committed to this portfolio.

Tasmania does have a long and distinguished military history: 17,500 veterans and ex-serving personnel. I recognise the profound service and sacrifice of Tasmanian veterans, and it is with pride that is reflected in our community's increasing attendance at Anzac Day services, a clear demonstration that the courage, sacrifice and commitment of our veterans are as honoured today as they were in years gone by.

We have 15 of Australia's 101 Victoria Cross recipients, including Ordinary Seaman Teddy Sheean. The statue of Teddy Sheean will be unveiled on Remembrance Day in Latrobe. It is something I am very much looking forward to, with other members of the Sheean family and the community more generally.

In terms of mental health and wellbeing, that is particularly important: we have just had the royal commission handed down on 9 September. I made a submission on behalf of the government to that royal commission highlighting the importance of those matters. We met with the veterans' ministerial council last Friday and indicated that we welcome that report. We are keen for the federal government to respond to that report as soon as possible, noting that it needs to be very carefully and thoughtfully undertaken, and that the advice will come by the end of this year. That is probably an update for the committee as well.

We have a whole range of initiatives in place to support our veterans with an employment strategy; the veterans' wellbeing voucher program; the Veterans' Reference Group; and a range of other measures including the Frank MacDonald Memorial Prize Group - and I see the member, Luke Edmunds, in front of me who has returned earlier this year; the Cameron Baird VC MG Scholarship; and the Teddy Sheean VC Memorial Grants Program, which are really appreciated around the state by RSLs and ex-serving organisations. The reception for Tasmanian members of the ADF deployed overseas and a thank you event to our veterans, and the ongoing support to RSL Tasmania and its sub-branches and the Hobart and Launceston legacy. I could go on, but I will leave it there and leave time for further questions. Thank you, Chair.

CHAIR - Thank you very much. I will hand over, for the first line of questioning to the member for Pembroke who was also able to take that Frank MacDonald trip for one reason or another.

Mr EDMUNDS - Thank you, Chair. I start with the biggest number and the sort of headline topic. Obviously there is a big decrease on table 9.13, page 289, where we see a significant drop off. Can you just please explain that for me, on 7.7?

Mr BARNETT - Yes. It might be best for my deputy secretary to explain that, the budget figures and how the initiatives that I have outlined are ongoing. In terms of explaining the budget numbers, I will pass to my deputy secretary or the executive director. Do you have the page number there?

Mr EDMUNDS - Yes, page 289, 7.7. So just the -

Mr BARNETT - Thank you.

Mr EDMUNDS - I didn't really ask the question very well.

Ms GRAY - Through you, minister, the budget reduction in 2023-24 primarily relates to the 2022-23 budget, including multiple project rollovers and the cessation of initiative funding for time-limited funding initiatives such as the Centenary of Anzac. That is the information I have at hand, minister.

Mr BARNETT - Yes, that's fine.

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Mr EDMUNDS - Thank you. You were talking about the Veterans' Reference Group. Can I ask the makeup of that group and how many are veterans?

Mr BARNETT - Yes, thanks very much for that. We should be able to assist you there in terms of the Reference Group. We have the page in front of us, in the details. That's it. Current members of the Reference Group are Don Ryan, who is the chair; Peter Williams, RSL from Launceston; Michelle Reading; Harry Noe; Melissa Foale; David Midson; Mark Direen and Dr Jon Lane.

CHAIR - The question around how many of those are veterans, or are they all veterans?

Ms GRAY - All.

CHAIR - Thank you.

Mr BARNETT - I am pretty sure that they are all veterans or former serving veterans.

Mr EDMUNDS - Yes, great. Thank you very much. I know that other members have an interest in this topic as well.

Ms ARMITAGE - Thank you, Chair. The veterans' community that - the voucher system that I can recall from previous years, was it \$200 000 over four years? I note that last year it was 206 people took up the opportunity, if I am correct. I am wondering how many people this year have actually - or up to the end of the financial year, if you have that - how many veterans took up the opportunity for that \$100 for sporting clubs?

Mr BARNETT - Thank you very much, and I know the member is very interested in this topic based on past conversations and support for our veteran community more generally, which I want to acknowledge on the record. Thank you very much for that. I will pass to the deputy secretary to respond.

Ms GRAY - Through you, minister, 471 vouchers have been issued from the inception of the program to 10 September this year, and 171 vouchers have been approved for use and are pending redemption. Over the financial years - I was really impressed to see that between 2022-23 and 2023-24 the expenditure for the vouchers, and this would correlate to the actual numbers, had effectively doubled in terms of the amounts paid and committed over those two financial years.

I would also note through you, minister, to the committee, from 1 July 2024 we have increased from one \$100 voucher to eligibility for two \$100 vouchers. That increase in numbers over those two financial years is actually reflective of the standard one \$100 voucher. We would expect in the next financial year for numbers to increase even further.

Ms ARMITAGE - Through you, minister, the reason it has increased from one to two, is that because we are so far below the actual amount that was budgeted, of the \$200 000? So we are not extending it beyond the four years; we are just trying to expend the \$200 000? Is that the way it's going?

Mr BARNETT - I might kick off and then pass to the deputy secretary. First of all, to say that my advice is 108 sporting clubs, community recreation clubs, and gyms spanning 22

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different types of activity. I know you are aware of some of those, and I think it is, in short, an incentive for our veterans to be involved, to be more physically active, which I know is better for their health overall. I will pass to the deputy secretary to add to that answer.

Ms GRAY - That is correct. Yes, we have increased the range of organisations that can participate to more general wellbeing. Not all ex-serving personnel want to frequent a gym. We've looked at expanding the number of businesses which can participate in the program. But, yes, you're correct the amount of funding that has been expended has been in the 2022-23 financial year \$15,410; and then the 2023-24 financial year \$34,990.

Ms ARMITAGE - Well below the \$200,000.

Ms GRAY - Well below the \$50,000 per annum.

Ms ARMITAGE - Minister, if I just could finally - how well is it advertised? Because when I've mentioned to bowls clubs about it, they know nothing about it. I think it might've been last year, I sent out an email to a lot of the sporting organisations in my electorate that actually were not aware at all that veterans could claim that. How well is it advertised and in some ways is that the reason perhaps for the small take-up?

Mr BARNETT - Thanks very much for the question, and I know you've raised this before and that's why – and I think this time last year or soon thereafter we had a bit of another look at that to take onboard your feedback, and I think the feedback of stakeholders and veterans around the state, and we certainly did do a bit more of a push in terms of marketing advertising. I'll ask the deputy secretary to outline how that rolled out and what was involved in that.

Ms GRAY - Yes, through you, Minister. I think the increase over the two financial years is the reflection of that push that you talked about in terms of greater promotion. That has been done through the minister's newsletters, through RSL and RSL sub-branches and, I might just check with Bec in the other -

Ms ARMITAGE - Do you actually go to sporting clubs? Do you actually notify sporting clubs so that if they have people that might be members or who speak to people that are members? I just thought maybe the sporting clubs need to be aware.

Ms GRAY - Yes. Through the assigned businesses, the 108 that I think Minister recorded, they promote through their networks and likewise we promote through our veterans' networks as well.

Ms ARMITAGE - I will check with mine again and give you feedback.

Mr BARNETT - Please do and feel free to provide feedback outside of this forum.

Ms ARMITAGE - I shall.

Mr BARNETT - Always keen to support the interests of our veterans. Thank you.

Ms ARMITAGE - Thank you, Minister.

CHAIR - Thank you. Ms O'Connor, I think perfect lead-in.

Ms O'CONNOR - Thank you, Chair. Minister, I do acknowledge your ongoing strong support for veterans. I also acknowledge that you must be in a spot of bother in some ways because you are part of a government that plans a stadium which will significantly impact on the historic cultural heritage and the values of the cenotaph. How do you respond to statements by Chief Executive Officer John Hardy from the RSL when he says that the RSL has been disrespected and misled at every turn by government in relation to the stadium. Particularly in relation to its size and sightlines. As you'd know, minister, because the Visual Impacts Report was lodged with the planning commission, Tasmanians now have a very good – have you seen this report, minister – a very good understanding of the visual impacts. How do you respond to the RSLs very serious persistent concerns about this stadium and its impact on the cenotaph?

Mr BARNETT - Well my first comment in response, and I thank you for the question, is my respect for veterans and RSL Tasmania, and my ongoing engagement with them which I do appreciate, and I think they would likewise tell you that that is ongoing and very considered and thoughtful. I am aware of the concerns that you've shared and wanted to indicate, obviously, strong support for the government's objectives but likewise strong support for our veterans to ensure that their interests are best represented.

That's why I support ongoing meaningful engagement. That's why I'm very pleased to advise that we have a working group of veterans that is soon to be established to work with the Macquarie Point Development Corporation, representing not just RSL Tasmania, but a range of veteran organisations and veteran interests who have that ongoing relationship with the Macquarie Point Development Corporation to look at options on how we can better honour and represent the interests of our veterans with respect to the multipurpose stadium and precinct at Macquarie Point.

Ms O'CONNOR - Thank you, minister. To date the RSL was involved in a conversation with your government, with the Premier, with you, with the Department of State Growth, and every issue and concern that was raised by them has been ignored to the extent that now we have a stadium that's 54 metres tall that will unarguably interrupt sightlines that were decided a century ago were important. What's your response to the RSLs frustration? You might invite them to this group with the Macquarie Point Development Corporation, but the design is the design and the cenotaph's impacts are significant, aren't they?

Mr BARNETT - Can I just respond to say that I have had ongoing engagement with the RSL. Likewise, with the Premier and my government on this very important project for Tasmania. That engagement is ongoing, and I've mentioned the working group that is soon to be established. I do acknowledge in terms of the sightlines there will be some impact on the Cenotaph. You've made that point, and I acknowledge that. But it has been carefully designed and informed by the surrounding areas and in terms of -

Ms O'CONNOR - Has It? It doesn't look like it.

Mr BARNETT - of the profile and to keep that as low as possible and I have indicated at all stages in terms of the development going forward how we can better represent the interests of our veterans within the multipurpose precinct. As it develops; and of course it's going through the POS system which you're aware, and then the opportunity for feedback and consultation once the TPC provides further feedback that's in the public arena.

Ms O'CONNOR - Minister, the Heritage Report arbours, also part of the documents that was lodged with the planning commission, makes it clear that the impact on the heritage values and the sightlines of the cenotaph will be very high. It's also part of the reason that the Friends of Soldiers Memorial Avenue, FOSMA, has expressed their disgust and disappointment in the actions of your government wanting to plonk a stadium so close to the sacred ground of the cenotaph and interfering with its sightlines. How do you reconcile your commitment to veterans to the government you're part of ignoring their concerns over this stadium which you said you want to keep low but it's actually going to be 54 metres tall?

Mr BARNETT - No, I think just to quickly say, in terms of your last point, I said to be as low profile as possible.

Ms O'CONNOR - Fifty-four metres tall?

Mr BARNETT - That's what I've just said. I'm just noting that point. With respect to the soldier's memorial walk, I've had an ongoing relationship with them. I respect and appreciate John Wadsley for his leadership and wonderful work that he's done in terms of the soldier's memorial walk which of course commences very high on the hill above the cenotaph and is beautifully presented right down through towards the cenotaph itself.

I'd like to think that options are available to extend that memorial walk, for example right through to the precinct so that the public can have a better understanding and consideration of the service and sacrifice of our veterans. I'd like to think there are opportunities in this development to better acknowledge the service and sacrifice of our veterans and that's why this working group will be established to get their feedback on how that can best be done to honour and respect our veterans and the veteran community more generally.

Ms O'CONNOR - Well, thank you, Minister. Given that you've ignored all of the concerns of veterans expressed so far in relation to the stadium and its bulk and height; what do you propose to offer the RSL, Friends of Soldiers Memorial Walk, in order to try to secure some measure of support or at least not opposition from the RSL and FOSMA and veterans around the state to your stadium plan which would damage the values of the cenotaph?

Mr BARNETT - Thank you for the question, and I don't agree with the first part of your question, which is again putting words in my mouth which I don't concur with. I do take seriously the views of our veterans. Not just RSL Tasmania but all our veterans around the state. And I would like to make the point at this juncture that there are different views around the state with respect to the progress of the multi-purpose precinct and the benefits for our veterans and the opportunities to best honour them. So I want to acknowledge that on the way through.

Ms O'CONNOR - You're clutching at straws.

Mr BARNETT - No, it's absolutely - I get a lot of feedback from a lot of different veterans and clearly the views of RSL Tasmania have been expressed through John Hardy, the CEO, and indeed others, the acting president who I met more recently.

Ms O'CONNOR - It comes up through the branches.

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Mr BARNETT - It does come up through the branches, and there are members of the various sub-branches around Tasmania who have different views. But notwithstanding that, I'm here to represent the views of our veterans. That's why we're going to have a working group, including RSL Tasmania but including other veterans as well, that will work with the Macquarie Point Development Corporation and the government to -

Ms O'CONNOR - What can you offer them, which was the question?

Mr BARNETT - There's a lot of things that we can offer them, and I don't know all the things that we can offer them, but there are a lot of things to better honour and respect our veterans and their families. So that's why we've established the working group. I've already mentioned the Soldiers Memorial Walk. I've already indicated there's opportunities to better represent our veterans in the development. So it might, for example, be - there might be a Victoria Cross corner. There might be a veterans' bar. If the convention centre is established, they might have a special convention centre room in honour of our veterans. There's a whole range of ways to -

Ms O'CONNOR - It won't replace a sightline to St George's Church.

Mr BARNETT - There's a whole range of opportunities before us, and I'm not going to leave any stone unturned to better represent the interests of our veterans in the development which will be a very significant opportunity obviously in terms of economic, social and other benefits for Tasmania, not to mention -

Ms O'CONNOR - Massive loss-making venture.

Mr BARNETT - the thousands of jobs that will flow from the development.

CHAIR - Thank you. In regard to the number of applications submitted to the Teddy Sheean VC Memorial Grants Program, and we know from our budget papers on Table 9.9, 2022-23, there were 283 applications. So can I have the quantum of how much those 283 grants programs, what was the quantum? And then this 2023-24 says there were 31. So can I have the quantum for each of those, thank you?

Mr BARNETT - Thank you very much. I'm sure my department officers can assist with that. I think there might need to be an update on that figure for the Teddy Sheean VC Grants, so let's see if we can assist the committee.

Ms GRAY - That's right, minister, through you. I can confirm that the 283, I think it was, was reported in error in the budget papers. The figure is actually 30 for that financial year.

CHAIR - So what's the quantum for 30? I can work out 31 if each grant is to the same value.

Ms PINTO - Through you, minister. It is the same value per round for the grants, \$50,000 a grant.

CHAIR - Each grant.

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Ms PINTO - Yes.

CHAIR - So there were 31 grants in 2023-24.

Ms PINTO - And the total expended is \$50,000.

CHAIR - The total expended is \$50,000.

Ms PINTO - Yes.

CHAIR - And there'll be the same 30 for this year, the 2024-25.

Ms PINTO - Through the minister. There are two grant rounds that are run each year of \$50,000 total for each grant round.

CHAIR - So it's \$100,000 altogether.

Ms PINTO - Over the full year, yes.

CHAIR - Over the full year. Thank you. That's a big error, 283 and it should have been 30. Thank you. Any other questions? I think Mr Edmunds may have something, or not? No?

Mr EDMUNDS - Through other members.

CHAIR - All right. Thank you. Ms O'Connor.

Ms O'CONNOR - Thank you, Madam Chair. Minister, as you'd be aware, the Greens have developed a cenotaph protection bill, which we've put out for public comment. It has the strong support of RSL Tasmania and the Friends of Soldiers Memorial Avenue, and it is designed to protect the cenotaph from all inappropriate development. It's designed to protect the values of the cenotaph. Given your support for veterans and your recognition of the heritage and cultural values of the Hobart cenotaph, will your government be supporting the Greens bill to protect those sightlines and that sacred place?

Mr BARNETT - Thank you for the question. Through you, Chair. The answer is no, but for a good reason which I have mentioned publicly, and that is that the Greens' view with respect to the multi-purpose precinct at Macquarie Point has been consistently opposed. So that bill that has been drafted, in my view, is designed to kill the stadium and to kill the multi-purpose precinct progressing.

Ms O'CONNOR - It's designed to protect the cenotaph actually. So that's it. There's no support for cenotaph protection legislation like they have in Victoria, for example.

Mr BARNETT - The Greens' bill is not supported. It's designed to kill the progress of the Macquarie Point precinct.

Ms O'CONNOR - Have you conveyed to the RSL Tasmania that you don't support the cenotaph protection bill?

Mr BARNETT - My views are on the public record.

Ms O'CONNOR - Have you had conversations with the RSL Tasmania about that legislation?

Mr BARNETT - Yes, I have.

Ms O'CONNOR - And they were hoping for your support, weren't they?

Mr BARNETT - They have expressed a view which is similar to the Greens when it comes to that legislation. They would prefer that the legislation progress. But I've made it clear that my view on behalf of the government is that the Greens have always been opposed - and I'm saying consistently opposed and I just recognise the consistency of that as opposed to perhaps other political parties.

Ms O'CONNOR - I can't imagine who you're talking about, minister.

Mr BARNETT - Yes. So it's been consistently opposed. So it's designed to kill off the progress of the Macquarie Point precinct development, and we won't be supporting it. On the other hand, we will be supporting measures to support our veterans, and not just with respect to the progress of the Macquarie Point precinct, but in any which way. I have ongoing discussions in recent months with the RSL regarding their health, mental health and wellbeing. We've just had the Royal Commission come out.

We've talked about housing measures, our housing strategy; 20-year housing strategy when I was the Housing Minister includes reference to veterans, for example. So I'm talking about practical, hands on measures that provide support to our veterans. Dago Point's another one which was open to stage 2 of that. I think the honourable member - I'm not sure if you were there at that opening, through you, Chair, Dago Point at Lake Sorell. But there's so many measures that we are undertaking as a government to promote and support our veterans and their families of which there's 17 and a half thousand in Tasmania. But with respect to that Greens bill, we won't be supporting it.

Ms O'CONNOR - Can I ask, minister, should the stadium go ahead, do you agree, do you accept that it will fundamentally change the heritage and cultural values and aspect of the cenotaph which was sited there in 1925, nearly a century ago, with an eye to those clear sightlines up and down the river and across the city? Do you accept that the stadium, should it be built, would just take a substantial part of those values away?

Mr BARNETT - Just to clarify for the committee, up and down the river and across the city, it's the north-south and the east-west is not compromised. It's the, I think you mentioned, through to Battery Point.

Ms O'CONNOR - St George's Church.

Mr BARNETT - Yes, St George's Church. So there -

Ms O'CONNOR - And it impedes on the river view.

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Mr BARNETT - There is an impeding of that particular sightline. Those sightlines have been provided to the RSL Tasmania, which I support, and they appreciate the opportunity to have those sightlines and consider them.

Ms O'CONNOR - I'm sure they're stoked.

Mr BARNETT - But my hope and desire is that, going forward and with the establishment of this working group with the Macquarie Point Development Corporation. As has occurred in the past, there will be not just meaningful consultation, but further meaningful engagement so that the design - we've got obviously concept plans, but the actual design and work and the development itself will recognise the importance of our veterans and their families.

Ms O'CONNOR - You going to take the roof off?

CHAIR - Thank you.

Ms O'CONNOR - Take the roof off because that might fix it.

CHAIR - Thank you. Ms Webb.

Ms WEBB - Thank you. A different topic, we'll move to. Forgive me if I was paying attention to something and we already covered this area. Just tell me straight away. Minister, what steps is your office and the department taking to ensure that the Tasmania State Service is becoming a veteran's employer of choice?

Mr BARNETT - Thank you very much for the question, and in terms of veteran's employment, this is a policy position that we've had in place for some time, and I am very pleased and proud of that. I want to acknowledge the veteran's reference group for their support and encouragement to develop this, and also acknowledge the former minister for the implementation of that employment strategy. In terms of the update, I'll pass to the deputy secretary to give an update to the committee.

CHAIR - Will that include numbers?

Ms GRAY - Yes. Through you, Minister. Yes, it will. So over 17 500 veterans and ex-serving personnel and their families call Tasmania home. Veterans bring to the community and the economy an incredible set of knowledge, skills, capabilities, and experiences, and as one of our state's biggest employers, the Tasmanian government is committed to ensuring there are employment opportunities for veterans within our State Service. To demonstrate this commitment, we launched Tasmania's first veteran's employment strategy in June 2023 with an aspirational target to employ 100 new veterans in the Tasmanian State Service over four years.

And importantly, to monitor and be able to measure and monitor our progress, the 2024 Tasmanian state survey for the first time included a veteran identifying question with 394 employees responding that they had been in the Australian defence force. The strategy includes a range of actions to not only support new employment opportunities for veterans, but to support the many veterans who are already employed. That's some of 394 in the Tasmania State Service.

A key action that we're currently working on is developing a veteran's web portal, which will feature on the Tasmanian government jobs landing page. As the Minister has stated, we are really grateful for the advice and direction provided by RSL Tasmania and the veteran's reference group in undertaking this work. Importantly, the portal will also have a number of resources, case studies. There are a couple of case studies actually included in the veteran's employment strategy.

There are a number of initiatives outlined in that strategy which we're working towards developing. But the first really important task for the government was to get a handle on how many ex-serving personnel are currently employed in the State Service so we can measure over time how we're tracking against that commitment of 100 new veterans to the State Service over the four years. Of course, that will fluctuate as people leave and come back in to the Tasmanian State Service.

CHAIR - So we don't have a number at this point?

Ms GRAY - We have numbers. We know that there are 394. We have been working on establishing the baseline. We don't have a number of, you know, new veterans at this point in time, but of the 394, we know that 35 of those commenced just in the past two years.

Ms WEBB - Thank you. That was going to be my follow up.

Ms GRAY - Yes.

Ms WEBB - So from the time the commitment was made to have the 100 new, are we counting those 35 of the 394? Are we counting them as part of the 100?

Ms GRAY - Yes, they would be in the -

Ms WEBB - They would be counted as part of the 100.

Ms GRAY - Because it's from the beginning of the veteran's employment strategy, which was 2023-24. So half of those.

Ms WEBB - From my count, 17 of them, split the difference.

Ms GRAY - I think if they commenced in the past two years - we'll work out what the number is, but yes, some of those will count.

Ms WEBB - Thank you. Can I just also ask another question similar topic area around the State Service and veterans employed in it? Do we have guidelines regarding veterans and their employment rates, and do we have policies about facilitating and managing leave requirements? For example, for current reservists who are employees of the State Service.

Mr BARNETT - Thank you for the question. I appreciate that.

Ms GRAY - Through you, minister, if it's okay, I'll allow Rebecca, Ms Pinto, to respond.

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Ms PINTO - Through you, minister. The State Service has flexible working arrangements, and it does specifically allow for providing time for people who are currently reservists to serve and spend time undertaking those activities as part of their work.

Ms WEBB - And so is that special leave of some sort? They don't have to use personal leave.

Ms PINTO - I don't have the award in front of me, but yes, it is definitely accommodated for within the state service award.

Ms WEBB - Right, thank you.

Mr BARNETT - Can I just add to that? It might assist the committee. It is that we are also very supportive of the RSL, the RSL Tasmania Employer and Employment Officer, and my office has been represented at a recent networking event. So, to help the RSL with encouraging veterans to be employed in the private sector as well. So yes, we have a policy for the public sector of the State Service, but we do support their efforts to transition from the defence force to civilian life into the private sector.

CHAIR - My question is around the challenges that the RSL clubs have around the state. Are you aware of any of those organisations reaching out to you directly as the Minister for Veteran Affairs, or to the department to seek assistance in becoming sustainable?

Mr BARNETT - Yes, I certainly am aware of a number of subbranches of the RSL that are finding it challenging to be sustainable and to remain viable. It's an ongoing challenge, and RSL Tasmania is very well aware of this and reaches out to their subbranches. This is a matter for them. But as minister, it does have absolute relevance to me, and I do what I can. But that's clearly in their space to activate putting in place measures to support them, so a range of subbranches have been in that situation in the last few years. There are a number that I won't go into now in terms of identifying that I'm aware of those challenges, and I hope that they can work those through with RSL Tasmania.

CHAIR - I was just interested in any part of the budget allocation, you know, perhaps assisting with the business plan to go forward for - to keep the doors open.

Mr BARNETT - Yes. Well, we do. That's one of the things we do provide support for RSL Tasmania as a peak body, and I can advise in 2023-24, it was \$122,944. Additionally, we provided \$200,000 in project funding to RSL Tasmania over the four years prior, right through to 2025 to assist with the range of projects including the development of the wellness initiative, leading the development of a business case for that regionally based veterans' hub which I am so strongly supportive of, and sustaining RSL Tasmania in their subbranches. So yes, we have provided that funding support and as a result, a new entity called Chapter was introduced. Chapter, as an unincorporated body, will offer an alternative for subbranches unable to meet the new constitutions requirements.

So that's part of the review that you remember a few years ago, we asked for an independent review. That was undertaken, provided to the RSL Tasmania, and so they're doing things a bit differently now, and I think that's very encouraging for colleagues around this table and elsewhere to try and ensure that those subbranches are fit for purpose, and the organisations representing our veterans are fit for purpose and viable into the future. And there's a range of

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commitments that I can outline, but I will see if the deputy secretary wanted to add anything to my answer just to complete that answer.

Ms GRAY - Through you, minister. Just to also note that there have been a range of 2024 election commitments also to RSL sub-branches and organisations across the state.

CHAIR - We're aware of those 15 pages. Well aware. Not all to the RSL clubs, I acknowledge.

Mr BARNETT - Chair, can I just put on record my thanks to John Withers, the former chair of the Veterans Reference Group, for many, many years led the Reference Group, did a wonderful job and concluded I think it was 30 June this year. I just wanted to put that on the record so members are aware of his terrific leadership and support for the Reference Group.

CHAIR - Thank you very much. On the strength of that, we'll very nicely conclude our scrutiny of that line item of Veterans Affairs and thank those people that have been part of putting that together and then invite you to put your health hat on, Minister. And we're in for the long haul after this. Might need to put your scrubs on.

The Committee suspended from 2.45 p.m. to 2.50 p.m.

CHAIR - Again, minister, we know that you have number of portfolio areas and one that is a very important one together with all the others is in your capacity as Minister for Health. So I'm sure that you have an overview to share with the committee before we launch into output group 1 system management.

Mr BARNETT - Thank you, Chair and first I'd like to welcome to the table my acting secretary, Dale Wester. On my left Michelle Searle, deputy secretary. On his left Dinesh Arya, who is our chief medical officer as well.

CHAIR - Welcome to you all and the extensive gathering of people behind you as well.

Mr BARNETT - Yes. So we're well-supported, Chair, and we can bring them to the table as and when appropriate. So certainly in terms of an opening statement, as Minister for Mental Health and Wellbeing it's certainly significant investments in our health system in this 2030 Strong Plan for Tasmania's future. Very proud of the budget. It invests a record \$12.9 billion across the forward estimates; an increase from the \$12.1 billion in last years' budget. That's \$8.8 million each and every day on top of what was last year \$8.3 million.

The budget invested in staff with more doctors, nurses, paramedics, allied health professionals and as an example you can see \$88 million in the budget now locked in for the 44 new doctors and 25 new nurses for the expanded Royal Hobart Hospital emergency department. There's also \$39.8 million for the 78 new paramedics that will be employed over the next four years including 27 community paramedics. Also very proud we've locked in funding for our GP NOW guarantee. This includes \$17.5 million over four years to deliver our GP NOW rapid response unit; \$3.4 million over four years for the relocation grants of \$100,000 to attract 40 new GPs to our region as well.

To just touch briefly on our significant infrastructure investments with the budget locking in \$649.6 million across the forward estimates for health infrastructure. I'll speak more about

the specifics throughout the day I'm sure but there is investment in all four major hospitals as well as into our regions including \$21.7 million for our four new ambulance stations and other significant investments to improve the lives of Tasmanians such as the \$15 million for the new diagnostic breast imaging clinic in Hobart and the \$10 million for stage one of the new cancer wellness centre.

Finally, I'd like to speak about mental health which is so important to Tasmanians. I want to pay honour to the Premier and former Minister for Mental Health and Wellbeing Jeremy Rockcliff, whose led such a significant reform agenda, and our government has delivered record funding of over \$614 million in the last decade to transform our mental health and alcohol and other drug service system and there's significant investment in this budget as well, \$82.6 million for the purpose-built 40-bed older person's mental health facility to replace the Roy Fagan Centre where I visited last week. \$42 million to build a new dedicated 12-bed child and youth mental health inpatient unit and the day program facility. \$7.6 million to deliver the new mental health hub in Devonport and five million for the successful mental health emergency response service to be trialled in the north from next year. In closing, the budget does deliver for Tasmania. It's investing in those areas that Tasmanians care about to ensure they get the right care in the right place at the right time.

Output group 1 System management

CHAIR - Thank you very much, minister, and I have an overview question from Ms Armitage before we start.

Ms ARMITAGE - Thank you, Chair, and I know the minister is well aware of this because he's written to me only a couple of days ago with regard to it. But I've got a few questions. So this is to do with the Kings Meadows Community Centre for the new renal centre. In table 6.3 it says that the \$10 million funded by the Australian government will go towards the project, which obviously that was what it was for. So, minister, can you confirm that this was the funding that was provided by the Morrison government in April 2019? I might just say the three questions together so then they're all -

CHAIR - And it helps with the question numbering on my page, I think.

Ms ARMITAGE - I've got a couple of others but these three go together. Sorry, can you confirm that this was the funding provided by the Morrison government in 2019. In table 6.3 it shows \$4.1 million in 2024-25 and \$5.3 million in 2025-26 allocated for the works still leaving \$600,000 unaccounted for. If you'd be able to advise me where that is or what's happening with that. And in this section what funds will the Tasmanian government contribute seeing as it's unlikely that the \$10 million will adequately refurbish the centre for what is actually required?

Mr BARNETT - Thanks very much for the question, and I know how important it is to the honourable member as it is to me having visited there on a couple of occasions this year. Overall, yes, is the response to the question. The Australian government has provided funding support for which we're grateful. It's some years ago, and when I first became health minister and asked questions about this there seemed to be, perhaps the level of sort of confidence that this would progress was not as high as I would like. So my expectations were set, and we're

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now progressing with that development. I'll pass to the acting secretary to speak to that development and how it's progressing and answer any further questions.

Ms ARMITAGE - And maybe where that \$600,000 doesn't seem to be when we talk about 4.1 and the 5.3. We've got a \$600 000 gap. I hope that's not planning or consultants.

Mr WEBSTER - Through you, minister. So if I start with the \$600,000 and then -

Ms ARMITAGE - That's fine. Yes.

Mr WEBSTER - There is some significant engineering costs in that \$600,000 – we've actually – because of the site and the state of the existing building we did have to glean through extensive engineering examination, I guess, forensic examination of things like the footings et cetera which is why the decision has been taken that the best way forward is actually demolition of one of the buildings and rebuild. Because the original program was to refit and extend and the engineering showed us that couldn't happen.

So the Kings Meadows Community Health Centre is a project that was funded by the federal government a number of years ago. As I've said we've had to go through several iterations where the engineering said we couldn't do what we wanted to do. The second part of it is obviously we've been through COVID and the escalation in building costs has meant that we're probably not doing the full project as one stage. So it will be staged as two projects. Stage one is the current \$10 million expenditure which I've explained is a new building which will be bigger than the existing. In fact, I should come back; there are two buildings on the site. We are demolishing one. We'll make that a bigger building.

Ms ARMITAGE - Not very much bigger.

Mr WEBSTER - Yes, a bit bigger. So it will increase the number of renal spots from 15 to 18.

Ms ARMITAGE - Three beds.

Mr WEBSTER - The project was funded as an extension of renal and oral health and so we're focussed on extending renal and oral health in stage 1 and then in stage 2 will be the rebuild of the rest of that complex which indeed may result in, you know, some knocking down of existing infrastructure and rebuilding of it.

Ms ARMITAGE - Did we receive the \$10 million in 2019, or, was that provided to us, or is it provided to us in stages?

Mr WEBSTER - No. It's provided in sort of progress report stages. So we haven't had the money from day one. I think in this case it was two payments of five million.

Ms ARMITAGE - What funds will the state government allocate to the employment of a renal dietitian and a renal psychologist – obviously not putting any money into the rebuild – for the north and northwest of the state which I'm told is an urgent need. I'm sure the minister is well aware of the need for a renal dietitian and renal psychologist. So will the government look at providing that for the patients that are there now, and those waiting?

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Mr WEBSTER - Through you, minister. The short answer is 'yes' and we're looking at our renal services right across the state and where they're located. So, you know, and what they are -

Ms ARMITAGE - Can I ask you when?

Mr WEBSTER - In fact that work is underway to look at what services we're providing.

Ms ARMITAGE - So do we have a timeline, though, that we're expecting to actually employ these people within the next 12 months? You know, how long's a piece of string? With respect, I understand that you're looking at it. That doesn't necessarily mean it's going to happen anytime soon.

Mr WEBSTER - Through you, minister. So we provide renal services in a number of locations. So part of the issue is where we will put these resources, where we'll apply them. But I would expect that it is within the next 12 months that we're looking at our renal services, and, you know, we've done a number of extensions to renal services. For instance in the south we've located some chairs out at Glenorchy, so we are extending renal service on a step-by-step basis as we're able to fund it.

Ms ARMITAGE - So the Kings Meadows Dialysis Centre is at capacity currently. It has 60 patients, and the overflow chronic kidney patients are currently treated at the LGH, which is really meant for acute inpatients. So the proposed new facility - it has just 18 beds, which is obviously inadequate. So is there any way before it's built that this can be pushed up to a more reasonable number of 24 beds, which would, we believe, cater much better for the number of patients and the preference of the nephrology team to increase - to spend all this money - and I understand that it's oral health as well, but to simply put three more beds, when we've got capacity at the moment with 60 patients, just to make 15 to 18.

Mr WEBSTER - Through you, minister. So we acknowledged that it's a step, and it's a step along the way, but the money was provided by the federal government. If we had made our submission, we would've made a submission for 24 beds. However, it was just the federal government giving us \$10 million, and then we've had to build around that \$10 million, if you like. But that doesn't mean that we're not actually increasing renal services. As you said, there is the overflow down to the LGH, and I acknowledge that's an acute centre, but we move it

Ms ARMITAGE - It's not a nice situation for these people, and I've also been there as well.

Mr WEBSTER - That's right. So we're moving to 18 as the first step, and then we're looking to the stage 2 and what is in stage 2, which is to take it the next step, which would be the 24.

Ms ARMITAGE - So how many patients are currently waiting to start haemodialysis in the north and the northwest? Do you have a figure? I'm just wondering if there's any forecast of what that will be in the next five to 10 years. I understand for stage 2, it's taken this long to increase from 15 to 18 beds. I hate to think how long it's going to take to go from 18 to 24.

Mr WEBSTER - Yes.

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Ms ARMITAGE - I would've thought that the state government, seeing they're getting \$10 million from the federal government, would've contributed money themselves to have actually done it once and done it properly. Any comments?

CHAIR - The question is, 'Do you agree?'

Mr WEBSTER - Through any minister. So firstly, our clinical services profile does show we need to grow to 24 over the next few years, so that's the first thing. So we acknowledge there is a growth factor up to 24. I don't have the figures for the number on a waiting list at the moment, and my team are just trying to get those.

Ms ARMITAGE - If you could take that on notice.

Mr WEBSTER - Yes. Yes.

Ms ARMITAGE - Take that on notice. My last question in this area, Chair, are there any plans for dialysis chairs at Devonport or other regional areas like St Helen's which would help ease the strain on facilities in Launceston and remove the need for patients to travel three times a week to Launceston? Obviously, that would take a little of the strain off the 18 beds that's proposed.

Mr WEBSTER - Through you, minister, yes, there is, through our northwest master plan. There is a plan to actually move renal from Parkside, which is in Burnie, and actually spread it across the region.

Ms ARMITAGE - And a timeline? I love hearing that it's planned, but I really like to know when. Because a change of government sometimes or an election, and all of a sudden, things that were planned just - like this money from the feds in 2019. How long has that taken?

Mr WEBSTER - Through you, minister.

Ms ARMITAGE - Yes.

Mr WEBSTER - So the master plan is not fully funded, and so the stage that includes renal at this stage is not a funded part of the master plan.

Ms ARMITAGE - So it's another piece of string.

CHAIR - Yes. All right, thank you.

Ms ARMITAGE - Yes, that's probably the end.

CHAIR - Ms O'Connor.

Ms O'CONNOR - Thank you, Chair.

CHAIR - This is an overview question.

Ms O'CONNOR - Yes. This is an overview question, and it's related to vacancy control and efficiency dividends, which touch on all parts of the health budget. The Greens are very

concerned to understand what the human implications of the \$130 million in savings across the forward estimates will be, and that's just the efficiency dividend. So, minister, we presume it'll be left to the department to determine how that efficiency dividend is achieved. And perhaps through you, the secretary could give us some idea about the plan for these savings. But what we want to understand is exactly what measures will be taken in order to achieve these \$130 million in cuts, and how many full-time equivalent positions do you expect to be cut?

Mr BARNETT - So thanks very much for the question through you, Chair. I think this question's addressed at least in part in the House of Assembly last week. The Treasurer did table the department's response in terms of the budget efficiencies, and that response outlined some of the key savings strategies, which I will ask the acting secretary to make reference to and provide further to that answer.

Mr WEBSTER - Thanks, minister, and through you. So as you've said, the department's share of the budget efficiency dividend across the forward estimate's \$134.8 million with \$67.4 million ongoing. We propose to manage the strategy through a number of areas, so the first thing is that we've taken a look at the departmental leadership and looked where we could combine roles. So two, for instance, of that are the Chief Medical Officer and Chief Psychiatrist Role is now undertaken by Professor Arya. The role of Chief Executive of Mental Health is now undertaken by the Deputy Secretary of Community Mental Health and Wellbeing as two examples of that combination.

The second thing we've done is look at we have, as you'd appreciate, a large spend on consumables, and we've worked out how we can actually go about ordering our consumables and how we can change what I would call our risk profile of consumables. If I give an example of that, for instance, through COVID and post-COVID with shortages in pharmaceuticals, across a lot of our high-risk pharmaceuticals, we hold 12 weeks of stock. If we have a period where we might not use some of that stock, then it gets written off. These are usually very high-cost items and is anything between \$3 million and \$5 million a year of write-offs.

We've actually worked on processes and looked at other states and how they do their pharmaceutical ordering. We think by actually changing the nature of our contracts, we can actually bring a different process for ordering that will save that \$3 million to \$5 million across that. Applying that across a number of areas of consumables, et cetera, to actually get ongoing savings, we believe, we can actually achieve through that as well.

Ms O'CONNOR - With respect, though, I don't think you'll get it up to \$40 million a year in savings. Through those sorts of measures.

Mr WEBSTER - Yes. Through you, minister, through a number of those measures, we believe we can get very close to that \$40 million, remembering that our consumables budget is \$600 million. So we're looking at less than 10 per cent saving to achieve that, but we're not looking at it all coming from consumables. There'll be other areas of combinations. So, for instance, in the Department of Health or the systems management part of the department, we are looking at the number of policy teams that we have. So, for instance, at the moment in the department, we have a policy team that looks at government relations or, if you like, the Australian government policies, and we have separate policy teams that work at the state level.

So we're looking at how do we actually get efficiencies by bringing some of them together over the period. So there are a number of initiatives like that of combining resources.

Also areas such as consultants, travel - all of those things which, within the context of the health budget, are large consumable spaces where we can actually achieve considerable outcomes.

Ms O'CONNOR - Thank you, acting secretary. So, minister, the part of the question that wasn't answered related to job losses. And having listened to Mr Webster there, it's pretty clear that there will be some job losses, whether it be in policy unit or not-filled Chief Psychiatric Officer or whatever. What is the projection of the number of FTEs or headcount - whatever measure you want to present to the table - or both would be better - the cut in those numbers that will result as a result of the efficiency dividend?

Mr BARNETT - Thank you for the question. I will pass to the acting secretary in one moment, but just to confirm what we have said as a government since the election - and that's a very effective recruitment campaign with now more than 900 on the frontline recruited - so doctors, nurses, allied health professionals, paramedics. I've outlined some of that in my opening remarks, so more than 900, and that's a net figure of 167 as of yesterday - as of today, actually. That's the latest information. So there'll be more on the frontline this time next year than we have today. In terms of adding to that answer, I will pass to the acting secretary.

Mr WEBSTER - Thanks, minister, and through you. We don't have a targeted number of FTE, in fact we have a plan to increase our FTE over the forward estimates because of the demand across our hospital system, there are a number of initiatives that have been given to us by government. We actually project that we will actually increase in FTE over the forward estimates.

Yes, there will be some realignment and there might be, you know, less in this policy team and those - and more in the hospitals, but we will work through that by redeployment over the time, and that is some of our - most of our challenge, in fact, is taking, if you like, our casual employment, which are locums and agency nurses, and turning them into permanent roles. You get the same number of FTE for a lot less money if we can achieve that. We would target around a 50 per cent saving in that space.

Ms O'CONNOR - Thank you, Mr Webster. I feel like it is déjà vu all over again, because I keep hearing the same thing at Estimates tables, about how Health is going to make massive savings that are demanded of it. But perhaps so that we have got a database to work from, would it be possible to have workforce numbers across the Tasmania Health Service, full-time equivalent and headcount from 30 March 2019 to date by year, broken down by profession: doctors and surgeons, nurses, midwives, paramedics and allied health. And then subsequent to that, would it be possible to have staff absences and sick days by month and year from 1 July 2019 to date?

Mr BARNETT - Well, let's just go -

CHAIR - And are you happy to take that on notice?

Mr BARNETT - Well, no, no. I would like to answer the question. I will just see if the acting secretary will work through that. We have got lots of answers for the committee. We are well-prepared.

Mr WEBSTER - Sorry -

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Mr BARNETT - So we will just break it down to start with, the first numbers.

Mr WEBSTER - So through you, minister, I don't have them March to March, but I have them June to June.

Ms O'CONNOR - June 2019 to date?

Mr BARNETT - Yes.

Mr WEBSTER - Yes. Sorry, through -

Ms O'CONNOR - From what date, 30 June? Is that 30 June?

Mr WEBSTER - As at 30 June 2019, and then 30 June each year since then.

Ms O'CONNOR - Okay.

Mr WEBSTER - And breaking them down: allied health, 1088.51 in 2019.

Ms O'CONNOR - Yes.

Mr WEBSTER - Do you want year by year or just the -

Ms O'CONNOR - Yes, please. Year by year.

Mr WEBSTER - Yes. Then 1121.46 in - I'm sorry, I'll go back. That first figure I gave you was 30 June 2020, so I am going back one more year. 1042.03 for allied health in 2019, 1088.51 in 2020, 1121.46 in 2021, 1203.27 in 2022, 1281.47 in 2023, and 1342.54 in 2024.

Ms O'CONNOR - Paramedics?

Mr WEBSTER - Ambulance this is.

Ms O'CONNOR - Ambulance, yes.

Mr WEBSTER - So 2019, 423.04.

Ms O'CONNOR - Okay.

Mr WEBSTER - 2020, 487.37. 2021, 542.87. 2022, 575.91. 2023, 545.13. And 2024, 562.85.

Ms O'CONNOR - A bit of a decline there, but yes. Midwives? Oh, nurses. We'll just do nurses.

Mr WEBSTER - Nurses 2019, 4025.51. 2020, 4229.08. 2021, 4466.48. 2022, 4764.78. 2023, 4931.94. And 2024, 5138.72.

Ms O'CONNOR - And finally doctors and surgeons.

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Mr WEBSTER - So through you, minister, I can't split off surgeons, but I can do -

Ms O'CONNOR - Just doctors.

Mr WEBSTER - Okay. Well, I have doctors across three categories. The two main ones, salaried medical practitioners: 2019, 1056.87. 2020 - sorry, I will go back again. I have missed a year. 2019 is 991.74, 2020 is 1056.87. 2021 is 1140.91. 2022 is 1201.88. 2023 is 1236.81, and 2024 is 1350.2. And then visiting medical practitioners, which is a separate category, and I would say that a VMP, the maximum hours per week is 18 hours. There is a lot more than -

Ms O'CONNOR - Yes, well, I don't need those.

Mr WEBSTER - Okay.

CHAIR - Thank you.

Ms O'CONNOR - Could we please put the staff absences and sick days on notice? Even though it is something that could be read out to the committee, it is also something that could be provided.

CHAIR - Or table them, if you have such a table? I am mindful that we are in the overview here.

Ms ARMITAGE - And if you could add in Worker's Comp it would be really useful as well.

Mr BARNETT - Well, let's be clear what the question is, Chair, and then we can consider how we can assist the committee.

CHAIR - The question is -

Ms O'CONNOR - I am looking for data on staff absences and sick days by month and year from 1 July 2019 to date.

Mr BARNETT - Well, I am not sure about by month, but certainly by year I am sure we could assist the committee.

Mr WEBSTER - Yes, we can.

Mr BARNETT - You know, this just takes a lot of time and effort.

Ms O'CONNOR - I understand that.

Mr BARNETT - You know, certainly by year, I am sure we could do that.

Ms O'CONNOR - It is certainly data THS would have.

Mr BARNETT - Yes, well, that's right, and we do want to assist the committee.

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CHAIR - And does that include worker's comp?

Mr WEBSTER - Through you, minister, we are just having a look. The one we have will assist.

CHAIR - Okay.

Mr WEBSTER - That's the first question. The second one -

Mr BARNETT - Can we take it on notice?

CHAIR - Yes, we will take the worker's comp -

Mr BARNETT - We will take that on notice as well.

Ms O'CONNOR - Okay, thank you.

Mr BARNETT - But we will do it by year, if that's all right. Then if you have more questions then let us know.

CHAIR - Well, I am sure we will when we launch into 1.1 which is system management. So, overview, Ms Webb.

Ms WEBB - Thank you. The first area I am interested to ask about is to do with your RTI areas, because I am interested for every department in having the average turnaround time for the department from receipt to determination for all departmental RTI requests for the 2023-24 financial year, and I would like to know how that compares to the previous financial year.

Mr BARNETT - So we will just hold that, just to get clarity around that. So that is the RTI from last year to this year, is that right?

Ms WEBB - 2023-24, of that financial year and how it compares to the year before.

Mr BARNETT - Right.

Ms WEBB - In terms of average turnaround time from receipt of it to determination and closing of it.

Mr BARNETT - Okay.

Ms WEBB - Then I am going to ask for more data around your RTI as well, so just to flag.

Mr BARNETT - So I will just check if we can assist the honourable member through the acting secretary.

Mr WEBSTER - I'm just reading here, minister. We don't have the average time. We certainly have lots of data at hand.

Ms WEBB - That's fine. Well, let's start with some other things which you probably do have there then, which is the number of RTI applications for the 2023-24 financial year that were received, and then what proportion of them were determined in full, partially or refused.

Mr WEBSTER - Okay. Through you, minister. We had 480 received, and we actually determined 556, and the reason for that is that we had a large carry over. But through you, minister, since 2020, in 2021 we had a record year, and we had 63, and we have had rapid increases over the following three years. So that's - but we have now caught up on that backlog. We've now determined we provided the information in full in 93 of those occasions.

Ms WEBB - Of the 400 and -

Mr WEBSTER - Of the 556.

Ms WEBB - 556, and then partial and then refused. Could you break it down like that?

Mr WEBSTER - Through you, minister, provided partially 463, and refused 14.

Ms WEBB - Thank you. Do you have data on the number of days taken, in terms of the average times for each of those categories? It might relate to the first question, really. I am just interested in timeliness and doing it within statutory time limits.

Mr WEBSTER - Sorry, minister, we don't have that.

Ms WEBB - We can take - maybe that part, I will send something through on that.

Mr BARNETT - Yes, we can take that on notice.

CHAIR - Take that one on notice.

Ms WEBB - Can I just ask another question, then, around this? Are there any projected changes in staffing and funding resource allocation for the 2024-25 year compared to those previous years in this area for RTI work?

Mr WEBSTER - Through you, minister. As part of a review of RTI we undertook about four - in fact, five months ago now, we've done away with specific RTI officers and spread the workload across our legal services area. That's seen a natural rapid increase in turnaround of our claims, which is why we've done so many determinations. Our average on hand has dropped to about five or six because of that. By spreading the workload over more people, we're actually getting through the determinations quicker and getting through the numbers.

Ms WEBB - Thank you. I'm interested in terms of the RTI disclosures that are then published on the website, and whether the department has a policy outlining the approach to publication on the website that would cover things like timeliness, like what's put up and how quickly it's put up.

Mr WEBSTER - Through you, minister. A large volume of ours actually are in the private information space unit, medical information, particularly medical information around litigation and things like that. So as a proportion of the numbers we determine, we publish

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very little. What we do publish are those that are non-private information or non-health information, and we do that at the time that it's released.

Ms WEBB - Okay. Is there an internal policy that says that that you comply with?

Mr WEBSTER - Through you, minister. We have a guideline, which is based on the one issue by the ombudsman to all agencies, and so we follow that.

Ms WEBB - And there's an element of that that relates to publishing on your website.

Mr WEBSTER - That's right.

Ms WEBB - Thank you. May I go to another overview one?

CHAIR - Overview, yes. Sure.

Ms WEBB - Yes. Well, it might not be. This might link to a line item, actually, if you can maybe direct me. Palliative care, does that fit within a line item?

Mr WEBSTER - Yes, I think it does.

Ms WEBB - Which line item is it? I'll note it for a line item.

CHAIR - Which one?

Mr WEBSTER - Non-admitted service.

CHAIR - Non-admitted. Okay.

Ms WEBB - I also ask, then, around the area of the VAD commission? I have a question around that. Does that fit in a line item or shall I deal with it here in overview?

Mr WEBSTER - It sits in system management.

Ms WEBB - Okay.

CHAIR - Okay.

Mr WEBSTER - Sorry, mental health system management.

CHAIR - Right, okay. That's fine. I'll make a note of that one as well.

Mr WEBSTER - 1.2.

Ms WEBB - 1.2, thank you.

CHAIR - Yes. All right. Thanks for that. Now, we have an overview from Mr Edmunds before we go to -

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Mr EDMUNDS - In a similar vein, so I'm happy to be guided elsewhere. You were talking about agency nurses before. Is this where we should talk about that, or is that in a different -

CHAIR - We've talked about staffing.

Mr WEBSTER - We can do it in - through you, minister - in overview, or in one of the later -

Mr EDMUNDS - Yes. I'm happy to. I just don't want to -

CHAIR - Right, okay.

Mr WEBSTER - We're flexible.

Mr EDMUNDS - Can I ask, then?

CHAIR - Yes.

Mr EDMUNDS - Yes. Just in reference to your comments before about costs, I would like, and I am happy to take these on notice. What has been the cost of agency nurses in the past financial year across each hospital?

Mr BARNETT - Thank you for the question.

Mr WEBSTER - Through you, minister. In the south, THS south, \$18,158,368. THS hospitals north, \$22,560,638.

CHAIR - That's all northern hospitals.

Mr WEBSTER - No. So THS hospitals north-west, \$24,014,658. And community mental health and state-wide services, \$12,124,778. Which if I have read them out correctly, gives us a grand total of \$76,858,441.

Mr EDMUNDS - Thank you very much. Can we also get the cost of locum doctors and specialists at each of the hospitals as well?

Mr BARNETT - I'll just check.

Mr EDMUNDS - Yes, no worries.

Mr BARNETT - Sorry, Chair.

Mr WEBSTER - So through you, minister. This is split slightly differently to the nurses, so this is done actually by a hospital and mental health. The Royal Hobart Hospital, \$23,881,992. Launceston General Hospital, \$33,988,266. The North West Regional Hospital, \$20,473,723. Mersey Community Hospital, \$9,264,607. Mental health, \$16,812,427. And others, so that includes our primary health and those sorts of areas, \$1,318,767. Which is a total of \$105,739,782.

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Mr EDMUNDS - Thank you. To your point before about that cost versus having the resource in house, would you be able to give an example for, like, a grade 3 or 4 agency nurse versus how much it would cost to employ that nurse permanently in the THS?

Mr WEBSTER - So through you, minister. It does depend on the type. There are different costs per - if you like, I'll call them craft groups. A four nurse that's a qualified ICU is a different cost to a four nurse that might be a general ward. So therefore, it varies greatly. But the difference in cost is anywhere up to 100 per cent additional cost between the two.

Mr EDMUNDS - Is that similar with locums?

Mr WEBSTER - Locum doctors, again, depends on the craft group, but that can be anything up to 200 per cent premium.

Mr EDMUNDS - Thank you. Just one last one I think is in overview, and happy to take this on notice. Do you keep data on how many employees at the THS have a disability? If so could we - yes, I understand that not all are identified, but in terms of if there's any baseline data there, I'd be interested in that. I'm happy to take it on notice.

Mr WEBSTER - Through you, minister. We currently don't collect that, and as I am sure Ms Rattray and others have heard us talk about our human resource information system and the need for that upgrade, that's part of what we need to do through those sorts of systems.

Ms ARMITAGE - I was going to ask you about that, seeing that the former member for Hobart is not here. I have a supplementary agency -

Ms WEBB - I have some agency nurse questions. I just wondered whether it was relevant to ask it now, given that -

Ms ARMITAGE - I've got an overview - I thought I put my hand up for -

CHAIR - Yes, but I've got a supplementary on agency nurses, so I thought we will get that one out of the way first.

Ms WEBB - It will be in close proximity in the Hansard, then, for people who might be interested.

CHAIR - Thank you.

Ms WEBB - Thank you, Chair.

CHAIR - So Ms Webb.

Ms WEBB - I'm particularly interested in the use of agency nurses in the maternity units in our various hospitals. Are you able to give figures for agency nurses just in those units? And are you able to also provide an indication of what proportion of the spending on agency nurses in those units is paid at double time? So, when we're having to pay those nurses double time potentially because they've had shifts in proximity to each other that require the double time rate?

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Mr WEBSTER - Through you, minister. Sorry, we can't break it down ward by ward, unfortunately.

Ms WEBB - Right.

Mr WEBSTER - However, to answer that question about the double time, with agency nurses, there isn't necessarily that concept of double time because of overtime. We're paying a premium because they're an agency nurse, so it may be that, in those circumstances, we'll be paying more because we're working them, you know, two shifts or whatever.

Ms WEBB - Two shifts.

Mr WEBSTER - But it would depend on the agency contract that we entered into.

Ms WEBB - Okay. So, my understanding was -

Mr WEBSTER - But all of the - so when I say there's 100 per cent premium, that 100 per cent may be because they're a highly skilled ICU nurse rather than they're doing shifts back to back. You know what I mean?

Ms WEBB - I'm interested in the situations where we're paying double because they're doing shifts that are in too close a proximity to each other. Like, my understanding is that arrangements with agency midwives, for example, there is supposed to be a 10-hour break between shifts.

Mr WEBSTER - Yes.

Ms WEBB - Particularly during 2022, and 2023, they were regularly rostering agency midwives with only an eight-hour break between shifts, so then had to then go and pay the penalty, the double time for the second shift each time. So that's what I'm trying to gauge the extent of.

Mr WEBSTER - Through you, minister. We don't have those figures with us, but I understand the question. We have a different agreement with midwives around hours which allows, you know, midwives to actually follow a birth, if you like, and balance hours differently, so agency midwives, who obviously don't have that same arrangement, could come at a premium cost. That's true.

Ms WEBB - Okay. But we wouldn't be able to identify the times where we had simply rostered them with an eight-hour break instead of a 10-hour break, and therefore had to pay double? Okay.

Mr WEBSTER - Not easily, because the costs comes as an invoice rather than a number of hours and things.

Ms WEBB - Okay. Then the other thing about that: do we track instances in which we've had a permanent staff member resign, but then be employed back in to a casual or an agency position in the same department in the same department and at the -

CHAIR - In the same role.

Ms WEBB - in the same role. Do we measure how many times that is occurring currently and over time?

Mr WEBSTER - Through you, minister. In our agency nurse contracts, there is actually an exclusion period for an employee becoming an agency nurse, and the current contracts allow - that exclusion period's 12 months. So, we wouldn't be able to tell you when they come back 12 months later, but we have put in that exclusion in our contracts.

Ms WEBB - So we wouldn't know now how many potentially had stepped out 12 months ago and returned now as agency?

Mr WEBSTER - Yes.

Ms WEBB - Thank you.

CHAIR - Thank you. An overview question. I have a feeling this is going to be a long overview, but the Honourable Member for Hobart.

Ms O'CONNOR - It might not. It might not. Thank you, Madam Chair. I just want to explore the vacancy control program. There was a leaked email which went out to, we presume, numerous THS staff which confirmed the existence of a vacancy control program. At least one committee was referenced in that leaked email which was established to oversee the process. Have any staff roles been entirely exempted from vacancy control measures?

Mr BARNETT - Well, thank you. Firstly, with respect to that issue, it's obviously been debated quite publicly. And certainly, in our house, the Premier and I have taken questions on that, noting in the last 10 years, we've put on an extra two-and-a-half thousand health professionals, including 1390 nurses. I've given you the update of the latest recruitment figures just a few moments ago. I think in terms of the detail around that, it's best for the acting secretary to speak to that matter.

Mr WEBSTER - Through you, minister. Within our nursing award, we have a concept known as 'nursing hours per patient day', and that's a - if you like, it's a benchmarking exercise that's done between our individual wards and equivalent wards in other hospitals across Australia. Through that process, there is a calculation that works out, okay, because of the level of acuity of our ward, because of the different types of things - it might be cut-out care versus general medicine, et cetera. There's a calculation of how many nursing hours per patient day we need. Through our vacancy management, we're not looking at any of those requests. They go straight through the process, because there is an award provision that calculates nursing hours per patient day, and our chief nurse monitors those.

Ms O'CONNOR - Sorry to interrupt, acting secretary. Sorry to interrupt, but the question was actually have any staff roles - so are senior surgeons exempted from vacancy control? What positions, if any, have been exempted from vacancy control? Or have none been?

Mr WEBSTER - So through you, minister. Any role that is a nursing role that goes through -

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Ms O'CONNOR - It's not just about the nurses.

Mr WEBSTER - Yes. Is -

Mr BARNETT - Sorry, Chair. Can we just allow the acting secretary to just -

Mr WEBSTER - Yes.

CHAIR - Yes. Yes.

Ms O'CONNOR - Sorry. I'm just making sure that it's understood.

Mr BARNETT - Please.

Mr WEBSTER - I was just explaining they are exempt. They don't go through vacancy control, because there's a process that calculates that calculation.

Ms O'CONNOR - Yes.

Mr WEBSTER - So effectively, any front-facing nurse where the job is attached to nursing hours per patient day is exempt, because it goes through a process where the Executive Directors of Nursing send it to the Chief Nurse for verification, and then it goes to recruitment. In a number of other areas - and I'll use doctors as an example - they're not exempt, but in the majority of cases, we're actually looking at is our recruitment process sufficient to get that doctor.

What I mean - I'll give a few examples of that, but firstly, with registrars, last year we got an exemption from the Premier from ED1, and so we're not limited in the length of contracts that we can give our junior doctors that are training. So traditionally, registrars have been employed on a year-by-year basis, and every year, we have to do a new contract for them, and they make a decision about whether they're staying or not. Through ED1, we now have a process where we can appoint those doctors for the length of their training, which for some is up to six years for their training. So, we are doing a check through our vacancy management process to make sure we are advertising them for the length of training.

Ms O'CONNOR - Okay.

Mr WEBSTER - Other examples have been where we're getting people saying, 'We've worked out we need 0.84 of a doctor in this area.' We've actually been saying, 'No, let's advertise it as "up to full-time" to try and attract people.' It's more than likely that vacancy management is actually intervening with doctors on those bases rather than your concept of 'exempt'.

Ms O'CONNOR - All right. All right. Thank you for that answer. So just to be clear: is it nurses in patient-facing roles who are the one category of worker in the THS who would be exempt from vacancy control measures?

Mr WEBSTER - Yes. You could explain them as that, yes.

Ms O'CONNOR - Okay.

Mr WEBSTER - It's those that are in our wards that are covered by nursing hours per patient day.

Ms O'CONNOR - Okay. Can I ask, then, what level of funding, minister, are you hoping will be saved by using vacancy control measures? We're trying to ascertain here whether there's one vacancy control committee and the whole of the THS, or if there are various ones in different units.

Mr BARNETT - I'll just quickly say I think the Treasurer outlined the budget savings measures last week, which I know the acting secretary's spoken to. He's spoken to the vacancy control measures and how it's managed in terms of that in the more detail. And around that, I'll ask the acting secretary to respond.

Mr WEBSTER - That's so. Through you, minister, we would hope to save between \$5million and \$7 million dollars a year through the vacancy management process.

Ms O'CONNOR - \$5 million to 7 million? Yes.

Mr WEBSTER - But I'd emphasise that that is around things like if we advertise for a 0.6 doctor and don't get one, we will usually have a locum on.

Ms O'CONNOR - Sure.

Mr WEBSTER - So we might as well advertise for the full-time doctor and save the 200 per cent markup. And so vacancy management is - we're being very careful here. It is actually not about knocking back jobs; it's actually saying, are we recruiting the right people? Are we recruiting in the right way? I would say to you that in the first five or six meetings as we're getting going, we actually probably spent more money than we save, because we were emphasising that need for length of training contracts for our transition to practice nurses. We have an exemption so that we don't appoint them for 12 months anymore. We appoint them permanently, and we use their probation as the transition to practice. So, again, we don't have to go through two selection processes, and we also don't have the person thinking about leaving because their contract's about to come to an end.

Ms O'CONNOR - Okay. So just finally on this issue, is there more than one vacancy control committee in the THS, or is it just the one entity that is overseeing this?

Mr WEBSTER - Through you, minister, it's one entity.

Ms O'CONNOR - Okay. Thank you.

CHAIR - We have the supplementary. Ms Armitage, locums.

Ms ARMITAGE - If I could. You were saying that, obviously, we employ an awful lot of locums and that, in the future, we're trying to get permanent. Wouldn't you have been trying to get permanent staff regardless, and can you advise me the reason that you employing locums? I would've understood it's because you can't get permanents. So, these people you're going to advertise to - that apparently haven't been available in the past, but now appear to be available - are they from English-speaking countries?

I'd be interested (a), are they English-speaking countries or English-speaking practitioners as their first language; or (b), the reason that we've been employing locums, my understanding - and you might correct me, minister - is that we have been trying to get permanent staff and couldn't employ them. Is that the case or not? I'm a little confused, because I would've assumed that it would always have been a financial gain to have had permanent staff, as opposed to locums or agency nurses.

Mr WEBSTER - Through you, minister. The employment of locums is actually quite a complex area.

Ms ARMITAGE - I understand that.

Mr WEBSTER - Some of it is where we're unable to get staff in a particular region, or a particular craft group. But some of it will be because someone has resigned, and we can't not have that service while we're going through a recruitment process, so we'll bring in a locum very quickly. The faster we can do recruitment we can save on locums. But some of it will be because they don't believe what we're offering is attractive. There's that example where, you know, we're offering 0.6 and they really want to work full-time and we need to, you know, adjust our thinking there.

Some of it is making sure that we're competitive with other states. But unfortunately in the space of locums and locum agency nurses is that there has almost become part of our medical professional staffing nationwide that like being locums. So, they'll work five or six months of the year. They'll often following the ski season or the holiday season and things like that.

Ms ARMITAGE - Well obviously if you're going to be paid twice as much who wouldn't want to be a locum.

Mr WEBSTER - That's right. Exactly.

Ms ARMITAGE - But I guess my question is you're saying full-time as opposed to 0.6. I would've assumed a full-time permanent would be as much as a 0.6 locum, pay-wise.

Mr WEBSTER - Through you, minister, not necessarily in some of our craft groups where we pay a premium. But the other thing we need to do is we have to work on strategies around how we recruit, but also what we're recruiting for. For instance, we have a lot of craft groups that like to actually have research attached, so we've recently signed an MOU. In fact, we haven't signed it, we've agreed and MOU with UTAS which will increase the conjoined appointments; increased the amount of research we're doing with UTAS because that will help attract people.

But also, it's about the reputation of our senior staff. Having people like Professor Arya and previously Professor Lawler in our CMO role actually says that we value research, innovation, et cetera and it actually does attract people to us. A really good example of that is the success we've had with employing permanent psychiatrists with the fact that there is now a chair of psychiatry at the university.

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Ms ARMITAGE - In the south of the state might I add? How many do we have in the north?

Mr WEBSTER - I can get you the breakdown we've had success getting psychiatrists right across the state.

Ms ARMITAGE - That would be wonderful.

Mr WEBSTER - Particularly in the CAM space, with Professor Brad McDermott coming into that role. But Professor David Castle's reinstating the Chair of Psychiatry at University of Tasmania and focussing on research for psychiatrists. These things actually lead to people wanting to come and work in Tasmania. We can't just focus on offering jobs. We've got to offer the complete package, if you like.

Ms ARMITAGE - Deputy secretary, you should be well aware, I'm quite -

CHAIR - You're speaking to an expert. I think that's what she's trying to say.

Ms ARMITAGE - I understand all of that. I've been doing this for 30 years, so I do understand this totally. My question's about, it was really with regard to staffing positions. Is there a spot in here for staffing positions in the - where's staffing positions fit?

Mr WEBSTER - We can give you an update on that if you want.

Ms ARMITAGE - Well, one last quick question and then I'm happy to fit in with the other areas, and I will primarily ask about the Launceston General Hospital rather than to go each region. Do we currently have any positions, particularly staff specialists – not VMOs but SMOs – advertised. I know in the past we've advertised, and we've had great difficulty finding them. Particularly things like EMT, so do we have any specialties that we're actually currently waiting for or trying to employ at the Launceston General Hospital that we're desperately in need of? And I know EMT is an area that's very short-staffed.

Mr WEBSTER - Through you, minister. By way of more information recently we've targeted urology, and we've advertised for urologists. So, yes, there are. From time to time, as you'd understand because relatively our hospitals in our regions are quite small. Our numbers in each craft group can be quite small. So, one absence can leave us quite short with doctors.

Ms ARMITAGE - Particularly on-call. It's not very attractive to be on-call six nights out of seven.

Mr WEBSTER - Exactly. Yes. We've had situations in urology, for instance, where we're covering other regions with on-call because of shortage across the regions. But at the moment we're only aware of urology being advertised recently. Off the top of my head, I think we actually advertised for EMT as well.

Ms ARMITAGE - I would've thought that we would need EMTs.

Mr WEBSTER - Yes.

Ms ARMITAGE - So we have advertised for EMT s as well?

Mr WEBSTER - Yes. That's right.

Ms ARMITAGE - Any applications for either of those?

Mr WEBSTER - Sorry?

Ms ARMITAGE - Any applications for either of those?

Mr WEBSTER - Through you, minister. I don't know how many applications we got.

Ms ARMITAGE - Happy to take it on notice, minister. Because I think the thing is we can advertise but obviously if the conditions aren't favourable people don't apply for the jobs.

CHAIR - Thank you. Ms O'Connor.

Ms O'CONNOR - Just a very quick clarification in overview, thank you, Chair. Just going back to the vacancy control issue. Can I just confirm through you, minister, there's one cohort of nurses who are in patient-facing roles who are exempt from vacancy control. Are they the nurses on the wards? What sort of nurses are we talking about here, because there are different categorisations. One small group of nurses is exempt. Where are they in the system?

Mr WEBSTER - Through you, minister. In fact, it's probably the largest proportion of our nurses are in the exempt category. It is, if you like the ward-facing – so nursing hours for patient days across our acute, sub-acute wards, our mental health wards and a number of areas such as that. It's basically, if you like, making sure that we've got sufficient nurses to do patient care in our hospital system is the category that's exempt.

Ms O'CONNOR - Yes. Thank you.

CHAIR - I have a question and it's a follow-on from those doctors that come to our state and particularly those who have specialised skills. I'm just interested, is there a particular timeframe where a doctor might come? Say for instance a paediatrician comes to the northwest coast, and, you know, is there a timeframe to actually have that doctor's qualifications accredited? If that's the right word. Then, you know, be placed on a permanency arrangement. Is there a timeframe? I'm aware that it can be quite a long journey for some. I'm just interested in, you know, how that works.

Mr BARNETT - Thank you, Chair. I'll pass to the acting secretary in just one moment. We've had a lot of questions on doctors and nurses and allied health professionals and likewise paramedics as well. Just want to confirm on the record again that we will be employing more. More. More. More. On the frontline. This time next year there'll be more than what we have now.

CHAIR - These are more the ones that are already here but are not actually permanently employed, and I'm just interested in the timeframes.

Mr BARNETT - Yes, and I will pass to the acting secretary. But this recruitment blitz is working. Nobody can say that it's not working. We've been going hammer and tong since

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April and we're making a lot of progress with more than 900 in total. 167 net increase as of today. We're employing more of those on the frontline, but I will pass to the acting secretary.

CHAIR - It's more about that process.

Mr WEBSTER - Thanks, minister, and through you. Most doctors that we employ will be fellows of their existing college. So they go through a process of what we call credentialling, which is led -

CHAIR - That's the word. It wasn't accreditation. It was credentialling.

Mr WEBSTER - So credentialling is usually done pre-employment and includes mandatory training and things like that, you know, as part of induction. That credentialling process is led by EDMs in the regions and by our chief medical officer. Other graduates that may be international medical graduates who have come to Australia in the past, they may well have their fellowship now and would go through that same process. But where it's an international medical graduate coming direct into a service here from international, in the majority of doctor craft groups, they then have to go through a process where they are supervised, and they go through a learning process with their college, their individual college. And that process of getting their Australian fellowship will vary from doctor to doctor. But the Chief Medical Officer will correct me -

CHAIR - So is it the -

Mr WEBSTER - For the majority of colleges it is a 12-month process.

CHAIR - Right, okay.

Mr WEBSTER - But that will depend on the doctor, because they might slow it down or speed it up, because they do -

CHAIR - But does the department have any role in slowing it down? Because obviously once that credential has been undertaken, then the salary is going to be incremental.

Mr WEBSTER - Through you, minister, to answer that point.

CHAIR - I hope it wouldn't.

Mr WEBSTER - And then I will hand back to the minister about some of the changes that Health Ministers are doing. But in individual, no we wouldn't. We would only be slowing it down, where it may be that through supervision reasons or, indeed, through - say it is a general surgeon, if we cannot actually deliver the full range of surgeries at a small hospital like the Mersey, then it may be that they have to rotate to another hospital and that may slow them down.

But it wouldn't be a deliberate effort to slow them down: it is really about can we actually give them all of the things they need to achieve their Fellowship, and as I said, the actual pathway to Fellowship is between them and the college. It is not something we are directly doing to them.

CHAIR - Right. So, four years would be a very abnormal arrangement to have endured?

Mr WEBSTER - Through the minister, I think I might throw that to Professor Arya.

Dr ARYA - Through you, minister. I think in terms of credentialling, there are three parts to credentialling: one is checking the registration, whether they are registered with AHPRA.

CHAIR - And that will take about five minutes.

Dr ARYA - So anyone to be employed has to have registration with AHPRA. Second, as the acting secretary was suggesting, is credentialling. The third process that we undertake is what is called scope of practice. We determine whether the job that the person is going to be doing is within their scope of practice. No one can work until all three things have been done, and these three checks are undertaken before a person is employed. If a person is employed, they are employed subject to having been credentialed.

This is a very quick process, even before recruitment occurs. If someone needs to join urgently, or very quickly, we undertake what is called interim credentialling. An executive director of a medical service can do interim credentialling for three months, so that the person can start. But the executive director will still undertake all of those checks. And within those three months we have proper credentialling done by a credentialling committee. The credentialling committee will then approve long term credentialling, which is then reviewed at one year and then at the five year mark.

Mr BARNETT - So, Chair, through you and back to yourself and the committee, this is not new for Health Ministers. This is happening in terms of the challenges all around Australia in terms of workforce and getting people to meet the needs of our health system. So, we had a meeting very focused on this just in the last couple of months, a Health Ministers' meeting with the Federal Minister, and indeed we had the various medical boards and specialties and colleges all come, and there were dozens of them. They were all speaking about the regulations, the accreditation process.

CHAIR - The credentialling.

Mr BARNETT - The credentialling that is relevant to their profession. You have got those representations that have been made to us. We are making representations to them in terms of streamlining the process, cutting the red tape, making it timely to get the relevant professionals into the health system across Australia. This is a huge issue for all of our Health Ministers. Then we have the issue with the federal government in terms of immigration, where you have health professionals from India that are actually travelling to the UK to then be able to come and then live and work in Australia.

You know, these are the challenges that because it's outside of my control, our control here in Tasmania but we are making representations to the Federal Minister who is the Minister for Health, and then you have to make sure there's communication with the Minister for Immigration, of course the Prime Minister and across the state and the public service. It is challenging and we remain vigilant and lobbying very hard of our federal colleagues to streamline that process and make it more timely to get the people that they actually do want to come.

CHAIR - Well this was the -

Mr BARNETT - And Tasmania is the best place in the world to work, live and raise a family, and why wouldn't they want to come here?

CHAIR - The preface of my question, minister, was more about those people who have already arrived here are working in the system, but obviously the credentialling part hasn't been completed, and I am suggesting that somebody waited four years for that. And I have heard that that is an unusual circumstance, and I just want to make sure that it's not the norm, that it is abnormal, because people will decide to leave and go somewhere else, and we don't want that.

Mr BARNETT - Thank you. Go ahead.

Mr WEBSTER - Through you, minister. So that would be abnormal. And again, how you become a Fellow and therefore become a senior medical practitioner in Australia is determined by the colleges, the craft groups, rather than by the departments. However, ministers have prioritised international medical graduates. In a recent meeting, Health Ministers' meeting, agreement with AHPRA that there will be certain craft groups - psychiatry, general practice, anaesthetics, and I have completely gone blank on the fourth one - where -

CHAIR - It wouldn't be paediatricians, would it?

Mr WEBSTER - No.

Dr ARYA - I think GPs and psychiatrists, we -

CHAIR - Okay.

Mr WEBSTER - Are the two main ones, and then - I will remember the fourth.

Ms ARMITAGE - Maybe cardiology.

Mr WEBSTER - Where in fact, depending on where they have trained, there will be a fast track to senior medical practitioner, a six-month program overseen by supervision of a hospital and by AHPRA rather than by the colleges for those particular areas. And that was a -

CHAIR - So a problem has been recognised?

Mr WEBSTER - Yes, that's right.

CHAIR - And there is a solution on foot?

Mr WEBSTER - Yes. And through you, minister, so that was a recommendation to Health Ministers by the National Grupp Review, as it is called, and ministers worked to do that. And so from next month, the four craft groups, of which I have remembered three, will all be fast tracked into, if you like, fellowship, but they won't actually be Fellows of the Australian College, they will just have the same status.

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CHAIR - Okay. I am mindful that it is almost an afternoon tea break. So now we are out of the overview -

Mr BARNETT - We have an answer.

CHAIR - We have an answer for something?

Mr BARNETT - On the question, I think, on the RTI information that might assist the Committee.

CHAIR - Thank you.

Mr WEBSTER - So through you, minister, of the 556, 60 per cent were done within 20 days. 220 were decided beyond that, but of that 220, 152 of them - we went over the 20 days by agreement with the individual. The other two - we had two applications where the Ombudsman granted us extra time, and two others where the legislation gives us extra time because of third party consultation.

CHAIR - And there's more?

Mr WEBSTER - And through you, minister, for worker's comp.

CHAIR - Thank you.

Mr WEBSTER - So through you, minister, the number of claims in 2023-24 - and this is a state figure, we haven't got it broken down by workplace - 485 physical claims and 140 psychological claims, a total of 625. And that compares to 2022-23, where we have 489 physical claims and 122 psychological claims for a total of 611.

CHAIR - Fairly similar. Thank you. We shall suspend and return by 4.15 for the output groups, and then line items that we haven't quite arrived at, or perhaps we have skirted over. Thank you, thank you.

The Committee suspended from 3.58 p.m. to 4.15 p.m.

Mr BARNETT - Chair, we can give you a couple of answers if you want them, to your questions.

CHAIR - Thank you. We will take whatever answers we can, it will save sending you a letter at the end of the day.

Mr BARNETT - That's right. The sick leave and carer's leave, so we have got a table that outlines all of that for each of those professions you asked about.

CHAIR - Great. Thank you.

Mr BARNETT - So I am happy to table that for the committee.

Ms ARMITAGE - Thank you very much.

Mr BARNETT - And my acting secretary has got an answer to the fourth category that he was thinking about.

CHAIR - Thank you.

Mr WEBSTER - So through you, minister. The four priority categories for international medical graduates to become Australian senior medical practitioners -

CHAIR - To be credentialled?

Mr WEBSTER - Yes, to be credentialled. GPs, anaesthetics, psychiatrists, that I already mentioned, and the fourth one is obstetrics and gynaecology.

CHAIR - All right, thank you. They are all important areas, we can add that, can't we? We will launch now straight into 1.1 which is system management for health, and Ms O'Connor. We will do our best to get right through all the output groups, and I definitely need to get to capital investment by 7.30 this evening. Thank you.

Output Group 1 (b)
System Management(b)

System Management - Health (b)

Ms O'CONNOR - Thank you, Chair. Minister, I ask you about the MOU which was signed between the Liberal Party of Tasmania and the Royal Flying Doctor Service. Last year in Estimates we did talk about the arrangement between the RFDS with Hobart Airport while the runway upgrade is occurring. I have got a series of questions on this issue. Given that the runway work is now underway, Minister, are you able to give us an update on that work?

Mr BARNETT - I am sure we can provide an update, and I thank the Royal Flying Doctor Service for their excellent work. It was brought up with Nicole Henty last week at the vaping roundtable, which I know the honourable member would be interested in.

Ms O'CONNOR - Yes.

Mr BARNETT - So in terms of an update I would be more than happy to say that the acting secretary can speak to that, and we can fill in any gaps to assist the honourable member.

Mr WEBSTER - Through you, minister, and I think the question is about the closure of Hobart Airport, and how we are going to manage around that.

Ms O'CONNOR - Yes.

Mr WEBSTER - So through you, minister, Hobart Airport will be closed for a number of months. It will be closed from 10 pm to 6 am. We average around - between two and three landings via that airport through those hours for aeromedical - either - well, I will call it 'retrieval', but it may be we are not just retrieving from Hobart, it may be we are bringing someone down from the north or northwest to Hobart.

Our Chief Executive Ambulance Tasmania has met with our chief executives and our key staff in each of the regions, so we have got a contingency plan around every one of those retrievals, which will mean that what we are doing is either planning to land at the first opportunity in Hobart. If, you know, the call is later in the hours, we have got the plane actually in the air from Launceston to land in Hobart at 6 am, or equally if it is at the other end of the time, we may have a contingency that actually sees a northwest case go to Launceston rather than to the south, or indeed go across to Victoria through those hours.

Ms O'CONNOR - Okay.

Mr WEBSTER - So we are working through, and I think the key will be we should be able to limit the numbers that we need to fly during those hours by making the decision to actually move hospital as early as possible.

Ms O'CONNOR - Yes.

Mr WEBSTER - So as I said, it is about three cases a week that we will have to manage through this period. But we are confident with cooperation between the hospitals and our retrieval team in AT that we have got contingencies in place for all of those.

Ms O'CONNOR - Thank you, Mr Webster. Has the - and this is a question to the minister - what role has the memorandum of understanding signed between then-Premier Peter Gutwein on behalf of the Liberal Party with the Royal Flying Doctor Service which was signed during the 2021 election campaign playing in health negotiations with the Royal Flying Doctor Service. So you have got an MOU there that was signed. Not between government and the Royal Flying Doctor Service, between the Premier on behalf of the Liberal Party.

Mr WEBSTER - Well, the MOU is actually between the government and the RFDS.

Ms O'CONNOR - Well, Mr Webster, it's not.

Mr BARNETT - Yes. Thanks very much for the question. So just to confirm on the record, the MOU is between the state government and the RFDS. And I am -

Ms O'CONNOR - Can you just confirm it was re-signed?

Mr BARNETT - And I am aware that the former Premier, Peter Gutwein, did sign that agreement.

Ms O'CONNOR - So can we just have some clarity? Sorry, minister.

Mr BARNETT - Just to clarify he - was it Premier Rockcliff? It was Premier Rockcliff that signed the agreement.

Ms O'CONNOR - So just for your clarity here, I am not expecting you to know the details of this, but a memorandum of understanding was signed between Peter Gutwein on behalf of the Liberal Party of Tasmania - here's the letter - and Malcolm White, on behalf of the Royal Flying Doctor Service in April of 2021. So are you saying that this, what I understand to be a 10 year contract, has now been re-signed with the Royal Flying Doctor Service to provide them with this aeromedical contract?

Mr BARNETT - All right. Just to kick it off, I think you are making reference to an election commitment that Peter Gutwein -

Ms O'CONNOR - It is called a memorandum of understanding.

Mr BARNETT - Yes. But it was during the election campaign, if I remember it correctly.

Ms O'CONNOR - Yes, and it says that there will be 'a partnership in the form of a long-term contract of up to 10 years for aeromedical support services'.

Mr BARNETT - Well, my understanding, during the election, is that the commitment was made by Mr Gutwein on behalf of the Gutwein Liberal government -

Ms O'CONNOR - No.

Mr BARNETT - Well, that's my understanding, and that would progress when in government if re-elected and we were re-elected. And then the MOU was then subsequently signed by the -

Ms O'CONNOR - Well -

Mr BARNETT - And I wasn't there, but I am just giving you my recollection. I will pass to the acting secretary to outline the agreement and where it came from, and where we are at now.

Ms O'CONNOR - And just before you start, Mr Webster, you might confirm whether or not Ambulance Tasmania is pushing for an open tender for this aeromedical contract. What is the status of that contract?

Mr BARNETT - All right. Thank you. Let us go to the acting secretary.

Mr WEBSTER - Through you, minister. The status of the letter by the then-Premier during the election campaign was interpreted by government to be an election commitment. We subsequently then negotiated a memorandum of understanding between government and the RFDS. The terms of that memorandum of understanding are somewhat different to the letter between Premier Gutwein and the RFDS, and in fact it was not signed until Premier Rockliff was Premier.

It was signed - so I think it was, from memory, July 2022 before an MOU was actually formally entered into. In the MOU it provides that the RFDS can provide a tender for fixed-wing aeromedical, and that that would then be assessed against the tender criteria. Critically it provides that it has to be assessed on a value for money basis, and the status of that at the moment - and I emphasise only fixed-wing, because there are two aeromedical services in Tasmania.

The fixed wing, the status is that the RFDS have tendered and we are going through an evaluation process of that tender. And for probatory reasons I can't enter into the detail of the tender at this point, because it is with the RFDS - well, with the assessment panel and the -

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after the assessment panel it goes to the Procurement Review Committee who then make a recommendation to me. At this stage I haven't seen it.

Ms O'CONNOR - Okay, thank you. Perhaps through you, minister. Can you confirm only one tenderer, that is the Royal Flying Doctor Service was invited to apply for this tender?

Mr WEBSTER - Through you, minister. Yes. That's right. We did a sole tender process through the treasurer's instruction and invited the RFDS to do that in line with other commitments made by both. Well, initially by the federal government in terms of the RFDS base in Launceston, and of course the more recent commitment for the state government to also contribute some money to the RFDS base.

Ms O'CONNOR - Okay so what we've established here, and this to you, minister, because of an election promise to the Royal Flying Doctor Service made during caretaker period the Royal Flying Doctor Service – and I stop right here to say they do terrific work – this is not about the work that they do – the Royal Flying Doctor Service has been given an exclusive opportunity to tender for a 10-year contract off the back of a promise that was made during caretaker period. Why weren't any other potential aeromedical supply organisations invited to tender?

Mr BARNETT - So thanks for the question. I think the acting secretary has at least answered that in part where you've got the federal government had made a commitment of \$15 million to the Royal Flying Doctor Facility at Launceston. Our government has provided an additional \$6 million amount for that. That is my understanding based on the latest advice I have and that's a commitment that's been provided. I'm sure there's terms and conditions that would apply around that. There would be terms and conditions that would apply in the agreement that would be settled, but I'll ask the acting secretary just to add to that answer and to clarify.

Ms O'CONNOR - And can you clarify it's a 10-year arrangement?

Mr BARNETT - Through you, minister. I'm just trying to remember whether that tender is a 10-year tender. Yes, it is.

Ms O'CONNOR - That was the promise the former Premier made. Yes, I'm not surprised it's a 10-year contract.

Mr BARNETT - But the actual tender – and I'll just correct the record so I'm absolutely correct – is there are two entities that we're dealing with. The RFDS Tasmania and the RFDS Southeast and they are joint tenderers in the process. The reason for that is that the provider of current services is not RFDS Tas, it's RFDS Southeast because they hold the flight license and all of those requirements. It's always been a joint process, if you like, going back. Secondly, RFDS have actually provided this service from as far back as the 1960s in Tasmania. I think it goes even further than that.

Ms O'CONNOR - Thanks, Mr Webster. Can I just check, minister, was there an exemption from the treasurer's instructions on tendering in relation to this 10-year contract that was awarded to a single tenderer?

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Mr WEBSTER - Through you, minister. Yes, there was an exemption from the treasurer's instruction to allow us to do a sole tender and that is actually a – sorry, the secretary of the Department of Health gives that exemption. Not the treasurer. Sorry, I was vague on that because I wasn't secretary at that time.

Ms O'CONNOR - Thank you. Just finally, what is the total value of that 10-year contract?

Mr WEBSTER - Through you, minister. I'm unable to say that because that's part of the tender process and we do that value for management process. I'd actually be letting the RFDS know what we think the value is.

Ms O'CONNOR - Well, I mean the contract has sort of been gifted. So, I think anything would be a bonus from here. But thank you, Mr Webster, for your answer.

CHAIR - Moving on now to question in 1.1?

Ms WEBB - I think it belongs here.

Ms O'CONNOR - On system management?

CHAIR - Yes.

Ms O'CONNOR - I do have another couple of questions on system management if we're going to move on.

CHAIR - Well, I might have a look down the table and then I'll come back to you, Honourable Member. Thank you.

Ms WEBB - I would like to ask about the statewide complaints management which is mentioned here and then some flow-on matters from that. Is this the best line-item to ask those in?

CHAIR - Yes

Ms WEBB - Okay, great. Thank you. I note that as part of the list of election commitments the statewide complaints management and oversight unit is mentioned, such as providing oversight for serious or complex complaints such as potential criminal matters. I'm just checking it has funding for this year and across the forward estimates. Is it in place and operating now, or when is it expected to be?

Mr BARNETT - Thank you for the question. I'll pass to the acting secretary.

Mr WEBSTER - Through you, minister. It's been in place for more than 12 months. We had interim funding from the WIR in February, and this is ongoing funding for it.

Ms WEBB - So this would certainly capture complaints relating to serious matters like allegations of child sexual abuse or grooming, those sorts of matters? I'm going to ask questions that touch into that space a little bit, Chair. So just warning saying that for people in the room or people watching in case they would prefer not to engage with those questions.

CHAIR - We will acknowledge that the door's open so, please, you know if you need to leave, please do so.

Ms WEBB - I just wanted to follow up on some concerns that were raised with me including by prominent advocates we would be aware of, such as Amanda Duncan, who gave me permission to mention that she had raised this with me. About issues about concerns to do with complaints management. I wanted to ask you about the process related to that. So, if for example multiple complaints relating to potential child sexual abuse or grooming behaviours are lodged in relation to a nurse on a paediatric ward and the nurse is stood down pending investigation, is a report also made to police and a notification to child safety services as a matter of course?

Mr WEBSTER - Through you, minister. That is our practice through our complaints management guidelines. It's important in those circumstances that we'd make a number of reports. Police is key to that if there's criminal activity. The ARL or the child protection line is critical. Also, AHPRA depending on the circumstance. But also, we would start a state service process as well. We would kick off from that a number of process.

Ms WEBB - So all of those actions would be required in response to allegations or concerns raised?

Mr WEBSTER - Through you, minister. Yes. We would also alert the independent monitor that we had that we were doing these things, so that there is scrutiny from external to make sure we do them. Depending on the circumstances, we would also do a number of other reports to other bodies, like the Integrity Commission et cetera.

Ms WEBB - So how do you ensure that that policy is followed? Just to flag, I'm asking this because of concerns brought to me that that isn't followed as a process in terms of some recent allegations or concerns raised internally within your hospital system.

Mr WEBSTER - So there's a very big difference between concerns and complaints.

Ms WEBB - Right.

Mr WEBSTER - It goes to – we encourage in the Department of Health a culture of you report concerns. We say that because we, you know, there is a culture, you know in Australian society almost – a complaint, you don't make it unless you've got some proof and those sorts of things. But we want to hear concerns. Because if you put a number of concerns together it might indicate that you've got some avenues to take. here is a difference between, you know, what we're receiving. So we may -

Ms WEBB - So if something had been described to me as having lodged multiple complaints that sounds like it would reach the threshold you're talking about.

Mr WEBSTER - That's right. Exactly. Now how we make sure of that is that's an automatic report independently. But the Statewide Complaints and Management Oversight Unit is actually in the office of the secretary in the department. So it sits on the same floor as me. The director of the OTS is directly responsible for that, as am I. I'd basically see all of this work and it's reported through me. At the end of the day I'm accountable for making sure

that all of those steps are followed. It doesn't mean that because someone thinks something should be reported through those steps that it automatically happens. We do actually need to do an assessment to say: is this criminal, is this professional misconduct? We actually have to meet thresholds of reporting as well.

Ms WEBB - But it's not for your internal process to determine criminality. That's something for police to determine.

Mr WEBSTER - That's right.

Ms WEBB - So it sounds like although I asked you in the first instance if a complaint is raised are there automatic notifications that go to Tas Police to the ARL, the child safety line, and you mentioned some others that are automatic. But it sounds like now what you have described is there is some sort of assessment process first internally before triggering those notifications. Can you clarify that for me?

Mr WEBSTER - Yes. Sorry, through you, minister. So just to clarify that, again we are looking at what are the levels of it. So, if it is a complaint that - of abuse, then it meets the threshold for all of them. But, you know, if it is a complaint of professional misconduct, it does not necessarily meet the criteria for criminality, but it would meet the criteria for AHPRA, for ARL or our internal process. We do actually have to have an element of that, otherwise we will overload the system if we are reporting 100 per cent of it.

But I would say the threshold for us is lower, because we are not an investigatory body in the first instance. So, we are reporting it a lot more than you would expect on what I have just said. But we do still need to, you know, say, well, if this is professional misconduct it's not there. So -

Ms WEBB - So again, that sounds like there is an element of that internal assessment.

Mr WEBSTER - Yes, yes.

Ms WEBB - Which I find a little bit concerning.

Mr WEBSTER - Yes.

Ms WEBB - Just because if it - we now have an offence of failing to prevent, essentially, child sex abuse. If someone is feeling - reporting, for example, grooming behaviour, are you saying there would need to be an internal assessment done before there is a notification to police, to the child safety line, to other agencies?

Mr WEBSTER - Well, through you, minister, what I am saying is in our framework, we would report it, like as that. But what I am saying is there are categories of complaint. Professional misconduct is different to grooming, you know, so in these categories you need to be careful that we are not, you know, reporting just for the sake - because it's - we become automatic. Because that overloads any system. It is not an assessment as such, it is where is the reporting body for this.

Now, ARL is going to meet the threshold for nearly everything. Working with vulnerable people, reporting to the Registrar is a lower threshold. Criminality is a higher threshold. So,

we are going to be reporting, but not necessarily to all of the bodies in every circumstance, is what I am saying.

Ms WEBB - It sounds to me, minister, like the reporting to police is a higher threshold to meet from the internal perspective here. That concerns me, because we have criminalised now failure to protect children from child sexual abuses essentially, and it is the police's job to decide whether criminality is met or not.

It worries me that we have got - if we have agencies making their own determination about whether a threshold of criminality has been reached to some extent before reporting to police, when in fact my understanding is, under child safeguarding, it should be an automatic report to police if there is grooming or potential child sex abuse that is being complained about or made as a complaint.

Mr WEBSTER - Yes, true. So, minister, to answer that, if we are looking at sexual abuse, or abuse of any kind, physical abuse or sexual abuse, yes, it is automatic. What I am trying to say is that because we are covering the range from concern to complaint, we do not report 100 per cent of what comes in through our portal.

Ms WEBB - Right.

Mr WEBSTER - We actually do actually have to look at it and say, 'Okay, this is a complaint, it's serious, it is clearly in this area, that's where it goes' and we make a decision. But we are reporting it in every circumstance.

Ms WEBB - Okay. Do you think, minister -

Mr BARNETT - So can I just add to that, as the Health Minister, and maybe I will throw on the Attorney-General's hat as well, to say this is incredibly important. I really appreciate the questions and there needs to be full clarity, so when those sorts of allegations are made, as you made reference to, they get reported. That is part of the child safe framework. I would like to table the statewide complaints management framework for the Committee. Secondly, I would like to make reference to the fact that the Department of Health acted very quickly in 2022 through the Child Safe Governance Review, and we have acted on all of those on that report in recommendations.

The department has also - because this needs to be a change across the system - have had 15 and a half thousand Department of Health staff that have received mandated child safe guardian training for all of those staff, volunteers contractors and students. They have completed that training: there is an initial round and then there are annual refresher rounds, training requirements and that has now commenced again in January this year. We take it very seriously, and I now the former secretary, now the head of the State Service, would likewise emphasise the importance of this to change the culture.

We started the - kicked off the child safe framework on 1 January this year, again with my Attorney-General's hat on, and the Independent Regulator is working very hard with all of the community organisations and business organisations that are responsible to meet their commitments and responsibilities under that child safe framework, and the independent regulator is working hard to ensure that those standards are abided by. We do take it seriously. The Health Department has acted swiftly, and there should be no doubt about the fact that if

there is any allegation of criminality that is referred to the police. The point that the acting secretary made is, in terms of concern raised, of course they need to be referred to the other relevant authorities.

Ms WEBB - So can I just come back then, because clearly - because I am hearing from it, from my multiple sources - that if there are concerns that this system is not working, because people feel that they have made complaints about serious matters that then have not been reported on. They have led to people being stood aside while investigations and things happen, but they haven't been reported on, and they have confirmed with those other sources, the Tas Police and the Child Referral Line, that they haven't been reported on.

Do you think there is a problem with the staff understanding the system? Perhaps when they lodge a complaint they aren't using the right terminology to convey what they feel is the seriousness of the thing that they are reporting, and maybe it doesn't trigger the threshold that you're speaking about. If they do feel that something hasn't been dealt with properly, where do they go then within your system?

Mr WEBSTER - So through you, minister, the individual staff member has an obligation to report themselves. They could actually report it to the ARL, or to the police, or a referral up. So that's the first -

Ms WEBB - No. That's a whole other story and I will be bringing that with other ministers, because that door was shut too.

Mr WEBSTER - That's the first thing I would say. But secondly, I don't believe it is a matter of the language they're using. What I was trying to do is say the rest was spread. We have an obligation. If we believe there was a risk to a child, we will refer it to the referral line; if we believe there is an element of criminality, we will refer it to police. If someone has been stood down, and I have, you know, the secretary has taken that step to stand them - no, we will use the correct language. To suspend them under ED4, then that is - and, you know, we are taking that complaint incredibly serious. If there are elements of risk to child or criminality, we will have reported that.

And, you know, if it comes to me, that is one of the things I am checking with HR units and our statewide complaints management unit, is that we have followed all of the steps necessary to get to that point. Having said that, there were some people that are suspended that - might be suspended on complaints that aren't related to child or criminality. I can't say everyone that's suspended has been reported.

Ms WEBB - No, but anyone who is suspended as a result of a complaint lodged relating to children, grooming behaviour or potential, you would expect that reports would have been made?

Mr WEBSTER - Absolutely.

Ms WEBB - So if there's issues where people are identifying that that hasn't happened, do they bring that straight to you?

Mr WEBSTER - Absolutely. Because all of those matters come through me for that suspension.

Mr BARNETT - I would add to that I would also welcome hearing from those people if they have a concern. It concerns me.

Ms WEBB - I think it's a serious concern.

Mr BARNETT - Well, it concerns me, some of the -

Ms WEBB - And I think it crosses other departments too, so I will raise it with them.

Mr BARNETT - Well, I do appreciate that, but what you have shared concerns me, and I am putting on the record to you, but to others, that if people are feeling as though they are not being heard, or their complaints not being attended to, I am more than happy to review that and act on it.

Mr WEBSTER - And through you, minister, our complaints are not public. Action we take is at a level of privacy because we are obviously going through investigations. That applies to child protection and to police as well. It is not necessarily that the person hasn't been referred, but it may be that that's not public knowledge. So, you know, you've got to take that into account; that through you, minister, we did have extra copies of that statewide management complaint framework for that.

Mr WEBSTER - Very good.

CHAIR - That'll save our printer.

Mr WEBSTER - Save the printer.

Mr BARNETT - Yes.

Mr WEBSTER - Thank you, Chair.

CHAIR - Save ours. Hasn't saved yours, but it's saved ours.

Ms WEBB - Thank you for the time for that, those questions, Chair. I appreciate the time and

CHAIR - Right. Thank you. The honourable member for Launceston.

Ms ARMITAGE - Thank you, Chair. My question is with regard to the indicative waiting times that I notice on the website. So firstly, if I could have - and I will just ask for the LGH and the Royal, because I appreciate that sometimes the North West might not have specialists. People might be sent up to other hospitals so rather than go in there. So EMT surgeons - I realise that you may be advertising current times, but I'm just wondering if I'd be able to have the number of EMTs - probably SMOs and VMOs - for the LGH and the Royal as well as gastroenterologists doing colonoscopies for the LGH and the Royal. Psychiatry, urologists.

I found one that I found - well, I found lots concerning, but an extremely concerning one, minister, was the diabetes paediatric clinic at the Launceston - or in the north. The 'urgent'

category is 545 days for the paediatric diabetes clinic. So obviously endocrinologists would be for diabetes. And the neurology is another one I have interest in just to see how we're actually going with numbers for those two. So, while Mr Webster is just finding those, if I could also have advice. The colorectal clinic: now, I'm sure we're all aware that the federal government sends out for anyone I think over 50 - sends out their little kit to send it back and send it off. If someone comes back and they have a positive faecal - well, you know, blood, faecal matter, would that be classed - I'm assuming it wouldn't be classed as an 'urgent' or a 'semi-urgent'. I'm just wondering whether it would be. Because 'urgent' is 107 days, 'semi-urgent' is 850 days and 'non-urgent' is 1088 days.

And I'm just questioning, because in circumstances like this, obviously the sooner you find these cancers then that has to be a saving to the Health Department as well that people are actually being treated or having polyps removed before they become a cancer. I'm interested in how many gastroenterologists we actually have now performing colonoscopies at both the LGH and the Royal. And, as I said, the EMT, just noting those, the fact that particularly the paediatric one in the south, they may have an EMT paediatric. 262 days for 'urgent'. Now, obviously with a child if they need EMT it could seriously affect their schoolwork, and I just think almost a year for a child to actually - an urgent case - to actually see a specialist, and that's in the south. We don't have, I notice, an urgent - a paediatric in the north, we just have an EMT clinic, so obviously children and adults are in together. Thank you.

Mr WEBSTER - Twenty questions.

Ms ARMITAGE - Yes, 20 questions.

CHAIR - I hope somebody has been writing those questions down.

Mr BARNETT - Yes. Yes.

Ms ARMITAGE - I can remember them all.

Mr WEBSTER - One each.

Mr BARNETT - I'm happy -

Mr WEBSTER - To start?

Mr BARNETT - Yes, I might. There's quite a bit there.

Ms ARMITAGE - I can recall them all.

Mr BARNETT - Very comprehensive overview. Thank you to the honourable member and your ongoing special interest in health in the north, not just at the LGH, so thank you very much for that. I do acknowledge that on the way through. And just quickly, in terms of the uptake we've got for the committee on the delivering on our endoscopy services plan year one, that has been delivered, and I'd like to table that for the committee today. We've got some positive news there with a 3 per cent increase on our target. And perhaps if I pass that to the Chair.

CHAIR - Thank you.

Mr BARNETT - I'm not sure if we've got extra copies.

CHAIR - No, that's fine. We'll distribute as required.

Mr BARNETT - Thank you. Happy to do that. Very, very pleased with those results which show some 13,000 -

CHAIR - Similar to the Demtel ad: 'And there's more.'

Mr BARNETT - Some 13,394 endoscopies were delivered in the first year, so that's quite impressive.

Ms ARMITAGE - I'm just, well, looking at the waiting list, that's all.

Mr BARNETT - In terms of elective surgery and waiting lists we've also got some very positive results, and I'm happy to give you an update on that, if I can.

Ms ARMITAGE - This is as at 31 July 2024 on the website.

Mr BARNETT - Yes. We've delivered another record number of elective surgeries in the last 12 months through to 30 June of this year. Some 22,196 elective surgeries were delivered in the financial year, which is another record on top of the previous record of the previous year. So, two years in a row. Of course, we've seen the waitlist reduced by some 4000 since its peak in January 2021 during the pandemic despite the increase in demand, so it's certainly more proof that our significant investment in elective surgeries and endoscopies is driving down the waitlists and delivering results for Tasmanians, with more people getting the care that they need sooner. So that's very good. So, Chair, I'd like to table the delivery of our elective surgery plan.

Ms ARMITAGE - We still have 850 semi-urgent colorectal for clinics in the north.

Mr BARNETT - Look, there's always more we can do, but that's the latest figures on the elective surgeries which you've asked about. I will -

Ms ARMITAGE - No, I'm asking you, actually, not elective surgeries. I didn't mention elective surgeries.

Mr BARNETT - Well, I think -

Ms ARMITAGE - You added that in. That was fine, but I -

Mr BARNETT - - endoscopies was part of the question.

Ms ARMITAGE - But they're actually procedures as opposed to -

Mr BARNETT - One of the questions.

Ms ARMITAGE - They're not actually surgeries, with respect. They're procedures.

Mr BARNETT - I don't know. It's a preventative -

Ms ARMITAGE - It's a procedure.

Mr BARNETT - It's a procedure -

Ms ARMITAGE - Yes.

Mr BARNETT - - which does support the health and welfare of fellow Tasmanians.

Ms ARMITAGE - Absolutely. I'm really asking about the waiting times. And, as I said, when I look particularly at 545 days for urgent diabetes paediatric clinic, now, that's almost two years for a child that - a paediatric diabetes clinic. Now, do we not have a paediatric, you know, diabetes specialist or endocrinologist at the hospital? Is that the problem there? I found it was mind-blowing to see 'urgent, 545 days' for a child.

Mr WEBSTER - Through you, minister. So, the outpatient list - and we do have a transformation program underway. And we've targeted getting that list down for a number of areas. It does come to changing our practices in a lot of cases. For instance, we were running at over 10 per cent 'do not arrives' at our outpatient clinics. So that - put that in context, that's something like - that's over 50,000 appointments missed every year, so -

Ms ARMITAGE - I don't want to say, but there is a reason, possibly, that they don't arrive, and I won't go into it now.

Mr WEBSTER - Yes. Yes. But we have targeted getting that number down by actually having personal contact with people through phone calls and SMS to make - to get people in; if they can't arrive, getting a replacement for them. And we've got the 'do not arrive' now down to around 6 per cent and we're targeting getting that down even further. It's really important that we actually use up every appointment that we've got, because, you know -

Ms ARMITAGE - I appreciate that.

Mr WEBSTER - - there's a limited number. But the other -

Ms ARMITAGE - I'm looking at the urgent cases, with respect.

Mr WEBSTER - Yes.

Ms ARMITAGE - You know, 1184 urgent cases for neurosurgery. It's just I understand the 'non-urgent', I understand the categories, and I understand that some categories will never be seen. They're simply not going to be seen, depending on what the category is. And we all know that. But when you're looking at paediatrics and you're looking at issues that save us money in the long run by prevention, I just think they're the concern. I would really appreciate just knowing, and I won't go into that. Anyone can look, obviously, at the indicative waiting times on the internet. They're updated regularly, which I do watch from time to time, and I will ask some questions on the floor of the minister from time to time about those.

But if I could have the number just for the LGH and the Royal - as I said, bearing in mind I know the North West sometimes they don't have all the specialties - for EMT surgeons, for

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gastroenterologist, psychiatry, which I think is an interesting one, and neurologists and whether we have a diabetic paediatrician. Obviously that's not referred to in the south; it's just 'diabetes'. So, it'd be really good to have those numbers.

CHAIR - Is that available?

Ms ARMITAGE - Yes.

Mr WEBSTER - So just to clarify through you, minister. So, by craft group in those particular areas the number of doctors per hospital?

Ms ARMITAGE - Per hospital, and those positions that might be vacant and currently employing. I know there's a shortage of EMTs. In the past there's always been very limited number of psychiatry doctors in the north with quite a lot of psychiatrists in the south. I'm not sure whether that's still the case, but it has been in the past. And obviously just, you know, the -

CHAIR - So is that to be taken on notice?

Ms ARMITAGE - I'm happy for it to be taken on notice.

CHAIR - Thank you. We'll provide a copy to the minister at the end of the day.

Ms ARMITAGE - Yes. I'll do that.

CHAIR - So thank you. Ms O'Connor.

Ms O'CONNOR - Thank you, Chair. Minister, is the government still committed to infection prevention and control across the Tasmanian hospital system, and if so, what is your infection prevention control program?

Mr BARNETT - The short answer is 'yes', but in terms of the detail I'll pass to the acting secretary.

Mr WEBSTER - Through you, minister, things like hand hygiene and training around those sorts of things are incredibly important and part of our performance indicators for all of our facilities. So that's at the core of it. But in addition to that, for instance, in the north-west and since COVID we've employed infection - infectious diseases senior medical practitioner or specialist, if you like, because, you know, we saw the need to actually have that across our three regions, not just in the two larger regions. In terms of frontline, cleaning staff are critical. I can say as part of our recruitment blitz we - the number of health services officers - that includes our cleaners, et cetera - is in fact increased by 39 net over the last four, five - sorry, five months now.

Ms O'CONNOR - Thank you, Mr Webster. I'm particularly interested in understanding the prevention of airborne diseases within the hospital system. The World Health Organisation has now admitted something that the former Health Minister and Premier would not admit, and that is that COVID is transmitted via predominantly an airborne route. What airborne infection prevention measures are in place across the hospitals?

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Mr BARNETT - Yes. I think to kick it off, in terms of COVID-19 obviously it's important that we act based on evidence and advice which informs decisions of government. I will pass to the acting secretary to provide more detail.

Mr WEBSTER - Thank you, minister, and through you. A number of upgrades have been made to our facilities and as we go forward these will - these facilities will be further upgraded. But it's incredibly important, for instance, at our EDs that we have a number of negative pressure rooms. So at the moment that we're identifying the possibility of infectious diseases that could be airborne, that we're actually, you know, using those type of facilities and, indeed, ongoing if the person is within the hospital.

We also have a number of protocols, and we call them 'escalation levels', for respiratory, where we will move through a range of things like the level of masks that our staff are wearing. You know, at the peak of a - of the pandemic we had most of our staff in N95s and other. You know, as we've come down we've moved away from that to surgical in some areas and N95 in others and, indeed, in public areas not having masks at all. But we make that -

Ms O'CONNOR - Yes. No masks in the emergency department, for example, where people come in with COVID and staff are put at risk.

Mr WEBSTER - Yes. Through you, minister. We make an assessment based on our clinical advice as to what should be the escalation level, and the advice from our public health physicians as well as our infectious diseases physicians in each of our hospitals then advises through our emergency structure, which is headed in the regions by our chief executives of each hospital, as to what escalation level we should be at, and that determines what protections we have in place across the network. But critically we've upgraded our infrastructure, and that puts us in good stead for the future.

Ms O'CONNOR - Thank you, Mr Webster. I will just say that having a system that relies on escalation levels rather than just a preventative approach and preventing the spread of infectious diseases in the hospitals should just be good practice. But, minister, can you tell the community how much the THS has spent on personal protective equipment by year from 1 July 2019?

Mr BARNETT - Thank you for the question. As the department's preparing to answer that question, just to indicate what I said earlier, that we do take it seriously. It's based on evidence and advice.

Ms O'CONNOR - What evidence? I don't -

Mr BARNETT - On the evidence that the experts provide to the department which they then share with the government, and it relies -

Ms O'CONNOR - These experts who weren't telling you it was airborne for years, apparently.

Mr BARNETT - And it refers - I'm referring to COVID-19, I'm referring to the flu, I'm referring to RSV. I refer to the government's strong advocacy for annual flu vaccinations.

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Ms O'CONNOR - Won't stop you from getting COVID, which is far more dangerous than the flu.

Mr BARNETT - I've mentioned COVID. I mentioned flu, I mentioned RSV and other airborne illnesses. So I think the acting secretary has made reference to that. We'll see if we can assist the Honourable Member with the rest of the answer.

Mr WEBSTER - Through you, minister. I would say we haven't split off PPE this year in our consumables, so I don't know, minister, you want to take that on -

Ms O'CONNOR - So is this a new policy where PPE is not defined in the consumables or is it -

Mr WEBSTER - Through you, minister. So, it is defined and we'd be able to find it. We just don't have it with us. Yes. We'd probably had it for the last four years, but -

Ms O'CONNOR - That's right.

Mr WEBSTER - You know.

Mr BARNETT - So through you, Chair, we'll take it on notice.

Ms O'CONNOR - Great. Thank you.

CHAIR - Thank you.

Ms O'CONNOR - Minister, could I ask, then, the related and obvious question: the THS has provided previously to the Greens information on the number of hospital-acquired COVID infections. Is it possible to tell the committee the number of hospital-acquired COVID infections across the THS from 30 March 2020 to date by year?

Mr BARNETT - I think earlier the acting secretary talked about the merit of the 30 June numbers.

Ms O'CONNOR - Do you want 30 June? Is that better?

Mr BARNETT - It's just -

Ms O'CONNOR - I'll rephrase that question.

Mr BARNETT - You want to rephrase that?

Ms O'CONNOR - Total number of hospital-acquired COVID infections across the THS from 30 June 2020 to date.

Mr BARNETT - I'll just check through the acting secretary.

Mr WEBSTER - Through you, minister. We had been publishing that on our website. I'm just checking as to whether we continue to publish that today in our -

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Ms O'CONNOR - HIAs of COVID on your website?

Mr WEBSTER - Yes.

Ms O'CONNOR - I hadn't seen that before.

Mr WEBSTER - In - sorry, as part of our respiratory updates through COVID we were splitting it off. But I don't - we don't believe it's there, and I've got the latest Tas report.

Ms O'CONNOR - Okay.

Mr BARNETT - Yes. Through you, Chair, we're more than happy to take that on notice.

Ms O'CONNOR - And just finally -

Mr BARNETT - Chair, if you're happy with that.

CHAIR - Absolutely.

Mr BARNETT - Thank you.

Ms O'CONNOR - Just finally on this line of questioning, minister, will you do something that your predecessor wouldn't do and acknowledge what the World Health Organisation has confirmed, and that is that COVID, SARS-CoV-2, is an airborne virus?

Mr BARNETT - Thank you for the question. As I said earlier, we'll certainly take advice. I'll act on evidence.

Ms O'CONNOR - You are kidding.

Mr BARNETT - Take advice, act on the evidence, and -

Ms O'CONNOR - The evidence is that it's airborne.

Mr BARNETT - Thank you for that. And make a -

Ms O'CONNOR - Will you not admit it?

Mr BARNETT - And make a decision based on that advice.

Ms O'CONNOR - The advice from WHO came out 18 months ago. They've confirmed it's airborne after denying it for nearly two years. So, you won't admit it. Shameful.

CHAIR - Thank you. Ms Webb.

Ms WEBB - Is this the appropriate line item to ask about the reportable deaths review panel or would another line item be more suitable?

CHAIR - We're guided. We're trying to go through the line items.

Mr WEBSTER - Yes. I think it's system management.

CHAIR - We're going down. System management.

Ms WEBB - Just in relation to the review panel, we know that they considered a range of deaths and some were referred to the coroner and some weren't that they considered. And so my question is relating to the ones that didn't get referred to the coroner that were looked at by the panel and concerns people - and when I say 'people', I mean either families, family members of the person who had died or someone who for whom that person was a patient. So, people have concerns about the assessment made and that it wasn't referred on. Is there an avenue for them to receive information about how the determinations were made by the panel so they can understand why in their case the reported - the death wasn't sent through to the coroner?

Mr WEBSTER - Yes, through you, minister. Yes. If they contact us, we have a staff member who worked with the reportable deaths panel that can actually explain how it was done. But just generally, you will find on the coroner's website the criteria for what must be reported to the coroner. The assessment is based on that criteria. It may be it doesn't meet the criteria published by the coroner. And what we have determined is we had a number of deaths that weren't reported that meet the criteria.

Ms WEBB - So thank you. I imagine the people - I am made aware of a - I understand that those criteria and still are as puzzled, and in some cases quite concerned, about the fact that it wasn't referred through. In some cases it has been brought to me that there is people who have been quite distressed by that, because they had hoped that that panel would then result in a referral to the coroner, and there is significant mental health distress in a couple of the cases that have been brought to me. Do we have an avenue for ongoing mental health support to be provided to people who we could regard as being affected by the Peter Renshaw actions that then flow through to this whole thing?

Mr WEBSTER - Yes. Through you, minister, yes, and we make available supports to any person in that category. Obviously there might be some that we are unaware of, but if they contact us we can put them in touch with supports.

Ms WEBB - Okay. Thank you. I have had brought to my attention some concerns about an ongoing culture of falsifying medical certificates of death. Could comment on your level of confidence that actually this cultural issue has been addressed or is being addressed. Certainly some of the things that are brought to my attention relate to junior doctors being coerced to falsify medical certificates of death by their senior people and matters like that, which are extremely concerning to hear about, as you would understand. What is your response to those descriptions of actions that sound like there is still a culture there that is reprehensible, really?

Mr WEBSTER - Through you, minister. The first answer I can give you is that the panel looked at this specifically and were satisfied that our processes now were, you know, much improved and that there wasn't that process. They made some recommendations around the changing of the - if you like, the automated system that we use, the SLRS system, and those sorts of things. But at the end of the day, the government and the department share your absolute concern, that there is this ongoing disquiet that we haven't got this right.

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For that reason we have appointed one of our senior doctors to work direct to the chief medical officer, and that senior doctor will be doing spot audits of death files across the THS to give us a level of assurance ongoing that we are doing this process correctly right across our systems. In fact, that senior doctor will commence in that role from 14 October this year.

Ms WEBB - Right. That's soon, that's good to hear. So, in terms of those SLRSs that are lodged by medical practitioners, can they then be edited by more senior people up the chain, and then does that seem to be a weak spot in that arrangement?

Mr WEBSTER - Through you, minister, that is one of the weak spots that was identified by the panel, and we are seeking to change the system so it can't do that.

Ms WEBB - That seems like a -

Mr WEBSTER - So there is a record of what was there, regardless of who might, you know, put in any other comments.

Ms WEBB - Yes, and is that something that will be coming into play in the very near future then? Alongside that role, perhaps?

Mr WEBSTER - Through you, minister, we are working on that already; we are not waiting for the role.

Ms WEBB - Great. Thank you for those answers, I appreciate that.

CHAIR - Thank you. Mr Edmunds.

Mr BARNETT - Can I just add to that very quickly?

CHAIR - Yes, please.

Mr BARNETT - And to indicate, to confirm what the acting secretary says in terms of the panel's report and didn't find any practices that were observed by the independent panel as being systemic issues. I just wanted to note that, I think the acting secretary said that, and that was in June. The department is acting on it, taking it very seriously.

It is a very serious concern when it came to my attention, and that is why we immediately appointed an independent panel headed by a Professor Deb Picone, and I think they did a very comprehensive report, and now we're acting in addition to that, and in terms of those recommendations, and following it up. I know that the department is taking it seriously, but again if there is any particular concerns that you are aware of that you wanted to bring to my attention I am always happy to hear them.

Ms WEBB - Thank you.

Mr BARNETT - Thank you.

Mr WEBSTER - And, minister, just for thoroughness sake, I should add through you that there will be times when senior doctors have conversations with junior doctors about the detail that is on a death certificate, and that is actually appropriate within the guidelines. But

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what I would say is we need to make sure that that conversation is recorded so that there is a - we know the reason why that is happening, as some of our practices in the past were - it was just changed.

Ms WEBB - So you can understand there might be times where the junior doctor felt coerced, for want of a better word, into making changes they didn't feel comfortable - or that were right, which could be problematic.

Mr WEBSTER - Yes. Through you, minister, yes.

Ms WEBB - Better records will help everyone in that sense.

Mr WEBSTER - That's right.

CHAIR - We are very slow this afternoon. I am not entirely sure why; we seemed to do quite well this morning. But I have Mr Edmunds.

Mr EDMUNDS - Okay, just quickly.

CHAIR - Thank you.

Mr EDMUNDS - What is the total amount of overtime and total amount of double shifts work per region and health service over the last 12 months?

Mr BARNETT - That is an operational question. Thank you very much for the question. I will see if the acting secretary has something to share.

Mr EDMUNDS - Yes, thanks.

Mr BARNETT - Do you just want to repeat that?

Mr EDMUNDS - Yes, yes. I just wanted to make sure I've - so what is the total amount of overtime and total amount of double shifts worked per region and health service over the past 12 months?

Mr WEBSTER - So a dollar amount?

Mr EDMUNDS - The total number of shifts, and - so the total amount of overtime, and the total amount of double shifts.

Mr WEBSTER - It is a long one.

Mr EDMUNDS - I can table it if you wish.

CHAIR - It's a better one to table, perhaps, rather than spend time.

Mr EDMUNDS - I am very happy for it to be tabled later, even if you need to edit the -

Mr WEBSTER - Through you, minister, we can do it quickly by region or by hospital. So Royal Hobart Hospital, total overtime was \$22,663,757. Mersey community hospital, total

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overtime was \$2,099,001.55. North West Regional, \$5,233,993. The Launceston General, \$19,106,363. Across our four hospitals that's \$49,103,113.55. And then - sorry, I'm having a look in my briefs. You need double shifts.

Mr EDMUNDS - You can have it on notice.

Mr WEBSTER - Through you, minister, we can tell you the total, the paid FTE of nurses by a percentage of the total, but we don't have it split it out, the overtime into double shifts.

Mr EDMUNDS - Okay. Can we place that on notice? Is that -

Ms ARMITAGE - Can I have a supplementary just to clarify something on that?

CHAIR - I don't think he's finished answering yet.

Ms ARMITAGE - Okay. I was just checking, Mr Webster, just for clarity - so a double shift, so if someone works a double shift at night - because normally they might work the shift and then have the night off and come back in the morning and do the other shift. If they work the double shift is it - just so that I have got it right, then they are due to work in the morning, they actually get paid for the shift they don't work, is that right?

They are starting - I don't know what time it is. Is it 3 o'clock that goes through till 11 or 10, and then they are doing a double shift, so they come on again from that till 7 in the morning when normally they were supposed to come into work. If you do a double shift and you are due in in the morning, obviously you can't work in the morning, you can't work a triple shift, but you still get paid, is that right, for the shift you can't actually do in the morning? You get a double and then you are compensated for the shift that you were supposed to do but can't? Is that how that works or not?

No, I'm just trying to - so is that how that works? So if you do a double shift and you can't do your morning shift because you have done a double shift at night, you still need to be compensated for the shift you couldn't do in the morning, so you actually get paid for three shifts and work two?

Mr WEBSTER - Through you, minister, you get paid federally for four and do two because of the overtime penalties.

Ms WEBB - You get paid for four and do two shifts?

Mr WEBSTER - Yes.

CHAIR - And how do -

Mr WEBSTER - Sorry, so, through you, minister -

CHAIR - I was going to say, did we get the response?

Mr WEBSTER - The number of double shifts, sorry. So statewide and - so in 2023-24, sorry, I have to do this by month: July, 954; 1065 in August; 1015 - and maybe my team are adding it up behind me.

PUBLIC

Mr EDMUNDS - I am more than happy for you to come back later with the headline numbers, and then we can move on.

Mr WEBSTER - Yes. I will get them to add it up we can -

Mr EDMUNDS - Yes, that's fine. Thank you.

Mr WEBSTER - I will get that changed. It's in the calendar.

CHAIR - Okay. We will get that.

Mr WEBSTER - Thank you.

Mr EDMUNDS - Thank you very much.

CHAIR - Thank you. We have a question around the Heart Centre from Ms Armitage.

Ms ARMITAGE - Yes, just if I could have an update, minister, with regard to the new Heart Centre at the LGH? That is to be finished, I believe, by 2029.

Mr BARNETT - Yes. The Premier said it will be delivered. Planning is underway and that is probably the main point. In terms of the Heart Centre it is something that is very important for the north and northwest, who have higher heart disease -

Ms ARMITAGE - So can I have confirmation that if the feds, for some reason, don't provide any funding - and we certainly hope they do with an election coming up next year - but if they don't will it still be delivered?

Mr BARNETT - We have a very high level of expectation the federal government will meet their commitments. We should be treated like every other jurisdiction.

Ms ARMITAGE - We should, but what if we're not? We're not always.

Mr BARNETT - The Premier and I have been around the table a few times on this in dealing with this. You made the point about the federal election, and so we have every expectation that the Federal Government will come to the party and support that on a dollar for dollar basis through to - for the next five years. We are very pleased to make that commitment, because we know that the north and the northwest need it.

I do make the point that we have committed \$650 million for health infrastructure in the budget. It is in writing, and in terms of commitment to our major public hospitals, Labor have not committed one dollar during the election campaign.

Ms ARMITAGE - I am not getting political. I am just asking about the -

Mr BARNETT - Well, I am just making the point, because they have accused us, and you know, put some criticisms to the government in the public arena, and we think it is quite hypocritical.

PUBLIC

Ms ARMITAGE - That's fine. I am just wanting to know what was happening with it. Thank you.

Mr EDMUNDS - I mean, we can go down this pathway if you want to go down it, but I thought we were here to go line by line. I can ask you as many politically loaded questions as you want for the next few hours.

Ms O'CONNOR - He has been very subdued, respectfully.

Mr EDMUNDS - That's the way we try to do things.

Ms O'CONNOR - That's right.

Mr EDMUNDS - But if you launch at Labor when the member for Launceston asks you a question, we might end up somewhere we don't want to be.

Ms O'CONNOR - It could be a free for all.

CHAIR - We won't, because I will put a stop to it for a start, but it is just a warning that we ask genuine questions, and we look forward to receiving just a genuine answer. Ms O'Connor, thank you, 1.1, and then I am leaving 1.1.

Ms O'CONNOR - Go on, go on.

CHAIR - Regardless of what's left.

Ms O'CONNOR - Minister, I know that this topic has come up a couple of times this morning, and the honourable member for Nelson has asked you some questions about it, but I did flag that we would ask also again. As you know, in June of this year, the report of the review into reportable deaths at the Launceston General Hospital was handed down. It found numerous issues with death reporting practices undertaken by Dr Peter Renshaw and referred 29 deaths to the Coroner. But the review mainly only looked at matters that occurred between 2020 and 2022.

Since then ABC reporter Lucy Macdonald has published an article where multiple staff raised concerns related to deaths that occurred prior to 2020. What is the department doing to review these cases and will you be ensuring that every death Dr Renshaw was involved with is subject to a review?

Mr BARNETT - Thank you very much for the question, and I absolutely note your question and the reference to the independent panel which we set up immediately. We were made aware of that and I was very supportive of that. They have given their report and recommendations, we have acted on it. The Department has acted swiftly in terms of those recommendations for a broader investigation pre-2019. I will ask the acting secretary -

Ms O'CONNOR - 2020, yes.

Mr BARNETT - Yes. I will ask the acting secretary to speak to that and indicate - I think he has touched on it already a little bit earlier.

Ms O'CONNOR - Yes.

Mr BARNETT - But if you could outline what measures are being taken to address those concerns?

Ms O'CONNOR - Thank you, thank you.

Mr WEBSTER - So through you, minister. We examined deaths from 2019 to 2023 in the reportable deaths process, plus any others where an individual came forward and identified a case. It wasn't we did all of them in the timeframe but had other cases as well.

Ms O'CONNOR - Yes.

Mr WEBSTER - But as I mentioned, in answer to Ms Webb's question, we are taking one of our very senior doctors offline, working direct to the CMO to do these audit processes. They will go back prior to 2019 to check our processes, as well as making sure they check some of the forward cases to make sure we are continuing to do what we are committed to do. Which is follow through on these processes.

When a death meets the criteria that the Coroner has told us must be reported, then we will report it, making sure that the correct person is reporting to Births, Deaths and Marriages. But in addition to that, you know, that our culture is right that the doctors are actually signing off on deaths appropriately.

Ms O'CONNOR - So deaths through the Launceston General Hospital that Dr Renshaw was involved with prior to 2019, will there be an assessment of his decision making around those deaths and advice to the Coroner's Office as well?

Mr WEBSTER - Through you, minister. The process prior to 2019 is very manual, so we will do all we can to identify cases that can be audited and where they should have been reported to the coroner we will do that, but we will do that, again, through a process of assessment against the criteria.

Ms O'CONNOR - Finally, Chair, will there be, minister, a report back on this process? I know you could answer a question in parliament or something like that, but there might be a better, proactive way of helping to restore the faith of Tasmanians following this terrible incident.

Mr BARNETT - Yes. Can I just say certainly I take it seriously, and I know the government does. I appreciate your interest in it and there are others in the community that have a special interest. We are being very thorough about this. The panel has made recommendations, we have followed through on that. We have obviously made referrals to the coroner pre-2019, you know, the manual audits of those medical records. That will take time, and it is a very senior doctor who is undertaking that work, feeding back to the chief medical officer. In terms of the reporting, I will pass to the acting secretary.

Mr WEBSTER - Through you, minister, and as we have discussed we want to make sure that is transparent, because it is how we actually verify our culture. Yes, we want to make it - whether it is a report or something in our annual report, we will make sure that it is actually out there as publicly as we can.

Ms O'CONNOR - Thank you, thank you.

CHAIR - It sounds like a very positive response. Thank you. 1.2, the honourable member for Launceston.

1.2 System Management - Mental Health and Wellbeing (b)

Ms ARMITAGE - Thank you. If for some reason this has been answered in the overview, do let me know, because we did stray somewhat. So regarding the revenue for the Mental Health and Wellbeing system manage and output, in table 4.7 on page 128, there is a notable decrease in funding over the Forward Estimates. So, the footnote says, 'This decrease primarily reflects the funding profile of the prior year budget initiatives, including COVID-19 continued mental health services and residential rehabilitation beds'. Minister, can you go into more detail about the initiatives that are being discontinued due to this decrease in funding? Will any staff lose their job as a result of this decrease in funding?

CHAIR - It is on page 128, table 4.7.

Ms ARMITAGE - Table 4.7, 'System management, Mental Health and Wellbeing', and there is a footnote too, number 2.

CHAIR - It should never be said that Members don't read their budget papers.

Ms ARMITAGE - Front to back.

Mr BARNETT - Yes. Thanks for the question.

Mr WEBSTER - Through you, minister. For instance, we are currently funding the - I think it is called A Tasmania Lifeline as an offshoot of Lifeline. It has a separate - I want to say a 1800 number, but it might be a 1300 number.

CHAIR - It might be 1300.

Mr WEBSTER - Yes. So, a separate number, and we have continued to fund that since the start of COVID. That will transition, and we have worked with Lifeline on this. That will transition to the Access Mental Health line, which is a joint initiative of Primary Health Tasmania, the Tasmanian government and the Australian government, and that Access Mental Health line actually commenced about 18 months ago now and is building. Access Mental Health will take on that role of A Tasmanian Lifeline.

But in addition to that, it becomes the central intake and referral point for all Tasmanian mental health services, be they Community Mental Health, Australian Government Mental Health or Tasmanian Government Mental Health. There will be a single point of entry and a single point of assessment through Access Mental Health going forward, but we are transitioning to that. So that is one of the services that will discontinue. The others are, if you like, shuffled around. They move down into statewide mental health services instead of being funded centrally through the systems management, they actually are part of the service changes that we are putting in below.

PUBLIC

For instance, rehabilitation beds, some of them moved to the north and northwest from the south and become part of our ongoing services. Mental Health Emergency Response was currently funded through Systems Management, but in the future is funded through Output 2.5. There are internal adjustments as we move away from, if you like, the pilot era of these services into the ongoing delivery of the services.

Ms ARMITAGE - Will any staff lose their jobs?

Mr WEBSTER - Again, through you, minister, we are expecting that we will have increased staffing in Mental Health services -

Ms ARMITAGE - As opposed to -

Mr WEBSTER - - over the forward estimates, given the reforms that we are implementing across all areas of mental health.

Ms ARMITAGE - A redistribution?

Mr WEBSTER - That's right.

Ms ARMITAGE - All right. Thank you, minister.

Mr BARNETT - Thank you.

Ms ARMITAGE - Thank you.

CHAIR - And I have Mr Edmunds.

Ms WEBB - Sorry, just before we move on from 1.2, is this where we -

CHAIR - We haven't moved on.

Ms WEBB - We haven't? Good, no, we're still there.

CHAIR - Thank you. Mr Edmunds, can come back to the honourable member for Nelson.

Mr EDMUNDS - Yes. I had a question about the PACER service that operates out of the south. When will a service such as that be rolled out in the north and northwest?

Mr BARNETT - So just to indicate that I had launched the Mental Health Emergency Response unit in Devonport about two and a half weeks ago.

Mr EDMUNDS - Okay.

Mr BARNETT - It was a very good launch, it was productive and -

Mr EDMUNDS - And are those services 24 hours a day?

Mr BARNETT - I will pass in terms of the detail.

Mr EDMUNDS - Yes.

Mr BARNETT - But it was well - we had police, ambulance, the health professionals, my department, represented. It was excellent, and of course that covers the northwest, because that was Devonport and the surrounds, and then Burnie was already covered. Then we will be looking at the north next year in 2025.

Mr EDMUNDS - Yes.

Mr BARNETT - The acting secretary.

Mr WEBSTER - Through you, minister, we prefer to call it Mental Health Emergency Response, because PACER is a particular model that works very well in urban areas. We have it in Hobart, but it just wouldn't work in the northwest, and that is because of the ribbon effect of population.

Mr EDMUNDS - Yes.

Mr WEBSTER - And so when we look at that and we workshopped it with Ambulance, Mental Health, police and our lived experience, what we are looking at is the need to have PACER for, like, three hours a day in the northwest. What we have done is gone with a different model which has mental health clinicians that are specific to Mental Health Emergency Response. But they then are available electronically to support police or paramedics out in the field, or indeed they can respond with police and paramedics.

But as part of the model is, in fact, educators within our team that are actually educating police and paramedics in mental health and response, et cetera. We have a team based in Burnie and a team based in Devonport now, and they operate at one shift a day. It is the afternoon into the night, and that is based on the need of that area and allows us to spread further by having the two teams rather than the one as we do in Hobart. The Launceston model, which is still - we are codesigning that with police, Mental Health and Lived Experience at the moment.

We won't be able to give you 100 per cent of the picture, but it will be a bit of a hybrid of Hobart and the northwest. Because obviously you have got a larger population in Launceston, but you probably cannot deliver the full model that we do here in Hobart. So hence by changing the name of it, we are really indicating what it really is, which is different in each region.

Mr EDMUNDS - Okay.

CHAIR - Thank you.

Ms WEBB - Can I follow up on that?

CHAIR - Ms Webb?

Ms WEBB - Just to follow up on that, where you mentioned that there might be times that the mental health clinician does attend with the other responders, where is that decision made?

Mr WEBSTER - Through you, minister. So that is made in conjunction with our secondary triage team within Ambulance Tasmania, but also the relationship we have at the local level with the divisional leadership, sergeants and inspectors within police, and them being able to contact directly in our clinicians and our leadership.

Ms WEBB - Thank you. The Burnie version has been operational for how long, just remind me?

Mr BARNETT - I think it was November last year.

Ms WEBB - So do we have -

Mr BARNETT - Late last year.

Ms WEBB - Do we have an early indication of the stats? Because I remember during the trial period, the piloting of PACER in Hobart, we had some really impressive stats about emergency presentations averted.

Mr BARNETT - Yes. I can give you an update.

Ms WEBB - Yes. I would like to know, even if it is an adjusted model being rolled out in the northwest, if we have a similar -

Mr BARNETT - The stats that I recall, and the acting secretary can give you the actual detail, but 75 per cent of those presentations -

Ms WEBB - That's right. I had a 70 in my mind as well. I am interested in -

Mr BARNETT - No, if I could just finish? 75 per cent were dealt with -

Ms WEBB - Yes, in the community.

Mr BARNETT - In the community rather than in the Emergency Department. It is working, it is taking pressure off our Emergency Department.

Ms WEBB - Yes, in Hobart that is true, absolutely, and I applaud it.

Mr BARNETT - Yes.

Ms WEBB - But I am wondering, given the adjusted model, I am just interested in stats we might be seeing from there.

Mr BARNETT - Well, that's the stats from Burnie, as I understand it.

Ms WEBB - That's Burnie stats? Okay, thank you.

Mr BARNETT - Since - I think it was November last year. But I will just pass to the acting secretary to add to that answer. Hopefully you will confirm that.

PUBLIC

Mr WEBSTER - Thank you, minister. I can confirm that and say it's slightly better than that. There are 336 people that have been seen, 77.08 per cent stayed in the community.

Ms WEBB - Excellent.

Mr WEBSTER - And Hobart is 77.1.

Mr BARNETT - It is a really good initiative, and I am very pleased and proud of all those involved.

Ms WEBB - We need one that is a youth worker model to go out and respond to young people in the community that police are responding to, where we send a youth worker alongside police and ambulance to them.

Mr BARNETT - Yes. Well, we have got the Youth Hospital in the Home.

Ms WEBB - Sorry, it's not your - I was thinking more of the criminal justice side of things, not your portfolio area, necessarily.

Mr BARNETT - Well, I jumped in quickly to provide that feedback, but yes.

Ms WEBB - Sorry, that was a flub.

Mr BARNETT - We have got a response to your question as well?

Mr WEBSTER - I know that you thought that from a police perspective.

Ms WEBB - Yes.

Mr WEBSTER - But Youth Hospital in the Home is certainly in that category and we are trialling that through the northwest. And through you, minister, of course the Commission of Inquiry are funding our Child Youth Mental Health Services for additional resources in this space as well.

Ms WEBB - Thank you. I will have questions on that if we get to that line item. Was this the line item, at 1.2, where we were -

CHAIR - Yes. Mental Health and Wellbeing Systems Management -

Ms WEBB - Where the Voluntary Assisted Dying Commission came into play?

Mr WEBSTER - Yes.

Ms WEBB - May I ask him a question in relation to that then? I am interested to know about the funding allocation for the Tasmanian Voluntary Assisted Dying Commission for this 2024-25 financial year and across the Forward Estimates? Because I don't think we have a breakdown of it in the budget papers. Perhaps you could provide it?

Mr BARNETT - Okay. What was your question? Through you, Chair.

Ms WEBB - It was around the funding allocation for the Tasmanian Voluntary Assisted Dying Commission for both this current 2024-25 financial year, and then across the board estimates. What does our budgeting look like for that commission?

Mr BARNETT - Thank you for the question.

Ms WEBB - We can come back to that if you want someone to locate it for you in the background and come back to it. How about that? May I ask another question that relates to -

Mr BARNETT - If we could come back to it.

Ms WEBB - Yes, and may I ask another question in relation to the commission? The annual report from 2023-24 from the VAD Commission welcomed the recruitment of the Tasmanian health service clinical lead for voluntary assisted dying within THS facilities. They thought that was a good development. I wanted to check, is it the intention that that clinical lead role is still actively resourced in the current budget and the cross-forward estimates. That's a permanent role.

Mr WEBSTER - Through you, minister. Yes.

Ms WEBB - Okay, thank you. Minister, are you aware that in both of the two annual reports so far we've had from the VAD Commission, we have raised concerns regarding the barrier posed by section 474.29A and 474.29B of the Commonwealth Criminal Code which, to quote their annual report from 23-24, 'It effectively precludes the use of telehealth and other carriage services for dealing with material related to voluntary assisted dying. Although our Act specifically includes provision to anticipate the use of telehealth, the commission is still calling for there to be amendments made to that Commonwealth Criminal Code, and I think other jurisdictions are similarly calling for it. Have you raised that barrier with the federal government, and perhaps along with other jurisdictions, sought an appropriate amendment to be made so that other jurisdictions and our EAD legislation and arrangements can remove any uncertainty there. Is that something you've advocated for?

Mr BARNETT - Yes. I wrote to the relevant person, Ms Chaney, on 14 August, supportive of removing those barriers for people who are eligible to access VAD through amendments to the Commonwealth Criminal Code.

Ms WEBB - Do you have an indication at all of receptivity at a federal level to making those changes?

Mr BARNETT - Not yet. It's not that long since I signed that letter on 14 August.

Ms WEBB - Good on you for doing that. Well met. Thank you. Well done.

Mr WEBSTER - Minister, on the dollars.

Mr BARNETT - Yes, on the dollars.

Ms WEBB - Thank you.

Mr WEBSTER - Through the minister, it's \$1,757 million ongoing for voluntary assisted dying.

Ms WEBB - Each year?

Mr WEBSTER - Of which \$1,183 million is actually in the VAD output, if you like, and the balance is for the - what you just said, the clinical director. There are other roles within THS.

Ms WEBB - Thank you.

CHAIR - Thank you. Move onto 2.1, which is admitted services.

Output Group 2 (b)
Health Services (b)

2.1 Admitted Services (b)

CHAIR - I know we've already wandered into this one, but if I can take you, minister, to page 116 table 4.4. We have some percentages there around the elective surgery patients seen on time. Sadly, it doesn't look like - well, we've made a little bit of progress. So, do you want to just -

Mr BARNETT - Is this the elected surgery admitted services?

CHAIR - Admitted services, and this is on performance information output group 2, page 116. Thank you. So a couple of percentage points which I know is people, and that's important, but when you have an actual of 54.6 per cent for category 2 for patients seen on time with a target of 95 per cent, the question is do you see the measures that are being put in place, and we have talked about additional staff and the like and more doctors, do you see that target as being just an aspirational figure or will your endeavours get us to that 95 per cent target?

Mr BARNETT - Well, firstly, I just want to indicate it's very important for Tasmanians to get the elective surgery that they need at the right time, right place. I want to commend the Premier and the former minister for Health for securing that nearly \$200 million for elective surgery. So, we have just hit another record of more than 22,000 elective surgeries in the last 12 months, and that's a 3.9 per cent increase on the previous record. So that's positive. Nevertheless, there is still pressure and demand on the system, and I acknowledge that, and we've got some further detail that perhaps the acting secretary could speak to, but they are the latest figures which, of course, is encouraging, but of course, there is always a lot more that we can do, which is exactly what we are doing.

Mr WEBSTER - So through you, minister. We are committed to keeping the 95 per cent target, and we acknowledge that we're a long way from that. It's really important that we focus on our endeavours on actually getting to that level. It's important for Tasmanians. As the minister has said, and we did table the elective surgery report, this has been a focus of the government over the last few years, and we are delivering a record number of surgeries. Some of the issues for us is in fact a drop off in private health insurance, which is actually seeing a move of patients from the private system to the public system. So, staying ahead of the count

is part of it. Part of it is also we have an aging population. We have a population with a greater level of comorbidity, chronic disease as well that's adding to these pictures.

But as the minister has outlined, you know, our efforts this year with record number of surgeries, et cetera. But importantly from that is that the work we're doing in the background with our GP network through Primary Health Tasmania, which is defining pathways for referral. So other things that can be done that either could avoid the surgery or in fact mean that while the person is waiting, they're not, you know, in chronic pain, et cetera. A good example of that is the use of exercise physiology, particularly in orthopaedics, and knees is one area, and backs another area where, in fact, there are, you know, a number of studies now that are showing through exercise, et cetera, some knee surgeries can be avoided long-term as well. We are working on other things other than just surgery to reduce the waiting list and to get people, you know, treated but not necessarily ending up in a surgery.

CHAIR - I will acknowledge that category 3 is actually up to 82.8 per cent. So that 95 per cent target is certainly much closer there. But I haven't had a chance to read the elective surgery brochure that you provided earlier. So in regard to elective surgery and then sending somebody home and making more space available, is there any, minister, intention to use the regional hospitals more for people back into their own community, convalescing, having people - and I know that might somewhat come under community health services, but I think it's a move on from, you know, you've had an elective surgery, you're doing well, you've seen the physio, they've told you what you need to do, send you back to, perhaps, the NESM Hospital and recover the last couple of days there. Is there more intention for that?

Mr BARNETT - The answer is yes, consistent with our plans to deliver better healthcare faster in the right care, the right time, the right place. I am so pleased you asked because I announced yesterday the Beaconsfield Community Hospital will reopen for new subacute beds for those in that community who can move from the LGH exactly to your point there, back to the community of Beaconsfield as a result of the agreement. We have landed with the Beaconsfield Medical General Practice, Family Practice, Dr Reddy and his team, who received the General Practice of the Year award at the RACGP Awards on Saturday. I was very pleased to announce that catch-up with Dr Reddy and his team, Dr Toby Gardner, and be there at the awards, which was attended indeed by Ella Haddad which I recognised on the day. It was really very encouraging. The answer is yes, we're doing everything we can to ensure that we use our rural and regional hospitals. I was, for example, at St Helens just a few weeks ago in our -

CHAIR - Beautiful hospital.

Mr BARNETT - common part of the world to you and me, through you, Chair, and they are doing just a terrific job, and I commend the auxiliary down there for their work as well. The answer is yes, we're doing everything we can to deliver the right care in the right place at the right time.

CHAIR - So my follow up question to that is - and I'm probably again wandering into community health services, but it'll be one less question later - my understanding is that the reason why the hospitals, those more rural hospitals are not able to take patients is because they don't have the staffing and they've got to scurry around and try and find some relief staffing that often have to come from outside the area because those qualified who would normally

work at the hospital, perhaps live in the area, they've had to head off to Launceston to find full time work.

Mr BARNETT - It's not unusual that there are workforce challenges in those rural and regional areas, and that's another reason that we have, first of all, funding support for 40 GPs in our rural and regional communities. That's another reason for our community paramedics, nearly 30 of them, to be rolled out over coming years, which will be based at those hospitals which will -

CHAIR - What about the nursing staff?

Mr BARNETT - My point about the community paramedics, they will provide care and support in the community at that hospital, which will at least take pressure off those medical staff as well. We're taking a holistic approach. Tasmania is very rural and regional, as you know, and decentralised, so we need to be innovative. That's a key message coming out of the health senate: innovation; virtual care. If we can do it a bit differently, we absolutely will.

CHAIR - I'd suggest that there be an opportunity, and I don't encourage members of the committee to make statements - but if there's an opportunity to have some more permanent full-time positions at those rural hospitals, then the staff won't be looking around for relief staff with not much notice. Do you agree?

Mr BARNETT - The acting secretary's chomping at the bit, I know, and I haven't even mentioned the RFDS with their oral health services that we've just extended from St Helens down to Nubeena. It was going to Orford, but we've extended it to Nubeena. This is a holistic approach across the state. There's a lot more that could be said on our rural health initiatives, but acting secretary.

CHAIR - Is the acting secretary aware of that issue of staffing?

Mr WEBSTER - Yes. Through the minister. In fact, the chief minister's feeding me lines here, so the chief nurse and midwife has reminded us we do an annual assessment based on the activity of our district hospitals to make sure we've got safe staffing levels. We are doing all we can to recruit long-term staff into our district hospitals. But again, it's that difficulty of people wanting different types of jobs and that sort of stuff. But we make sure we have a right mixture of registered nurses, enrolled nurses and other assistants within our district hospitals. But we assess our safe staffing levels - that's difficult to say - on an annual basis across the district hospitals.

CHAIR - Well, you're going to need them because the minister's going to be sending them back to their communities. He just told me so.

CHAIR - Ms O'Connor.

Ms O'CONNOR - Thank you.

Mr BARNETT - We've got an answer to your earlier question on the PPE.

Ms O'CONNOR - Sure.

PUBLIC

Mr WEBSTER - Through you, minister. 2021-22 we spent \$15.5 million on PPE, 2022-23 we spent \$11.3 million, and 2023-24 we spent \$11.4 million. They're total for the entire department, so it includes our COVID stock back in 2021-22.

Ms O'CONNOR - Thank you. Minister, I'm looking at the document Statewide Elective Surgery Four-Year Plan 2021-25, and on page 14 of that document is a table of key performance requirements, it's called. They include -

Mr BARNETT - What page is it?

Ms O'CONNOR - Page 14. They include whether a patient was seen on time, what the wait time was, admission volume, number of patients waiting over boundary. As I understand it, in the 2021-22 year, zero out of five of those KPIs was met, but I'm happy to be corrected. In fact, I'd be stoked to be corrected. In 2022-23, one of those five KPIs has been met. How many of these key performance requirements were met in 2023-24?

Mr BARNETT - Thank you for the question.

Ms O'CONNOR - Interestingly, they're not referenced in the document that you tabled today, the KPRs.

Mr WEBSTER - Through you, minister. Looking at the budget chapter, obviously seen on time, the answer is we didn't meet that. Average overdue wait time for those waiting beyond the recommended times, I don't believe we met that, looking at the budget chapter. Admission volume, I think we may have exceeded that because we had a record year. Number of patients waiting over boundary, the 270, I'm not sure we quite got there, but it was down. Number of patients waiting prior to 2019, which is 2022 now, we didn't meet that.

Ms O'CONNOR - So one out of five. This is no judgement on you, obviously, Mr Webster. I just thought it was important that the committee had that understanding. The Victorian Department of Health has put out a general notice about monkeypox or Mpox and pointed to a number of cases in Victoria and their statement said 'as well as in other jurisdictions'. Have there been any admissions to Tasmania's public hospital system of patients with Mpox?

Mr BARNETT - Thank you for the question.

Ms O'CONNOR - Another disease, I might say, that can be transmitted through the airborne route, just in case you haven't had a chance to read that science. Isn't that something that would stand out?

Mr WEBSTER - Twenty-six cases in Australia. Sorry, I've just looked at measles. No cases recorded in Tasmania.

Ms O'CONNOR - Okay, thanks.

Mr WEBSTER - Which is why it didn't stand out.

Ms O'CONNOR - That's good. What would be Tas Health's response in terms of informing the public if there was evidence of infection or transmission in Tasmania?

Mr WEBSTER - Through you, minister. In fact, the Director of Public Health has put out public advice twice now just warning about Mpox and what precautions the public should be taking in terms of if they're travelling to an area where Mpox exists and those sorts of things. So, in addition to that, we've actually been working specifically through sexual health with parts of our population that might be at greater risk to make sure they have specific information relevant to them and have a contact within our sexual health service should they have -

Ms O'CONNOR - Thank you for that. I might just wind up on this and ask are you aware that in the Central African Republic, more than 50 per cent of cases are amongst children who you wouldn't have considered necessarily to be a high risk group for a disease which was thought to be predominantly sexually transmitted? Is Tas Health up to date with that information and aware that the potential vulnerable population group is much more than people who might have sex.

Mr WEBSTER - Through you, minister. Yes, we are. In fact, our briefing points some of that information out to us.

Ms O'CONNOR - The risk to children.

Mr WEBSTER - Yes, and where it's happening in Africa so our public health team rather than me as the secretary would be all over it -

Ms O'CONNOR - Sure. But you look after the hospitals, Mr Webster, which is where they'll be present.

Mr WEBSTER - But they've mentioned it in the briefing that they're monitoring that as well. So, you know, they'll be putting out, as I said they've put out two lots of advice directly, and we've worked with sexual health on populations. So, we'll follow the advice.

Ms O'CONNOR - One group of at-risk people potentially.

Mr WEBSTER - Potentially one group. I do acknowledge that. But we'll continue to monitor that as it says in the brief.

Ms O'CONNOR - Last question on this line of questioning, have there been any -

CHAIR - I thought that was the last question.

Ms O'CONNOR - Sorry. Well have there been any cases of tuberculosis present at any of our hospitals over the past year or so?

Mr WEBSTER - Whilst we're looking for that, through you, minister, I inadvertently didn't mention that we actually do have an Mpox vaccination program underway for at-risk categories as well.

Ms O'CONNOR - Thank you.

CHAIR - And a whooping cough warning as well. I heard it on the way home on Friday.

Mr WEBSTER - Through you, minister. Yes, there is a whooping cough warning out at the moment and we do have an at-risk program running for vaccinations for that as well.

Ms O'CONNOR - Do we have an answer to the tuberculosis question? Because the numbers are increasing around the world.

CHAIR - While somebody looks for that, Ms Armitage.

Ms ARMITAGE - Thank you, Chair. I'm just wondering if you're able to tell me how many of our inpatient beds are currently occupied by people awaiting an aged-care bed? Do we still have the problem that we have with a lack of aged-care beds. Just wondering how many.

Mr BARNETT - Yes. We do. It's called bed-block.

Ms ARMITAGE - Yes, it is, but sometimes it's -

Mr BARNETT - It's raised with the federal government regularly, consistently and it's causing bed-block in Tasmanian hospitals. It's consistent around the country and it's something that I raise consistently with my federal counterpart. We're talking about aged-care beds and those that are also ready to be discharged into disability care through the NDIS. So, at the moment based on my last advice we've got about one ward. But in terms of the numbers it's a real block.

Ms ARMITAGE - Okay, so a whole ward.

Mr BARNETT - I mean across the state. Across our four major hospitals.

CHAIR - No, that's fine.

Mr BARNETT - Just check if you've got the exact numbers there. This was present to me last week when I was at the Roy Fagan Centre and clearly there are a number of those patients who could clearly go into NDIS care but because there wasn't that care available. So, between May 2023 and July 2024 calculated on a fortnightly basis the average number of aged-care patients medically ready for discharge in Tasmania's four major hospitals was 42. This includes an average of 15 patients at the Royal Hobart Hospital, 12 at the LGH, nine at the Mersey Community Hospital and six at the Northwest Regional Hospital. So that's the average.

Ms ARMITAGE - And it's not where they want to be either. They certainly don't want to be in hospital.

Mr BARNETT - They don't, and I'm actually working with the aged-care sector. I've had a number of meetings with them. I've asked my department to be meeting with the aged-care providers in Tasmania and that's happening and then I'll be meeting with them again. I think it's in November. They want to cooperate and collaborate with the Tasmanian Health Service, who then have to work with the federal government to provide support to get them out of our hospitals and into those aged-care facilities or disability care in the community.

Ms ARMITAGE - Thanks, minister.

CHAIR - Ms Webb.

Ms WEBB - Thank you. I would like to ask some questions around mother and baby support, noting that there's funding in the budget for Tresillian family care service and mother and baby centre which relates to establishing statewide phone and telehealth support service and a mother and baby service with a four-bed mother and baby centre to be opened in Launceston. So, I think also, minister, you've made public statements that refer to that northern four-bed Tresillian intensive care and support unit as a pilot model to deliver mother and baby unit care.

So, you would, I would presume, be aware that stakeholders are very emphatic that the service currently provided in the south at the Royal Hobart Hospital is not the same as the wholistic early parenting intervention which was previously there which was not limited just to mental health but encompassed infant wellbeing and a whole range of things; and that wholistic care for mothers and babies remains a large and critical gap in southern Tasmania. Is this forefront of your mind, minister, and to what extent have you provided a commitment to replicate in the south something that provides a level of service that was there previously?

Mr BARNETT - Thank you for the question. It is at the forefront of my mind, and you've outlined the background, I think fairly and in a balanced way, noting our \$9 million commitment for the four-bed mother and baby unit to be based at the Launceston Health Hub in the north with day services as well in addition to those four beds which would be operated by Tresillian. We're aiming for Mother's Day next year so it might be a little bit after that. But I'm very pleased to be backing that in. Likewise, you haven't mentioned but just to indicate the government has commenced a statewide telephone service.

Ms WEBB - I did mention that. Yes.

Mr BARNETT - You did. Apologies, I may have missed that one, but I just wanted to note that on the way through because that service that's being provided. In the south, I think again you've fairly noted the concerns of the community. I've had representations in that regard including as recently as, I think it was Friday. Might've been Thursday. And note of course this was provided by St Helen's Private Hospital at least in part for those that were able to access that. Then it closed suddenly. I thank the Premier and former minister for Health for acting swiftly to set up the mother and baby unit at the Royal Hobart Hospital to provide the immediate needs -

Ms WEBB - To be fair, I don't think we can describe it as a mother and baby unit. It's three beds.

Mr BARNETT - I was about to describe what it's for, which is for those that are experiencing, you know, post-natal depression and anxiety and the like. So, the model of care is different to what you're referring to. We're setting that up in the north. I'm aware of the needs and challenges of the south. What we're setting up in the north is to be a pilot. We want to look at that, see how it's going to work. My hope and ambition would be to have something similar established in the south to support the needs of the south and the communities and the obviously mothers and babies and families in the south. We often talk about mothers and babies, and I know that absolutely is a great support to the dads as well.

Ms WEBB - Is that a firm commitment then? And if so, what's the timeline that you're

Mr BARNETT - No. It's not a firm commitment that it's definitely happening but it's a firm commitment that it'll be positively considered. We're doing a pilot in the north. I have said that publicly and I say it again today. So, we'll see the Tresillian that has to get established. We've committed the \$9 million in the budget for that for those four beds at the Launceston Health Hub. I'd like to see how that goes. We've got the telephone service that started 1 July this year. I'll check if the acting secretary could add anything to the answer.

Ms WEBB - I'm particularly interested to hear what's the barrier to you making a commitment given that you're putting that service into the north of the state. Clearly the south of the state would have a similar need for it. What's the barrier to you making a firm commitment to delivering it in the south?

Mr BARNETT - Well the first thing to say is this is quite recent. St Helens has only just closed last year. The Premier, I think acted very swiftly in terms of those immediate needs and that funding is in the budget. I think it's \$4 million over two years for the mother and baby support unit for the immediate needs for the mental health challenges for those mums; post-natal depression and like. I'll pass to the acting secretary to see if he can add to the answer.

Mr WEBSTER - Through you, minister. So, the parenting space - is there a range of services that are already in existence within Tasmania our Child and Parenting Service (CHaPS), and in fact, we have parenting centres around the state which are day services as well as the step-up to Tresillian, which as the minister said is a pilot to test that type of model. In addition to that we quickly responded to the closure of St Helens with a particular model at the Royal Hobart Hospital. Call it mother and baby. Call it what you will. It's a particular model. It is funded for two more years while we're doing the pilot in the north, but it is likely that we will be, as we've done over the 12 months, change the model as we go. Initially, it was seen as a mental health unit. Over the last eight months, you'd more describe it as an intensive parenting unit than a mental health unit, as we've again moved to the needs of the community. So, over the two years -

Ms WEBB - It still sits within which part of the hospital?

Mr WEBSTER - It actually sits in the paediatric unit.

Ms WEBB - Yes.

Mr WEBSTER - I'm attached to paediatrics. Now, that particular space is designed for mother-and-baby type of activities; for instance, for parents to bond with a child who spent a long period of time at NICU, they would go to that unit. It is designed in a way that is similar to a mother-and-baby unit, but we need to make sure our model of care is right. We've transitioned it several times over the last 12 months, as we've realised that the description that was given to us by St Helen's wasn't 100 per cent the need.

We'll continue to adapt, but it is important that we actually evaluate what we're doing in the north before we commit to a final model in the south. Having said that, the minister has released a discussion paper to our community, looking at what are our needs are ongoing across the spectrum of that parenting service. So, what do we need out there in the community? The

key of the Tresillian model - and we hope this is successful - is actually the intersection between us and primary care, the GPs, identifying who needs that support.

Ms WEBB - Thank you. Thank you. I'm glad you're consulting on it. I think we'll certainly hear loud and clear about the needs that are there that aren't being met currently.

Mr WEBSTER - Yes.

CHAIR - Okay, thank you.

2.2 Non-admitted Services (b)

CHAIR - Thank you, Mr Edmunds.

Mr EDMUNDS - Thank you, Chair. Minister, you would recognise, obviously, the benefit of outpatient clinics not only in terms of better outcomes for patients being able to access treatment they need and perhaps avoid the need to later be admitted to hospital, but also the saving to the health system that comes with avoided admissions. Your government established an outpatient eating disorders clinic at the Royal Hobart Hospital, which has been, I understand, very successful.

Since it was opened, I understand that there's been a 50 per cent reduction in admissions to the Royal Hobart Hospital for that category of patient, meaning the outpatient response is working well, and people are getting the treatment they need earlier. However, I also understand in recent vacancy control measures that two nursing positions have been cut from that service, aka there were five and now there are three. Can you confirm that?

Mr BARNETT - Thank you for that. Before I pass to the acting secretary, certainly, in terms of the eating disorder service - or TEDS - obviously, reasonably new state-wide service that's being established to deliver that specialist treatment to Tasmanians with eating disorders. In terms of adding to that answer, I'll pass to the acting secretary.

Mr WEBSTER - Thanks, minister, and through you. The outpatients eating disorders service continues at the Royal, however it's supplemented by the new Tasmanian Eating Disorders Service. The two nurses you mentioned were not subject to any vacancy management process.

Mr EDMUNDS - Okay.

Mr WEBSTER - They were project nurses put in place as part of a transition of the old way of doing eating disorders into the Tasmanian Eating Disorders Service. Tasmanian Eating Disorders Service will eventually have a residential service at St Johns Park, which is up to 12 beds, and then have a day services in all three regions. And the minister recently announced that we have a starting out [TBC 6:09:25] in the process of building a day service facility at Prospect, which will cover the north and northwest, and then there'll be a day service attached to the residential services at St Johns Park in 2027. Having said that, the staff of the eating disorders service are starting to be put in place, particularly the non-residential - the day service - staff. And in 2023-24, the government funded the new service to the tune of \$24 million across the forward estimates from 2023-24, and that's now a permanent funding within mental health and wellbeing.

Mr EDMUNDS - So are you saying that the FTE count for this type of service has remained the same?

Mr WEBSTER - Through you, minister, I'm saying it's gone up -

Mr EDMUNDS - Gone up?

Mr WEBSTER - because we've been switching on our eating disorders service and employing staff across the state in eating disorders. The difference is that the model of care that we're adopting for eating disorders aligns with lived experience co-design.

Mr EDMUNDS - Yes.

Mr WEBSTER - And in particular, we've co-designed it with the Butterfly Foundation, which is an eating disorders service provider that is well-established within Queensland.

Mr EDMUNDS - And so is that leading to a further reduction in admissions?

Mr WEBSTER - That's the objective of -

Mr EDMUNDS - Yes.

Mr WEBSTER - Through the minister, that's the objective of the service. But more than that, it is important that day services are provided in the north and northwest.

Mr EDMUNDS - Yes.

Mr WEBSTER - And in fact, the service is being run out of Launceston.

Mr EDMUNDS - My question is are you seeing a reduction - okay, it's been a long day.

Mr WEBSTER - Yes.

Mr EDMUNDS - Are you seeing a reduction in admissions during this transition?

Mr WEBSTER - Overall, we are, but whether it's from the original service or the new service is - we're seeing it gradually increase. As I said, once we've actually got the full model in place in 2027, we'll be able to do a proper evaluation.

Mr EDMUNDS - You mean an increase in staff, not an increase in admissions.

Mr WEBSTER - No, a decrease in admissions -

Mr EDMUNDS - Decrease, yes.

Mr WEBSTER - From the increase in staff.

Mr EDMUNDS - Yes.

PUBLIC

Mr BARNETT - Just quickly on the increase in staff, the advice I have, Dale, is 17 since 30 June last year in terms of eating disorder service.

Mr EDMUNDS - Yes.

Mr BARNETT - So we take it very seriously, and we've got, as Dale indicated earlier - sorry, acting secretary - \$24 million over the next four years. So, we're treating it really seriously.

Mr EDMUNDS - Okay.

Mr BARNETT - It's a very important initiation, so yes. We can't be talking about cuts here at all. This is an increase in services which are being provided, an increase in people that are working on the frontline, delivering the support.

CHAIR - Thank you.

Mr BARNETT - Thank you.

CHAIR - Thank you, Ms Webb.

Ms WEBB - Thank you, Chair. I'm really pleased to hear you say, minister, may I just say, that there's no intention to cut it.

Mr BARNETT - No.

Ms WEBB - And it is an incredibly important service to save lives.

Mr BARNETT - No.

Ms WEBB - I just wanted to check if you have any indication about whether it is meeting need, or whether there is unmet demand there under the new model still.

Mr BARNETT - I think the acting secretary spoke to that, but I think perhaps if you could assist the honourable member further.

Mr WEBSTER - Through you, minister. There will always be unmet need until we get to our full service, which includes the residential component.

Ms WEBB - Yes.

Mr WEBSTER - So the short answer is until we have the full service, then we're not going to meet the full need.

Ms WEBB - Yes.

Mr WEBSTER - The minister mentioned the 17, and there is another seven that are coming online by November this year, so that's 24 across the state in terms of -

PUBLIC

Ms WEBB - So have you got a sense in terms of a waiting list or in terms of an indication of what's there to come online?

Mr WEBSTER - Yes.

Ms WEBB - Waiting for that other aspect to come online?

Mr WEBSTER - Through you, minister. All of them would be in a program of sorts, but the unmet need is in the treatment options that are available, because we have that absence of a residential service.

Ms WEBB - Yes. Thank you.

Mr BARNETT - I think it's fair to say it's a multi-disciplinary approach. So, you've got the clinical leads, you've got the nurse practitioners, you've got the psychologists, you've got the psychiatrists, you've got the allied health professionals, you've got the dieticians. It's multi-faceted, and you need a multi-faceted approach-

Ms O'CONNOR - Disciplinary.

Mr BARNETT - - multi-disciplinary approach to this mental health challenge.

CHAIR - Thank you. Ms Armitage.

Ms ARMITAGE - Thank you, Chair. If I could just go back to the outpatients that I mentioned previously, CATTs 1, 2 and 3. As I said, easy to find the indicative waiting times, but what would be even more interesting is how many people are actually waiting. Are you able to provide that information, for example, on the ear, nose and the throat paediatric, I just wonder, in CATTs 1, 2 and 3? That's paediatric in - that's a southern one. I think in the north, it's just ENT. But it'd be interesting to know actually how many people are actually waiting on those lists for one, two and three. As opposed to how long they're waiting, how many people are waiting? I've got a couple. I'm happy to take them on notice. We can send you the list. I don't want them all. As I said, I don't want all the categories, just a little bit of a selection. I mean, I'm interested in cardiology, obviously. Paediatric diabetes that -

CHAIR - Isn't that in non-admitted services?

Mr BARNETT - Yes.

CHAIR - Yes.

Ms ARMITAGE - Yes, we'll just talk about outpatients.

CHAIR - Okay.

Ms ARMITAGE - That's what Luke was talking about outpatients, and I mean outpatients.

CHAIR - Okay, yes.

Ms ARMITAGE - Non-admitted.

CHAIR - Non-admitted.

Ms ARMITAGE - I thought this was an area to bring that back up. I'm quite happy to just send -

Mr BARNETT - Can I just indicate that we've made incredible progress in the last 10 years.

Ms ARMITAGE - Yes.

Mr BARNETT - We've had 40,000 outpatient consultations per month. It's not 50,000. That's an extra 10,000 a month.

Ms ARMITAGE - I understand that, but if you're one of those children -

Mr BARNETT - I know there's more to do. I'm not denying that. Through you, Chair.

CHAIR - Yes.

Mr BARNETT - I'm just saying we've made a lot of progress in terms of the outpatients.

Ms ARMITAGE - Yes, and I'm not being political here. I'm just looking at numbers, so -

Mr BARNETT - And we've reduced, you know, from the COVID highs. It's come down. You know, I think it's in the order of 30 per cent. But of course, there is more to do, and I get letters and feedback consistently, you know, on these matters, and of course, it's a very important issue. I don't deny that. And that's why we're addressing it with great vigour.

Ms ARMITAGE - I would really like to know - absolutely. I would really like to know how many children are on the diabetes paediatric clinic category 1 urgent for 545 days. I'm hoping it's zero.

Mr BARNETT - We've got a breakdown, if you want, on category and hospital, I am advised.

Ms ARMITAGE - Would you like me to send it to you - to make it clearer, and I think it might make the Chair happy if I just go through the couple of categories I had rather than you try to find the figures now. As I said, I know how many days they're waiting, but I'm interested to know how many people are actually waiting in some of those categories. I am not going through every area, just cardiology, diabetes, paediatric, the ENT, paediatric. One question I would have, so colorectal clinic or gastroenterology clinic. Which one is the clinic for colonoscopies? Because obviously, it's done by a gastroenterologist. So is it the colorectal or is that purely for surgery by a colorectal surgeon as opposed to the gastroenterology.

Mr BARNETT - I'll ask the acting secretary.

Mr WEBSTER - Through you, minister.

Ms ARMITAGE - So I'm just a bit -

Mr WEBSTER - CMA confirms it could be either depending on the condition.

Ms ARMITAGE - Right. Okay. So you would like me just to -

CHAIR - You'd like a list from the honourable member of those areas and numbers -

Ms ARMITAGE - I only want a few. I'm not going through them all.

CHAIR - That are attached to the list.

Ms ARMITAGE - Just mainly the paediatric ones and a couple of the others, just to know how many people. As I said, to think 545 days for an urgent paediatric clinic, I am hoping that's zero, but if there might be children waiting a year and a half for a diabetes -

Mr BARNETT - Yes, but can you -

Ms ARMITAGE - I will send you a letter. I will get our -

Mr BARNETT - All right. It would be nice to know on the record what the question is, if possible. If possible.

Ms ARMITAGE - All right. The question is category 1 -

Mr BARNETT - If that's reasonable.

Ms ARMITAGE - I don't have a problem, if you've got the time.

Mr BARNETT - I'm trying to be helpful, but we need to know what the question is.

Ms ARMITAGE - If you have got the time, I am quite happy to point out.

Mr BARNETT - All right. Well, if you just outline the question.

Ms ARMITAGE - Categories 1, 2 and 3.

Mr BARNETT - Yes.

Ms ARMITAGE - I can look on the list, and I can see how long people are waiting. What I can't see is how many people are waiting. So, in several areas, and as I said, I won't go through them all. I'd like cardiology for the north and south, diabetes, paediatric clinic, the ENT for the north and south, there's also an ENT paediatric. I'm particularly concerned with the children that they can't hear. They don't do well at school. Colorectal and gastroenterology. So just a few to give an indication, and I am happy to put it in writing so to provide you with more time.

Mr BARNETT - Thank you. We'll get back to you on that.

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Ms ARMITAGE - Yes, not a problem.

CHAIR - Thank you. Any other questions?

Mr BARNETT - We've got an answer for you, Chair, on tuberculosis.

Ms O'CONNOR - Got an answer back on TB.

Mr WEBSTER - Tuberculosis. Year to date, through you, minister. In 2024, we've had seven cases. So that's from 1 January to now.

Ms O'CONNOR - Seven cases. Were they all Tasmania based or a number of them visitors?

Mr WEBSTER - We do need a split with apologies. But they were treated here in Tasmania?

Ms O'CONNOR - Do you have an age breakdown?

Mr WEBSTER - No, just got a raw number because that's what we asked for.

Ms O'CONNOR - Tuberculosis is a very serious infection disease.

Mr WEBSTER - Yes.

Ms O'CONNOR - So there's no health warning given out about that to people or nothing said. We just have to find out across the estimates table? There's been seven TB cases this year so far.

Mr WEBSTER - Through you, minister. Through a communicable disease bulletin, we communicate that to primary care so that the whole network knows about it. Seven this calendar year - Michelle has just flicked off it, but it compares -

Ms O'CONNOR - How does it compare with previous years?

Mr WEBSTER - It's down on other years. So last year was 14.

Ms O'CONNOR - That's this year to date, though. So last year was 14 TB cases.

CHAIR - Fair to say your computer is as tired as the rest of us. Sorry, I zoomed in and then it's -

Mr WEBSTER - Yes. In the last three years, we had 14, 19, 15 for the whole year.

Ms O'CONNOR - Fourteen, 19, 15. So that's - sorry, Chair, I've sort of jumped in here and I'm aware of that.

Mr WEBSTER - And seven to September.

Ms O'CONNOR - Sorry, so what was 14? What year was that?

Mr WEBSTER - So 15 was 2023, 2019 was 22, 2014 was 21.

Ms O'CONNOR - Sorry, lastly, do you have the date there for 2020?

Mr WEBSTER - No.

Ms O'CONNOR - Because there weren't any?

Mr WEBSTER - Well, we probably do but that wasn't typed in to the answer to you.

Ms O'CONNOR - Okay. Thanks, Mr Webster. I'll follow up on that.

Mr WEBSTER - Apologies.

CHAIR - Thank you. Ms Webb.

Ms WEBB - I think is where you indicated we could ask questions around palliative care. Is that correct?

Mr BARNETT - Yes.

Ms WEBB - So I am interested in palliative care. Obviously, a very significant healthcare service for many Tasmanians and their families. I don't see it appear in the budget papers particularly, so I'm interested to understand the current resourcing and investment in palliative care services, and also what's projected across the forward estimates. Are we increasing? Are we keeping stable? Are we decreasing resourcing in that area?

Mr BARNETT - Well, I'm happy just to note that we do have significant resourcing in this area as a government. We are funding \$6.8 million for the palliative care private sector partnerships, and \$10.5 million for home and community based palliative care over the four years from 2021-22 and 2024-25, and indicate that in November 2022 under the former minister, the Department of Health released a five-year policy framework for palliative care in Tasmania. We do take it seriously. It's a very important part of our healthcare system. I note obviously it's not just a Tasmanian health service but the private sector are very involved, and I also acknowledged on the way through this, Palliative Care Tasmania for their advocacy as well.

Ms WEBB - Is there any increased funding in this area or are we decreasing funding in this area or keeping it steady? How would you characterise that, minister?

Mr BARNETT - I will ask the acting secretary to respond.

Mr WEBSTER - Through you, minister. The strategy saw us increasing funding in this space, and then at this stage, it's steady going forward, but I've just had the CFO double-checking my figures.

Ms WEBB - Okay.

Mr WEBSTER - But, you know, as the minister outlined, it was a strategy that we put in place.

Ms WEBB - And specifically for Palliative Care Tasmania, is their funding secure and is it indicated across the forward estimates?

Mr BARNETT - Palliative Care Tasmania, I would say two things. One is their funding is in the Budget through to 30 June next year. There's a Budget process, which I know you would be aware of and others would be, and I have a very good relationship with Venéy Hiller from Palliative Care Tasmania. I thank Palliative Care Tasmania for their advocacy. They do great work. I will be there in a few weeks' time for the launch of their book on grief, and I have been involved in supporting a range of their initiatives and programs over the past 12 months or more since July last year. They do very good work, in my view, and of course, going through that Budget process they have to put in a submission. The views of the minister are taken into account as well as the Budget arrangements, and of course, that will be considered next year.

Ms WEBB - Of course, minister, you would be aware that for groups like Palliative Care Tasmania when they're in this position where there's no -

Mr BARNETT - Say again? Excuse me.

Ms WEBB - You would be aware for groups like Palliative Care Tasmania who are in this position where there is no funding there on paper past 30 June next year and they are waiting for that Budget process, if they don't become aware of funding that will be made available to them until a May Budget, by that time, they're likely to have lost staff or had to shut down various parts of their services because of the uncertainty. When do you anticipate providing them with certainty about funding? Will it be, in fact, on Budget day in May or will it be before that?

Mr BARNETT - I think I've indicated my support for Palliative Care Tasmania to make a submission as part of that process. I've been a strong supporter of Palliative Care Tasmania since I've been in the role in July last year. I have, through the department and through my government, partnered with Palliative Care Tasmania on a whole range of initiatives, and they do education and training as well as in addition to advocacy. We provide scholarships through Flinders University online for health workers to learn more about palliative care. The Acting Secretary can speak to that. But, you know, I am certainly an advocate, and we have to go through a process, which is not unusual.

Ms WEBB - Can I also check, then, because in other departments such as through the community services area and DPAC they are transitioning all new funding agreements to five-year funding agreements for any groups like Palliative Care Tasmania funded through those arrangements. Are you transitioning - in the health space - groups to five-year funding agreements, also in recognition of the security that's delivered by a five-year funding arrangement?

Mr BARNETT - I'll pass to the acting secretary to speak to that. But I know that the Premier's commitment, and indeed the minister for Community Services and their policy, to those five-year funding agreements for relevant community service organisations. I'll ask the acting secretary to speak to that matter as well.

Mr WEBSTER - Yes. Thank you, minister, and through you. We have a range of contracts of different lengths. I have to say that Palliative Care Tasmania were on a four-year agreement, which does expire, as the minister said, in the middle of next year. They will be considered in the next round as to what the length of that is. In terms of the five-year commitment being led through the community services area of DPAC, advise that we will be transitioning some of ours, but some of ours don't quite fit the category. We're working with them as to which of ours are, if you like, grant programs which are contractual and those sorts of things. Because, obviously, we have service delivery as well as, you know, peak body as well as - so we've got different types of contracts. We need to be careful not to commit to all of them, because some of them might actually have to be tendered.

Ms WEBB - Sure. And then are you also matching the indexation commitment that's made in those other community services spaces and also, I believe, the Department of Justice for their funded programs of the three-and-a-half, three, three and three?

Mr WEBSTER - We are funded through the state Budget for indexation for our community service organisations indexation.

Ms WEBB - Yes.

Mr WEBSTER - Again, we need to be careful because we've got a mix, but it does apply to those that would fit in to that community services obligation.

Ms WEBB - Thank you.

CHAIR - Okay. Thank you.

2.3 Emergency Department Services

CHAIR - Ms Armitage.

Ms ARMITAGE - Thank you, Chair.

CHAIR - Nearly run out of room on your list.

Ms ARMITAGE - Minister, if I could start with the number of FTEs for the emergency department doctors and any - how many locums we might have employed in the emergency department? Our full number that we would normally have or how many permanent FTEs and how many locums are there at the moment.

Mr BARNETT - Are you speaking across the four public hospitals?

Ms ARMITAGE - I was thinking probably the two, the north and the south. I think that's probably easier to get a comparison. I appreciate the North West comes into it as well.

Mr BARNETT - Yes.

Ms ARMITAGE - But it's a better, easier comparison between the two major hospitals, we'll start with.

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Mr BARNETT - And do you want to focus just on doctors or -

Ms ARMITAGE - Doctors initially. Emergency department doctors.

Mr BARNETT - Okay.

Ms ARMITAGE - Obviously, you'll have RMOs and interns.

Mr BARNETT - Yes. We've just - yes.

Ms ARMITAGE - But doing -

Mr BARNETT - I've just announced the successful recruitment for the Royal Hobart Hospital in my opening remarks: \$88 million in the Budget for 45 additional doctors - 44 additional doctors and 25 additional nurses. But in terms of the specific numbers to assist the honourable member -

Ms ARMITAGE - For the ED as opposed to generally.

Mr BARNETT - Yes.

Ms ARMITAGE - That was just for the ED?

Mr BARNETT - That is for the ED.

Ms ARMITAGE - Okay. Right.

Mr BARNETT - That is exactly for the ED, which is a very significant investment by our government.

Ms ARMITAGE - Yes.

Mr BARNETT - But I'll ask the Acting Secretary to provide detail.

Ms ARMITAGE - Thank you.

Mr WEBSTER - Yes. Through you, minister, we haven't split off our doctors, nurses and other staff. We've just got an FTE number for our EDs: the Royal Hobart Hospital, 343.4 as at 30 June; the LGH, 171.8 as at 30 June; North West Regional Hospital, 98.2 as at 30 June; and the Mersey Community Hospital, 89.4. Our total ED staffing across the state on 30 June was 702.7 and that had grown by 45 from the previous 30 June.

Ms ARMITAGE - Does that include locums or not?

Mr WEBSTER - No, it doesn't include the locums.

Ms ARMITAGE - Do we have any locums in our EDs currently?

Mr WEBSTER - Yes, we would. Some of them would be short-term vacancies where, you know, we have leave, backup, those sorts of things. But, through the minister, particularly

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in the north there has been an issue with filling our registrar roles, and so we have some ED doctors who are locum registrars.

Ms ARMITAGE - Right. If I could also have the figures for nursing as a separate - across the EDs, minister, through you, too to date.

Mr BARNETT - I think we'll need to -

Ms ARMITAGE - I'm happy -

Mr BARNETT - Need to take that on notice, through you, Chair.

Ms ARMITAGE - Look, I'm happy to.

Mr BARNETT - We're more than happy to assist the committee. But it's a breakdown of the total FTE numbers, so - yes.

Ms ARMITAGE - I'm happy to take - look, I'm happy to take it on notice.

Mr BARNETT - Okay. Thank you.

Ms ARMITAGE - If I could also have now the percentage of ED presentations seen within the clinical recommended timeframe for the last financial year in just, as I said, the LGH and the Royal would be fine, just the two.

Mr BARNETT - Thank you, Chair. Through you, the Acting Secretary.

Mr WEBSTER - Through you, minister. Royal Hobart Hospital category 1, 100 per cent. LGH, 99.8 per cent. - I don't have any other category.

Ms ARMITAGE - That's a big change from 52.4 last year.

Mr WEBSTER - The category 1, through you, minister, I don't know. Category 1 last year was 99.9 for the Royal and 100 per cent for the LGH.

Mr BARNETT - Category 1.

Ms ARMITAGE - I was just questioning - and I'm talking about emergency departments, so people turn up to the emergency department and they're seen within the clinical timeframe.

Mr BARNETT - Yes.

Ms ARMITAGE - And it's 100 per cent so no one is sitting there waiting.

Mr BARNETT - It depends.

Mr WEBSTER - Yes.

Mr BARNETT - No, it depends on the category.

Mr WEBSTER - So there are -

Mr BARNETT - You asked about category 1.

Ms ARMITAGE - No, I didn't.

Mr BARNETT - Well, that -

Ms ARMITAGE - I didn't mention categories.

Mr WEBSTER - That's what I read out.

Mr BARNETT - The Acting Secretary -

Mr WEBSTER - Just to explain -

Ms ARMITAGE - I didn't mention categories at all. I simply asked the percentage of ED presentations seen within the clinical recommended timeframe.

Mr BARNETT - Okay. There are different categories, so -

Ms ARMITAGE - Yes.

Mr WEBSTER - There are - just to explain, through you, minister, there are five categories, 1 to 5. Category 1, obviously, are urgent and immediate cases, so you would expect this to be at or near 100 per cent, and that's within, you know, think it's 2 minutes that we're seeing them. Then there's a breakdown, and I'm just getting you others.

Ms ARMITAGE - And while you're looking for that, if you're able to give me the length of stay more than 24 hours.

Mr WEBSTER - Yes.

Ms ARMITAGE - How many patients waited longer than 24 hours. I mean, obviously, we know that the shorter timeframe the better the outcome.

Mr BARNETT - While the Acting Secretary is looking for that, just to note to the committee that four out of every 10 that present to our emergency department are not emergency. That means they can be seen in other settings like GP practices. That's why, as a government, we're stepping in where the federal government has let us down. Four out of 10 are not emergency. That's a lot of people that are presenting. And I'm very pleased we've got an agreement with the federal government on the urgent care clinics and we've got an agreement for one extra on top of the four that we've already got related to Bridgewater. We've got two in Hobart, one in Burnie, one in Launceston. You know, there's a lot of work that we can still do in the primary care sector to take the pressure off our emergency departments.

Mr WEBSTER - Through you, minister, with apologies, there's about 20 tables in this brief, so -

Ms ARMITAGE - No, that's all right.

Mr WEBSTER - RHH seen within recommended time is 41.1 per cent and the LGH, 41 per cent.

Ms ARMITAGE - And my last question in this area: are you able to give me - probably the last financial year - the total number of ED presentations?

Mr WEBSTER - Yes.

Ms ARMITAGE - And that can be, if it's easier for you, just the - if you have all the -

Mr BARNETT - We've got those numbers for you. 2023-24 there were 177 639 presentations statewide compared to 173 888 for 2022-23. That is an increase of 2.3 per cent. I will just check with the acting secretary.

Mr WEBSTER - Yes, that's correct.

Mr BARNETT - If you wanted to add to that, but that is the numbers -

Mr WEBSTER - We can split them further, it's possible if you'd like.

Ms ARMITAGE - No, that's fine. I was just wanting an indication to compare it to the other, that's fine. It just gives an indication of how many people are turning up to ED, but it's increasing.

Mr BARNETT - A small increase, yes.

Ms ARMITAGE - Yes.

Mr WEBSTER - As the minister indicated, the category 4 and 5, they make up about 70 000 of those presentations. 4 and 5 are what we could call GP cases.

Ms ARMITAGE - 4 and 5 wouldn't generally be admitted?

Mr WEBSTER - No, so not generally. Through you, minister, 4 and 5 are generally what we would consider a GP could deal with those cases in the community.

Ms ARMITAGE - 1 and 2 might get admitted, maybe 3 is questionable, and 4 and 5 never?

Mr BARNETT - Yes. It gets back to access to a GP or cost of a GP, cost of living, and, of course, Medicare comes into that and whether the doctors are there. Rural and regional, you know, we are decentralised so there is serious challenges there where the federal government has a role to play, and as I would say, a very significant role.

Ms ARMITAGE - Where we thank Dr Jerome Muir Wilson for his Health Hub in Launceston.

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Mr BARNETT - Yes, the Health Hub is definitely making a difference through the Urgent Care Clinic there. I was one of those myself when I had an accident on the squash court and I was able to go to the Urgent Care Clinic rather than the Emergency Department.

Ms ARMITAGE - Absolutely. No, thank you.

Mr BARNETT - And I got very good quality care, for which I am very grateful.

CHAIR - Minister, I am going to -

Mr WEBSTER - The Member for Launceston said 4 and 5 'never'. 4 and 5, some would be admitted.

Ms ARMITAGE - Okay.

Mr WEBSTER - It would depend on, you know, their condition, but it also might be, you know, they may actually be admitted for social reasons. Okay, so, an elderly -

Ms ARMITAGE - All right. Because otherwise there wouldn't necessarily be a GP, then a GP might still have admitted them?

Mr WEBSTER - Well, if they had connection - through you, minister.

Ms ARMITAGE - Mental health?

Mr WEBSTER - If they had connection to a GP they might be supported in the community. But if they have got no connection to a GP, it is a frail person, lives alone, they might end up as what we call a 'social admission'. You can never say that 4s and 5s will never be admitted, because then -

Ms ARMITAGE - They may occasionally.

Mr WEBSTER - They may occasionally.

Ms ARMITAGE - Not like a mental health that - well, it's probably just one little question, Chair.

CHAIR - Well, okay, sure.

Ms ARMITAGE - I can recall being told in the past with regard to - and I know we have the PACER and the new mental health system. Within the north, am I right in understanding that the pilot is starting in the north?

Mr BARNETT - Next year.

Ms ARMITAGE - Next year. Currently, if people turn up to the Launceston General with a mental health issue, they are quite able to walk out and leave, and unfortunately the police tend to have to bring them back again and again. That is the status at the moment, that if they get tired of waiting, they are actually just still waiting in the waiting room and they can actually leave? Next year that will change with the PACER model, as it is called in Hobart?

Mr BARNETT - Yes.

Mr WEBSTER - Through you, minister. If they come to the ED as a voluntary patient, they are free to leave.

Ms ARMITAGE - Well, they are not always voluntary. Sometimes the police drop them off and then go.

Mr WEBSTER - However, if they are brought in under a mental health order there are - they are not free to leave, just walk away from the ED. There are MOUs in place between Police and Health about the transfer of the patient. Now, occasionally one will, you know, leave and need to be brought back. But generally speaking, if they are an involuntary patient, there is a transfer of care from police to the ED to the mental health ward.

Ms ARMITAGE - I must admit I have heard that sometimes the police do bring them to the LGH, and they can't obviously stay and then the person leaves, and they get a call to take that person back again. They are possibly not voluntary, but they are also not on order.

Mr WEBSTER - Yes.

Ms ARMITAGE - This will be taken care of, though? The PACER will be a much better system, obviously.

Mr WEBSTER - Yes.

Mr BARNETT - Well, there's two things here: next year, we will not be calling it the PACER, it will be a new -

Ms ARMITAGE - No. That's a Hobart-based system called PACER.

Mr BARNETT - Yes, that's right. We have the Mental Health Emergency Response on the north-west coast. 75 per cent of those who are seen are not going to the - they are staying in their own home or their own community. They are not going to Emergency, no.

Ms ARMITAGE - They're not going to Northside or somewhere?

Mr BARNETT - But the second thing is for this committee, and particularly the member for Launceston, to be aware that we are progressing positively with our \$80 million mental health precinct adjacent to the LGH in Frankland Street, 52 Frankland Street. We put in a development application just a month or so ago to demolish those buildings and to build our mental health precinct. This will be state of the art mental health services for the north.

Ms ARMITAGE - Whereabouts is that going?

Ms O'CONNOR - Perhaps some members could ask some questions, honourable member for Launceston?

Ms ARMITAGE - Okay.

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Ms O'CONNOR - You're on about your tenth or twelfth question in this area, and others are waiting.

CHAIR - Can we finish this line of questioning, thank you, because we need to move on.

Ms ARMITAGE - No, that's fine.

Mr BARNETT - I think I said \$80 million, it's \$90 million investment for the mental health precinct in Launceston.

CHAIR - Okay. Has the honourable member concluded?

Ms ARMITAGE - I will ask my questions on the floor if it upsets other members if I continue.

Ms O'CONNOR - It's not upset.

Ms ARMITAGE - No that's fine.

Ms O'CONNOR - I have just waited really patiently.

Ms ARMITAGE - That's fine, Chair.

Ms O'CONNOR - And show no sign of being given the call, and I know that the Chair wants to ask a question.

CHAIR - And I am going to ask a question.

Ms O'CONNOR - And you should.

CHAIR - Just in regard to the Royal Hobart Hospital emergency - and I know that the Public Works Committee approved some works because it is estimated that by 2035 there will be a staggering 135,000 presentations to the ED, and it is not fit for purpose. Can I just have an update - because we might never get to capital works - an update of where that extension is at this point in time? I don't visit the Royal Hobart Hospital unless I am on public works, so I don't know.

Mr BARNETT - Thank you very much for the question, and you can get an update. I will be happy to provide one in terms of the emergency department at the Royal Hobart Hospital, and that is progressing positively in terms of that commitment in terms of the expansion. I will ask the acting secretary to fill in the gaps. I have met with the Australian Medical Association (AMA) in recent weeks, and likewise the Department is meeting with the AMA and other key stakeholders. In terms of the design and the look and the feel of that expanded Emergency Department, knowing already there have been -

CHAIR - It has been approved.

Mr BARNETT - Let me just finish if I could and then I will ask the Acting Secretary to fill in the gaps. We have KP Health doing some work on that. They are reporting on those

concept plans to both the Department, of course, and the AMA. We have had very good collaborative discussions. They have been full and frank discussions, and we are getting on with the job. There is funding in the Budget, in this year's budget, for that. I will ask the acting secretary to outline any further detail in addition to that answer.

Mr WEBSTER - Thanks, minister, and through you, of course - and the minister has already mentioned this in an earlier answer - the number of treatment points at the Royal Hobart Hospital, because of the already expanding numbers visiting the Royal, has moved from 57 to 82, and the new beds or the new treatment points, sorry, in the ED were opened in February 2023. In this year's state Budget, the staffing for doctors and nurses to staff at 82 treatment points is in this year's state Budget, which I think the minister outlined earlier. The next step -

CHAIR - So is this in train?

Mr WEBSTER - Yes, I was going to say.

CHAIR - Thank you.

Mr WEBSTER - The first step was 28 additional treatment points, which we have already put in place. Now, we need to do some decanting to make space to do the next stage. We are in the design phase of that next step. Because part of that design phase - we have two reports. One that says we need to get to 118 treatment points. If we do nothing, that is where we need to be. If we are not doing any hospital avoidance, et cetera, and then we have another report that says if you do a range of hospital avoidance things, you can probably build one which is 94.

What we have asked KP Health to do is work with our clinicians and our design team to say, 'Okay, it's probably somewhere between 94 and 118. How many exact treatment points do we need in that design'. We are in the design phase for the next set of beds, but the first thing that will have to happen is we have to actually move things around within the Royal to actually make the space for the next part of the build.

CHAIR - I need to be really clear in my understanding. The Public Works Committee were told that this approval of this particular stage, department expansion for the emergency, at a cost of \$149 million back in November of last year, would provide 121 treatment points.

Mr WEBSTER - Yes, that's right. Through you, minister, that's right. Which was in excess of what was required: 118. What we now have is the second report saying, given all these other things you are doing, it is possible you don't need that number'. So what we've asked for is working towards - going forward, making sure our design is exactly what we need. We need to reconcile what it is that we need to have in there. Is it the 121 or is it the 94? As I said, our clinicians and us probably think it's somewhere between those two figures, but we're doing that as part of the design phase.

CHAIR - Has work started on this particular reference?

Mr WEBSTER - Yes, but it's early stages, because the first thing that has to happen is decant. I'll explain that. The extra numbers that we put in, the extra 28, we keep those open. We move short stay up to 3J for a period of time, and that allows us to then use the short stay that we built as part of the treatment points for people coming in off the street while we

refurbish the next bit, and we're working our way through the space like that. So we can't just stop operating. We've got to actually go through this really convoluted move and re-move and back and forth process. The incredibly important thing is we're designing a unit that is \$130 million and has all the treatment points that we need.

CHAIR - So this projected timeframe that was also provided, targeted construction start mid-2024 won't be met?

Mr WEBSTER - We have had some construction, but not a great deal. We're probably not on that timeline, but my infrastructure team are pretty confident we can still achieve most of this.

CHAIR - So the targeted practical completion of construction by the end of 2026, by the time you go through all this new assessment process, will not meet what was approved by the Public Works Committee?

Mr WEBSTER - Through the minister, we would expect to be close to that date. What we're trying to do is keep to the date but make sure we've got all the planning done in advance so that we know exactly what we're doing at each stage, with the added complication of needing to decant, which means we need to improve some spaces that we probably won't be using in the final build and things like that. This is an incredibly complex project to run an ED whilst we're building it.

CHAIR - Interesting. Because members of parliament who sit on this committee do this work alongside their other commitments, and they take their work really seriously. If I hear that things are not as they were presented, it causes concern. We don't get to look at it, but the Public Accounts Committee does. So thank you. That's a watching space.

Ms O'CONNOR - Thank you, Madam Chair. It's a follow-up question to your question relating to the scoped down plans for the Royal Hobart Hospital emergency department. Was the decision made to shrink the plan based on funding?

Mr WEBSTER - Through you, minister, the short answer to that is no. The budget has always been \$130 million. The Public Works submission actually says that it's an early projection that had inflated contingencies and we would need to value-manage it back to the budget. It's in that document. We're not downsizing it. We want to get the right size. The submission says -

Ms O'CONNOR - For what timeframe though?

Mr WEBSTER - Well, the original timeframe was we need the right number of treatment points out to 2035, and so we need to get the right number for 2035. As I said, the Public Works document said 121, the original KP Health said 118, the doctors said 114, then we get a second report at 94. So part of the planning we're doing is, how many do we actually need.

Ms O'CONNOR - Thank you, Mr Webster. We've heard from the Australian Medical Association, HACSU, the Australian Nursing and Midwifery Federation, all of whom are really disappointed in what they understand to be the new scope of the refurbishment of the Royal's emergency department. They say it will have really long-term consequences for the state.

Minister, where was this decision made to scope down, to some extent clearly, the rebuild of the ED of the Royal? Was that your decision?

Mr BARNETT - I'll take the first part of that as an answer and say the budget, I think it originally started it at about \$30-odd million and then it's ended up being the \$130 million. What is important is that we get a facility that does the job for Tasmanians in the south of the state both now and into the future. You've made reference to 2035, as has the acting secretary. We need to act on expert advice. We've had expert advice from a range of sources and the department's responded to that advice.

From my point of view, I have met with and had feedback from other stakeholders including the AMA. I appreciate their feedback and collaboration. I have asked my department to collaborate with the AMA and other relevant stakeholders, and my expectation is that that will occur but it must be based on expert advice and fully informed, and we'll then respond accordingly. We want it fit for purpose now and into the future. That's my ambition as the Health minister. I'll leave it there and ask the acting secretary to add to that, if need be.

Ms O'CONNOR - I'm not sure it necessarily needs adding to.

Mr WEBSTER - Probably just to add to budget figures, which is that this was originally scoped as under \$30 million. It was then \$50 million, was then \$82 million, and the budget now sits at \$130 million. I'm committed that we need to deliver value for money and deliver it at \$130 million.

CHAIR - Are we talking about phase 2 of the development or not?

Mr WEBSTER - That's right, yes.

Mr BARNETT - Stage 2.

CHAIR - It was presented as \$149 million. I'm totally confused.

Ms O'CONNOR - Well, this is the thing that we're trying to get to the bottom of. Good on you, Chair. \$149 million, now \$130 million. We've got staff who work at the Royal Hobart Hospital who are pretty gutted, and especially when they have a look at the kind of money your government wants to throw around on a stadium, minister. I know it's hard being Health minister. It's possibly the most difficult job in Cabinet, minister. But you must have had a role in deciding to shrink the redevelopment of the emergency department. What do you have to say to staff who work there who feel - and ED management who say the design isn't fit for purpose to meet our current needs, let alone our future needs?

Mr BARNETT - My commitment is to a better health system and to build a better health system. We have committed \$88 million for the doctors and the nurses. We have just successfully completed a recruitment campaign for the RHH ED alone: 44 doctors, 25 nurses. This is good news. We are committed to the ED. We're committed to the services at the ED now and into the future. The acting secretary's referred to the \$30 million to \$50 million to more than \$80 million. It's \$130 million in the Budget. Notwithstanding that, I have met with the President of the AMA, I've met with the CEO of the AMA - with my department and indeed without my department, just directly, - and my expectation is one where they will work

collaboratively and my department will work collaboratively with the experts including and specifically KP Health, who's very highly regarded on this sort of work.

We have a mutual agreement to collaborate, to keep working on that, to go away, to take that advice, get the feedback, and the department will feed that back. I'm sure the AMA will respond to me accordingly. I look forward to that. We are working productively, cooperatively and collaboratively, and we're working through these issues. Of course they're challenging, but the expectation is to meet the needs now and into the future.

Ms O'CONNOR - Can I just ask a final question on this line of questioning, minister. You've said you met with the AMA and you want them to be part of the ongoing conversation. What about representatives for the workers, HACSU, the ANMF? Will they be part of this ongoing conversation, and will you meet with them?

Mr BARNETT - Absolutely. I meet with them regularly. I met with the ANMF last week. We had a roundtable. I think it was Friday in the morning. I meet with them regularly on a whole range of issues. I enjoy meeting with them. We agree to disagree on a few things from time to time, but we're all on the same page: Team Tasmania, build a better health system.

I want to make it very clear. We've got \$650 million in this budget paper. \$650 million over the forward Estimates, which is a significant investment across our public hospitals, and I'm pleased and proud of that commitment. Absolutely stoked as a Health minister to get that funding commitment from the Treasurer and the Premier and the Cabinet. We will deliver that and we're going to put more on the frontline than ever before. This time next year we'll be sitting here talking about how many extras we've had on the frontline. So you've got an absolutely bonza increase in health infrastructure commitment. I won't comment on other parties -

Mr EDMUNDS - I was going to say, be careful using Bonza as well. They kind of -

Mr BARNETT - Well, fair point. We're on a recruitment blitz. It's working. We're delivering. We're going to have a capital infrastructure investment blitz over the next four years and beyond. \$650 million. It's in the budget and we're getting on with the job and we expect the federal government to support us in our ambition.

CHAIR - Thank you. Any other questions around emergency department services? If not, we'll move to community health services.

2.4 Community Health Services -

Ms WEBB - Thank you. You covered one of my questions earlier actually, which would've related to indexation which might've featured in this line item. I apologise for the fact that we did that out of sequence, and funding periods. I appreciate that.

Would this be an appropriate line item to ask questions about the election commitments that relate to the commission of inquiry that - perhaps not the mental health-related ones which we could cover in the next one, but for example the child safety and wellbeing service, or the mental and physical care for children in detention? Some of those sorts of ones.

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CHAIR - I'd suggest not, honourable member, when you have a look at the table: district hospitals, community nursing, residential aid.

Ms WEBB - That's fine. All those announcements for services relating to commission of inquiry. We should have dealt with them in 1.1, are you saying?

Mr WEBSTER - Well, yes.

Ms WEBB - Okay. Even if they relate to, say mental health services and things like that.

Mr WEBSTER - Except for the mental health one.

Ms WEBB - So we can do the mental health ones in the next line item. That's fine. I'll come to those. Let me pick up on another topic then. No, I didn't have questions on performance indicators.

CHAIR - Okay.

Ms WEBB - So it was mostly, my understanding is community health services can relate to a whole range of areas including community health centres, child health centres, parenting centres, and dental clinics. All those sorts of areas are in this line item. Correct? I imagine there might be other members who'd like to ask about various district hospitals and things like that that are in their patches. Perhaps I can just ask around the boost to oral health services as one area covered in this space.

CHAIR - Certainly is.

Ms WEBB - Yes, and in terms of that I'm wondering are you expecting that to have an impact on the presentation in hospitals of matters relating to poor oral health? At the moment, do we keep track of how many admissions to hospital are connected to unaddressed poor oral health, and is that a measure that we're going to use to judge the success and investment into community oral health services?

Mr BARNETT - Thank you for that. In terms of oral health services, the budget includes \$2 million a year for two years for another 20,000 dental appointments for the community, and that's part of our 2030 Strong Plan. You would have seen as well that the waiting lists have been cut by more than 4000 since the pre-pandemic levels of 2021. We've got \$6.5 million in the budget since 2020 for delivering the 25,000 dental appointments to the community. So we're making progress.

I should also add the Royal Flying Doctor Service, as I indicated earlier, in terms of oral health, is expanding their services from St Helens right down to Nubeena and I'm very pleased about that. That was a recent announcement, and we've brought that forward by 12 months. So acting secretary, do you want to add to that answer?

Mr WEBSTER - Through you, minister. It's not one of our current indicators to measure our success in oral health by lack of admissions. We do measure it against reducing the number of urgents, reducing number of dentures, et cetera, but not admissions. I do note that we do oral health surgery through the THS hospitals as well as through a conscious sedation program at oral health itself. So there'd be some admissions that aren't going to the hospitals.

Ms WEBB - The admissions I was talking about were for the consequences of poor oral health that aren't necessarily just the oral health themselves. Do we track oral health-related admissions in other areas, so we know - no we don't do that.

Mr WEBSTER - No. We don't do that.

Mr BARNETT - I'm sure you're aware of our anti-smoking measures and our vaping reforms on the agenda which will assist in terms of oral health.

Ms WEBB - Sure. Is that this line-item also? I'm more interested in the next line item, then, in the sense that I'd prefer to have a number of questions there. I'll open this up to other members.

Mr EDMUNDS - Just a quick one from me. I believe in 2023 the acting statewide director of the CHaP service completed a review of the care of women and children in Tasmania but that it has not been made public. Are there plans to make that public, do we know?

Mr BARNETT - I'm personally not aware of that report. Can you provide more detail?

Mr EDMUNDS - Was there a review of the care of women and children in Tasmania conducted by CHaPs?

Mr BARNETT - Care of women and children is a very big topic.

Mr WEBSTER - Not that I'm aware. I'm not aware of it. No.

Mr EDMUNDS - Not aware of it? Okay. No worries. You can't answer something you're not aware of. Maybe I'm asking about something that doesn't exist.

Mr BARNETT - You're not aware of it?

Mr WEBSTER - Through you, minister. It was my division and I'm not aware of it through there either.

Mr EDMUNDS - We'll write to you if it does exist. How about that?

Mr WEBSTER - Yes, please feel free.

2.5 Statewide and Mental Health Services

Ms WEBB - Thank you. I would like to ask about a few of the things, then, that are relating to mental health in the commission of inquiry related commitments. Particularly the specialist mental health services and out of home care, which states that it's to be a comprehensive response for out-of-home care services for those at risk of entering those services to provide tailored specialist trauma-informed therapeutic interventions for kids who experience multiple, intensive, persistent emotional, behaviour difficulties and significant functional impairment - which sounds great because that's certainly something that's needed in that space. Is this a new service, or does it add to an existing service? That is my first question on it.

Mr BARNETT - Just to clarify, are we talking in the context of COI or just -

Ms WEBB - It's listed here under the heading of commission of inquiry. It's one of the various commitments listed - specialist mental health services in out of home care.

Mr BARNETT - The acting secretary might be able to assist hopefully.

Mr WEBSTER - Through you, minister. While we're looking at it from a different lens is that this was a new service that came from our reform program that we commenced in 2021. Prior to 2021 out-of-home care was actually outside of the model of care of CAMS. We didn't do anything in the out-of-home care space. From 2021 onwards, we've been developing a model, and in fact started to deliver services to out of home care from, I think, the beginning of 2022.

Our now Child Youth Mental Health Services, because we've changed the name to CYMS a few weeks ago, is responding to the changes to out of home care that will occur because of the rest of the commission of inquiry report. It will do a review of the model of care that's already put in place to match with all the other reforms that are going off with out of home care. You'll see, so there's some model of care money to build on our existing service, and then from next year, additional funding to put in additional clinicians to match with the changes that are happening in DECYP over that period. There's original money that started in 2022 and then more money from next year.

Ms WEBB - Looking at the allocation, then, the \$298,000 in the 2024-25 current financial year is the existing service, and then does it bump up - because it bumps up significantly from that point onwards across the forward Estimates to \$2.9 million, then \$4.1 million, \$4.2 million. Is that the new service that is that additional allocation?

Mr WEBSTER - Through the minister, we're already spending money in this space. The \$298,000 is the project team to redevelop the model of care.

Ms WEBB - Right.

Mr WEBSTER - And then the new model of care starts on 1 July next year, and that's why it bumps up in dollars.

Ms WEBB - Okay. At the present time, given that there is a service there in this space, how do children access that service? How are they identified to be provided with a service?

Mr WEBSTER - Through you, minister. It's a referral from DECYP or one of the other providers connected to out of home care to CYMS and then CYMS has specific clinicians that are allocated to the out of home care program.

Ms WEBB - How many children are being serviced through that system at the moment? Is it statewide is another question I'm going to ask you.

Mr WEBSTER - Through the minister, it's statewide, and I'm not sure we've got a split out of just out of home care numbers. I emphasise that it will change, and that's what this year is about. The commission of inquiry recommended a number of changes to out of home care.

Ms WEBB - I'm very familiar with that, yes.

Mr WEBSTER - Yes. We're mindful that our model of care is mapped to the old system, so we need to map to the new system and that's what this year is about.

Ms WEBB - Sure. Are you able to give me a figure for children in out of home care who currently access these services. I am particularly interested - I suspect that most carers in out of home care have no idea that this service exists, and that the children who are desperately in need of such a service aren't accessing it.

Mr WEBSTER - I can't give you a number, through the minister. I emphasise that we started from zero and it's been building over the last two to three years, and this will build it even further. The intent of this reform is to have access to a level of care depending on need of every child in out of home care.

Ms WEBB - Why can't you give me a number at the moment? Do you not collect the data?

Mr WEBSTER - It is just that we haven't got it to that level of granularity to say these are the out of home care kids versus the child and family learning centre kids versus the others.

Ms WEBB - You could access that data through your system. As in, you collect that data but you just don't have it here to report. Is that correct?

Mr WEBSTER - Through the minister. I am not sure that we collect it to that level. It is not here and we can look for it.

Ms WEBB - Presumably, the idea is to offer the service to all children who need it in the out of home care system, which sounds wonderful. We'll probably all believe it when we see it just because there's a level of scepticism about how well services are delivered to children in that system. It's not a reflection just on this area. Presumably, if your intention is to do that, you will then be collecting data on the out of home care, kids coming from the out of home care system who are accessing it. Correct?

Mr WEBSTER - Through the minister. I'm not saying we're not collecting it already. It's just that we don't have it with us.

Ms WEBB - Okay.

Mr WEBSTER - I need to go back. I can't guarantee we're collecting it. I'm just saying I'll have to ask the question.

Ms WEBB - Okay. Can I ask about one other one before we move on? I'm happy to share it around. Similar, and it is the mental and physical care for children in detention. Again, is this something that is a new model that's being looked at to roll out, or is it building on something that's already existing?

Mr WEBSTER - Through you, minister. This is already delivered through our correctional primary health service as an outsource service to Ashley Youth Detention Centre.

The increase here is to increase the level of services at Ashley, and then as you'll see across the forward Estimates, to increase services to match, given that the commission of inquiry is saying that services should be delivered in more than one centre going forward.

Ms WEBB - Basically, as we transition to the new model at some point with the various new facilities, this allocation is what's anticipated as being necessary to deliver this service across a new model of youth justice.

Mr WEBSTER - Through you, minister. Yes.

Ms WEBB - What specifically does it fund currently?

Mr WEBSTER - Through you, minister. The physical health checks that are done on everyone entering Ashley as well as a mental health check, and we'll increase the amount or the level of those checks - and that's why there's the funding this year, and that'll increase as we go forward with the additional centres.

Ms WEBB - Is it a check on admission, or is it ongoing care where needed?

Mr WEBSTER - Through you, minister. Both. Sorry. The increases do ensure that we're following the commission of inquiry recommendation that we do a full assessment on admission, but actually have a service in place that's at Ashley ongoing already.

Ms WEBB - Thank you. I'm happy to come back if we have time.

CHAIR - Thank you. I'm not sure that we will be coming back.

Ms WEBB - That's totally fine.

Mr BARNETT - Can I say that my understanding, to assist the committee, is that it's the commission of inquiry recommendation which we're following up on and the CAMHS review report and recommendation. We have combined those to deliver the service as outlined by the acting secretary.

2.6 Ambulance Services

CHAIR - Obviously, that's another really important area. Can I have an understanding of how many ambulance bays there will be available at the Royal Hobart Hospital? Welcome.

Mr BARNETT - I welcome Jordan Emery, chief executive officer of Ambulance Tasmania.

CHAIR - You have been very patient, Jordan.

Mr BARNETT - He is a very patient person, yes.

Mr EMERY - Thank you, minister.

Mr BARNETT - So not sure if you wanted just to repeat that for the chief executive.

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CHAIR - I'm just interested in the number of ambulance bays that are available at the Royal Hobart Hospital, and -

Mr EMERY - Are you saying now or into the future?

CHAIR - Now and into the future. It was a key part of the redevelopment of the ED department was ambulance bays.

Mr EMERY - Thank you, Ms Rattray, and through you, minister. At present, we can park up to eight ambulances in the bay at Royal Hobart Hospital, but we do have some additional overflow parking on Argyle Street where we can park vehicles.

I'll have to look into the redevelopment plans at different stages. There are some increases in bays and a relocation of some of the bays at various different parts of that redevelopment work, as the acting secretary spoke earlier, because of the phased approach. Those bays move at different points, but we've worked very closely with Royal Hobart Hospital and the redevelopment team to ensure that priority of ambulance access remains so that we can bring time critical patients into the emergency department as quickly as possible.

CHAIR - My understanding is that there needs to be some negotiation as well with the Hobart City Council around access - forgive me for not knowing what street it is, but where you actually enter down. I'm interested in that, minister, as well. Are those negotiations on foot?

Mr WEBSTER - Through you, minister, yes. Most of this applies to our decant process. The main entrance to the ED for part of the decant will move from Liverpool Street to Argyle Street, and therefore, we'll need to move our main entrance for our ambulances around the corner, and therefore will need different access in and out of the hospital. All of that is part of the planning process that we're in at the moment to talk to the Royal Hobart - to talk to the Hobart City Council -

CHAIR - Hobart City Council.

Mr WEBSTER - - in relation to the Royal Hobart is accessible.

CHAIR - I was making sure that those discussions were still on foot. My other question is around the satisfaction with ambulance services. I note in the notes that it says that current up-to-date figures won't be available until October. Well, it's almost October, so I'm interested in whether there's any improvement on the satisfaction with ambulance services of the 97 per cent, which was indicated in last year. How many people are surveyed to get that 97 per cent? It could have been 10.

Mr BARNETT - Thank you, Chair. Let's pass to the CEO.

Mr EMERY - Thank you, minister, and thank you, Chair. We are in the process of finalising that survey. We send out several thousand.

CHAIR - Good. I am pleased it is more than 10.

Mr EMERY - We send out several thousand pieces of correspondence to people who have received care. Madam Chair, I am very lucky to lead an incredible group of people here in Ambulance Tasmania, and we have consistently received patient satisfaction surveys around the 97 per cent. I am optimistic that we can continue to work to improve ambulance services. I expect we will have the results forthcoming to understand patient satisfaction results for the previous survey period. It is several thousand respondents.

CHAIR - Right. There isn't any actual response times in the table on page 117 for rural areas. I am interested in whether that is separate data that you collect, or is that not available? I doubt that many of my communities would receive an ambulance within 14.5 minutes. I am interested in whether there is some other information that is available, even at a later time.

Mr BARNETT - Thank you, Chair. CEO?

Mr EMERY - Through you, minister. Thank you, Chair. We do capture median response time data across the various different regions of the state, and we can provide additional data as it relates to what we describe as primary response areas. If I look at the data as it relates to the statewide median emergency response time it is 14.9 minutes. In Hobart that is 15.2. In Launceston that is 12.9 minutes. In Devonport and Burnie, respectively, it is 10.4 minutes. We can provide more granular data subject to further analysis.

CHAIR - If that is possible, and I certainly do not need it today or - but if - an exercise for somebody once they have got over the Estimates process, because probably people need a day off or two. It would be interesting to know more of the more outlying ambulance stations and what their average wait time is. I know in a couple of my communities it can be a couple of hours for various reasons.

Mr BARNETT - I am sure we could assist the committee. I will double-check that with the CEO.

CHAIR - Yes. Okay, thank you.

Ms ARMITAGE - Thank you, Chair. I note in the media last week, and I am sure you are quite aware of it, that it was felt by the unions and some members that ambulances should be replaced at 210 000 kilometres as opposed to 250 000 kilometres, saying it is very hard to be confident in the vehicles and provide an adequate service when every second shift you are going to expect that something is going to be broken on your vehicle. Now, is that realistic? Are things breaking on these vehicles, are they having these problems? Whether it be 210 000 or whether it be 250 000, are officers actually going to the vehicles and finding that there are problems?

Mr BARNETT - Thanks very much. Through you, Chair, I met with HACSU at one of my roundtables many weeks ago. This question was put. I did advise that I would get back to them. I did make contact with the CEO of Ambulance Tasmania. He provided a high-level response, but to assist the committee it would be really good if the CEO could provide an answer to that question.

Mr EMERY - Minister, through you, Ambulance Tasmania has 111 Mercedes-Benz Sprinter ambulances. Up until 30 June 2024, they travelled some 4.7 million kilometres across the state. They are an incredibly busy and highly reliable vehicle used across ambulance

services throughout Australia and New Zealand. In 2022, Ambulance Tasmania embarked on a process where all Mercedes-Benz Sprinters that undertake emergency work are part of a five-year warranty, or 250 000 kilometres. That said, we go through a fairly extensive servicing schedule with those vehicles, including vehicles commissioned since 2022 being serviced every 20 000 kilometres, which is twice the frequency of the recommended service interval under the manufacturer's 250 000 kilometre service and warranty plan. For ambulance vehicles commissioned prior to 2022, they are serviced every 15 000 kilometres, which is twice the frequency of the vehicle manufacturer's recommendation.

As the minister advised just now, the Health and Community Services Union has raised some concerns about our fleet. I wrote to the Health and Community Services Union on Wednesday 18 September, last week, to address our current approach to fleet management. I subsequently met with them on Thursday the 18th, and am meeting with them again on Thursday the 26th to talk through their concerns. Of paramount importance to me, and of course the minister and the acting secretary, is that we have an ambulance fleet that is fully equipped to respond to the whole gamut of emergencies that our paramedics and volunteers attend to every day.

CHAIR - Okay, thank you.

Ms O'CONNOR - Minister, I want to ask you about a coronial report into the tragic death of Ambulance Tasmania paramedic Damian Crump at the age of 36 in 2016. The coroner's findings were handed down in the middle of last year. There were 13 recommendations in all. Are you able to tell the committee how many of those have been accepted by government, and if any weren't accepted, can you tell us which ones? Of those that were accepted, how many have been completed and which ones? How many have work underway.

Mr BARNETT - Thank you very much. Of course, I again express my sadness and condolences to the Crump family. In terms of the detail with respect to the report and recommendations from the coroner, I pass to the CEO to respond.

Mr EMERY - Thank you, minister, and through you, I too acknowledge the tragic death of Damian Crump, a paramedic and colleague of a number of Ambulance Tasmania employees. The coroner did in fact hand down their findings as you said, Ms O'Connor, in July of last year. We have undertaken a significant body of work in the lead-up to that time, as well as ongoing, to address a number of those recommendations.

In particular, there was a significant number of recommendations about span of control, and you would be aware that in February 2023, the government committed to the permanent funding of 97 COVID positions which allowed us to improve our managerial support, something that had not been present overnight hours in 2016 when Mr Crump tragically took his life. Similarly, we have done an enormous amount of work with the Department of Police, Fire and Emergency Management through our shared Wellbeing Support Program.

Last year alone, we provided 144 episodes of support to our paramedics and volunteers who were providing this service. We really think that is a testament to the improvement in mental health literacy, the willingness to engage in mental health services that we need to provide to our people, who so regularly spend their time caring for others. There is work to

continue to do as it relates to mandatory drug and alcohol testing, and there is work to do as it relates to the coroner's recommendations about mandatory psychological assessments.

Whilst I acknowledge with great respect the findings of the coroner, there is some conflicting evidence about the appropriateness of mandating psychological assessments and the negative impact that can have on individuals. What we have sought to do is work very closely with the Council of Ambulance Authorities, the peak body representing all jurisdictional ambulance services, to explore ways we might be able to implement random drug and alcohol testing and to explore other mental health support that we might not currently capture through our wellbeing support program.

Ms O'CONNOR - Thank you so much for that answer. In terms of the 13 recommendations - and this is sort of a numbers question - how many were accepted, how many have been completed, and how many are a work in progress? Is that something that you want to put on notice?

Mr BARNETT - No, please, CEO?

Mr EMERY - Thank you, minister. I would have to look at the 13 recommendations, Ms O'Connor, if I could. Certainly a significant amount of the recommendations were around our medication governance.

Ms O'CONNOR - This is what I want to talk to you about.

Mr EMERY - In 2022, as the executive director of operations, I led a significant infrastructure reform program to roll out brand new medication safes in every single ambulance station where scheduled medications are held. Those medication safes require every paramedic to individually login. Similarly, we rolled out 24/7 closed circuit television cameras on every single medication safe in our state. Furthermore, just last year, we rolled out the Ambulance Tasmania Online Medication System, which replaced paper-based medication records which were notoriously difficult to audit, especially across 57 ambulance stations. The online auditing system significantly improves our capacity to audit medication use. I should say the emphasis, the guiding light, for me around this work is not around prevention of diversion, though that is clearly important. It's about keeping our ambos safe who work in very challenging circumstances.

Ms O'CONNOR - Thank you, Mr Emery. Can I just ask, following on from all of that work that you talked about then, which sounds positive, how many paramedics have received training related to their obligations relating to management, storage, safekeeping, handling and accountability of drugs held by Ambulance Tasmania? Is it an ongoing process of training Ambulance Tasmania staff? Through you, minister.

Mr BARNETT - Thank you very much.

Mr EMERY - Through you, minister, yes. Certainly as we rolled out the Ambulance Tasmania online medication system it was an opportunity for us to significantly reinforce the legislative obligations around the *Poisons Act* and the storage of medication. We've also been able to work through some of the challenges that existed with a volunteer workforce that aren't necessarily prescribed but often in rural and remote locations that second or countersignature of a medication administration is important. We'll continue to reinforce and support our staff

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in terms of their recording obligations as it relates to scheduled or restricted medications. It's incredibly important for the safety of our people and for safe and quality patient care.

Ms O'CONNOR - Thank you.

CHAIR - Okay. Thank you.

We have a couple of questions from the honourable member for Pembroke around capital works that we want to get on the record, and we won't expect an answer. If we don't ask them we aren't able to ask them later. Thank you, Mr Edmunds.

Capital Investment

Mr EDMUNDS - For the purposes of putting on notice, what is the status of the LGH Masterplan and when will it be released?

Mr BARNETT - Sorry?

Mr EDMUNDS - The Launceston, yes.

Mr WEBSTER - LGH Masterplan has been released.

Mr EDMUNDS - Following the Calvary pulling out, there's a new one? That's right?

Mr WEBSTER - Through you, minister. So the Calvary co-location will see some possible changes to our - you know, going forward.

Mr EDMUNDS - Yes.

Mr WEBSTER - But the master plan is out there about what we want to do for the future.

Mr EDMUNDS - Okay. Well, let's see how this one goes: what's the status of the new info system, the Human Resources Information System rollout?

Mr BARNETT - That's a pretty big question. I know the acting secretary is chomping at the bit to jump in on that one.

Mr WEBSTER - Through you, minister, there is additional funding to complete this project in this year's state Budget, as you will see. This is a - HRIS, as it's currently being called, is a whole-of-government solution.

Mr EDMUNDS - Yes.

Mr WEBSTER - Health will go first, and we are on - the project plan at the moment has us switching on first quarter of 2025-26.

Mr EDMUNDS - Yes.

Mr WEBSTER - And thank God.

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CHAIR - Thank you. We still have four minutes to go. Are there any more Ambulance Service questions? We didn't want to miss that opportunity.

Mr BARNETT - Sorry, we've got another answer to your question earlier, if you'd like that.

Mr WEBSTER - Double shifts.

CHAIR - No, I'd like that. On double shifts?

Mr EDMUNDS - That is, yes, if you - well, it's been put on -

Mr BARNETT - Yes. We've got the answer here.

Mr WEBSTER - Okay. Through you, minister. This is financial year. North-west to 30 June, 1571 double shifts. 2023-24 in the north, 5281 double shifts. These are nursing shifts. 2023-24 in the south, 4813. Statewide there is 11,665.

CHAIR - Thank you. Capital works question, thank you.

Ms ARMITAGE - I believe we have three minutes left. Following on from the member for Pembroke, with regard to the demolished Anne O'Byrne site, which I believe is going to be a car park while the stages of the LGH - so is there an update on any proposal for a co-located private hospital, or how is that situation progressing? Is it simply that we're going to have to wait until the car park is no longer needed and then we'll look, or are we looking now? What is the current situation with regard to that.

Mr BARNETT - Thank you very much. We can give you an update in the moments left. As you would see every day when you drive up and down Howick Street -

Ms ARMITAGE - I do.

Mr BARNETT - that work is well underway, and congratulations on that work. It's best for the acting secretary to speak to the car parking arrangements on that, if you could, and related, yes.

Mr WEBSTER - Through you, minister. Before we can do any more development at the LGH we need to increase the size of car parking. So Anne O'Byrne not going ahead with Calvary presents us with the opportunity to temporarily make that a car park, and I emphasise 'temporarily'. It will be replaced as a priority by a multi-storey car park across the road on the corner of Charles and Howick, and that will then present an opportunity for us to repurpose the Anne O'Byrne site.

Our clinic services profile going forward says that we have a need for subacute particularly at the LGH, so that's - and through the master planning, that's the most likely use of that site. That will be subject to all the things such as budget submissions, but also reconfirming our clinical services profile to make sure particularly with us switching on 20 beds at the health hub.

Ms ARMITAGE - And finding another partner for the other -

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Mr WEBSTER - This is separate to that.

Ms ARMITAGE - Yes, but for the Anne O'Byrne Centre.

Mr WEBSTER - But separately, obviously.

Ms ARMITAGE - Yes.

Mr WEBSTER - We would look at who is the partner, what partnership is there. We're really keen to work with existing operators, so we'll go forward from there.

Ms ARMITAGE - Thank you.

CHAIR - Minister, we have to make an apology to those who put together any of your briefs around Public Health Services. We have expended our time today and we don't have the opportunity to ask. All members have an opportunity to put questions into the system without notice or with notice, so we'll use that opportunity at a later time.

On behalf of the committee, we would sincerely like to thank you as minister and all those people that you've had assist you not only today but in preparing for today and your next day, because we know this is only day one for you. We thank you all for your time and we shall adjourn for today.

CHAIR - So thank you very much.

Mr BARNETT - Thank you, Chair, and I concur with your remarks.

CHAIR - Thank you.

The Committee adjourned at 7.33 p.m.