



# **PARLIAMENT OF TASMANIA**

## **TRANSCRIPT**

### **HOUSE OF ASSEMBLY**

### **ESTIMATES COMMITTEE B**

Hon. Guy Barnett MP

**Tuesday 24 September 2024**

### **MEMBERS**

Mr Simon Behrakis MP (Chair)  
Ms Ella Haddad MP (Deputy Chair)  
Mr Vica Bayley MP  
Ms Kristie Johnston MP

### **OTHER PARTICIPATING MEMBERS**

Ms Jen Butler MP  
Mr Rob Fairs MP  
Mr Craig Garland MP  
Ms Helen Burnet MP  
Mr David O'Byrne MP  
Dr Rosalie Woodruff MP  
Ms Rebecca White MP  
Mrs Rebekah Pentland MP



**IN ATTENDANCE**

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**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

**Pauline van Adrichem**

Deputy Secretary, Justice and Reform, Department of Justice

**Julia Hickey**

Acting CEO, Integrity Commission

**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 8.31 a.m**

## **DIVISION 5**

(Department of Justice)

**CHAIR** (Mr Behrakis) - I welcome the Attorney-General and other witnesses to the committee. I invite the Attorney-General to introduce persons at the table from left to right, including names and positions, for the benefit of Hansard.

**Mr BARNETT** - Thanks very much, Chair. It's a pleasure to be here today with your committee. I look forward to the day ahead. I'm very pleased to introduce Kristy Bourne, my Acting Secretary of the Department of Justice, and the Deputy Secretary, Pauline van Adrichem. I am pleased to let you know also, we have other members of the department here that support the committee, as appropriate, when required.

**CHAIR** - The time scheduled for the Estimates of the Attorney-General and Minister for Justice is 2.5 hours. The resolution of the House provides for a minister to provide additional information to a committee either later that day or in writing as an answer to a question taken on notice. To submit a question on notice, the member must first ask that question to the minister, and the minister must indicate they will take it on notice. The member must then put the question in writing and hand it to the committee secretary so it can be included in correspondence for the minister to answer.

I remind you that the microphones are sensitive, so I ask you to be mindful of Hansard and be careful when moving your folders, documents and water glasses around the table. Also, it is difficult for Hansard to differentiate when people are talking over each other, so I ask that members speak one at a time to assist with this.

My intention is to hopefully follow how the proceedings went yesterday. It seemed to work quite well. There are only two members here currently, but I imagine they'll fill up and we'll just go around that to keep that proportion to three Labor, two Greens, two Independents, and we will go around that -

**Dr Woodruff** - I am fine if it stays as it is.

**CHAIR** - I'm sure. With that, would the Attorney-General like to make an opening statement.

**Mr BARNETT** - Thanks very much, Chair. I am very pleased to be here and to be back in the 2024-25 State Budget. It contains a range of additional funding measures for the Department of Justice, much of which is focused on progressing the government's response to the commission of inquiry. Across the department, \$42.8 million has been allocated to a wide range of important initiatives for my portfolio, Attorney-General and Justice, recognising the Tasmanian justice system is a critically important institution for our thriving democracy.

This includes the Just Healthy Families program - it's 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. We recognise that there's been increase in demand for services

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delivered by the Victims Support Service, particularly as a result of the government's various initiatives to address family and sexual violence. That is why we're increasing resources with \$2.8 million over four years being made available for the Victims of Crime Counselling Service. We're also increasing the resourcing - an additional \$1.2 million over four years - for our Victims of Crime Assistance Scheme and enable engagement of additional sessional commissioners to make compensation decisions.

We know that following the commission of inquiry, there's been an increased demand for support services, and this additional funding will ensure recommendations of the commission of inquiry will be met.

- \$1.4 million over years to continue the rollout of the audiovisual 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 to 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 COI recommendations and
- \$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.
- \$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 per annum for our magistrates courts to assist them in the court backlog and ensure they can manage the ongoing case complexity.

Certainly, that funding across the Attorney-General and Justice portfolios provides further evidence of our government's commitment to ensuring the efficient and effective operation of our justice system.

In conclusion, the range of initiatives I've 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. I thank the Chair, and I thank the committee.

**Dr WOODRUFF** - Attorney-General, we can all agree that access to justice is critical for justice to be done fairly and in the manner in which we want the justice system to perform. The Commonwealth Budget has recently allocated \$44.1 million, an announcement by the Treasurer, to provide an immediate funding boost to the legal assistance sector. Can you tell me how much of that \$44.1 million is coming to us, and when the payments will flow?

**Mr BARNETT** - Thank you very much. It's a really good question and it's at the forefront of my mind, and the mind of my department and the government, because we want our fair share in Tasmania. You are right, that agreement has been announced at a federal level, but in terms of the rollout to Tasmania and the various jurisdictions, that's to be worked through, you would say. I will ask my acting secretary to speak to that, because it is a very important matter.

**Ms BOURNE** - Thanks, Attorney-General. As has been noted, I think the announcement around the commitment to ongoing funding from the Commonwealth to the sector has been very much welcomed. Importantly, it also includes statements around ensuring pay parity for workers, particularly from community legal centres, to make sure that they better align with the remainder of the sector and other legal practitioners in the market. Also to make sure that the salaries of those professionals are in line with wage cost inflation. That detail regarding the particular allocation for Tasmanian services is still to be worked through, as the Attorney-General has noted. Ms van Adrichem -

**Dr WOODRUFF** - Sorry, what does that mean?

**Ms BOURNE** - We have the public announcement from the Commonwealth coming out of National Cabinet around the overall quantum. There's a breakdown that's been provided for the country wide per sector. So, legal aid commissions, community legal centres, ATSILS - Aboriginal and Torres Strait Islander Services - and women's services. However, states and territories are yet to receive a breakdown, as I understand it, of explicit funding. Through you, Attorney-General, Ms van Adrichem can elaborate on that.

**Ms van ADRICHEM** - I may clarify. The agreements that the Attorney-General and Kristy were speaking to as the heads of agreement, and that was announced for the next successor agreement - but I understand your question relates to the bilateral amendment for this financial year. Is that correct?

**Dr WOODRUFF** - It's the announcement of the \$44.1 million by the federal Treasurer in the Commonwealth Budget. There's another announcement I was going to ask about, which is an extra \$800 million for the legal assistance sector for five years for 2025-26. I also wanted to know what percentage of that is going to be split between the Legal Aid Commission, community legal centres (CLCs) and Aboriginal legal services (ALSs). Could you please separate those two things - what you know and what the split is going to be, and what you know is going to flow to Tasmania. That's really what we all want to understand.

**Ms van ADRICHEM** - For this financial year, the additional funding announced by the Commonwealth for a one-off indexation supplementation, the amount to go to Legal Aid Commission is \$319,000; \$79,000 to CLCs; \$119,000 to ATSILS. That's \$517,000 in total.

The workforce stabilisation contribution for this financial year is specific to community legal centres and ATSILS, which is \$231,000 for community legal centres and \$373,000 for ATSILS, which is the Tasmanian Aboriginal Legal Service in Tasmania as the provider.

**Dr WOODRUFF** - That will be money this year that will be going for this budget year, to the CLCs, who will get an extra \$231,000, and ATSILS will get an extra \$371,000, in addition to what they would already be expecting. Those other buckets of money - the \$319,000 to Legal Aid, the \$79,000 to CLCs and the - what was the third?

**Ms van ADRICHEM** - \$119,000 for -

**Dr WOODRUFF** - They're also coming this financial year?

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**Ms van ADRICHEM** - Yes. That's part of the additional funding from the Commonwealth for this financial year, which requires an amendment to the existing national legal partnership agreement for that money to be provided to Tasmania to then distribute to legal assistance providers.

**Dr WOODRUFF** - Okay, and through you, Attorney-General, is it your understanding then, that that split and that amount will continue on with that \$44.1 million?

**Ms van ADRICHEM** - We don't have the breakdown yet of the Tasmanian allocation under the National Access to Justice Partnership agreement. That's related to the heads of agreement that was announced through National Cabinet a number of weeks ago. The states and territories and the Commonwealth are still working through what that looks like.

**Dr WOODRUFF** - Attorney-General, what do you understand about that Commonwealth funding? How much will the state be contributing - is there going to be a matched amount? What is the contribution from Tasmania to the legal assistance sector - to Legal Aid, the CLCs and ALSs?

**Mr BARNETT** - First of all, I recognise their service and thank them for it across the board. It's very important. In terms of the CLCs, Legal Aid, Women's Legal Service, Aboriginal Legal Service and the like, they provide important access to justice. In terms of the detail, I will pass to the acting secretary.

**Ms BOURNE** - In terms of state contributions to the sector, the government permanently committed additional funding of \$640,000 per year to the sector in the 2021-22 state budget. That was effectively to provide certainty to baseline funding for the sector following the National Legal Assistance Partnership. That funding has been provided to Legal Aid and CLCs and has been indexed each year. The government also provided an additional \$2.2 million commitment over four years from 2021-22 to provide additional funding support to the sector, and the 2023-24 Budget extended that commitment until 30 June 2026.

As I mentioned, the majority of this funding has been directed to maintain core services for the sector. There's also the allocation in this year's Budget to continue the fantastic work from Legal Aid and the Women's Legal Service to expand the Just Healthy Families program. From time to time, the Solicitor's Guarantee Fund has been accessed by the sector, which was originally to pilot innovative programs and support the work that they do. Consideration of additional contributions to the sector continues to be considered in the context of the ongoing negotiations with the Commonwealth around the new National Access to Justice Partnership.

**Ms JOHNSTON** - Attorney-General, yesterday you made an announcement regarding the Public Trustee. Why is the government proposing to make changes to the Public Trustee that are inconsistent with the Bugg Review recommendations?

**Mr BARNETT** - We certainly are committed to ensuring that the services of the Public Trustee best serve the needs of the most vulnerable Tasmanians. I acknowledge the Bugg Review as you've just noted. There's also the Tasmanian Economic Regulators Review that was undertaken earlier this year, and that review was also very much at the forefront of our minds. It's been on the public record since yesterday, and it has now been released for the public to review as well.



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As a result of and after careful consideration of that, and in liaison with my department, we wanted to improve the services for vulnerable Tasmanians. The commercial will, estate and trustee services will be transferred to the private sector. Those services that will be transferred to the private sector are commercial services that are also undertaken by the private sector, but we want to ensure the provision of quality services at an appropriate cost to the Tasmanian community, particularly vulnerable Tasmanians.

In saying that, I put on record my thanks to the Public Trustee for their important work. I put on record my thanks to the Board of the Public Trustee for undertaking much reform since the Bugg Review, which you made mention of, and there will be a 12- to 18-month transition period as we progress to a design and structure that will better meet the needs of vulnerable Tasmanians.

**Ms JOHNSTON** - Your announcement yesterday certainly seemed to come as a surprise to the Public Trustee Board and they made media statements to that effect. No doubt the surprise was because your predecessor, Ms Archer, committed to implementing all the recommendations of the Bugg Review. Can you go back to my original question? Why has the government decided to go against the Bugg Review and implement this change?

**Mr BARNETT** - We're certainly pleased to advise that most of the recommendations of the Bugg Review have been implemented. We acknowledge that and we thank Mr Bugg for his work. We also acknowledge the work of the economic regulator, and that report and recommendation, as I say, is a public document. I draw it to your attention if you haven't already perused it. It made very important reflections on the work of the Public Trustee and recommendations on how we can improve the work of the Public Trustee to provide better, more effective and more cost-effective access for vulnerable Tasmanians to those services.

You mentioned the surprise. I met with the chair of the Public Trustee and the CEO last week with my secretary in terms of the communication. It was announced yesterday; that's correct.

**Ms JOHNSTON** - Are there any other recommendations from the Bugg Review that the government intends to not follow through with?

**Mr BARNETT** - No, we've committed to following through on all those recommendations of the Bugg Review. That's my understanding.

**Ms FINLAY** - In 2021, the government made an election commitment for a children and young people legal representation fund for the north and the north-west. The funding allocation for TLA was \$80,000 per annum and concludes this financial year. There's nothing provided in the forward Estimates, which will leave TLA with an additional shortfall of \$80,000. Since this service covers after-hours duty lawyer services for children and young people across the state, if this funding is not renewed after 30 June 2025, that service risks being stopped. Do you therefore accept that, without continued funding, any children and young people arrested after hours will be detained without access to legal advice?

**Mr BARNETT** - That's clearly an operational question, so I'll pass to my acting secretary.

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**Ms BOURNE** - Yes, the additional funding provided as a result of the government's election commitment has seen the ability for Tasmania Legal Aid to continue to provide legal services to children and young people in the north and north-west of the state.

In the south of the state, an existing partnership exists between Hobart Community Legal Service and Legal Aid, which sees a lawyer from the Hobart Community Legal Service rostered to appear for people, including young people, before after-hours courts in Hobart. The service expanded in line with the commitment in December 2022. The service is still provided by the Hobart Community Legal Service, so they appear on behalf of young people in the north and north-west of the state from Friday to Sunday.

There have been a number of discussions about how that service could be expanded beyond its current provision to days during the week, not just Friday to Sunday. We have been working quite actively with the Magistrates Court, Legal Aid and Tasmania Police, as well as the Hobart Community Legal Service, about what would be required to give effect to that extension of after-hours representation, whether that's via telephone, Teams or in person, and what additional resources would be required to implement that in light of the cessation of this funding at the end of this current financial year.

This is to ensure that we can help prepare, as required, a request to government for any further additional resources to continue what has been a really successful service, albeit not utilised particularly frequently given the low numbers of young people appearing before courts in the north and north-west. However, it certainly has had an impact in terms of ensuring that they're represented where they might not otherwise have been.

**Ms FINLAY** - At the moment the gap remains and there's no plan to cover that, but there's consideration happening?

**Ms BOURNE** - That's right. There is consideration beyond 2024-25, but also whether there is a way that we can expand the existing service in a way that works particularly for the court, Tasmania Police and the legal assistance sector.

**Ms FINLAY** - Thanks for clarifying. Yesterday, Attorney-General, you acknowledged that the Magistrates Court was provided an additional \$500,000 per annum to address increasing demand in case complexity, in an effort to reduce the backlog. However, the Tasmanian Legal Aid (TLA) duty lawyers are usually representing people on remand and also have to deal with the acknowledged growth in demand and case complexity. Why has the duty lawyer service at TLA not only remained underfunded by \$470,000 per annum but remains without indexation and with TLA now subject to a budget efficiency?

**Mr BARNETT** - Thanks very much for that. We certainly respect and appreciate the work of Tasmania Legal Aid. I'm very pleased to indicate that the support for the Magistrates Court, the \$500,000 a year which you've referred to, will be well appreciated at the Magistrates Court. I'll pass to my acting secretary for the detail to add to that answer.

**Ms BOURNE** - Thanks, Attorney-General. The additional funding provided by the Magistrates Court is to be allocated across all the court services and to assist meet the increasing demand for services, including in the Coronial Division. Legal Aid, as members would be aware, receives both state and Commonwealth appropriation; the state appropriation in this financial year is just over \$10 million. That amount of state appropriation is to be indexed in

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line with the increased community sector indexing allocation provided for in the Budget. I certainly appreciate the impact that the budget savings target that Legal Aid have been set, at \$104,000, is a compounding factor in increasingly high demand for legal aid services.

The duty lawyer funding commenced some years ago as a funding allocation from the Solicitors' Guarantee Fund and that's something that we continue to work with Legal Aid on in terms of how we can make that funding for what is a core service that we cannot do without, not reliant on one-off funding, but something that's funded in the out-years to meet that demand for service, noting it includes mental health duty lawyers as well and there's some separate funding that TLA receives to provide separate representative services within the Tasmanian Civil and Administrative Tribunal. It's a priority for us to ensure that those services continue to be provided.

**Ms FINLAY** - Additionally, Chair, it's my third question.

**CHAIR** - You've had three.

**Ms FINLAY** - I've had two questions.

**CHAIR** - She had three.

**Ms FINLAY** - I had a north-west coast question. I just had that question.

**Dr WOODRUFF** - Yes, you asked two more questions.

**Ms FINLAY** - I didn't. I confirmed whether the gap remains. That wasn't an additional question.

**Dr WOODRUFF** - It was an additional question.

**Ms FINLAY** - I have a third question, thank you, Chair.

Additionally, on Monday you suggested that the Commonwealth government funding for the National Legal Assistance Partnership (NLAP) should or could be used to fund the duty lawyer service. Has the government made a formal approach to the Commonwealth to seek funding for state criminal duty lawyer services, and if so, what was their response?

**Ms BOURNE** - Thank you for the question. I think the Commonwealth funding has not traditionally been used to be allocated for state duty lawyer services. That's always been a state-funded commitment.

As Ms van Adrichem indicated this morning, discussions with the Commonwealth around our funding allocations as part of the new NLAP, which is the National Access to Justice Partnership, are still ongoing. We're lobbying fairly hard to make sure Tasmania gets its fair share. Traditionally, this sector in Tasmania based on the funding allocation model has not always received, in the department's view, an allocation based on demand for services and our unique factors that impact demand for services. We are lobbying very hard to make sure that we receive the Commonwealth funding that we need to deliver Commonwealth services. Duty lawyer services is something that is traditionally state-funded and we continue to work with Legal Aid to make sure that they can provide those within their existing state allocation.

**Mr FAIRS** - Chair, I'd love to ask the Attorney-General and Minister for Justice to update the committee on services for victims of crime and improving access, and how that is going.

**Mr BARNETT** - It's going very well. It's a really important question because we recognise, with the commission of inquiry, the impact on victims of crime is high, and we've seen that. As to the support of access to justice for those victims of crime. We had the victims of crime support service and they do provide support for family and sexual violence, indeed child abuse related matters as well. It provides personal and practical support for those victims of crime and the impact of the crime. It allows them to regain their control of their lives. That's so important. We've provided \$1.2 million over the four-year period to administer the Victims of Crime Assistance Scheme. We've also got additional sessional commissioners to make compensation decisions for those victims and I think that'll add access to justice and more fast access to justice. We've also got \$2.8 million over four years for the Victims of Crime Counselling Service. That's additional funding. It is a counselling, support, referral service for those self-identified victims of crime, providing personal support, counselling information, referral to appropriate community services that they might require, information on the criminal justice system and how it works, and assistance for providing victim impact statements and completing victims of crime assistance applications.

All that additional funding will enable my department to meet that increased demand that I've mentioned in my opening remarks about the commission of inquiry. Specifically, it addresses the recommendations 17.6 and 21.5 of the commission of inquiry. We are committed to meeting all 191 recommendations from the commission of inquiry. I'm very pleased and proud with those initiatives. Thanks for the question.

**Dr WOODRUFF** - Minister, the acting Secretary made some comments about indexation for Legal Aid previously. The base grant for Legal Aid in 2023-24 was set at 1.63 per cent indexation, significantly lower than the 3 per cent of the increase in salaries in the Tasmanian State Service and significantly lower than CPI. I think the acting Secretary has just said that they've been funded now with an indexation commensurate to that provided to the community sector, also insufficient to match our CPI. I want to talk about the 2024-25 Legal Aid funding for state-based serious cases, children and young people, legal representation and acting judges that totals \$9.725 million. Legal Aid calculates that indexation for that funding will only be 1.48 per cent.

You're looking confused at what I'm talking about, minister.

**Mr BARNETT** - I would appreciate a little bit of clarity around that question. You talked about acting judges.

**Dr WOODRUFF** - As I understand from the budget papers, there is funding for state-based serious cases, children and young people, legal representation and acting judges, an amount totalling \$9.725 million, but Legal Aid calculates that is only indexed at a 1.48 per cent. Is the government planning to fix this substantial shortfall in funding for Legal Aid, meaning the organisation is not able to fulfil the services it's established to do? Despite all the extra money coming in, in reality they're going backwards in many areas.

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**Mr BARNETT** - Thank you very much. Again, I really appreciate the work of Legal Aid. I hosted the 50-year anniversary of Legal Aid and heard a wonderful address from the director, Kristen Wiley, just a few months ago in Parliament House. I know many members around this table were there to recognise that, together with the 200-year anniversary of the Supreme Court. I think the acting Secretary outlined the funding support we provide to Tasmanian Legal Aid and the indexation arrangements, which I thought were reasonably clear. I will ask the acting Secretary to respond in more detail and add to the answer. I would make the comment which I think it will provide some interest to the members and that is that the Solicitors Guarantee Fund will be advertised shortly for expressions of interest from a range of stakeholders, community groups, potentially Tasmanian Legal Aid. They are entitled to do that. I'm very pleased to advise those organisations and stakeholders of their opportunity to seek funding support for various initiatives. Having said that, I'll pass to the -

**Dr WOODRUFF** - It is not the core funding they need.

**Mr BARNETT** - True, it's not core funding, but it's for specific projects for which they have a special interest. So, back to the acting Secretary.

**Ms BOURNE** - Thanks, Attorney-General, through you. So, as Ms Woodruff noted, Legal Aid is provided with additional funding to support the increased workload with the acting judges until 30 June 2025. That's additional funding of \$380,000. Traditionally, the grant funding provided to Legal Aid for duty lawyer services and mental health services, as has been noted by the committee, receives no indexation. The general allocation provided from appropriation for state funding does and that indexation will be at 3.5 per cent in this financial year with 3 per cent indexation across the forward Estimates. The indexation and the overheads provided on Legal Aid's general state allocation -

**Dr WOODRUFF** - Through you, just to draw you to the specifics of this funding bucket that was allocated in the budget, not the generalities of Legal Aid, but the specific funding of \$9.725 million for state-based serious cases, children and young people, legal representation and acting judges, it is indexed according to them at only 1.48 per cent. Can you explain why that is the case?

**Ms BOURNE** - Through you, Attorney-General. As Mr Wailes clarifies any comments I've previously made, I do believe that it's higher than that.

**Mr WAILES** - So the short-term funding arrangements are often not indexed.

**Ms BOURNE** - Thank you, Attorney-General, through you. As Ms Woodruff has noted, the short-term funding including acting judges, the duty lawyer grant funding and other election commitment funding is not indexed. That is something that we have continued to talk with Legal Aid and CLCs about in terms of the impact that that lack of indexation has. The current court legal aid funding is indexed at between 1.6 and 2 per cent - levels less than CPI. On top of that, the TLA (Tasmania Legal Aid) will benefit from the commitment. The election commitment around additional community sector organisation funding, noting, however, balanced up against increased demand, particularly for criminal law services, which has seen the number of grants of aid provided to the private profession significantly exceed the budget. Very mindful and Ms van Andrichem and I continue to have discussions with the director about how they manage that budget with the demand for their services to make sure that people are represented.

**Dr WOODRUFF** - Okay, well, they're very clearly saying that they're not able to manage it. You should hear that loud and clear. My second question is about the *Dangerous Criminals and High Risk Offenders Act 2021*. When it was proclaimed, Legal Aid did not get any funding to handle matters under that legislation. That's even though the office of the DPP received funding for two additional level 3 practitioners. So, what's happened now is that there are no level 3 or 4 practitioners working for Legal Aid and funded for Legal Aid, allocated to those complex cases even though the government has recognised that there's a need for that at the DPP.

Can you understand that what's happening is that you're recognising the need for that for those cases but not providing that public access to justice for them through Legal Aid?

**Mr BARNETT** - Thanks very much for the question and also acknowledging the recent law reform in terms of dangerous criminals and the flow-on effect into the community and specifically Legal Aid. I will ask the Acting Secretary to speak to that matter.

**Ms BOURNE** - Thanks, Attorney-General. Through you, this is something that we engage with Legal Aid about at the inception of the legislative change, noting the need for additional resources, that was indicative at the time based on what we thought the workload would be to defend individuals who were the subject to a high-risk offender order. The DPP did receive additional funding. In the short time that that legislation has been operating the role of the DPP in engaging in the requirements under the act around the assessment to make a decision to apply for an order has been fairly consistent.

At this stage, noting that we anticipate there will be a need for additional resources, I believe we continue to work with Legal Aid as the demand for defence of those types of orders becomes more known. The scheme is still at an early stage, but it's not lost on the agency that there is a role for Legal Aid to defend people who are subject to those orders. That is something that we continue to talk to government about to make sure that they're appropriately resourced.

**Dr WOODRUFF** - The governments deliberately made a choice here to put money into prosecuting, but no commensurate amount of money into defence. That is a pretty shameful situation for a government to do in this matter. I'm shocked. Have you got anything to say, Attorney-General?

**Mr BARNETT** - It is an important reform - dangerous criminals and high-risk offenders' reforms.

**Dr WOODRUFF** - We voted to support it; there is no doubt about it.

**Mr BARNETT** - Yes and I appreciate your reflections on that, thank you.

**Dr WOODRUFF** - Everyone has a right to justice - no matter what the crime.

**CHAIR** - Order. You have asked the question if you could let the minister answer.

**Mr BARNETT** - I think there's an acknowledgement, vis-a-vis the support for the Director of Public Prosecutions Office and their important work and of course the DPP will be here shortly who can speak to that and answer any questions. We recognise as a government

and likewise other jurisdictions around Australia in terms of the criminal justice system and defence counsel. It is very challenging. It has been for some time and there's no surprise in that.

I've already indicated that we have a range of reforms in place to try to increase the number of young graduates coming through. We have a program in the Department of Justice that supports the graduates being trained and working within our Department of Justice and then building up that support into the private sector so that those young lawyers can then operate in Tasmania, including the rural and regional areas.

In terms of support for the Tasmania Legal Aid, I've always had a very high regard for them across my political career, federal and state, and wanted to acknowledge that again today. I'll ask the Acting Secretary to add to that answer.

**Ms BOURNE** - The only thing I'd add is for the committee's benefit to note that as at 25 July 2024, there were five offenders in the community on high risk offender orders and another prisoner in prison having breached the conditions of their HRO. That's not in any way to diminish the need for Legal Aid to be resourced to provide defence counsel for these matters but to indicate, at this stage, the relatively low level of offenders - noting the role of the DPP across a number of related aspects of the legislation, but particularly in making applications to the Supreme Court for those orders and an active role on the Risk Management and Assessment Committee that I Chair to review eligible prisoners across the state - is fairly significant. The additional resources allocated to Mr Coates's office reflect that additional workload.

**Ms JOHNSTON** - Attorney-General, the *Guardianship and Administration Amendment Act 2023* has only recently commenced, which gives effect to a second tranche for recommendations. What impact will the announcement regarding the Public Trustee and restructure have on service delivery and the implementation of recommendations already underway?

**Mr BARNETT** - In terms of the *Guardianship and Administration Act*, and we've got tranche 1 and then tranche 2, I believe you're making reference to tranche 2 in particular.

**Ms JOHNSTON** - Yes.

**Mr BARNETT** - I can give you - to support yourself and the committee - that went through and received Royal assent in September and came into effect as scheduled on 1 September, in recent weeks. For everyone who's involved in the guardianship system, including guardians and administrators who are appointed to make decisions on behalf of persons with a decision-making impairment, those under guardianship and administration orders, those who are considering making an application for a guardianship or administration order, service providers who interact with or provide care for persons under a guardianship or administration order, and doctors and healthcare professionals, health and medical researchers and the like.

The changes impact guardianship and administration systems for all of those concerned in the following ways. The Public Guardian or the Public Trustee will only be appointed where no other person can fulfil the role. People under guardianship and administration will be encouraged to make their own decisions, with support where it is needed -

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**Ms JOHNSTON** - I'm interested to clarify the question, Attorney-General, on what the impact will be of the changes on the Public Trustee to the implementation of that act. How will the changes you announced yesterday impact on the -

**Mr BARNETT** - The Public Trustee reforms are not expected to impact in any way on the guardianship and administration reforms. We're working through those matters and in terms of the Public Trustee, those core functions will still be completed in an effective, efficient and cost-effective way through the Department of Justice, and as I've indicated earlier, wills and estates and other relevant services will be briefed to the private sector.

**Ms THOMAS** - Thank you. If the current structure of the Public Trustee allows for non-commercial services to be funded by the profit raised by its commercial services arm, how will the government ensure that the Public Trustee has the resources it needs to implement much-needed reforms when proposing to transfer its profit-making commercial services to the private sector?

**Mr BARNETT** - I think you've raised some good points there in terms of profit-making and some of those reflections were set out in the Economic Regulator's report. We as a government want to ensure that vulnerable Tasmanians get a cost-effective, efficient service and I think that's reflected well in the Economic Regulator's report. I will ask the acting secretary to speak in terms of the process and how it will be restructured. I indicate there will be an independent review over the next six to eight weeks in terms of ensuring that we achieve best practice for the Public Trustee and it's fit for purpose. I'll ask the acting secretary to add to the answer.

**Ms BOURNE** - Thanks, Attorney-General. We're lucky that we have a very strong collaborative working relationship existing with the Public Trustee, both the CEO and the board, particularly in light of the Bugg review and the huge amount of work they have done to turn their service delivery to a much more client-focused, client-at-the-core decision-making model. We'll continue to work with them very closely as the independent review is undertaken and when a government decision is confirmed about a potential restructure to make sure that the services that transition to the Department of Justice continue to be client-focused with the interests of the person at the centre.

I think we have a number of protective jurisdictions already under the Justice umbrella that do amazing work every day to safeguard and protect vulnerable Tasmanians and certainly the discussions I've had with Mr Kennedy and the chair of the board to date have been very pragmatic about how we can make sure that during this process we don't lose sight of the experience of the represented persons that the Public Trustee currently services.

**Ms JOHNSTON** - Does that mean that the government, if necessary, will add additional funding to Public Trustee to ensure that those services that don't make a profit, those services provided to vulnerable Tasmanians, will be able to continue even though the profit-making services have been effectively transferred to the private sector and so no longer coming through to the Public Trustee?

**Ms BOURNE** - I note that the CSO funding for the Public Trustee has been committed across the forward Estimates. That's detail that we still need to work through, but our understanding at this stage is that the funding attached to the delivery of those critical services that has been allocated should come across to the Department of Justice when those services



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transfer, noting that as we work through that transition process, which will be a fairly large undertaking, we'll continue to talk to government about what we see as areas for potential additional investment or, I guess, adapting service delivery to fit within the agency. I really don't anticipate, subject to further discussions, of course, with the CEO and government, changing how the Public Trustee delivers their services to vulnerable Tasmanians at this point because of the work they've done to make sure that service delivery model reflects the Bugg review and the changes to the *Guardianship Act*. I think it works really well.

**Ms WHITE** - Attorney-General, I'll continue with the line of questioning around the Public Trustee. In your announcement yesterday that you plan to privatise part of the Public Trustee and bring some of it back into government, you mentioned there'd be a six to eight-week review. Who will be deciding the terms of reference for that review? Will the board of the Public Trustee have any input into those and when will you release them publicly?

**Mr BARNETT** - Thanks very much for the question. As the acting secretary's indicated, we're having ongoing consultation with both the board and the CEO of the Public Trustee. I really appreciate that relationship and that will be ongoing. In terms of the appointment of that independent reviewer or reviewer entity, that will be decided in coming weeks, as soon as possible, through Treasury and the Department of Justice and absolutely there'll be consultation with the Public Trustee.

**Ms WHITE** - So the terms of reference will be shared with them before they're agreed upon?

**Mr BARNETT** - I expect that the terms of reference will be certainly decided and consulted with in the usual way.

**Ms WHITE** - I think the order of this is important. You'll decide on them and then tell them what they are, or you'll consult with them on the terms of reference and then decide what they look like?

**Mr BARNETT** - They will be informed of the terms of reference and I'm sure we'll seek feedback from the Public Trustee and the board on the terms of reference, and we look forward to that feedback in the usual way.

**Ms WHITE** - They've announced publicly that they've been surprised by this statement from your government to privatise parts of the Public Trustee, so I guess a 'no surprises going forward' approach would be helpful, particularly when we're talking about some of the most vulnerable people relying on their services. Can you tell the committee, if you're aware, how many wills are contained within the Public Trustee's will bank?

**Mr BARNETT** - Yes, we can hopefully assist you in that regard potentially. I'll double-check on that through the acting secretary, but you've used the word 'surprise' so I'd like to address that. We've been working with the Public Trustee during the course of both the recent reviews. We'll continue to work with the Public Trustee. The government met with the board and senior management on 12 September to discuss our plans and the Department of Treasury and Finance also met with senior management on 17 September.

**Ms WHITE** - After the fact.

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**Mr BARNETT** - No, it was -

**Ms WHITE** - You made a decision, announced it in the Budget and then you informed them.

**Mr BARNETT** - It wasn't in the Budget. I think it was announced yesterday at 10.30 a.m. The Treasurer and I have also -

**Ms WHITE** - A media release after -

**Mr BARNETT** - I'm just saying we've had communication with them before yesterday's announcement and I think you might have been suggesting that was the surprise. We wrote to the Public Trustee and we appreciate the support of the board and management.

**Ms WHITE** - Can I get an answer to the question on how many wills are in the will bank, please?

**Mr BARNETT** - I'll just see if we can assist. This is the Department of Justice. The Public Trustee will come to scrutiny hearings later in the year. I haven't got the date for that but in the usual way, the Public Trustee will be here. I'll just check with the acting secretary.

**Ms BOURNE** - Thanks, Attorney-General. We don't have numbers at this stage but certainly can indicate that in discussions with the CEO over the past week or so, the will bank and the process as to how we work through the details about the transfer of those assets and the like is forefront of mind, and I know it's a significant amount but I don't have the exact numbers before me.

**Ms WHITE** - Is this the sort of information you expect to garner through a review, because they also have a number of investments that they manage in trust? Do you have any understanding at this stage of the quantum of assets that might be held by the Public Trustee?

**Mr BARNETT** - Yes, it's certainly not just the Department of Justice, but Treasury have a very good understanding of that. There are regular meetings between the Public Trustee and the government. I think they're monthly meetings, is my understanding.

The Economic Regulator's report was quite comprehensive and made a whole range of findings and recommendations, and I draw it to your attention if you have not already perused it. It has been public since yesterday. Those findings will absolutely be addressed in the review, and the review will be focused on getting best practice for the Public Trustee and on how we can better provide services to vulnerable Tasmanians. When I say better, I mean more efficient, more effective, and more cost-effective services for our vulnerable Tasmanians.

**Ms WHITE** - I'm interested to understand why the government has taken this move, because the Public Trustee board and executive had that report from February. They have completed nine of the 18 recommendations and implemented them already, which you should be aware of. I'm curious to know whether the government, noting how interested Treasury is in this, is most keen to get their hand on this so that they can privatise and make money out of the Public Trustee.

You have not been able to share with the committee what the quantum of the assets belonging to the Public Trustee or held in trust by the Public Trustee is worth. Is the reason for the government moving to privatise the Public Trustee simply to prop up your Budget black hole?

**Mr BARNETT** - We certainly reject those allegations. I'll just note some of the findings of the Economic Regulator. The regulator was unable to assess whether the Public Trustee's fees and charges reflect the efficient cost of service delivery for individuals. It found that the Public Trustee's operating costs are too high and that the average cost of providing services to represented persons in Tasmania was amongst the highest in the country and more than three times higher than in Victoria, where a supported decision-making model has already been implemented.

Current fees and charges are unlikely to reflect the cost of delivering services and can in some instances place a financial burden on clients, requiring clients to sell assets in order to pay the Public Trustee's fees. The Public Trustee is not transparent with its clients on all the fees and charges that are applicable, and client representatives raised concerns about the difficulties associated with obtaining financial reports from the business.

Also, the information provided by the Public Trustee on its fees and charges would not meet the requirements placed on private sector trustees under the *Corporations Act*, and it goes on. There are a very long list of findings in that report, and that has been taken very seriously. There will be a restructure, and the review that I've referred to is to look at the design of that restructure and how it would operate in fit for purpose and best practice.

**Mr FAIRS** - Attorney-General and Minister for Justice, can you please update the committee on how you're providing access to justice for victim/survivors of family violence?

**Mr BARNETT** - In terms of responding to support victim/survivors of family violence, there's a whole range of initiatives that we've undertaken, and I'm pleased to advise \$1.2 million of support for the Just Healthy Families program, which is very good. It supports the Health Justice Partnership with the Women's Legal Service and Tasmania Legal Aid. I was able to stand with them just a week or so ago to make that announcement.

It provides critical, free legal help, with the aim of reducing family violence for all Tasmanians. Since the launch of our nation-leading Family Violence Action Plan in 2015, we've continued to build on that commitment to continuously improve and implement legislative reforms to strengthen the state's legal responses to family and sexual violence.

I'm certainly pleased to say since 2015 when that was launched, there's been a total of 11 different bills to strengthen Tasmania's legal responses to family and sexual violence. In 2023-24 alone we introduced a total of 13 legislative amendments, which have since been implemented. The *Family Violence Reforms Act 2022* commenced on 1 July this year, and there are significant changes, meaning the courts may identify serial family violence perpetrators and make orders for mandatory behaviour change programs when making any family violence orders.

Likewise, the Serious Family Violence Perpetrator Declaration established in this bill is designed to identify perpetrators who repeatedly commit family violence offences against a single partner or multiple and excessive partners. This is an important reform introduced by

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our government, and I'm pleased to share with members that 13 serial family violence declarations have been made since that time. We'll continue to work on those reforms and implement them, and I appreciate the opportunity to share that with the committee.

**Dr WOODRUFF** - On the Public Trustee and the comments that you were talking about recently, the acting secretary said 'as we work through the process of responding to the Economic Regulator'. What Tasmanians who are listening don't understand is that the Economic Regulator has done an assessment and has found areas where efficiencies could be gained or where there are costs that are higher in Tasmania than there are in other states.

There are obviously a range of reasons why that can be the case. Some of them can be managed, obviously, and ought to be addressed by the Public Trustee. Some of them are particular factors in relation to Tasmania and the conditions and situation for people in Tasmania, so obviously there needs to be an investigation. What we don't understand, and what I want you to explain, is why has the department taken this and decided on the terms of reference for a review which, by the announcement yesterday, is clearly set up to look at privatising parts of, if not all of, the Public Trustee, instead of going back -

**Mr BARNETT** - That is wrong. Please don't say that. It is totally wrong.

**Dr WOODRUFF** - Well, don't interrupt me. You can respond when I finish my question.

**Mr BARNETT** - It's a false allegation.

**Dr WOODRUFF** - We don't know where this is going. That's the point. You're not being open with Tasmanians -

**Mr BARNETT** - We have announced it.

**CHAIR** - Order.

**Dr WOODRUFF** - about the fact that you're trying to privatise parts, or all of, the Public Trustee. Why did DOJ have an in-house discussion about what to do about this matter instead of first going to the Public Trustee and pointing to the Economic Regulator's issues that were raised, and then saying, 'We obviously need to review the activities of the Public Trustee. We want you to respond to that and then we are going to work with a process to review'. The fact it's a surprise says you've got a predetermined outcome that you're trying to drive here. Isn't that what's really happening? It's about privatising and taking money into the budget.

**Mr BARNETT** - Thank you for the question. This is about delivering more effective and cost-effective services for vulnerable Tasmanians. This is about building a fit-for-purpose entity that will deliver better and improved and cost-effective services to vulnerable Tasmania.

You've made reference to the Economic Regulator's report, which was completed earlier this year. The Public Trustee responded to that report, and the department and likewise Treasury have considered the response and have been working through the findings of that report. I've indicated to you some of those findings. It's on the public record; I draw it to your attention. If you have not already read the report, I'd encourage you to please do so. It makes some very strong findings.

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**Dr WOODRUFF** - Thank you for your patronising comments. I'm here to ask you about your government's motivation for drawing up a review of the Public Trustee without first going to the board and the CEO, drawing those concerns to their attention and asking them for an urgent response to it. That would seem to be the logical thing to do in this situation, unless you had an intention to privatise the Public Trustee with all the wealth of vulnerable Tasmanians sitting there in assets, and calling that a better outcome for vulnerable Tasmanians. We don't think that would be the case.

**Mr BARNETT** - I don't agree with the foundation of your questions and the allegations made. To be very clear, we have engaged with the Public Trustee since the Bugg review. They have acted on that, the government has implemented all the recommendations, and we've then had the Economic Regulator's report delivered - I think in around February this year.

We have engaged with the Public Trustee. The Public Trustee has responded to that report. We have then further engaged with the Public Trustee. There are regular meetings with the Public Trustee between the Department of Justice and indeed Treasury as appropriate for the responsible stakeholder minister. That is not unusual. We have engaged on an ongoing basis with the Public Trustee, and we are wanting to do what's best for vulnerable Tasmanians. I think the Economic Regulator's report is quite revealing and I'll ask the acting secretary to add to the answer.

**Dr WOODRUFF** - No, I think that's enough. My follow-up question is, will you take any change or expansion of the scope of terms of reference for this review from the Public Trustee on board and make those changes?

**Mr BARNETT** - We will absolutely be consulting with the Public Trustee.

**Dr WOODRUFF** - That's not the same thing.

**Mr BARNETT** - Well, if I can have the chance to answer the question.

**CHAIR** - Just in the interest of keeping the proceedings as orderly as possible, if the question is asked, let the minister answer the question. But likewise, and I might suggest to the minister, when the questions are being asked, don't interject while questions are being asked, and you'll have the opportunity to correct any misgivings you have about the pretext of the question as well. I'll let the minister answer the question and then I'll let Dr Woodruff ask a follow-up.

**Mr BARNETT** - Thank you very much, Chair, I absolutely respect your ruling and appreciate that. In response to the question, to make it clear, there will be a restructure. The question is the design of that restructure and what's best for vulnerable Tasmanians to ensure that they get not just effective but cost-effective services to support vulnerable Tasmanians. That's at the forefront of the government's mind. Having said that, there will be a review over the next six to eight weeks to help make that design.

**Dr WOODRUFF** - Excuse me, Chair, the Attorney-General is just not answering the question.

**Mr BARNETT** - Can I finish the question?

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**Dr WOODRUFF** - It's a very direct question. Will you take on board their terms and change them?

**Mr BARNETT** - Will you let me finish?

**CHAIR** - Dr Woodruff, I will let you ask a follow-up; can you let the Attorney-General finish the question.

**Mr BARNETT** - We will undertake a review over the next six to eight weeks with an independent reviewer, with the purpose of focusing on what is best practice for the new structure. The terms of reference for that review will be prepared and drafted by the Department of Justice with the support of Treasury and Department of Justice. There will be consultation with the Public Trustee on the terms of reference before it is finalised. I can give you that commitment.

In addition, this process will transition over a 12- to 18-month period so that vulnerable Tasmanians should not be concerned in any way, shape or form. The services will continue. We appreciate the good working relationship that we have with the Board of the Public Trustee and the CEO, the management and the staff of the Public Trustee. I want to put that on the record. I thank them for their service and we look forward to ongoing cooperation and collaboration with the Public Trustee.

**Dr WOODRUFF** - So, you have a six- to eight-week process, you've designed it, you've talked to Treasury about the outcome, you've already worked out what's going to happen over the next year, you've actually decided how you are going to reform the Public Trustee; Treasury and Justice, government have decided how you're going to reform the Public Trustee. You've decided on the process and you're going to do a sham public pretence of inviting the Public Trustee. Who is the reviewer? Who is doing the review, and you've obviously decided who is the person. Will you change the terms of reference if the Public Trustee has things to change about them, to make sure it's a fair scope? Will you do that?

**Mr BARNETT** - Thank you for the question. I think it's a very similar question that you've mentioned before. We've responded -

**Dr WOODRUFF** - Which, Chair, the Attorney-General refused to respond to. Just say you don't want to answer it if you don't want to answer it.

**CHAIR** - Dr Woodruff.

**Mr BARNETT** - I've indicated that we've responded to the very comprehensive report and recommendations of both the Bugg review and the Economic Regulator, which was released yesterday, I draw it to your attention. We've responded to that, we've had ongoing consultation with the Public Trustee and going forward there'll be further ongoing consultation and work, cooperation and collaboration with the Public Trustee. We can give you that commitment. The transition will take 12 months.

**Dr WOODRUFF** - Who is the reviewer? That was the question. I mean, you don't want to answer it. It's happening now, so who is it?

**CHAIR** - Dr Woodruff, let the Attorney-General answer the question.

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**Mr BARNETT** - Through you, Chair, it'll take a 12- to 18-month transition in terms of the review of the next six to eight weeks. The reviewer -

**Dr WOODRUFF** - Chair, this is an abuse of the process of Estimates. This is absolutely abusive. This is a critical issue that's happening in Tasmania, announced yesterday via media release as you finished upstairs to make sure that no-one could ask you those questions, and here we are today, you won't even tell us who the reviewer is, it has started now, six to eight weeks, six to eight weeks.

**Mr BARNETT** - They haven't been appointed yet.

**Dr WOODRUFF** - It's a review cooked up by Treasury and Justice to privatise the Public Trustee. Tell us who the independent reviewer is.

**CHAIR** - Dr Woodruff, order.

**Mr BARNETT** - The reviewer has not been appointed.

**Dr WOODRUFF** - Well, how can that not be when you're saying it's going to happen within six weeks? You're talking about a process which you've designed, which is going to be finished and completed, a transition of the Public Trustee within one year. You expect us to believe you've got a six-week process for review - six weeks to review the whole Public Trustee and you haven't chosen that person. You've been repeatedly saying six to eight weeks. You haven't chosen that person and you haven't committed to the Public Trustee being able to make the appropriate changes to the scope of reference. This is about privatising a public asset.

**CHAIR** - Is there a question there, Dr Woodruff?

**Dr WOODRUFF** - I want him to tell us who the independent reviewer is.

**CHAIR** - Before this continues, the minister responded to the question and answered in the way that the minister saw fit. I can't direct the minister to answer a question in a particular way. If the member's not satisfied with the response, they can ask further questions and you've asked plenty of questions. You can come back to it on your next time around, or the member can raise it as a matter of concern in the committee's report. I can't tell the minister how to answer a question.

**Dr WOODRUFF** - Thank you, Chair, for your clarification, but you could at least save the minister from time-wasting for the committee as he is doing repeatedly with three-minute answers when he's not answering a question. Just say 'I won't answer the question'.

**CHAIR** - They were very long questions as well. I'm trying to keep this as proportional and fair as possible, but I can't put words in the minister's mouth.

I'll move on to Ms Johnston.

**Ms JOHNSTON** - Thank you, Chair. Attorney-General, vulnerable Tasmanians are extremely concerned by your announcement yesterday. Will Tasmanians on low incomes be forced to engage a private lawyer for an executor, will, estate or trustee services? How will the

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most vulnerable Tasmanians receive quality, efficient and effective services if they can't afford to pay for them privately?

**Mr BARNETT** - Thank you very much for the question. The whole focus of the reform and the restructure of the Public Trustee to be undertaken within the Department of Justice is to provide better, more effective and more cost-effective services for vulnerable Tasmanians. That's at the forefront of the government's mind. There will be a restructure. We're looking at a model for best practice and that transition will take place over the next 12 to 18 months. For detail, I'll ask the acting secretary to add to the answer.

**Ms BOURNE** - Following the announcement, there are a number of details that we need to work through with the Public Trustee, including how we ensure that people who access services that are supplemented by government funding can continue to do so. That's something that we remain engaged with the CEO and the board about, to work through that detail in light of the announcement.

**Ms JOHNSTON** - Attorney-General, do you give a commitment now that no vulnerable Tasmanian will pay more for their service than they're currently paying under a privatised system?

**Mr BARNETT** - The motivation of the restructure is to achieve a more cost-effective service for vulnerable Tasmanians. When I say cost-effective, cost-effective and efficient services, which addresses the Economic Regulator's findings and recommendations, and will be an improvement for vulnerable Tasmanians. It would not be undertaken but for that objective.

**Ms JOHNSTON** - Is that a commitment that no Tasmanian will pay more for these services than they were to pay now?

**Mr BARNETT** - I can confirm that the objective is to provide a more cost-effective and efficient service for our vulnerable Tasmanians.

**Ms WHITE** - To add to this line of questioning and to the points that have just been raised about those who are most vulnerable, who do rely upon this service: in your view, do you think that there are any private legal practitioners, or whatever private business might take on the Public Trustee's clients, who'd be willing to work with clients who have assets less than \$20,000?

**Mr BARNETT** - Could you please repeat the question?

**Ms WHITE** - Perhaps you could listen while I ask it next time. There is concern that the most vulnerable who rely upon the Public Trustee to be executors of their will and to support them are going to be transitioned across to the private sector who will only want to participate in this space if they can make money out of it. That is their reason for being. What guarantee can you give to those clients, who have very small amounts of assets, that they will be treated fairly and not have to pay a huge amounts of money to engage with the private sector to manage their wills?



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**Mr BARNETT** - As I say, there will be a transition period of 12 to 18 months. There's a lot that we'll need to work through with the Public Trustee and with the Department of Justice. In working through those details, that will take some time.

**Ms WHITE** - You can understand that as the Public Trustee is the executor of a number of these wills, there's no money in it. The Public Trustee doesn't make money out of these clients. They are providing a public service. What interest would there be for the private sector to take on the responsibilities of managing these estates for these clients? How can you guarantee they're not going to just be tossed aside?

**Mr BARNETT** - If I could make a comment in response to that, the Public Trustee does make money on their wills. That was one of the reflections of the Economic Regulator's report and recommendations, that they are charging too much for their wills.

**Ms WHITE** - Not for most vulnerable with very few assets. I think you might be right to identify that they make some money.

**Mr BARNETT** - Please read the report.

**Ms WHITE** - Please don't patronise me.

**Mr BARNETT** - That was one of the very serious criticisms of the Public Trustee, that they were charging too much.

**Ms WHITE** - Attorney-General, you would be able to realise that there's no money in some of the work the Public Trustee does, particularly for the most vulnerable with very few assets. Who in the private sector is going to want to continue to do that work?

**Mr BARNETT** - The point that the Economic Regulator has made is clear. In terms of wills and estates and the management of that, there was a very high cost for vulnerable Tasmanians. The government has taken on board that report and recommendation and wants to support vulnerable Tasmanians, and ensure that the core services of the Public Trustee will be undertaken in the Department of Justice, and that those services for wills in estate and the like will be undertaken in the private sector.

**Ms WHITE** - How can you guarantee the employment of the staff who are currently working at Public Trustee? I understand many of them are State Service employees, so they are within the Department of Justice. Will they all return to the department?

**Ms BOURNE** - In light of the announcement working through those details, the agency, as in Justice, initially indicated with the unions yesterday what was happening so that we could indicate that we're really keen to sit down and talk about how that transition will happen. Certainly ongoing discussions with the CEO are developing in terms of trying to identify, subject to the outcomes of the review, what staff are allocated to what work, and what of the services that the government's indicated will be removed from the scope of what the state provides, what staff are attached to those. I think the department has an overriding objective to absorb all state servants who are currently within the Public Trustee. It's very conscious of how this decision impacts on staff. I know that the CEO and the board have a lot of supports in place for staff to talk to EAP and the like, about the decision and how it may affect them.

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Our aim is to continue to work with the CEO to provide as much clarity as possible to staff to ensure to them that they will have a role when the services transition to the department. A lot of that detail still needs to be worked through in consultation with staff and the unions to make sure that's done in an informed and transparent way to avoid as much uncertainty as possible.

**Ms WHITE** - Can I take it from that that your expectation is that all of the state servants who are currently working at the Public Trustee will find a new role within the Department of Justice, and nobody will be facing the prospect of losing their job?

**Mr BARNETT** - I think the acting secretary has answered that. There will be a 12- to 18-month transition process. That will be worked through with the Department of Justice.

**Ms WHITE** - I'd like something a little surer than that. That was pretty wishy-washy. These people have only just found out about this significant change that's happening in their workplace. They deserve a bit more certainty from the minister who's driving this reform that they're not going to lose their job. Can you give them that guarantee?

**Mr BARNETT** - I think the acting secretary has answered that question.

**Ms WHITE** - What about you, though? I'd like to hear from you. You're the minister.

**Mr BARNETT** - The acting secretary's already indicated that she will work, through the department, with the Public Trustee and that those jobs over a period of time will absolutely be absorbed within the Department of Justice and that's where they will be based.

**Ms WHITE** - It'd be nice to hear you say that without so many caveats. What's becoming quite clear in unpicking this announcement from yesterday, minister, is that there'll be no savings on staff by the sound of that, if you're true to that commitment that the staff are going to stay within the Department of Justice, so this is not a cost-saving exercise in terms of reducing staff resourcing. What it appears to be is an opportunistic approach by Treasury that you've gone along with to privatise an asset base you haven't been able to quantify, which is the will bank, which I understand may have as many as 20,000 wills of vulnerable people held within it and the trust, which may have nearly \$200 million worth of value to it.

Isn't the case here not that you're trying to improve efficiencies by changing the way the staff work, but that you're going to privatise a public asset to make a significant amount of money with no real understanding of how many wills we're talking about, because you couldn't tell me how many wills are in the will bank?

**Mr BARNETT** - Thank you for the question but I don't concur with those remarks.

**Ms WHITE** - Tell me what you don't believe is true.

**Mr BARNETT** - I don't concur with your remarks. In terms of the economic regulator's report, that made a number of findings and I draw your attention to further findings.

**Ms WHITE** - No, I'd like you to tell me what you think I got wrong.

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**Mr BARNETT** - This will assist you, I think. The Public Trustee charges both a commission and an hourly rate for estate administration, which is a practice that is not permitted in the private sector as it is considered to be double-dipping.

**Ms WHITE** - I'm not talking about the operation, I'm talking about their asset base that you intend to privatise.

**Mr BARNETT** - The Public Trustee should implement a more robust system for tracking costs at an individual service level and undertake an urgent review to ensure the clients required by legislation to use its services are not subsidising the fees of commercial clients.

**Ms WHITE** - You can do that without privatising the assets.

**Mr BARNETT** - That's why the restructure is important to protect the interests of vulnerable clients. That is the motivation for our government, to get better and more cost-effective services for vulnerable clients.

**Ms WHITE** - You can reform and make the improvements without privatising the assets of vulnerable Tasmanians. It's disappointing that you've taken this approach and let Treasury lead you along by the nose to privatise a public asset and done nothing to stand up for the Public Trustee and their vulnerable clients.

**Dr WOODRUFF** - Attorney-General, what we're really concerned about is the most vulnerable people. The difference between the Public Trustee in Tasmania and the Public Trustee, as I understand it, in most other states, is that we have a scaled capital commission structure that we use here with a flat rate, whereas other states have a flat rate for clients. The figures I have is that the Northern Territory, for example, has a rate of commission of 2.2 per cent over \$40,000.

In Tasmania we have a situation now under the Public Trustee where there is 0 per cent commission charged for assets less than \$100,000. That means that the Public Trustee, by an economic regulator's measure, is less efficient because we're not gouging money out of the most vulnerable Tasmanians. That is a problem we've got here when we have a situation where you and Treasury and Justice are deciding to privatise the Public Trustee and hand over the situation for the poorest Tasmanian people.

As Ms White said, you might only have \$20,000 but that \$20,000 for that person is so important. Every cent of that is critical to the circumstances of them and their loved ones and the idea that it would be handed over to a private sector who would then charge a commission on that is a big problem.

Is it your government's intention that the commissioning base rate at the moment, which is set by the Public Trustee, would be required to be taken up by the public sector? In other words, for people with less than \$100,000 the private sector would get 0 per cent commission? How would that work, or are the cases that the government's going to keep but they're going hand out the profit-making ones to the private sector so nothing's coming back to the public?

**Mr BARNETT** - Thank you very much for the question. As I've announced yesterday, and it was on the public record in terms of wills, estates and related matters, that will be outsourced to the private sector. I note the Law Society has expressed concerns about the Public

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Trustee in the past in terms of using government grant funding to support its commercial activities and the regulator noted that the Public Trustee should exercise caution to ensure it is not breaching competitive neutrality principles.

Having said that, the core services will be within the Department of Justice to ensure that we provide the services that vulnerable Tasmanians need in a cost-effective way. Other jurisdictions have different models of how they support vulnerable Tasmanians. You referred to the Northern Territory. I'm happy to pass to the acting secretary to add to the answer.

**Ms BOURNE** - Thanks, Attorney-General. The Northern Territory is certainly a model that I know the CEO and the board have considered. Mr Bugg referred to it in his review as well. Some of the matters that members have raised today are critical for ongoing discussions about advice that we can provide to government as part of the review and as the restructure is worked through about how to make sure that vulnerable Tasmanians aren't negatively impacted by any restructure. I know that's certainly at the forefront of my mind and also Mr Kennedy's and we'll continue to work through that detail.

**Dr WOODRUFF** - When a private contractor who has a contract with the government to provide services on behalf of the government has problems with their functioning and the government identifies those problems, what happens is that the government works with that private organisation and requires them to make changes. Why didn't the government, on the back of the Economic Regulator's report, go to the Public Trustee and require the Public Trustee to make those changes within the Public Trustee, instead of splitting an organisation in two, privatising the parts that will give money to the private sector, taking in the loss-making parts to the public sector into government and splitting an organisation with all the staff and all the review work that's just been undertaken and all the culture that's been developed? All the good work that's been done on changing the culture of the Public Trustee is going to be completely split up.

**Mr BARNETT** - Thank you for the question. First of all, I acknowledge the good work that the Public Trustee has undertaken, particularly since the Bugg review and since the Economic Regulator's report has come down. I acknowledge that but there's a lot more that needs to be done. There has been an opportunity for the Public Trustee to respond to the Economic Regulator's report, which landed earlier in the year. The Public Trustee has responded to that in part, but the findings are very comprehensive, so we have released that report and it's been a public document since yesterday.

There have been regular meetings, including with Treasury and the Department of Justice. We wanted to do what's best for vulnerable Tasmanians and that's why we've announced the restructure and in terms of the wills and those services, they will be outsourced to the private sector.

**Dr WOODRUFF** - Will you continue making a commitment that there will be zero dollars commission on assets less than \$100,000?

**Mr BARNETT** - In terms of the restructure and exactly how it's going to be shaped, we have a 12 to 18-month transition period. We will be taking expert advice over the next six to eight weeks from an independent reviewer.

**Dr WOODRUFF** - Who is that person?

**Mr BARNETT** - They haven't been appointed.

**Dr WOODRUFF** - Who will appoint them?

**Mr BARNETT** - The government.

**Dr WOODRUFF** - What's the process for that?

**Ms WHITE** - You or Treasury?

**Mr BARNETT** - It'll be in consultation, I'm sure. My understanding is that Treasury will make that appointment -

**Dr WOODRUFF** - Treasury will make an appointment. Right.

**Mr BARNETT** - in consultation with the Department of Justice and that will be undertaken swiftly. That will look at the model for best-practice and fit-for-purpose to provide those services going forward. There'll be a 12 to 18-month transition to ensure that we get the balance right and ensure that it is fit for purpose

**Dr WOODRUFF** - But will it be, will you continue with the zero dollars for people with assets under \$100,000?

**Mr BARNETT** - We will be putting the interests of vulnerable Tasmanians as a priority. We put value on that and exactly how that will roll out over the next 12 to 18 months. I will certainly be ensuring that the Department of Justice, in liaison with the Public Trustee, work through all those very important issues.

**Ms JOHNSTON** - Thank you, Chair. Attorney-General, can you confirm that represented persons under administration orders who are often in positions of immense vulnerability, will not be transferred to the private sector and remain the responsibility of government and the Public Trustee?

**Ms BOURNE** - Attorney-General, through you, that's certainly the advice that we'll be providing government in terms of those appointed - where the Public Trustee, rather, is appointed as administrator by TASCAT that that service continues to remain as part of this offering from the Department of Justice.

**Ms JOHNSTON** - Thank you. Attorney-General, do you accept that your announcement has been extremely poorly communicated given the fact that all but clearly surprised clients of the Public Trustee are deeply concerned this morning to wake up and hear this news? The announcement was followed up by a stakeholder e-mail from the Public Trustee mid-afternoon, which seemed to come as a surprise to them and they have no answers to be able to give to stakeholders. Do you accept that what you've done has been poorly communicated?

**Mr BARNETT** - Thank you for the question. Major restructure is always a challenge and that's why there will be a 12- to 18-month transition period and the assurance of delivering better outcomes for vulnerable Tasmanians is at the front of our mind as a government - Department of Justice in particular. We look forward to an ongoing collaborative working

relationship with the Public Trustee. I put on the record my thanks to the Public Trustee, the board and the management and CEO for their collaboration. The acting secretary in the department has been working closely with the Public Trustee, particularly in recent times, to ensure that there's a smooth transition.

**Ms JOHNSTON** - Do you accept that it's been poorly communicated? With restructures challenging, that's why communication is incredibly important and what you've announced yesterday and what you're telling us today, there are very little detail meat to put on the bones of these. There's no frequently asked questions and answers to questions that ordinary Tasmanians want to know. Indeed, I'm sure the Public Trustee would like to know. You haven't been able to provide substance to those concerns and questions. Surely you should have had that information before you made the announcement.

**Mr BARNETT** - Thank you for the question. I do think that the details in and around the announcement are quite clear, but there's always opportunity to ensure that the communication is expanded to the relevant stakeholders and made available. Certainly, the Department of Justice, that would be my expectation that the communication is fulsome, comprehensive and if people have questions and concerns, they can ask those. The Public Trustee will continue to operate over the next 12 to 18 months as there's a transition process. It will take time and in terms of that assurance, that's certainly a commitment that I can provide.

**Mr FAIRS** - Chair, could the Attorney-General update the committee on the Department of Justice's work to implement the recommendations of the commission of inquiry and how the budget responds to the COI's recommendations?

**Mr BARNETT** - Thanks very much, Chair. It's very important that there's an assurance in the community that the government will commit to implementing the 191 recommendations of the commission of inquiry in terms of the Department of Justice and my responsibilities. We're responsible for implementing the implementation of 36 of those. These include 10 recommendations in phase 2 and six in phase 3. I'm pleased to announce today that the department has completed 12 of its 36 recommendations with substantial progress underway on the remaining recommendations. The department was responsible for implementing 10 recommendations in phase 1 and nine of those 10 recommendations were implemented by the commission's deadline of 1 July 2024.

The remaining recommendation 18.13 was delayed so that it could be included in the TASCAT (Additional Jurisdictions) Bill, which has now been tabled in the parliament. The government's legislative priority is implementing all recommendations of the commission of inquiry and in all, 54 recommendations require creation of new legislation. So, it's a very big agenda for the Department of Justice. I'm very pleased and proud of the department in undertaking and rolling out that agenda. They're doing a terrific job.

In terms of the legislative initiatives, of course, we've had the Child Safety Reform Implementation Monitor Bill 2024, which has passed, the Justice Miscellaneous Commission of Inquiry Bill 2024, which is passed, and the Evidence (Children and Special Witnesses) Amendment Bill (No 24), which has passed, and the consultation draft of the Commission for Children and Young People Bill was tabled last week, with time following the consultation, including with Aboriginal people and children and young people.

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The TASCAT (Additional Jurisdictions) Bill has been tabled and amends the appeals process for administrative reviews of registration to work with vulnerable people decisions from the Magistrates Court to TASCAT and then phase two, we're responsible for implementing 20 recommendations. I'm pleased to announce two of those recommendations have already been complete and substantial progress is made on the remaining.

The budget includes a range of initiatives, and I won't go through all of those. They're in the budget papers, through you, Chair, but we're very pleased with the progress so far.

**CHAIR** - Before I go to Ms White, I'll just let the committee know that now it's past 10.00 a.m. We do have the DPP available now and the others, the Integrity Commission, so they're available now.

**Ms WHITE** - Attorney-General, I wanted to ask about Community Corrections. I understand there are some critical staff shortages in Community Corrections. Can you give an update on the number of employees by head count and the establishment figure so we can understand what the vacancies look like? Can you break that down by region please?

**Mr BARNETT** - Thank you very much for the question. That would be relevant to the minister for Corrections, Madeleine Ogilvie.

**Ms WHITE** - We asked those ones there. I will ask you about the Burnie Court then. Can you provide an update on whether you understand the Family Circuit Court or Federal Circuit Family Court of Australia will be accommodated within that new complex at Burnie?

**Mr BARNETT** - Thanks very much for the question. I can give you feedback on that and the answer is yes.

**Ms WHITE** - Okay. Have you been able to provide information to the sector or publicly? I've asked for a briefing a number of times through your office and not be provided one actually about the design of that facility.

**Mr BARNETT** - Yes, thanks very much for the question. In terms of the progress of the Burnie Court, the current facility is obviously no longer fit for purpose. That's why the government has committed the \$86.5 million developing the new courts complex, there at 100-106 Wilson St. We've listened to the stakeholders and the community and heard their desire for that new courthouse and that's progressing. There's a request for tender with Xsquared Architects awarded that contract. Those concept designs are well advanced to include four courts and we're still working through those designs.

In terms of the Commonwealth, to confirm again that would be a design to ensure that the Commonwealth delivers a permanent Federal Circuit and Family Court of Australia presence in Burnie as part of the new Burnie Court complex and we're still working that through at the moment. I'm happy for the acting secretary to add to that answer to assist the member.

**Ms BOURNE** - Attorney-General, through you, I think you've summarised the status of the project well. As the Attorney-General indicated, we are moving into that detailed design phase and have been working with key stakeholders and court users since June this year around those design elements and also with the Federal Circuit and Family Court and the

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Commonwealth Attorney-General's Department to make sure that the design accommodates their purposes in due course, once the courts complex is constructed.

**Ms WHITE** - Is the construction of the facility fully state funded? Did you end up going to the Commonwealth to ask for additional funds to assist with that?

**Ms BOURNE** - Attorney-General, through you, in the main, fully state funded. We have been negotiating with the Commonwealth for a small contribution to the fit-out of the space that they will use. A minimal amount with discussions to be confirmed at this stage but wouldn't anticipate that ask is any more than \$1 million and that is to make sure that they have the services that they need, movable furniture, and additional chambers for their judges to use.

I should stress, though, that's still being worked through. We, at an official level, have also made a commitment to senior officials that it's to be negotiated, but it's a cost that also could be explored through the ongoing leasing arrangements, very similar to the fee that the Commonwealth Federal Circuit Court pays to the Supreme Court now for the usage of the Supreme Court room in Burnie. We're trying to make sure that we work constructively so that cost isn't a barrier. We're constructing the site anyway.

We want to make sure that we provide a fit-for-purpose space for the Federal Circuit Court, which might require some adjustment that the court site would not need if we weren't providing space dedicated for the Federal Circuit Court, but keep that at a minimum, noting that we'd be outlaying per square-metreage cost for the building in any event, so, not seeking to be compensated for expenditure that we would already make by constructing the building.

**Ms WHITE** - That is a very useful answer, thank you. Attorney-General, can you explain why prior to the state election this year you were demanding that the federal government provide \$15 million to accommodate an additional court to deal with the family law matters and claiming that you would not be able to deliver that service for the north-west community unless the federal attorney-general provided you \$15 million. Obviously, you've been able to proceed and fund it entirely from the state budget after all. Why did you make such claims before the state election?

**Mr BARNETT** - Thanks very much for the question. I think the acting secretary indicated there would be a contribution from the federal government -

**Ms WHITE** - About a million dollars, not 15.

**Mr BARNETT** - You said zero.

**Ms WHITE** - I did not.

**Mr BARNETT** - And, just clarifying the record, and at all times we're focused on getting a solution for the north-west part of Tasmania and the Burnie court, and we've found a solution. We've had to work through that. It hasn't been easy. There are challenges and there remain challenges in terms of progressing this within the Budget.

We are determined to deliver on that four-court plan within the budget and that's why those concept plans and the designs are still being worked through. We have a high expectation that we'll achieve that result, which can ensure that we deliver for the north-west coast, to



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deliver the services that the Supreme Court and the Magistrates Court deserve and the people of Tasmania deserve, with access to the Federal Circuit and the Family Court of Australia.

It's not exactly what was envisaged last year in terms of having their own separate court. They will have to have what's called a common use area where they will be able to use this particular part of the court complex together with the Supreme Court and the Magistrates Court. We've had to be innovative and to think creatively to get a mutually agreeable outcome.

**Ms WHITE** - Would you acknowledge that your communication around this matter has caused unnecessary anxiety for the legal fraternity in the north-west? Legal Aid has been very public in their communication around their fear that this would not be provided for in the facility even after June, which is, I believe you said, was when you decided that you could accommodate it within the build.

Why haven't you been clear in your communication with those who are directly supporting members of our community who need access to family law court services that you would be able to support them to access in Burnie so they wouldn't have to travel to Launceston?

**Mr BARNETT** - All the stakeholders in the north-west and across Tasmania know that they have a fierce advocate in the Attorney-General who fights for them and their interests and a better justice system.

**Ms WHITE** - They didn't know you were doing anything actually.

**Mr BARNETT** - And they know that we will continue to do that. There had to be some compromises by us and the federal government and the Federal Circuit and the Family Court and we've all had to compromise to get outcomes that are mutually beneficial.

We think it's very important that those legal services are made available and the court services are made available to the north-west coast. We're committed to that, we've got funding in the Budget, we've got a contribution from the federal government subject to further work, and we've had to have some compromises in the design of the of that four-court complex.

**Ms WHITE** - I want to go on to a different line of questioning, so it might not work. Just quickly, if I could ask about similar - because it talks about how the federal government has made some commitments. The federal government recently announced an extra \$800 million for their legal assistance sector for five years from 2025 to 2026. What percentage of this will be provided to Tasmania? Can you provide the split between the Legal Aid Commission of Tasmania, community legal centres and the Aboriginal Legal Service?

Did you? I'm sorry, that was when I was dropping my daughter off at school.

**Mr BARNETT** - That's all right. No problem.

**Ms WHITE** - Have you dealt with those other questions that were from that pack?

**Dr WOODRUFF** - Yes.

**Ms WHITE** - Okay. I'll pass on to Dr Woodruff.

**Dr WOODRUFF** - Thank you. Attorney-General, this question relates to a coronial inquest finding in 2017 in relation to seven Tasmanians who died from quad bike accidents and the coroner made eight recommendations. Since that time, there have been five additional coronial investigations for five other Tasmanians who have died from quad bike accidents, and the most recent of those reiterates the recommendations made in 2017.

**Mr BARNETT** - Can I give you a heads-up? It's WorkSafe.

**Dr WOODRUFF** - No, it's not, actually. I've checked because we've been here before. In fact, we were here last Estimates and WorkSafe said, 'No, we can't deal with that'. I've looked at where this falls. It's definitely a question for you, Attorney-General, and I really don't want your government to keep dodging this question. The Greens have been asking about this for years.

The coronial investigation in the five additional coronial inquests, two of them have recommended the Law Reform Institute and the Attorney-General consider introducing legislation requiring mandatory training and licensing of all persons using quad bikes within your bailiwick, and that the Law Reform Institute and the Attorney-General consider legislation to prohibit the carrying of passengers on Type 1 quad bikes and no more than one passenger on Type 2 quad bikes.

Will you be investigating and progressing those reforms?

**Mr BARNETT** - Thank you very much for the question. I'll certainly do my level best to answer it to the extent that we can in the Department of Justice, noting that, in terms of WorkSafe, that is a matter for the minister responsible, minister Ferguson. I'm aware of the coroner's report that you make reference to. I know the acting secretary has some information on that that she can provide the committee.

**Ms BOURNE** - Thanks, Attorney-General. The government remains committed, as does WorkSafe, to assessing the coronial recommendations that you've outlined and implementing changes where reasonably practicable.

Coroner Cooper's findings on 21 June this year, which have been referred to, looked at improving legislation and that's certainly something that - and, without speaking for the Work Health Safety Regulator and executive director of WorkSafe, is something that we are looking at.

I note that there have been a range of initiatives that WorkSafe have progressed, including additional training and resources, and a public awareness campaign. There have been some amendments made to the relevant regulatory framework and there is the Quad Bike Safety and Rebate Scheme and the Primary Producer's Safety Rebate Scheme to assist primarily business operators to purchase safety devices, including rollover bars and the like.

There were some changes introduced in the Work Health and Safety Regulations in 2021 to require a person conducting a business that has management or control of a quad bike to ensure a few things, including that a helmet is available for use, that any person using the quad bike has had appropriate training, and passengers are not carried unless appropriate.

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So, a very short summary but noting the work, particularly under the carriage of WorkSafe, that is being pursued in this space, noting the number of coronal findings in relation to this really important matter.

**Dr WOODRUFF** - Thank you. Through you, to the acting secretary, none of those things that you've mentioned answers my question. The question was about the fact that 13 Tasmanians have died now and there's been seven years since the initial recommendations that changes to the law are needed to prohibit people from as I mentioned before.

What you've mentioned is very good stuff. They're all individualised. They're not changes to the law that are required, repeated again by Coroner Cooper from the 2017, seven years prior, recommendations. Will you be progressing those particular law reforms and working with the Law Reform Institute on them?

**Mr BARNETT** - Thank you very much for the question. I draw to your attention that the *Workplace Health and Safety Act* is a responsibility of minister Ferguson, the Minister for Small Business and Consumer Affairs and CBOS, Consumer Building and Occupational Services. As Attorney-General and Minister for Justice, we have an interest in this matter as outlined by the acting secretary, but we're not the responsible minister in this regard.

**Dr WOODRUFF** - Will you speak to the responsible minister about doing this?

**Mr BARNETT** - I am more than happy to follow up.

**Dr WOODRUFF** - You can make a recommendation to the TLRI, though, as Attorney-General, which is what the coroner proposed you do.

**Mr BARNETT** - I'm more than happy to give an undertaking to follow up on the questions that you've raised and raise those with the relevant minister. As a former minister for primary industries and water, in terms of rolling out the safe farming program, I want to indicate it is incredibly sad and tragic when there is a death to those concerned and their families. I certainly offer my condolences, and the grief and suffering is severe. It is taken seriously by our government. I will follow up on this matter and check with the relevant minister, Mr Ferguson.

I should say that with respect to the traffic and vehicles legislation, there is a role for the minister for Police as well. I'd be interested in the minister's view on that as well. I indicate that if you had the opportunity to ask Mr Ferguson, that would be useful.

**Dr WOODRUFF** - I've asked. The Greens have been fobbed off so many times on this and you're the Attorney-General. Let us remind you that the status quo means that year on year, more Tasmanians are dying. These are avoidable deaths, and your government's choosing not to act. Will you make a referral to the TLRI on this matter as Attorney-General? Over all those departments, as you've just indicated, there are at least three ministers, but you can do that. Will you do that?

**Mr BARNETT** - The responsible minister for the work health and safety legislation is minister Ferguson.

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**Dr WOODRUFF** - Last year that minister said they were not responsible. We were told in Estimates last year that it's your responsibility. That's why we're here today.

**CHAIR** - Order, Dr Woodruff.

**Mr BARNETT** - I can take on board your questions. I give a commitment to follow up, and I am more than happy to report back in due course on progress. I am not the responsible minister for the *Work Health and Safety Act*, but I'm more than happy to follow up with the relevant minister and any other relevant ministers and provide a report back.

To your question regarding the TLRI, I'm more than happy to follow up on that as well to see what options are available. I take this very seriously as a former minister responsible for safe farming, ensuring that the tragedy of deaths from quad bikes is reduced to the absolute minimum.

**Ms JOHNSTON** - On 13 September, the day after the Budget, the Tasmanian National Preventative Mechanism Office issued an extraordinary statement:

I wish to communicate my disappointment that the Tasmanian government has decided not to carry through with its commitment to appropriately resource the Office of the Tasmanian National Preventative Mechanism. The announced funding of \$300,000 will make it impossible to establish this new office and exercise any of its statutory functions. Not resourcing the office jeopardises Tasmania's newly acquired status as a leader in preventing the abuse of the most vulnerable people in our community by ensuring that they are treated humanely, appropriately and in accordance with international law.

I understand that the office requested funding of \$2.8 million but only received \$300,000. Can you please explain why this office has been so under-resourced and underfunded that it can't function?

**Mr BARNETT** - I appreciate the question. In terms of the OPCAT support, the government provided that commitment some time ago. It's certainly relevant to the Ombudsman, who is here if you wanted him to come forward to the table. It covers a range of areas, including the corrections area. I'm not the minister for Corrections, so in that regard I'm not the responsible minister. I am aware of that and I'm happy to see what more we can share with you.

**Ms JOHNSTON** - Attorney-General, your predecessor back in 2021 gave assurances at the time that the *OPCAT Implementation Act* was passed that the office would be appropriately resourced. That was an assurance given by the Attorney-General at the time, and you're the Attorney-General now. I don't need the office's response. I'd like your advice to the committee as to why this has been significantly underfunded by \$2.5 million?

**Mr BARNETT** - I think you're talking about the minister who was likewise Minister for Justice and Corrections at the time in 2021, but certainly as Attorney-General and Minister for Justice, I can advise that as at 30 June 2024, the implementation of the OPCAT in Tasmania has cost in the vicinity of \$1.2 million. The Commonwealth has provided a small contribution of \$155,000 to the implementation of OPCAT in Tasmania. The government has had

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continuous engagement with the Commonwealth government in terms of seeking ongoing co-funding with the NPM, as you've made reference to.

The state Budget provides \$200,000 in 2024-25 for increased monitoring at AYDC, and \$300,000 for the implementation of the Tasmanian National Preventative Mechanism. In 2025-26 there is \$200,000 for increased monitoring at AYDC and \$300,000 for the implementation of the Tasmanian National Preventative Mechanism, then in 2026-27, \$300,000 for the Tasmanian National Preventative Mechanism, noting the government's commitment to close AYDC prior to that financial year. In 2027-28, there is \$300,000 for the Tasmanian National Preventative Mechanism. Those investments are in the Budget and I hope that supports you and the committee.

**Ms JOHNSTON** - It falls far short of what is required by the office. The office clearly indicates that they undertook comprehensive implementation work, and from that it was understood that \$2.8 million was required for it to be able to perform its statutory functions. I note too that in the statement issued by the office they indicated that they hadn't received a response to the recommendations or been asked to provide further details. It seems to me that a decision was made by the government in isolation from the office to significantly underfund the statutory functions of this really important office.

**Mr BARNETT** - As I've indicated, we've had ongoing discussions with the federal government in terms of support from the federal government for the implementation of the optional protocol, and I'm sure that will be ongoing. We do take that seriously. I appreciate your feedback and we will consider what other options we have to progress the support for that, for and on behalf of the government.

Having said that, I indicate that the United Nations had representatives here in 2022, I'm advised. They visited and we got feedback from them, including in the corrections facilities for which I am not the relevant minister.

**Ms JOHNSTON** - In the absence of that funding, do you accept that this office cannot function and cannot perform its statutory functions? What do you intend to do in the meantime?

**Mr BARNETT** - It is funded, as I've just outlined to you in terms of the Budget -

**Dr WOODRUFF** - 10 per cent of what's needed.

**Mr BARNETT** - I've provided some of that feedback for you -

**Dr WOODRUFF** - 90 per cent underfunded.

**Mr BARNETT** - I'll pass to the acting secretary to add to the answer.

**Ms BOURNE** - As the Attorney-General has outlined, a significant investment has been made in the implementation of the National Preventative Mechanism in Tasmania, noting that there are still some jurisdictions that haven't taken that step. Tasmania was the first jurisdiction to pass the relevant legislation and the statutory framework to make that happen.

I understand that the additional operational funding provided for the purpose of that office in this Budget and over the forward Estimates will enable the Ombudsman to create a

permanent senior officer to oversee that work. We'll continue to, in the corrections space, work with that office to make sure that we can facilitate those visits as his resources enable him to do, noting the significant amount of work that the facility undertakes to prepare for those visits.

**Ms JOHNSTON** - To clarify, the government has invested significantly in implementation work, but when it actually comes to the crunch of establishing the office and it functioning, performing its statutory functions, they're significantly underfunded. This office is basically neutered because it can't function properly despite the fact that we've invested significantly in its implementation and understanding what's required of the office. When it actually comes to the rubber hitting the road, there's no funding for it.

**Mr BARNETT** - As the acting secretary has indicated, relative to other jurisdictions, we did take a leadership role in terms of the implementation. I think that's been recognised. To confirm, my advice is that the state Budget provides \$500,000 for the implementation of the National Preventative Mechanism (NPM) and increased monitoring at Ashley. The government is also considering the alignment of the NPM's recommendations and the commission of inquiry recommendations. The commission of inquiry recommended the appointment of a new Commission for Children and Young People as a child-specific NPM. Alternatively, the NPM recommends that the Commissioner for Children and Young People be delegated NPM functions. My department's working through this through the misalignment to ensure that the most appropriate structure for Tasmania's NPM is in place. It's critical that the structure is set up to ensure successful oversight while maintaining the spirit of the commission of inquiry's recommendations.

**Mr FAIRS** - Minister, how is the state government supporting Tasmanian courts and what is it doing to work to address the court backlogs?

**Mr BARNETT** - There's a range of measures in place to address the court backlog. We do want an efficient and effective criminal and civil justice system in Tasmania. It is vital to that that court proceedings be delivered in a timely manner. I acknowledge the court backlogs remain a concern for the community am committed to work with the courts to reduce the backlog.

I'd like to take this opportunity to recognise the important work of the courts and the tribunals, TASCAT included, including our judicial officers and the staff of those organisations. They undertake a critical role in our justice system and I thank them for their work.

I'd also like to take a moment to acknowledge the bicentenary of the Supreme Court, the oldest supreme court in Australia. We celebrated that just a short time ago. It was established in 1824. We also hosted judges of the High Court on 9 September. It was wonderful to have them in Tasmania.

We have support for the Supreme and Magistrates courts to review their case management and listing procedures to ensure the efficient use of court resources. We have a range of legislative reforms in place as well. The Budget provides \$1.4 million over four years to continue the rollout of audio-visual communications equipment in the Supreme and Magistrates courts of Tasmania. We have ongoing operational funding commencing at \$4.1 million in 2024-25 for the Astria project to address the cost of operating the system, in addition to providing support for users of the new system. There is \$9.6 million over four years

for additional funding for the Office of Director of Public Prosecutions to increase capacity to respond to the commission of inquiry recommendations. There is also additional funding of \$500,000 per year for our Magistrates Courts to assist them in the court backlog and ensure they can manage the ongoing case complexity.

Our government continues to implement a range of other backlog initiatives, including procedural and technological reform across the courts and increased resourcing. We appointed the seventh Supreme Court judge in 2021 and additional magistrates in 2022. We've appointed acting judges as appropriate and new associate judge Michael Daly on 29 April earlier this year to provide for case management of criminal matters. That is certainly appreciated. I mentioned TASCAT. That's been one of the best reforms in our justice system in the last decade, in my view. That commenced three years ago and is streamlining the process, cutting the red tape and making it easier and more efficient for Tasmanians and relevant stakeholders to get access to justice sooner.

**Ms WHITE** - Can you confirm that two probation officers who used to be stationed in the Magistrates Court to give immediate answers to magistrates have been removed?

**Mr BARNETT** - I note that you made reference to the probation officers. That's, again, in Community Corrections.

**Ms WHITE** - Yes, I thought you might say that but it's actually impacting on the operation of the court, and you just spoke about the backlog at the court and the difficulty people have accessing justice. Are you aware that the removal of these probation officers is leading to a delay in court processes? The only way to access information the probation officers used to be able to give the magistrate immediately is for them to formally request it. They have to write a report and provide it and it does delay court proceedings. Are you aware that this is happening?

**Mr BARNETT** - I'm aware that the acting secretary is aware and can give you an update.

**Ms BOURNE** - I am aware of the concern that's been expressed by court users and it's something I'm talking about with my colleague, the director of Corrective Services. I note that, historically, the probation officers have been placed at the Hobart Magistrates Court for some time. For a range of factors I'm still being briefed on, an operational decision was made to remove those, noting that other Magistrate Court locations around the state don't have an in-person probation officer presence. I respect the decision that was made to remove them, noting that it appears to have had an impact on the access to that advice.

It's something I continue to talk with my colleague about to work out whether there's either further information we can provide to magistrates about the reason for that decision and to make sure the service is not being diminished because of that decision, or whether we need to re-look at the physical presence. It's certainly something I'm aware of and looking into.

**Ms WHITE** - Thank you for that answer. Minister, given the evidence that court processes have slowed because the probation officers aren't physically present, would you agree that it might even make the case for placing them physically in all magistrates courts locations across the state if it speeds up the process of justice?

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**Mr BARNETT** - Thanks for the question and looking at options to improve efficiency and address backlog. I appreciate the motivation behind that. That's why I take advice from the department and want to work with the courts to deliver a more efficient and streamlined process. I'll just see if the acting secretary has anything else to add.

**Ms BOURNE** - As part of the discussions we will be having, and have been having with the director of Corrective Services and the director of Community Corrections, who's doing a great deal of work around the structure, and making sure those services are delivered where they're needed and to the most benefit of people on those community-based orders, that is something we can continue to consider in light of the feedback received.

**Ms WHITE** - Further to that, I understand that a number of programs that have been delivered by Community Corrections aren't staffed because of chronic staff shortages, which means that magistrates are making decisions about orders for people to participate in programs that aren't operational. Are your magistrates aware of this?

**Mr BARNETT** - I have regular meetings with the chief magistrate and my department has regular meetings with the administrator of the Magistrates Court. We work very cooperatively and collaboratively with the Magistrates Court. I'll see if there's anything further the acting secretary can add to the answer.

**Ms BOURNE** - As the Attorney-General has said, the Attorney-General, Ms van Adrichem and I meet regularly with the Administrator of Courts and the Chief Magistrate. The director of Community Corrections also has a fairly regular series of meetings with magistrates to make sure they're aware of the services Community Corrections is delivering and also any changes to that. I'm certainly aware of a good working relationship between the two so they can maximise the benefit for persons coming before the court.

**Ms WHITE** - Do you think it's reasonable that somebody might be placed on an order then released with no supervision because there aren't appropriate numbers of staff in Community Corrections to provide that? That's not an element funded within your budget but, obviously, the courts are making decisions, and your magistrates are making decisions that may mean somebody is released into the community with no monitoring, which I don't believe the community would feel comfortable with.

What are you doing to make sure you're advocating for appropriate resourcing so that we don't see backlogs continue in the court because the probation officers aren't there, that we don't see magistrates making orders for people who are going back into the community with no supervisions and, thereby, community safety is potentially at risk. How are you making sure you're doing your job well so that the court system is functioning well and that justice is being served?

**Mr BARNETT** - Thank you for the question. Again, I acknowledge, I think, the motivation behind it to deliver a more streamlined, effective justice system so I appreciate that. I will say two things, again, I'm not the minister for Corrections, but as Minister for Justice -

**Dr WOODRUFF** - Perhaps you should be. Perhaps breaking up this portfolio has been a massive mistake.



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**Mr BARNETT** - If I could continue. I am very interested with those concerns. I'm aware of the acting secretary's knowledge and understanding of that. In my regular meetings with the Chief Magistrate, this has not been raised with me, but now that you've raised it, it's something that I can raise with the Chief Magistrate. My expectation would be for my department to have further interaction with the courts accordingly and to follow up and to see what we can do to improve the arrangements.

**Ms WHITE** - One further question, what interaction is there between the Chief Magistrate and Community Corrections so that they can understand what resourcing pressures each might be facing?

**Ms BOURNE** - I'm mindful not to get too specific in case I make an error on the frequency of meetings, but I certainly understand that the executive director has regular engagement with the Chief Magistrate. Often Community Corrections representatives, whether they be the executive director or other staff, are fairly regularly invited to attend magistrates' conferences which happen, I think, around four times a year where all magistrates are able to get together, so there's a fairly consistent flow of information. I do understand that the Magistrates Court is aware of some of the staffing pressures that Community Corrections are facing, as is the agency generally in the executive across many of our areas. It's a tight labour market so finding and retaining staff is difficult, but we are taking those concerns very seriously to make sure that we are able to attract staff, but also support the staff that are there in a fairly demanding area of work and expertise.

**Dr WOODRUFF** - Attorney-General, earlier this year the House of Assembly passed the Justice and Related Legislation (Miscellaneous Amendments) Bill. Coroner Cooper warned, and the Greens raised this as an issue in the second reading, that the enactment of that bill would result in a doubling of coronial investigations, but you disputed his assessment. Clearly, however, you wouldn't disagree, I'd expect, that it must result in some increased workload. Are you able to listen to my question? In your second reading reply, you said:

We are working with the court on assessing charges to inquest numbers and we will deal appropriately with any necessary increase in resources as required.

Despite those assurances, there's no specific allocation to the Coroners Court in the Budget. Was there a budget request for more funding from the Coroners Court?

**Mr BARNETT** - Thanks very much for the question and your interest in this matter. To my understanding, that bill still hasn't passed the Legislative Council as yet, that's my advice.

**Dr WOODRUFF** - That's why I mentioned the House of Assembly.

**Mr BARNETT** - Yes, thank you very much for noting that. The decision that's yet to be made about when the legislation will commence is subject to the upper House considering it and passing that. This has been based on advice and feedback from the department. That's why what I said in the second reading debate and in the summing up at the time was based on that advice.

**Dr WOODRUFF** - Attorney-General, just a simple answer to the question: did you receive a request for additional budget from the coroner's office?

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**Mr BARNETT** - You've asked quite a long question and I was responding to that question.

**Dr WOODRUFF** - I didn't actually. I made a statement and there was one question. It was about the Budget and the Budget we've got, which is what we're here to talk about. Did the coroner's office make a request for more money?

**Mr BARNETT** - We're still working through the department with the coroner's office. They've obviously, through the department, had ongoing engagement with the Magistrates Court and they have ongoing engagement with the coroner's office and the Chief Coroner. I've recently, within the last two months, met with the Chief Coroner as well and that was not a specific request raised with me at the time. In terms of those important matters, that's something that the department works through with the Magistrates Court and the Coroner's Office. My expectation is that those discussions will be had in due course.

**Dr WOODRUFF** - Can you please answer my question? In the preparation of this Budget, did the Coroner's Court make any request for additional funding?

**Mr BARNETT** - I'd have to take advice from the acting secretary.

**Ms BOURNE** - There was a general budget ask for the Magistrates Court in relation to general operating expenses and budget risks, including coronial but not specifically related to this proposed change in the legislation. I note that discussions have been ongoing between the department and the Magistrates Court and the Coronial Division. I note the concerns expressed by the Coronial Division around the impact of these amendments. I note that the particular part of the act commences on proclamation, whereas the remainder of the act commences on Royal Assent. We are continuing to work with the court to assess the impact of the changes so that we can provide advice to government about any necessary increase in resources required. It's intended, or the amendment is designed to catch those rarer cases that may not currently go to inquest, or where criminal charges do not result in the public interest matters being addressed.

**Dr WOODRUFF** - I read in your answer that there was a request made, and a request was not given in the Budget, and the department is considering further funding. But a request was made and it was not funded. Can you confirm that there was a strategic review from the Coroners Court that was passed a year ago and that would have identified the issues of under-resourcing?

**Mr BARNETT** - First of all, we don't concur with your remarks. The acting secretary has outlined the process in terms of the Magistrates Court requesting funding support -

**Dr WOODRUFF** - Sorry to interrupt, can I just get clarity? I asked not about the Magistrates Court but the Coroners Court. The acting secretary did say, I understand, that there had been conversations from the Coroners Court. There was a request for extra money. I think we've got that. Now I'm talking about -

**Mr BARNETT** - You can't have words put into the mouths of either the Attorney-General or the acting secretary. I'd like the opportunity for the acting secretary to clarify the record so that the member in the committee can be very aware of the advice that the acting secretary has provided.

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**CHAIR** - For clarity, could we get what's been said?

**Dr WOODRUFF** - A simple yes or no.

**Ms BOURENE** - There was no specific request from the coronial division of the Magistrates Court for additional funding with respect to these legislative changes. The department, in consultation on behalf of the court, did put forward through the normal budget process budget risks related to the operations of the Magistrates Court general. I note that some additional funding has been provided to support the ongoing operations of the court as a whole. No specific request in relation to this specific legislative amendment.

**Dr WOODRUFF** - Okay, thank you. Following up on the strategic plan 12 months ago that the Coroners Court provided to the government, they made it clear they needed a new location with new courtrooms so that they could hear all the matters that are referred to them. You did not fund that in the budget. Why not?

**Mr BARNETT** - Thank you for the question. I appreciate the question. I'm not quite 12 months into the role as the Attorney-General. That will be in early October. I'm not aware of that specific plan that you make reference to. I know the acting secretary is aware of that, if I could refer to the acting secretary. Before I do so, I would like to say that in my meetings with the Chief Coroner, which were very cooperative and collaborative and positive, there was clearly an outlining of the challenges, opportunities, and workload of the Chief Coroner.

**Dr WOODRUFF** - Chair, I point you to the time. I would really appreciate the answer. I'll ask it directly to the acting secretary, which I'm allowed to do if the minister can't answer it. Can he please hand it over to her?

**CHAIR** - One last question and then we'll have to move on. I can't instruct the minister on how to answer questions or what to say. It's going to be a lot more if we don't have interjections and it'll go a lot quicker if we don't have interjections.

**Dr WOODRUFF** - Thank you, Chair. In past members of the committee have asked the Chair to move the minister on if the minister won't answer the question or won't pass it to the person at the table who can answer the question.

**Ms WHITE** - When will you respond to that business case that was put for the strategic plan?

**Mr BARNETT** - Can you hear from the acting secretary?

**Dr WOODRUFF** - That would be great. Stop talking.

**Mr BARNETT** - We're trying to help you.

**Ms BOURNE** - Attorney-General, through you. There is a coronial services plan that the Coronial Division prepared. In my substantive role I had a number of discussions with the administrator and the Chief Coroner in terms of the long-term evaluation and plan that they had put together around the strategic direction of the Court, including its future operation.

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Those discussions are ongoing and noting that at the time that the plan was provided to the agency, we were just shy of entering this current Budget or the budget process for the 2024-25 year. Certainly, something the department will continue to talk to government about, noting the work that's gone into the plan, recognising the Coronial Division's growth in workload and the other workload growths across the court so there is a coronial plan that has been prepared by that division which the agency is preparing advice for the Attorney-General on.

**Dr WOODRUFF** - When would a timeline for that decision be made do you think for the next budget process? Will that be happening?

**CHAIR** - The last question will go to Ms Johnston.

**Ms BOURNE** - Without pre-empting the further work that the agency will soon commence in earnest for the next budget process, this is an area of focus that I would like to include noting the range of priorities across the agency that we would also no doubt be seeking to put forward, but it's something that I've given an undertaking to the Court to put into the mix for the next budget process.

**Mr BARNETT** - I want to confirm what the acting secretary has said. It's at the forefront of my mind, the heavy workload for the Coronial Division of the Magistrates Court. I will absolutely be working with the Chief Coroner and the Magistrates Court and getting their feedback, in liaison with the Department of Justice. It's very much on my mind and I appreciate the work that they do.

**Ms JOHNSTON** - Thank you, Chair. Attorney-General, the Integrity Commission has a number of outstanding investigations from 2022 which are still underway. According to their website, one commenced on 4 May 2022, on 19 August 2022 and on 18 November 2022. We're coming up almost to the third-year anniversary of that latter one there. These are serious allegations relating to the fail to declare and manage conflict of interest of information, improper exercise of powers and conflicts of interest, and recruitment and failure to comply with policies and procedures, an improper expenditure of public funds and failure to declare and manage any conflicts of interest. Why is there such a significant delay in these matters that are serious and the community is very concerned about?

**Mr BARNETT** - Thank you very much for the question. First, as I've shared before and certainly appreciate the work of the Integrity Commission, we value their work and their independence. In terms of the Integrity Commission, I indicate that the acting CEO is here, if you'd like to speak to the acting CEO. I am more than happy for her to come to the table if you would like that? The acting CEO could come to the table because it's obviously an independent entity, and I can't speak for and on behalf of the Independent Integrity Commission. She is outside, apparently.

**Ms JOHNSTON** - Perhaps I can ask you while we're waiting for her to come, just to keep the time going.

**Mr BARNETT** - Sure.

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**Ms JOHNSTON** - Are you satisfied with the time delays? Do you find this acceptable? Is this an issue about resourcing to the Integrity Commission? Will you commit to increasing resourcing so that they can get investigations done in a timely manner?

**Mr BARNETT** - Thank you for the question. I have a very high regard for the Integrity Commission. I thank the Chief Commissioner, Greg Melick, and the commissioners for their work. We take it very seriously. We do have funding in our budget, as you know - \$800,000 over four years to respond to the commission of inquiry in terms of oversight and compliance program to actively monitor and oversee notifications and investigations conducted by public authorities.

**Ms JOHNSTON** - Could we get her to come to the table. We're very limited with time and I don't want to -

**CHAIR** - Do you want to restate that question?

**Ms JOHNSTON** - Thank you, yes. My question was regarding the outstanding investigations that are still underway from 4 May 2022, 19 August 2022 and 18 November 2022, and to seek an explanation for the reasons why these matters are taking in two cases, over three years, and almost one in my case almost three years to investigate.

**Mr BARNETT** - Thank you for the question. I introduce acting CEO Julie Hickey. Thank you for being at the table, and pass to the acting chief executive.

**Ms HICKEY** - Thank you, through the Attorney-General. Obviously, I'm not able to comment on individual investigations, but there are a number of factors that can affect the time that it takes to conduct an investigation. It's important that we put in place robust and thorough processes that allow for procedural fairness to be afforded to all participants, but ultimately, it's the resourcing of our operations unit is one of the main constraints on the amount of time that we're able to take to conduct investigations.

It's also possible, but in some cases, there might be subject to legal challenges as well which can affect the time taken to conclude investigations. The main point is that we have to ensure that we adhere to very proper process.

**Ms JOHNSTON** - Thank you, and through you, Attorney-General, you indicated that resourcing is a significant constraint. Is there anything in the forward budget that would mean that you would be able to alleviate that constraint and you'd expect these kinds of investigations to be completed in a more timely manner?

**Ms HICKEY** - We have received a small additional amount of funding for our oversight and compliance program.

**Ms JOHNSTON** - Will that fix the problem of resources?

**Ms HICKEY** - Obviously, our overall funding is something that's always a constraint. Our funding is relatively low compared with sister agencies interstate, but everything that we do in many respects is discretionary, so we're always making choices about what matters we're able to investigate and in the same way we make choices about what kind of educative programs we're able to roll out. With everything we do, we work within the funding resources.

**Ms JOHNSTON** - Thank you, and through you Attorney-General, you mentioned that legal challenges - I'm assuming they're from the respondents or the person complained about has made those legal challenges - is that the case with those three that I highlighted from 2022 that there's been legal challenges to those matters?

**Ms HICKEY** - As I said, I'm not able to comment on individual matters. It was more of an observation that there are cases where we can be subject to legal challenge or legal scrutiny and we need to be able to respond to those and allow those processes to play out appropriately.

**CHAIR** - Noting that while the acting CEO is at the table, we do need to stick to the topic. I'll break from the cycle. Were there any questions on the commission?

**Ms WHITE** - No, not for me, Chair.

**Ms JOHNSTON** - I have a few more if I may continue, although I'm very mindful of the time. Attorney-General, we've just heard that there are significant issues with resourcing. I'm completing the investigations. My understanding is that some of those outstanding matters in 2022 relate to a member of parliament. It is unacceptable to the community that these matters are still under investigation and haven't been resolved. Do you commit now to ensuring that the Integrity Commission has the funding available to at least complete as a matter of priority, those last three at Standing Management 2022?

**Mr BARNETT** - Thank you for the question. As you can understand, the Integrity Commission is a separate entity to government, although part of government. We value and respect its independence. That's not something that the government would be involved in or interfering with in any way, shape or form. We certainly have confidence, and I have confidence, in the Integrity Commission to undertake its work and we value its work.

I'm happy to also indicate that the Premier, following the stability and confidence agreement with the JLN earlier in the year, is and will be reviewing the Integrity Commission within that 12-month period with a report by April next year in terms of improving and increasing its capacity to undertake its work.

**Ms WHITE** - Thank you. I have different questions. The custody notification service delivered by Tasmanian Aboriginal Legal Service is crucial for ensuring legal rights and timely well-being supports for Aboriginal individuals in custody in Tasmania. It did not receive funding in the recent budget. What immediate actions will your government take to rectify this oversight and how will you address the risk of service gaps which could lead to preventable tragedies and legal repercussions for Aboriginal individuals in custody and in the court system?

**Mr BARNETT** - Thanks very much for the question. There's some detail in that question, various parts of it. Certainly, I appreciate the Aboriginal Legal Service's work and they operate on Custody Notification Services for Aboriginal Tasmanians.

The government has previously considered a request by the Commonwealth that states and territories create a statutory Custody Notification Service (CNS). The Commonwealth's offered an offer of funding of \$750,000 or \$250,000 over three years - came with a requirement that the states and territories would develop legislation to support the CNS and would provide ongoing funding support after the initial three-year period. In May last year, the

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Commonwealth Government advised my department that as part of the 2023-24 federal budget, the Commonwealth offer of startup funding for a legislated CNS in Tasmania had been withdrawn. The Commonwealth decided to transition the CNS to jurisdictions on the basis that states and territories are responsible for their own criminal justice system. An evaluation of CNS was undertaken by KPMG in May 2023 and Commonwealth funding for CNS ended in June 2023.

In Tasmania, we already have specific requirements in place that govern the conduct of Tasmania Police in relation to engagement with Aboriginal and Torres Strait Islander persons. I'm happy for the Acting Secretary to add to that answer if that would assist the honourable member.

**Ms WHITE** - I'll just point out before you do that TALS is forced to divert Commonwealth Government funding for legal services to sustain the CNS program because Tasmania is just one of two states in Australia that does not contribute funds to their program.

**Mr BARNETT** - Thank you for that. I'll just check if the Acting Secretary or Deputy Secretary can add to that answer.

**Ms BOURNE** - Thanks, Attorney-General, through you. I know this is an issue that certainly TALS continues to work with the agency about. They've seen a fairly rapid increase in the notifications from Tasmania Police and as you've noted, absorbing that within their existing staffing compliment. But Ms Van Adrichem, who is leading our charge, so to speak, on the negotiation of the next National Access to Justice Partnership is certainly flagging the need for additional Commonwealth funding similar to what the Commonwealth have provided to many other jurisdictions to continue this critical service.

I'm not sure if there's anything Ms Van Adrichem wishes to add.

**Ms VAN ADRICHEM** - Thank you. That's correct. It has been a concern that's been raised with the Commonwealth as part of the next agreements that we would seek funding for, a Custody Notification Service for Tasmania, but those negotiations are still underway.

**Ms WHITE** - The SIS Tasmania service as well is another one that they've raised concern about. Are you able to deal with the concerns I have there in the short time that we've got?

**Ms VAN ADRICHEM** - That relates to the FEPLS funding stream, is my understanding, and the intention is for the FEPLS funding that's currently provided directly by the Commonwealth to providers for that to transition into the next Access to Justice Partnership Agreement as well. That's also part of those negotiations.

**Ms WHITE** - Okay. There is a current funding deficit that they're trying to deal with. It's quite a challenge.

**CHAIR** - Thank you, Ms White. The time for scrutiny has expired. The next portfolio to appear before the committee is the Minister for Health, Mental Health and Wellbeing. We will now take a short break. As time taken for breaks must be made up, can I encourage members to be as quick as they can. Let's say ten minutes and we'll get back onto it.

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**The Committee suspended from 11 a.m. to 11.11 a.m.**

**CHAIR** - The scrutiny of the Health, Mental Health and Wellbeing portfolio will now begin. I welcome the minister and other witnesses to the Committee. I invite the minister to introduce persons at the table, including names and positions, for the benefit of Hansard, and ask him to left to right or in some order, so that Hansard can differentiate people.

**Mr BARNETT** - Thanks very much, Chair. Thank you for the opportunity to be here this morning. I appreciate this opportunity. I'd like to introduce my Acting Secretary, Dale Webster on my left, and to his left, Michelle Searle, Deputy Secretary, and my Chief Medical Officer, Dr Dinesh Arya. More than happy, through you, Chair, if you'd be happy, for an opening remark.

**CHAIR** - The time scheduled for the Estimates for the Minister for Health, Mental Health and Wellbeing is five hours. We'll take a short break for lunch at 1.00 p.m. Minister, feel free to make some opening remarks.

**Mr BARNETT** - Thank you very much. It's a pleasure to be here today as Minister for Health, Mental Health and Wellbeing to speak about the significant investments we're making in our health system. Our Strong Plan for Tasmania's Future we took to the March election is all about taking more action right now on the things that matter, such as health. I'm very proud that the Budget clearly delivers on this commitment.

The Budget invests a record \$12.9 billion across the forward Estimates, and an increase from the \$12.1 billion in the last year's Budget. That's \$8.8 million a day, each and every day, into our health system that is delivering better care to Tasmanians where and when they need it.

I'd like to speak about our investment in staff, with our recruitment blitz well underway and delivering. It's delivering with over 900 health professionals through the door since late April - a net gain of 167, and more on the way. There are more doctors, nurses, paramedics, allied health professionals, and there'll be more this time next year than today.

The Budget invests \$88 million to lock in the 44 new doctors and 25 new nurses for the expanded Royal Hobart Hospital ED, and \$39.8 million for the 78 new paramedics that will be employed in the next four years, including 27 community paramedics.

I am also very proud of the fact that we've locked in funding for our GP NOW guarantee, with \$17.5 million over four years to deliver our GP NOW Rapid Response Unit, and the \$3.4 million over four years for the relocation grants of \$100,000 to attract 40 new GPs to our regions.

The Budget also locks in \$649.6 million across the forward Estimates for health infrastructure, with investment at all four major hospitals as well as into our regions. This includes \$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 \$10 million for Stage 1 of the new cancer wellness centre.

Finally, I'd like to speak about mental health and wellbeing, which is so important to Tasmanians. It's been an honour to take on this responsibility, following through in the



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footsteps of the Premier and former minister Jeremy Rockliff, who's certainly led very significant reform in this area over recent years, and I'm very grateful for that.

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. There is significant investment in this Budget as well, such as the \$82.6 million for a purpose-built, 40-bed older persons' mental health facility to replace the Roy Fagan Centre that I visited a week or so ago.

There's the \$42 million to build a new dedicated 12-bed child and youth mental health inpatient unit and day program facility, and the \$7.6 million to deliver a new mental health hub in Devonport, and \$5 million for the successful mental health emergency response service to be trialled in the North from next year.

In closing, the Budget delivers for Tasmania. It's investing in the areas that Tasmanians care about to ensure that they get the right care in the right place at the right time.

**CHAIR** - Thank you. As per previous sessions, it's just easier if we go through that rotation according to the order. I'll start with Ms Haddad.

**Ms HADDAD** - Minister, on page 130 of budget paper 2, volume 1, there's a reference to your department's financial management account. There's a footnote to say that the drawdown on these funds was to meet additional demand pressures. It was a \$157 million fund, or a little above that amount. Can you firstly explain what this \$157 million was intended for before it was drawn down to meet those demand pressures?

**Mr BARNETT** - Thank you for the question. I'll pass to the Acting Secretary.

**Mr WEBSTER** - Through you, minister, the special purpose account, which is the account you're referring to, is effectively retained revenue over a period of time. It is available to us to for one-off expenditure, for unusual expenditure or, in this case, unusual levels of demand. We drew down on that to allow for that. In addition, I would say that we drew down to support increases in the cost of our human resources information system and as per the Budget paper 2023-24, we also drew down as part of our digital health transformation and used some of the funds for that.

**Ms HADDAD** - Thank you to the Acting Secretary. Was that entire \$100 - well, it's nearly down to about \$6 million now. You've spent the majority of that \$157 million, and the Secretary said it was spent on HRS and digital health transformation. Was that entire amount spent on those functions or were there other functions of the department that you used that money for?

**Mr WEBSTER** - In fact, I said demand, plus HRS, plus digital health transformation. The demand was the majority of that fund.

**Ms HADDAD** - When you say demand, do you mean salaries? Cost of employing staff?

**Mr WEBSTER** - Through you, minister. A part of our demand is funding additional salaries, et cetera, across the system, but also additional locums, agency nurses. Generally speaking, an increase in demand is funded by both state and federal through a funding formula

known as the ABF, or we also get national efficient price changes and things like that. It is a change in our demand. We met that through the special purpose account.

**Ms HADDAD** - Thank you. My understanding is that those accounts are usually earmarked for a specific purpose, which is why they're called special purpose accounts. Can you indicate what it was originally intended to be spent on before it was spent on those other things that you've outlined?

**Mr WEBSTER** - In our budget papers we'd indicated we would spend some of it on HRS, some of it on digital health transformation, and there are other smaller things that we were funding, a number of small things. However, our intent was not to spend the whole \$158 million on those. I think we had \$36 million earmarked for things, and it would have left retained revenue for future things, but we took the decision in 2023-24 that our demand was such that it should match to that.

**Ms HADDAD** - My final question on this issue. Thank you, Secretary. First of all, minister, did you approve that spending, or is that something that gets managed at an operational level? I'll follow up with one final one after this.

**Mr WEBSTER** - We flagged the demand with the Treasurer and we received permission from the Treasurer.

**Ms HADDAD** - Okay. The Treasurer, in the other committee, refused to outline what that money was intended to be spent on. He's deferred to this department and he did indicate that it was approved by him, but my question to you, minister, is you do have massive issues with the Health budget. That is clear for all to see. Haven't you massively hampered your department's ability to manage the important work that they do by raiding this account so significantly?

**Mr BARNETT** - Thank you very much for the question. It's fair to say there are challenges, but also opportunities, in the Health sector, and that's why we are spending record funding to provide the support and services that Tasmanians need when they need it. The Budget makes it very clear there's increased funding from \$12.1 billion to \$12.9 billion over the forward Estimates. We'll always respond, as and where required, to meet the needs of the Tasmanian people wherever possible and appropriate. Of course, the Budget does set up that process, and I think the acting secretary has outlined that measure that's addressed that you've been speaking with us on these last few moments, and I think it's designed accordingly.

**Ms ROSOL** - Minister, on 8 August 2022, Launceston woman Anne Pedler died at the Launceston General Hospital (LGH) while ramped, and she'd been ramped for eight hours. One of the major issues associated with her death was the lack of 24/7 radiology and pathology services at the LGH. Minister, in August 2023 you met with Mrs Pedler's daughter, Stella Jennings, and you promised her this issue would be addressed expediently and that the LGH would have these important services 24 hours a day, seven days a week. Does the LGH have those 24/7 services today? If not, is there funding in the latest state Budget to establish them?

**Mr BARNETT** - Thank you for the question. I want to recognise on the record the sadness and grief of the family concerned. That's why I took the meeting, as you've indicated, and have followed up on that with my department and the chief executive of the Launceston General Hospital, who I also am aware has reached out directly to the family member

concerned. I'm certainly aware of that and know that it's a very important point. I met with Stella Jennings and her husband at that time. As to the detail, I will ask the acting secretary to see if we can add to the answer I've provided.

**Mr WEBSTER** - All of our hospitals have 24-hour pathology and radiology. It's not on-site at the LGH but there is a 15-minute call-in when it's required during the late hours of the evening and overnight. That 15 minutes is set into the on-call arrangements. A number of staff, doctors et cetera, have arrangements in their awards where they have to live within a certain distance of the hospital because of our ability to call them back in. We are confident that that meets the needs of the of the community, particularly because it is such a short period of time for recall.

**Ms ROSOL** - Stella Jennings has already been through a lot and the saga hasn't really stopped for her because she is bravely keeping on fighting for these services to be available onsite 24/7, but nothing's happened with that. She says that you personally promised her that you would get on with the job and make those services available 24/7. She feels sick at the thought that it's going to happen to someone else because there is not a staff member on site all the time. Would you commit to introducing that 24/7 radiology and pathology on site at the LGH and would you provide a timeframe for when that might start?

**Mr BARNETT** - I acknowledge again the meeting with Stella Jennings and the follow-up, and the fact that I've had direct contact not only with my department but the CEO of the Launceston General Hospital. To confirm the advice I have and that the acting secretary has provided, there is 24-hour access to those services. That's the important thing. We want to deliver better health services faster and I can assure you, as I assure all Tasmanians, that I've tasked my department to continue to deliver on this support for Tasmanians in need.

All the recommendations from the report being actioned and progressed are being monitored, including how to improve the process to request urgent diagnostic testing and increased education of staff to ensure greater awareness of the requirements for escalating patient cases. A number of measures are also being progressed across the health system to improve access to our hospitals and address the issue of transfer of care delays, such as our transfer of care delay protocol that is already seeing improvements and boosting availability of healthcare options in the community. Was the meeting very productive? We followed up on that, implementing reforms and improvements on the way through. I can also indicate there's further reforms that will continue. I will pass to the acting secretary to add to my answer.

**Mr WEBSTER** - The minister recently opened the second cath lab at the LGH, which has increased our ability to undertake those activities. We've doubled our capacity for cardiology activities at the LGH and that's directly relevant in this case.

**Mr O'BYRNE** - Minister, in May of last year, the mother-baby unit at St Helens Hospital was unfortunately closed down. That's had a massive impact on many families and the kind of service provision to new mums and young families. In response, your government established three dedicated acute psychiatric-only mother-baby beds at the Royal and it's listed as an election commitment in the budget papers and only has funding for two years. Why have you only funded it for two years?

**Mr BARNETT** - Thank you very much for the question. I want to acknowledge the importance of these services for mothers and babies in Tasmania and that the St Helens Private

Hospital closed last year. I want to thank the Premier and former minister for acting swiftly in terms of providing the mother-baby unit at the Royal Hobart Hospital to meet the needs of those mums experiencing mental health challenges such as postnatal depression and anxiety with a new model of care implemented and the cohort of staff, including staff from St Helens Private Hospital.

You asked about the funding in the Budget for two years. That is directly as a result of our funding support for the Tresillian four-bed \$9 million facility in Launceston. We hope that will be up and running for Mother's Day next year but it may be shortly after that. That would be as a pilot to see how that would progress, to see if we could then deliver that service statewide. It is funding in the Budget for two years while the Tresillian northern-based \$9 million facility is established and those mother-baby services are delivered and I'm really looking forward to that. That's progressing really well at the Launceston Health Hub.

I should indicate as well that we have a telephone service that started on 1 July this year for mothers and babies, which is a statewide service. We do take it very seriously and that's why we've got that support in the Budget. I'll just see if the acting secretary would like to add to that answer.

**Mr WEBSTER** - In addition to that, this space of intensive parenting services are on a spectrum from what we do with CHaPS, which is our universal service through to our parenting centres across the state through to our inpatient service. We've recently released a discussion paper to help get advice from the community about the gaps that we need to fill in this space and work through this, so that the two years of funding in the south and the pilot in the north can then be informed by community-based co-design of what we need to have right into the distant future.

**Mr O'BYRNE** - The service that was provided by St Helens is significantly different to the service that's been provided by the psychiatric-only beds. Obviously that is for when people are in dire straits that they need to get access to it. There are only three beds. St Helens' service created significant preventative care to ensure that women and families didn't get to the stage where they needed psychiatric care. I don't understand why you're seeking feedback and you're running a trial in Launceston when the benefit of that kind of care is well known. Why are you not considering rolling out the Tresillian service to the state?

**Mr BARNETT** - As the acting secretary and I have said, we consider this very important. That's why we have funding in the Budget for those two years. That's why we've got funding for \$9 million for the Tresillian service in the north. The St Helens service was privately operated and then closed at short notice and the Premier stepped in and provided that support for psychiatric and postnatal depression and related services at the Royal Hobart Hospital. We'll do everything we can to provide that support.

I should also indicate that I've welcomed Gidget House, which is based in Hobart. They are operating around Australia. The Gidget Foundation provides face-to-face and telehealth-based psychological support services for expectant and new parents, and that's very much appreciated. We had to act very quickly to the closure of St Helen's Hospital and we've acted in a swift way to respond to the needs of the community, noting that there are needs in the community and we'll be monitoring that. I've met with relevant stakeholders in respect to this matter, I'm aware of your concerns in the parliament and more publicly, and I appreciate your advocacy.

**Mr O'BYRNE** - You could understand people being cynical about the fact that families in the north of the state are getting this service, but not in the south. There's a large cohort of families that have relied on that service and it's been preventative. It's taken the pressure off other elements of our health system. You can understand people being cynical that it's in the north, where a lot of the ministers live, but it's not in the south. That is of concern to me when they raise that with me.

**Mr WEBSTER** - I want to reassure people that the service in the south, whilst we initially set it up because it was a response to mental health beds being closed at St Helen's, the model of care has adapted as we've moved forward. It is more in the intensive parenting space than the mental health space at the moment. We acknowledge that for a couple of reasons, firstly, where the need sits and we've worked with community members and GPs around that need. The second part of that is the facility we're using at the Royal, which is part of the paediatric unit, can't be used for higher level mental health conditions. Whilst initially the advice we had from St Helen's was these needed to be mental health beds, we have very rapidly adjusted over time, and we continue to adjust to make sure we're meeting those needs.

The idea of the discussion paper was a number of people, from psychiatrists through the GPs, through to midwives, were telling us that we needed to have a continuum of services and we needed to make sure they met community needs. That discussion paper was released by the minister several weeks ago. We're waiting on feedback on that. In the meantime, we are delivering intensive parenting services in the south. The Tresillian model doesn't automatically translate from one state to another. We do need to evaluate it before we go forward with one model, but we will have intensive parenting across the state.

**Mr O'BYRNE** - One final point of clarification. My understanding is that the mother-baby unit beds at the Royal are for acute psychiatric admissions only. They require complex referrals, and do not provide care for maternal exhaustion and a range of other health issues that Tasmanian mothers are facing.

**Mr WEBSTER** - The model we designed on day one, on advice from St Helen's, was that, but it has adapted over time so it is now in that intensive parenting service. It does include referrals from GPs. You are right, the referral pathway is, at the moment, through mental health because that's where we located the service, but we are transitioning it to our Child Health and Parenting Service because we feel, as we've moved, the services move further and further away from the mental health stream and closer to the parenting stream.

**CHAIR** - I remind members of the committee that the format of the sessions today are questions seeking answers from the minister. I remind members not to stray into debating because that is for the House proper.

**Mr O'BYRNE** - Good luck with trying to stop us.

**Mr FAIRS** - You mentioned transfer-of-care protocol in your opening address. Can you provide any update on how it's going and any data that comes with that, and also work about getting our ambulances back on the road?

**Mr BARNETT** - It's a really important question. As part of our 2030 Strong Plan for Tasmania's Future, we announced that this would be a key initiative of our government. It's

rolling out and we're seeing incremental improvement. We're committed to end ramping, also known as transfer-of-care delays, at our major hospitals. That's what Tasmanians expect and deserve, and that's what we've committed to. That protocol across our major hospitals is working. We're seeing progress, with the end of year data for 2023-24 confirming ambulances spent over 9000 less hours ramped when compared to the previous year, with decreases at all four major hospitals. That's an outstanding result. That means Tasmanian ambulances and paramedics are out in the field and available for over 9000 more hours for Tasmanians that need them in the community. That's a reduction of 25.3 per cent compared to the prior year. No one can say it's not reducing ramping, with statewide performance exceeding 80 per cent in May, June, July, and August, and the statewide average of 83 per cent over last week.

I'm also pleased that new data from Ambulance Tasmania's monthly reporting shows that the average amount of time ambulances are spending at hospitals has significantly reduced over the last 12 months, from an average of 54.5 minutes in August 2023 down to 34.7 minutes in August 2024. At the Royal Hobart Hospital, the average time at hospital for ambulances was reduced to 39 minutes for August 2024, down significantly from 63.6 minutes 12 months ago, and the first time since reporting began that it has been under 40 minutes.

These aren't just numbers. This means ambulances are spending significantly less time stuck at hospitals and more time in the community helping Tasmanians that need it and deserve it. We know that there will be fluctuations day-to-day, week-to-week but these results are very positive and we will continue to take the measured approach as we continue on our way to the national best practice benchmark of 30 minutes. There's clear progress and I'm really pleased with those results and the data I've just announced.

**Ms HADDAD** - I want to return to the special purpose account. Previous budgets show that account was to be used on many of the things the acting secretary outlined, including the Digital Health Transformation Project, but never before has it been raided to the extent it has this year. I've gone back four budgets, four years, and never before has \$150 million been spent in one year alone. Looking at that Digital Health Transformation Project over the next three years, from last year's budget, it's been cut from a \$140 million allocation down to just \$90 million. Minister, have you cut the Digital Health Transformation Project because you've raided the fund set aside to pay for it to plug your budget black hole, mostly on salaries?

**Mr BARNETT** - Thank you very much for the question. I don't concur with the remarks. The Digital Transformation Program is very important. It is funded in the Budget and we have plans to improve the efficiency and operations of our health system. The referral system, as an example, is delivering in spades, with thousands upon thousands of improved efficiencies for the health sector. That means getting health care faster to Tasmanians who need it. I'll pass to the acting secretary.

**Mr WEBSTER** - You'll see in the forward Estimates that in the out year, 2027-28, there is actually an increase in the amount allocated in the budget in that year.

**Ms HADDAD** - For the digital transformation?

**Mr WEBSTER** - This is for the Digital Health Transformation. We're on target, as I think the minister said. He may not have. It's a \$450 million transformation, \$476 million. To date, we've spent, and with the forward Estimates, we'll spend about 210, so it's a very long-term program. We are behind schedule with the tendering for electronic medical records.

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Therefore, we have re-cash-flowed across the forward Estimates. There is money in 2027-28 which is actually an increase, if you like.

What we're doing is making sure we're doing this right and we're taking our time with the major reforms. Initial programs that we've done, such as e-referral, et cetera, are well on track; in fact, e-referrals is ahead of time with its delivery and has rolled out to GPs.

**Ms HADDAD** - My question is then, minister, it will be hard to meet those additional allocated 2026-27, 2027-28 commitments to the Digital Health Transformation when you've raided the special purpose account by \$150 million this year. Will you acknowledge that it's quite unprecedented? It's never been raided to that account in the previous four budgets and you've spent more than \$150 million to plug a budget black hole in your department.

**Mr BARNETT** - Thank you for the question. First, to the two-part question on the digital transformation. It's a \$476 million commitment over a 10-year period. We're committed to that. That announcement was made some years ago in 2022-23 and through to 2027-28 it will receive \$190 million in investment out of that \$476 million over the decade. In this Budget we're investing \$120 million over the forward Estimates.

I've mentioned the more than 234,000 e-referrals seamlessly progressing through the referral management system. It's incredible. Since it was launched in May last year it is making a real difference delivering better healthcare services faster. In terms of the e-referrals' success in numbers, there is a two to three-day average reduction in time to triage patient referrals across all major hospitals. The length of the trail of paper saved by the Department of Health is 135 times the height of Cradle Mountain. This is a massive saving, it's an improved efficiency, it's an excellent investment and we're proud of it. It's a 10-year plan and that's just part of our record funding to deliver better healthcare services faster.

In terms of the SPA, as you've referred to it, I'm happy to pass to the acting secretary to speak to that matter.

**Mr WEBSTER** - With the SPA and the spending of it in 2023-24, a large element of the demand in that area was our backpay, because we had a number of EBAs that were signed off by government in that period and we had backpay. In addition to that, with the large amount of revenue that we received from the Commonwealth we have to manage the timing of that as well, so there's a number of things that go into that expenditure. The purpose of the SPA is it's retained revenue to put back into health services, so we took the decision that in 2023-24, in addition to the planned activities, we gained permission from the Treasurer to use that money to even-out demand for 2023-24, including the demand on us for backpay.

**Ms HADDAD** - Before that spend of more than \$150 million in 2023-24, was that special purpose account intended for any other specific purpose, for example, funding hospital beds or any other specific purpose that you intended it to be spent on?

**Mr WEBSTER** - What had been flagged in the in the budget papers going forward was money for a human resources information system and money for digital health transformation and a few other small programs which added up to hundreds of thousands of dollars rather than millions. It had only been flagged for things like that. As I said, you'll see there is money in the in the Budget for HRIS, so we don't need to use the SPA in terms of digital health transformation there. We believe that the cash flow is what we need going forward for those

things so through the state Budget, we've effectively smoothed out by spending the SPA, we've picked up other funding for the items that were to be flagged by the SPA, but the SPA had been building. The purpose of it is not to build and build, the purpose of it is to spend it on health services.

**Ms HADDAD** - Minister, nowhere else in the whole Budget are the cuts going to be felt quite as acutely as they are in the Health department. In addition to having raided that special purpose fund, you've got \$600 million worth of cuts coming out of an already struggling system over the forward Estimates. The efficiency dividend for your department, according to the budget papers, is going to be more than \$202 million over the forward Estimates. That's \$22.5 million this year. How do you expect to find savings of \$22.5 million this year?

**Mr BARNETT** - Thanks for the question. It's a very broad question.

**Ms HADDAD** - It's pretty specific actually. Your department's going to have to go away after these budget hearings and find \$22.5 million in your government's efficiency dividend. I want to know how you're expecting them to do it.

**Mr BARNETT** - Yes, and the first part of the answer is that the Treasurer tabled the budget savings strategy in the parliament last week.

**Ms HADDAD** - Well, he didn't.

**Mr BARNETT** - That's on the public record.

**Ms HADDAD** - He really didn't and you know he didn't. There're no strategies in that document.

**CHAIR** - Ms Haddad, I'm allowing people to ask follow up questions and pursue lines of questioning, but if you can let the minister answer the question, then you can follow up.

**Mr BARNETT** - I'm noting that that document was tabled last week. I am more than happy to have questions on that document and the budget savings that were noted. Just to confirm again, we are spending record funds in Health, more than ever in Tasmanian history. It's gone from \$12.1 billion to \$12.9 billion over the forward Estimates. That's not \$8.3 million a day, it's \$8.8 million a day. It's a massive investment. We're pleased and proud of it because we know how important Health is. In terms of the other part of the question, I'll pass to the acting secretary.

**Mr WEBSTER** - Thank you, minister. In terms of the budget efficiency dividends in the categories outlined in the strategy the Treasurer tabled, in each of the categories I'll give examples. In terms of combining roles to make savings, for instance, the Chief Medical Officer is also now the Chief Psychiatrist. The deputy secretary of Community Mental Health and Wellbeing, Michelle Searle, is also the Chief Executive of Mental Health Services. They are combining roles at the leadership level in order to save money at those senior levels.

In terms of our Budget, we have massive spending on consumables. If I just use one example from within our consumables, pharmaceuticals, because of delays in supply and those sorts of things, we run at the moment with around 12 weeks' worth of stock of high-risk



pharmaceuticals, and that is a prediction of what we'll use. If we don't use it, there is actually considerable wastage from that.

We have looked across the country at other systems of ordering et cetera and targeted systems used in a number of states and territories where the contract with the supplier is such that they're required to deliver it, so that we don't have the holding, the holding sits with them. We believe that we can save in excess of \$3 million across pharmaceuticals by changing the way we contract for pharmaceuticals. We can do that in a number of areas of consumables across the system, and I think consumables is in excess of \$600 million within the Health budget, so a small saving in that space can mean that the budget efficiency dividend is met.

Other areas we're looking at in the Department of Health is that we've grown up a number of silos and a number of policy teams that exist across different areas of the department. We are looking at whether we can combine those policy teams and things like that to gain efficiencies there. We're also looking at operating as a statewide service and how we can get efficiencies from doing things like ordering on a statewide basis rather than a local basis and things like that. All of those things, given the considerable cost of those to the department, means we believe we should be able to meet the budget efficiency dividend, and I probably should put in there that the standard ones of consultancies and travel will be targeted as well.

**Ms HADDAD** - Okay, thank you. It's a lot to come up with, \$22.5 million, and I wish you well with that task. Other ministers over the last day and a half of hearings have agreed to table more substantial savings strategies from their departments. I think there's been some taken on notice and some have agreed to table them. Will you undertake to table more detail than that one-page that the Treasurer tabled in the House last week? I'm happy to put it on notice.

**Mr BARNETT** - I think it's best to have questions and we can take the questions. We were very proactive last week in responding to the parliament's request and the Treasurer outlined those budget savings and it went through my office, obviously, as minister for Health. I know the acting secretary worked on it very hard as well. I'm not sure what more we can provide at this stage to the committee.

**Ms ROSOL** - I'm going back to the topic I was discussing before. A root cause analysis on Anne Pedler's death had a recommendation to consider feasibility of on-site services 24/7 and the department accepted that recommendation and said it would be done within a year. That timeframe's long since passed and earlier you confirmed that the department accepted all the recommendations of the RCA, so was that feasibility study completed?

**Mr WEBSTER** - Yes, it was, and I will repeat we do have 24/7 services available at the LGH. So, in fact, if you compare -

**Ms ROSOL** - I am talking about on site, a staff member on site.

**Mr WEBSTER** - They are on site. We don't do it off site. Someone comes in to the hospital to do it.

**Ms ROSOL** - Available on site.

**Mr WEBSTER** - It is 24/7. In a number of cases, it's quicker than what you would get in a nine-to-five window because in a nine-to-five window we have medical imaging that is

booked and those sorts of things, so, you're moving things around to fit in emergency patients, whereas in after hours you've got a 15-minute call in. As the minister said, or I may have said last time, we've doubled our capacity of our cath labs in recent weeks. We've moved to two cath labs at LGH.

**Ms ROSOL** - You're confirming you did do a feasibility study? What was the recommendation from it if it was completed? I think there was a report that was supposed to be outlining the feasibility of it.

**Mr WEBSTER** - Our management looked at the feasibility of it. We didn't do a study.

**Ms JOHNSTON** - Thank you, Chair. Going back to the matter of Mother Baby Unit, Mr O'Byrne was quite correct in saying that there was a vast difference in service provision between what was offered at St Helen's and what's now currently offered at the Royal Hobart Hospital. I think in response to a question from Mr O'Byrne, you talked about the intensity of parenting services that are now available to parents and mothers in the south. The St Helen's model provided not only services to mothers experiencing mental health challenges, but also to mothers and babies who are experiencing feeding and sleeping difficulties and related exhaustion issues. How are those mothers who are experiencing significant feeding and sleeping challenges and are exhausted being provided for now in the south with an intensive resident service?

**Mr WEBSTER** - St Helen's provided that service to the private sector, not as a universal service. They provided to the public sector a mental health service. When we established a mother and baby unit, initially - and incorrectly - we established a mental health unit, thinking that was what we were taking over.

We've adapted that service over time and, as I've said, the next step is to move it away from mental health in the actual mental health services into our CHAP service, because it needs to adapt to what are the requirements or the needs of the community. We accept that there is a need in terms of the, if you like, the psychosocial supports that the parents need, babies not feeding correctly, all of those sorts of things.

We've moved away from a pure mental health model to one that covers a, well, it doesn't actually cover the more acute mental health anymore, it covers more the acute intensive parenting support.

That said, the discussion paper talks about needing to have a range of services. If we can actually intervene through our CHAP service, through initially our phone service but also our parenting services that are day services, the idea would be to avoid the residential service and then have that as the last resort.

That's the model that we're trialling in Launceston, and we will move towards that in the south during the two years of the pilot as well. If it's successful, then we can move forward from there. But I would agree with you there is this need and our service is moving to meet that need. Initially, we only had a public mental health service. That's what we took over and then we've realised that the need is greater in the intensive parenting space than it is in the mental health space.

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**Ms JOHNSTON** - Regardless of whether that service that St Helen's has provided privately or publicly, there was a desperate need for that service and it was well subscribed to.

I, myself, went to that service, and I know dozens and dozens of women who have had that service in the 18 years since I was there. The issue remains that there are women in the south who have babies experiencing significant feeding and sleeping issues who are exhausted and need assistance overnight and residency assistance who don't have access to services.

Minister, what do you say to those women who right now are experiencing those issues? Their babies are failing to thrive because they're experiencing significant feeding and sleeping issues. They're exhausted themselves. Where do they go?

**Mr BARNETT** - My immediate response is it is a concern and we do take it seriously. That's why that discussion paper is being released. I have had meetings with relevant stakeholders. I acknowledge the concerns.

Having said that, St Helen's is a privately funded entity. Those services were primarily to the private sector, apart from what the Premier stepped in and then opened those intensive beds for mothers and babies that require that intensive support and care.

There's now a transition taking place, as the acting secretary has outlined. We do take it very seriously, that's why we have funding in the Budget for two years ongoing for the mother baby at the Royal Hobart Hospital. That's why there's funding in the Budget of new money of \$9 million for the four-bed mother baby unit in Launceston with access for day services as well. That's why there's funding support for a statewide telephone service, which started 1 July this year. The number is 1300-TASBUB. That is why this will continue to receive active consideration by not just myself but the department. I look forward to rolling out the relevant initiatives that the acting secretary has outlined.

**Ms JOHNSTON** - With all due respect, minister, our telephone service does not cut it at 2.00 a.m. when you have baby who's failing to feed, failing to sleep and you're exhausted. There needs to be an overnight service where women can go to experience parenting assistance with those particular issues but also to recover from exhaustion. You don't seem to have a plan to achieve that in the long term.

**Mr BARNETT** - The acting secretary has outlined details of that plan, including engaging with the relevant stakeholders and others in the community. That's why that paper was released in recent times. That's why we're getting that feedback. We do take it very seriously. That's why there's the transition for the support at the Royal Hobart Hospital to meet the needs of mothers, their families and the baby concerned. We do acknowledge the concerns that you've raised, that have been raised with me directly and are in the community.

**Mr FAIRS** - Longer term plan for a health system, minister, any update on our long-term strategy?

**Mr BARNETT** - I have an update that I am pleased to provide. We have the long-term plan for healthcare to Tasmania 2040. This is part of our plan. I'm pleased to provide a progress report to the committee. I'd like to table that progress report and make that available to members of the committee. That is a progress report with an update and it is very important.

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In the first year of implementing this plan, we've focused on building the foundations needed for a modern and sustainable health system which provides access and a patient-centred approach and patients should always be at the centre when we're talking about our health system to meet the challenges and grasp the opportunities for the future.

We have continuing investments in critical infrastructure, digital technology, contemporary models of care and our health workforce with the recruitment blitz. As indicated in my opening remarks, it is making positive progress. There will be more people on our frontline this time next year than we have today.

We also have a health workforce 2040 strategy and a 10-year strategy for digital health transformation touched on earlier today that's funded in the Budget.

I released the north west master plan a few weeks ago., which was very important for the north west coast. Medicare urgent care clinics are new initiatives with the federal government and they are progressing, with two in Hobart, one in Launceston, one in Devonport and soon to be one at Bridgewater.

We have the implementation of the Victorian Stroke Telemedicine Service at the Mersey Community Hospital to enable access to 24/7 on-call support for stroke specialists in Victoria. We have the expanding Hospital in the Home in the south from 12 virtual beds to 22 virtual beds. To provide rapid response services, we have the establishment of the Tasmanian Rural and Remote Clinical Network to understand rural needs. We've got continuing success with the outpatient transformation strategy to better meet the needs of the Tasmanians in the community. All this is about getting the healthcare services that Tasmanians need and getting it to them faster to deliver a better health system for Tasmania well into the future, into the decades ahead.

**Ms HADDAD** - Minister, this year's budget makes it clear you intend to spend around \$130 million less on salaries than you did last year. How do you spend \$130 million less on salaries without cutting jobs?

**Mr BARNETT** - Well, let's be clear in terms of those cuts. There will not be those cuts to the frontline services. I've made it very clear time and time again that there will be increasing funding support and numbers on the front line. That's what we're doing. We're protecting those frontline services. We'll continue to do that. In terms of the claims of budget cuts, that's not true. We're increasing the funding for health with a \$12.1 billion to \$12.9 billion over the forward Estimates and I can't be any clearer that we're delivering record funding for our health services.

**Ms HADDAD** - You've said that you'll be spending more, increasing funding support, protecting frontline jobs, yet the budget does show \$130 million less in salaries than last year. Is that an admission that your forecast in the budget papers is wrong and you already know that you're going to blow your budget again next year, because how else do you spend less on salaries but get more staff? It can only be one of the two. Either you've got it wrong in this year's budget or you know you're going to blow the budget again next year.

**Mr BARNETT** - Yes. I think I've made it clear that there will not be those cuts that you've alluded to. I'll pass to the acting secretary to add to that answer.

**Mr WEBSTER** - As I've outlined before, part of the SPA was used on back pay. Part of last year's employment information is on one-off payments.

**Ms HADDAD** - Right.

**Mr WEBSTER** - That's important, but the second part of it is that the state budget, you know, in terms of activity demand, we actually have adjustments throughout the year, because as you'd appreciate, activity-based funding models that we run with the Commonwealth under the NHRA mean that as activity changes over the year, there is actually additional input from the Commonwealth. So, we need to adjust for that et cetera, but across the forward estimates where we would envisage that we actually need to increase FTE to match the additional demand, but also the additional commitments that we've made in terms of additional services that we'll be delivering. If I can correct, earlier I referred to a cath lab at the LGH when I should have said the CT scanner.

**Ms HADDAD** - I did write down 'cath lab', because I didn't realise there was a second - okay.

**Mr WEBSTER** - Yes, the cath lab is in Hobart, so, but just clarifying, it's a CT scanner.

**Ms HADDAD** - Okay, so there's still one at the LGH. Yesterday, at the other committee, the Premier confirmed that there is a cabinet razor gang looking at cuts across the budget. When there are deep cuts in your budget, why aren't you on that razor gang as health minister?

**Mr BARNETT** - Look, that's an interesting question. I think in history there's always been a budget committee even under a Labor-Green government. What the Premier and the Treasurer obviously - and I think that was made clear yesterday - what I'm interested in as the Minister for Health, Mental Health and Wellbeing is delivering a better health system and I'm absolutely delighted with the outcomes of this budget, which provides record funding again, going from \$12.1 to \$12.9 billion over the forward estimates.

That's more than \$8 million a day, \$8.8 million a day. I'm really pleased with the support for the health sector and my ambition as the relevant minister is to be an advocate for the health sector and to deliver better healthcare services faster. We're delivering on that. I can see the improvements each and every day, but I also know there's still a lot more work to do and I'm absolutely determined to work with the stakeholders and the community and the people of Tasmania to deliver better healthcare services faster.

**Ms HADDAD** - Okay. My final question just on this issue really is, as your department goes forward and meets their share of the efficiency dividend, the growing efficiency dividend, will you rule out involuntary redundancies across your department and the THS?

**Mr BARNETT** - I think the acting secretary has outlined the range of measures in terms of the budget efficiency dividend strategies. I think it's very comprehensive. I think the strategies as tabled by the Treasurer last week are also quite comprehensive. I'll just check if the acting secretary would like to add to the answer.

**Ms HADDAD** - The strategies tabled last week didn't talk about redundancies, either voluntary or otherwise. Are you saying that you can't rule out involuntary redundancies in meeting your budget cuts?

**Mr BARNETT** - I think the acting secretary said earlier, and I just want to put on the record, we expect an increase in numbers in the health system and the Tasmanian health service. That's an expectation that the acting secretary has noted. I've said on the public record many times, and I'll say it again now, that there will be more on the frontline this time next year than we have today. Under our recruitment blitz we are already seeing good improvement with more than 900 employed since April this year. That's a nearly 170 net increase. This is doctors, nurses, paramedics, allied health professionals on the front line delivering the healthcare services that Tasmanians need and deserve.

**Ms HADDAD** - I respect that, but you can employ more staff while making others redundant. I am explicitly trying to seek an assurance from you that you will rule out involuntary redundancies across your department and the THS.

**Mr BARNETT** - Let's be very clear. I'm certainly ruling out any cuts to the front line, to make that very clear. We are growing the healthcare workforce in the Tasmanian health system. We're going to deliver more healthcare services faster.

**Ms ROSOL** - Through you, minister, the acting secretary, I just wanted to note that it was the Health Department's own language that used the word 'on-site services 24/7'. When I talk about that I'm referring to the department's own language. On what date did the management team complete the feasibility assessment. Did you update Stella Jennings to say that the promise of that 24/7 on-site services wasn't going to be kept?

**Mr WEBSTER** - I'll find out a date, but I want to emphasise that we provide 24/7 on-site services. As I've outlined before, it is highly likely you'll get a faster service in the middle of the night with a 15-minute call in than you get through the day. I emphasise, and whilst I misspoke that the CT scanner is about doubling the capacity, it goes particularly to this particular tragedy, that we have doubled the capacity available at the LGH.

**Ms ROSOL** - Minister, yesterday you told the Legislative Council's hearing on Health that the Department of Health has appointed a senior doctor to manually audit patient death records. This follows the final findings from the reportable deaths review. We appreciate the information that was provided to the Committee yesterday, but we do want to clarify a few things. We understand this doctor will be reviewing both historic and contemporary cases. How will this work be prioritised? Will you be taking further evidence and input from current and former staff as part of that?

**Mr BARNETT** - Thanks very much for the question. I indicate that we certainly are taking this matter very seriously. That's why we acted so quickly to appoint an independent panel to look into this matter and report back. We now, through that independent panel to the department, have made those referrals to the coroner. There's further work to be undertaken. In terms of that work, I will refer to the acting secretary to speak to that important work.

**Mr WEBSTER** - It'll be a combination of things. If staff want to identify through the process, through the chief medical officer, that there are cases they believe should be looked at, then they can be given to the senior doctor to have a look at. The second part of it is randomising it. We think that's really important, that we have a random sample, so that we're checking that we are doing the process, and we're not just looking at cases that are identified, but where someone might be uncomfortable speaking up, or an area where they're

uncomfortable speaking up. We got a random sample so we can actually look that we're doing the process correctly. It's a combination of both.

**Ms ROSOL** - From what you're saying I'm just not clear, will they be reviewing every death certification Dr Peter Renshaw was involved with during his time or only randomised?

**Mr WEBSTER** - Prior to 2019 we had a manual process around the reporting of deaths and, in fact, prior to 2019, the reporting doctor of a death wasn't recorded in Births, Deaths and Marriages either. We will have to manually look back prior to 2019 and literally pull files off a shelf. Some of them will hit to Dr Peter Renshaw's cases, some will be other people's cases. But we want to assure people that we looked at all cases from 2019 to 2023. What we're doing is going back and actually randomising to make sure that we pick up any prior cases as well.

It is important that we note that it's almost an impossible task to go back to 1989 when Doctor Renshaw was originally appointed Director of Medical Services given the manual nature of the health records so a random sample is the best way to pick them up.

**Mr O'BYRNE** - Minister, back to the mother baby unit. You've allocated \$9 million for the trial in Launceston. The Tresillian model is well regarded, founded in good medical practise, and considered successful where it's been applied.

Now, I've been around a while, I've heard trials, I've heard pilots. Is this just a case where you're going to have to expand it to the South, but it's a budgetary decision to roll it out in the North and you're managing it financially as opposed to managing the needs of those of Tasmanians that need that service?

**Mr BARNETT** - Thank you very much for the question. We do take this very seriously. I'm pleased there's funding in the Budget, new funding of \$9 million for that 4-bed mother and baby unit which is being developed as we speak. We hope to have it in place soon after Mother's Day next year and then that will roll out and the services will be made available.

As I've said earlier, there's the telephone service from 1 July this year. The transition of the Mother Baby Unit at the Royal Hobart Hospital is outlined by the Acting Secretary and the discussion paper that the acting secretaries made reference to getting feedback on that from the relevant stakeholders in the South of Tasmania. We do take it very seriously, we're taking on board that feedback and we want to make sure that we get the balance right and deliver the services that Tasmanians need. I'll ask the acting secretary to add to that if he can.

**Mr WEBSTER** - Tresillian is actually only one model out there and there are a number of other models and we believe it's important that we find a model that fits Tasmania. Whilst we're trialling Tresillian, we're also working in the South, as I said, to transition as quickly as we can more into the intensive parenting.

But in addition to that, when we're putting the discussion paper together, we got lots of different views about what it is that we should be delivering, which is why we believe we have to go to community to get the community feedback. We have clinicians that understand this space that are advising us, but we are moving forward to make sure we have residential services across the state that are matched to the needs of the community.

## PUBLIC

**Mr O'BYRNE** - Minister, data from a federally funded state-wide perinatal infant mental health referral service paints an awful picture about the demand for perinatal mental health services and a lack of support available in the state. Over the last seven months, referrals for perinatal infant mental health services in Tasmania are up by 58 per cent. This has all happened since St Helens closed their service. Whilst you talk about a trial in the north and you talk about consulting, isn't everyday delayed a problem for Tasmania?

**Mr BARNETT** - Thank you very much for the question. Before I refer part of that answer to the acting secretary, just to note that St Helens was a privately-operated private hospital providing services-

**Mr BARNETT** - There's always been a management between public and private services and the public step in when the private collapse, it's always been the way.

**CHAIR** - I'll let the minister answer the question and I'll let Mr O'Byrne have a follow up if he needs to.

**Mr BARNETT** - Thanks very much. As I was saying, the St Helens Private Hospital closed and the Premier stepped in very quickly with taxpayer funded support for much-needed services for the mother and baby unit at the Royal Hobart Hospital. I appreciate the leadership of Jeremy Rockliff to deliver on that support and service. To add to the answer, I'll ask the acting secretary to respond.

**Mr WEBSTER** - Specifically on perinatal infant mental health services, we have seen an increase in referrals in recent times, but we've also had increases in service delivery, particularly in the north and north west, where we are putting additional services. At the moment we're running a Perinatal Infant Mental Health Service (PIMS) pilot on behalf of the Australian Government in the north and north west.

In the south it has had a service well established over a long period of time, whereas the north and north west had very limited services, which we are growing. Across all of our demand areas, we look to how we are going to clinically respond over a period of time. I would see that the perinatal infant mental health service is purely in the mental health space, and we continue to have separate plans to that. Then we have the Intensive Parenting Service (IPS) area.

We've only touched on very few of the parenting services that we offer. In addition, when we actually do checks universally on every child early on in life, from that we have risk assessments that then see CHaPS follow up with those children. We have the phone service, which can do referrals back into CHaPS, and we have the day parenting services as well.

Any parent that is struggling through that period should be in contact with our 1300TASBUB number because it gives them access to a range of services, not just a phone call.

**Mr O'BYRNE** - I apologise for talking over the top, minister. It's always been the situation that when there's a service that's been provided by a private health provider that is of absolute need and plays a crucial role in the health and wellbeing of Tasmanians, if that falls over, the state government or the public provider has a responsibility to lean in to fix that hole. That is something that is well accepted.



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I understand that there's access to phone calls et cetera, but essentially if you've got nowhere appropriate to refer a parent after a phone call for them to deal with the issue, then you might as well not have the phone call. It's further frustrating mothers and families. The only thing that I can take from a lack of response to a service delivery in the south is that you didn't value or you don't think that the St Helens model was appropriate. I would say there are hundreds of women and children and families that disagree.

**Mr BARNETT** - I'm happy to take that as a question. I think the advocacy is noted and your strong interest in this matter. We take this very seriously, as the acting secretary has indicated. There is a whole range of services for children and parents. We have the Child Health and Parenting Service across the state, and they have a whole range of services in place as well.

We take it seriously; that's why we are engaging with stakeholders as we speak. We'll get that feedback and we'll do everything we can to provide the support and services that Tasmanians need. St Helens was a private hospital that has closed, and we had to act at very short notice. That is why I've commended the Premier and former minister, Jeremy Rockliff, for acting so quickly to stand up the mother and baby unit at the Royal Hobart Hospital. I hope that's at least acknowledged in this place. I think it is in the community at least.

We have that discussion paper out now looking at the perinatal healthcare model that offers a range of options in the community, public and private system beyond hospital care. I think you need a holistic approach, and we take it seriously. I'll check if the acting secretary wants to add to that, but you don't have to.

**Mr WEBSTER** - I want to emphasise that it's not a phone call. There is a range of services that sits behind the phone call. The ministers outlined some of them - Gidget House at the Peacock Centre. We're working with Gidget House to extend into the north west. We have an iCOPE process within CHaPS; we have an app within CHaPS. We also have day service parenting services. We're adapting the mother and baby unit, as we're calling it, at the Royal into an intensive parenting unit. We have Tresillian coming online up north.

We are responding with more services than were available through St Helens. It's not just a phone call; there are services that sit behind that right from the universal service and then the risk assessment that goes with that.

The initial contact for mothers and parents across the state can be done through the 1300TASBUB number, but we want to assure that we have services that sit behind that number. We don't want to paint the picture of it's a phone call.

**Mr FAIRS** - Minister, you mentioned before about ambulance ramping and the positive or encouraging data that shows it is coming down. That's great. Can I talk about the new ambulance stations for a moment around Tasmania? I know in Beaconsfield, in my electorate of Bass, there's one. Obviously the ones at Bridgewater and Queenstown have been delivered. Is there any update on any others?

**Mr BARNETT** - I'm really pleased and proud of the fact that we've got \$21.7 million in the Budget for Cygnet and Snug, and likewise Legana and King Island. I was on King Island many months ago and I know they're very keen to see that happen. Likewise at Legana, which is a growing population area, as I know you would know, honourable member for Bass.

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As you've indicated, that's on top of the big investment we've already made at Bridgewater, Beaconsfield and Queenstown, which opened last year. I've visited all of those. I can advise work is nearing completion on the super stations at both Burnie and Glenorchy. It'll be great to see them operational very shortly.

Construction work is well underway at Oatlands. I was there again just a month or so ago and it's well advanced. It's expected to open in early 2025. I can't wait to get that one open because it's right next to the multi-purpose healthcare centre at Oatlands, and I know the community will really appreciate that.

I'm also happy to provide a further update with respect to the ambulance stations at Bicheno and Longford, and I'm pleased to advise that the locations for these new ambulance stations have now been confirmed with planning and concept design work already underway.

As you're aware, we listened to the Bicheno community to withdraw plans for the new station to be located at 60A Burgess Street, Bicheno. I can advise the preferred site is now Lot 1, 19 Sinclair St, Bicheno, which is on existing Crown land. This follows close consultation with the Glamorgan Spring Bay Council and key community stakeholders and the community, which indicated a good level of support for the new Bicheno ambulance station at this location.

Further, the new Longford ambulance station will be located at 20 Union Street, Longford. I know this announcement will be warmly welcomed by locals in Longford and the northern midlands who have been raising this with me in recent months. We'll continue to provide those updates to the local communities in Bicheno, Longford and elsewhere about the next steps as we progress our plans to grow our health infrastructure. Of course, that's part of our \$650 million commitment in the Budget to Health infrastructure.

**Ms HADDAD** - Minister, you made an election commitment to fully fund a northern heart centre with \$120 million of state funds. Now you say it won't be delivered at all unless the Australian government agrees to pay half. Will you admit this is a massive broken election commitment?

**Mr BARNETT** - As the Premier said, we will deliver the northern heart centre. We are very pleased and proud to be committing to that. In terms of working with the federal government, the Premier has already written to the Prime Minister in February and has received a response indicating the Commonwealth's willingness to have further discussions. I understand that they are very productive and positive.

Likewise, I've written to the federal minister, Mark Butler, and indeed the Leader of the Opposition, Peter Dutton, seeking the support of both major parties given the upcoming election. I'm very confident about that. We know that the north and north west do need that and that's why we've given that commitment. I'm really looking forward to progressing that and ensuring that it is delivered for the people of northern Tasmania.

**Ms HADDAD** - Thank you. I agree it's desperately needed. We've got the worst rates of heart disease in the country here. But at the election, and I'll quote what you said on the news at the time you made that commitment:

We have the \$120 million budgeted for over the next five years. We are going to make this a priority for our government.

Clearly, state funds were intended at the time and this is a broken promise. Why did you wait until budget week to make a formal request to the federal government to deliver this project that you committed to two months earlier?

**Mr BARNETT** - It's not unusual for Health infrastructure to be asking the federal government for funding support. We should be treated in the same way that other states and territories are treated. You would have seen the federal funding support for the Royal Hobart Hospital in your electorate, Ms Haddad, and we expect to be treated in the same way as other jurisdictions. Tasmanians will not be treated as second-class citizens.

As I've indicated earlier, the Premier made that request in February earlier this year and you're quoting me. I will quote Ms Anita Dow during the election campaign, where she indicated as follows when she was asked about her plans to invest in our hospitals in Hobart, Launceston and the northwest and she said:

We certainly do have some firm ideas about how we want to see those projects progressed. We would love to work with the federal government to get more funding to make these projects happen.

It seems to be a little hypocritical for criticism at this stage from state Labor.

**Ms HADDAD** - No, you do misread me, minister. My point is it seems a very political way to negotiate with the Australian Government to wait until budget day to make a formal request. I acknowledge the Premier said he wrote on the day he called the election with a range of state-based projects and then weeks later made a commitment that \$120 million of state-based funds would be committed to the northern heart centre. That is a broken promise. It's a very political way to negotiate with the Australian Government.

My bigger question about this issue is, even if the Australian Government comes to the table today with \$60 million, there's not one cent of state funds in your Budget for the forward Estimates for the state's half of this project. How do you explain that?

**Mr BARNETT** - I think it's made clear publicly by not just the Premier, but also the Treasurer of our commitment to provide those funds to support the building of the northern heart centre. In short, as the Premier has said, we will get this done, we will build this, we will deliver the northern heart centre for Tasmania. Planning is already underway. I've made that clear publicly and privately. I'm really pleased about those plans and I'm looking forward to progressing them.

**Ms HADDAD** - So, plans are great, but you can't deliver infrastructure with just a plan. You need money to build the building and employ the staff that are required to run a new cardiac centre in Launceston.

Can you point me to where in this year's Budget there is any funding allocated to the state's half that you've committed to now? Even if the Australian Government comes to the table today with what you're asking of them, a 50 per cent component, there's no state-based funding for the forward Estimates. My question is, where in the Budget can I find that commitment and, second, if it isn't there, what's your time frame for providing any state funds to delivering a cardiac centre in Launceston?

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**Mr BARNETT** - In terms of the timeframe, as I've indicated, we consider this as a priority. Planning is underway.

**Ms HADDAD** - There is no money.

**Mr BARNETT** - I've had discussions with my department already and that's progressing. The expectation is that this will be delivered over a five-year period. We will have funding to deliver on that. The Premier has made it clear that we will deliver this. He said that publicly in the parliament and in the public arena as well, as have I. The planning is in this year's Budget, the budget allocation over the next four years. Working closely with the federal government, we will deliver and that's a commitment that I've given and the Premier has given.

**Ms HADDAD** - Just a genuine question to clarify, you've said it's a priority project to be delivered over a five-year span. Does that five years start from this financial year?

**Mr BARNETT** - Yes.

**Ms HADDAD** - Okay, thank you.

**Ms ROSOL** - Minister, I'd like to ask a few more questions about the reportable deaths review. There's been a suggestion made that in addition to his own direct misconduct, Dr Renshaw also intimidated or ordered others to falsify records and suppress matters from the coroner. Are you looking at any historic cases that don't involve Dr Renshaw, recognising what was said earlier about some of the case selection being randomised? Will there be any review of cases that don't involve Dr Renshaw?

**Mr WEBSTER** - It is indicated in the final report of the panel. They looked at some of the cases that would fit the category you just described. Yes, we'll look at other cases if anyone wishes to identify them. Earlier, I talked about going back to 1989. It has been pointed out to me that because of disposal schedules, the period we can go back to is 2003.

**Ms ROSOL** - Thank you for clarifying that. One of the things that's remarkable about the situation is how many times it happened. Staff we've talked to say that they raised concerns, but they never went anywhere. It doesn't seem like the review panel examined whether complaints had been made or how they were handled. Is that something that the department has done?

**Mr BARNETT** - I'll pass that question to the acting secretary.

**Mr WEBSTER** - The panel looked at whether we have corrected our processes. Importantly, we don't want the process that seemed to have been in place in the past to continue into the future. They gave us some assurance that it wasn't systemic, as in it wasn't multiple senior doctors across our system doing this. They gave us reassurance that our new processes were on the mark. We've taken the decision to give the public further confidence by having this audit process in place. As I said yesterday in the other place, if this has been a culture issue, we need to make sure that we're checking on the culture into the future, not just assuming that we fixed it at one point in time.

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**Ms ROSOL** - In recent years there have been multiple cases where a death that's occurred at the LGH has been referred to the coroner by another body, such as the health complaints commissioner. This fact was noted by the coroner in their findings. In one report in 2021, the coroner said:

I do not consider that the patient's death was due to, as the medical certificate of death indicated, a pulmonary embolism, nor, as a post-mortem report suggested, cardiac-related. The cause of the patient's death was sepsis.

When the department reviewed these coroner's reports and saw that the LGH had failed to appropriately report a death and that death certificates were incorrect, was anything done to investigate the issue?

**Mr WEBSTER** - I would have to look back and find out. I wasn't in the position at that time, so I'm not able to answer off top of my head. I will seek an answer for you.

**Ms ROSOL** - Is that something that we could take on notice, please?

**Mr BARNETT** - Yes, put it on notice, through you, Chair. We're more than happy to respond.

**Ms JOHNSTON** - Minister, you'd be aware that a number of NGOs provide important health services to our community. They've been experiencing cost increases in the delivery of their services. How many NGOs whose primary source is Department of Health funding reported a deficit budget last financial year?

**Mr BARNETT** - These are questions of community service organisations rather than the Tasmanian Health Service, but I'll check if the department can assist and ask the acting secretary if that's possible. We're talking about community service organisations that are outside of the scope of the Tasmanian Health Service.

**Ms JOHNSTON** - These are ones that are funded directly from the Health department.

**Mr BARNETT** - Sure, I understand where you're coming from, but we don't operate those organisations.

**Mr WEBSTER** - We don't get the annual reports and financial statements of every organisation that we fund. We can't tell whether they're running deficits.

**Ms HADDAD** - You do.

**Mr WEBSTER** - We get reports, but we don't look at that. We're looking at our services and report on our services. What I'm saying is we don't do financial analysis of the community service organisations, and I don't think we would have a list of who was deficit and who was profit. We might be able to find them on our files.

**Mr O'BYRNE** - Under the contract they should establish their sustainability. It's a standard question.

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**Mr WEBSTER** - Absolutely. But you're asking - it's not something we readily collect and have at hand. As I said, we can go back through files. If there was an individual organisation we're concerned of, we would have particular conversations with them.

**Ms JOHNSTON** - My advice is that there have been a number of NGOs, who have their primary source of funding from the Department of Health, who have had to run deficit budgets last financial year. They have indicated to their grant funding managers that they reported deficit budget this financial year and so have requested an increase in their funding? Do you have numbers on how many have advised that they will need to run a deficit budget this financial year if they don't receive an increase in their funding?

**Mr BARNETT** - I'd have to check through the acting secretary. I would need to refer that question to the acting secretary.

**Mr WEBSTER** - The Community Service Organisation Indexation is in our budget this year. We are responding to the need for indexation. A number of our contracts would have been renegotiated in time. I have no information that any of our particular grant managers have flagged to me that we've had an individual request for additional funds because they're a deficit.

**Ms JOHNSTON** - Is that a concern to you? I'm assuming the grant funding managers are the point of liaison between the NGOs and the budget process. Is it a concern to you that there've been no indications from these grant funding managers that the organisations that they're liaising with are running deficit budgets and have requested additional funding above and beyond the community sector indexation to be able to continue to provide their services?

**Mr BARNETT** - First of all, I'd want to put on the record our strong support for the community service organisations. We have a very good relationship with them across the community sector. I want to say thank you for their support and services to deliver better healthcare services into the community, particularly for vulnerable and priority populations.

In terms of the grants program, I am advised we administer over 220 funding agreements to over 130 community sector organisations across a range of areas: mental health and alcohol and drug services, public health, home and community care services, the Tasmanian Health Service. In the 2023-24 year we provided \$75 million, which was an increase of approximately \$4 million from the previous year. The department has indicated it is important. The department will deliver the State government's election commitment to deliver the 12.5 per cent indexation over four years to community service organisations. In 2024-25 indexation of 3.5 per cent will be provided. The total cost of this initiative over the four years is \$7.6 million. I'll check if the acting secretary would like to add to that answer.

**Mr WEBSTER** - At the time of negotiating any of our agreements, there obviously would be organisations flagging their needs. In addition to that, there is a Treasury process where organisations put in individual budget bids and they are analysed by the department. There is a number of ways that community service organisations would flag the need for an increase, et cetera. Indeed, through grant programs, through contract programs, that flags the income from the Department of Health. As the minister said, there's now indexation in the forward Estimates. I would envisage that we would know who has asked for additional funding. It's considered in light of the entire Health budget, not just as individuals - you know, individual increases because an organisation has asked for it.

**Ms JOHNSTON** - There seems to be two streams that organisations can indicate their need for additional funding because they're facing budget deficits. There's a stream through their grant manager, but then also through a stream through a budget submission to Treasury. It seems that that request isn't getting through to the actual budget deliberations of Health because they continue to run deficit budgets. You can't give me an indication of the impact of how many organisations are going to continue to run deficit budgets without an increase in funding over and above the community sector indexation. Is that a concern to you that you have a significant number of community organisations, not-for-profit organisations, providing important health services, that are running at a deficit that you're not aware of?

**Mr BARNETT** - Personally I have a very good working relationship that's positive and collaborative with a range of community sector organisations. I appreciate their work on behalf of the government. I've just indicated that and how important those services are, which we really appreciate. In terms of the detail around that and the feedback we get, that is absolutely considered very seriously. That comes in writing directly to me and the department. The acting secretary has outlined the budget process as well, which we refer to the community service organisations so they can participate as part of that budget process going forward. That's not unusual. They're well aware of the process and they normally keep the government informed either directly through me, my office or the department. I'll ask the acting secretary to add to that answer.

**Mr WEBSTER** - I've just been reminded that the community services sector is actually part of DPAC and in fact the Community Services minister has announced the process of a review of the funding of all community service organisations with a view to the indexation, which we've completed, a review of the long-term certainty around outcomes, et cetera, which is due to commence, and the development of an outcomes framework looking at whether there is more certainty from longer-term relationships with government. I've only got scant detail of that given that sits outside our portfolio.

**Ms JOHNSTON** - So just to help NGOs with future budget bids, who should they be pleading their case to? Their grant manager, Treasury or the Community Services minister? Who do they go to?

**Mr WEBSTER** - That review is all organisations, hence some of the indexation is in the Health budget, but when we say that those submissions go to Treasury, that's the collection point. They are then sent through to the individual ministers and departments for analysis. The budget process when Treasury calls for submissions is that they come to Treasury and are then sent to the department for consideration.

**Mr FAIRS** - Minister, I'm sure the other committee members are finding this too in their electorates where their constituents are talking about the lack of GP access. I know there's GP clinics closing across Tassie and obviously that makes it, in turn, very hard to see a doctor. I know primary health is a responsibility of the federal government, not the states, but I just wanted to know what the 2024-25 Budget is doing to help Tasmanians access GPs.

**Mr BARNETT** - Thank you very much for the question. It's really important. Primary health care is a responsibility of the federal government and unfortunately they haven't stepped up where they needed to, but we've stepped in and stepped up and we've got funding in the Budget to support that. We've already stepped in in a whole range of areas, including East Devonport, St Marys at Lauderdale, Glenorchy and the like and we're not going to give up.

That's why we outlined a very significant funding commitment during the election campaign that's now in the Budget. I mentioned those in my opening remarks, or at least some of them.

I'm very pleased and proud to say that we now have that GP Guarantee, we have the GP Rapid Response Team of some 10 GPs based at Lauderdale, Launceston and Latrobe. They'll be available to move into those thin and failing markets and those GP practices that are not viable or under massive pressure. I am pleased with the news in recent days in terms of the Snug GP practice and my department was certainly involved in consultation there.

In terms of the GP NOW Rapid Response Team, we've got the \$250,000 grants for our GP practices. They've been advertised and the feedback's coming back in on that in terms of applications and that will help provide better healthcare services in rural and regional areas and across the state, wherever those GP practices are based, to keep them viable, to extend opening hours, to provide a nurse practitioner perhaps, and longer hours as I've indicated. On top of that, there is funding support in the Budget for up to 40 GPs in rural and regional areas over a five-year period to pay up to \$100,000, to pay for their HECS or indeed their incentives to come and live and be based in Tasmania. All those initiatives are well underway and progressing really positively and I'm pleased and proud of those nation-leading initiatives.

We are stepping up as and when required in this space. This will take pressure off our emergency departments. Four out of 10 people who present at an emergency department are not emergencies and having further support in the primary healthcare area will help us manage our EDs in our hospitals. The access and flow issues are very present every day, but this initiative is funded in our Budget and I'm really pleased and proud of it.

**Ms HADDAD** - Minister, another election commitment you made was that you would deliver a significant expansion of the emergency department at the Royal Hobart Hospital. Since then, there have been significant concerns raised that there isn't the budget for it and that the scope of the redevelopment will be significantly reduced. Can you confirm for the committee today what the reduced scope of work looks like and what the final scope, final budget and final time line for delivery is on the project?

**Mr BARNETT** - Thank you for the question; it is a very important matter. Not only have we got a recruitment blitz on, but we've already successfully gone through a recruitment process for the 44 doctors and 25 nurses at the Royal Hobart Hospital ED. We've got funding in the Budget for the further expansion of the Royal Hobart Hospital ED. The department's working through that with the relevant stakeholders. I recently met with the department and the AMA, both the president and the CEO, and they're getting further advice from KP Health in terms of the plans and the concept drawings for that ED to make sure it's fit for purpose for both now and into the future. I'll pass to the acting secretary to add to the answer.

**Mr WEBSTER** - As we outlined yesterday, the Royal Hobart Hospital emergency department budget has been adjusted a number of times by government. Initially it was a \$25 million expansion, the government then moved that to \$50 million, then \$82 million and it now sits at \$130 million. We are working through the second phase of development of the Royal Hobart Hospital emergency department. The first phase increased the number of treatment points at the Royal from 57 to 82 to take us forward. As the minister just outlined, we have now funded the doctors and nurses so that we can use all 82 of those treatment points.



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The planning phase is to make sure that we know exactly the number we need for 2035. We have one report which shows that based on 5 per cent growth per year in presentations to the ED, we would need 121 treatment points by 2035. At the moment we're running at 1.4 per cent growth of the ED. A second report has shown a different number.

In addition to that, as the minister outlined, we're putting in the field a number of initiatives that are targeted at avoiding hospital presentations, a number of initiatives across aged care, community, et cetera. We've engaged KP Health to work directly with our clinicians and infrastructure to come up with what should be the exact number and we need certainty of that number, because as we go forward we need to plan decants around the hospital. As you would appreciate, we can't build and deliver. Our commitment to our doctors at their request is that we will, throughout the build, have 82 treatment points available and we'll staff to that need too, but where there are they will be moved around, including things like the main entrance to the ED which will move from Liverpool Street for a period of time and it will be Argyle Street. This is quite a detailed planning phase.

Part of that and part of the media recently is around whether it is this model or that model. Getting the numbers is important to decide that. As the minister said, he met with the AMA, but we also put in a process where we're consulting all our unions as well as staff through the planning phase. We need to get this right because we need to deliver the number of treatment points not for this year, but for 2035. We'll get one chance at this, given that our ED is in the basement of an existing hospital. We can't get it wrong.

**Ms HADDAD** - Is it fair, then, to say that the work you're currently doing - you said you're revising plans with KP Health - represents a reduced scope? Would you call it a reduced scope?

**Mr WEBSTER** - No. I want to emphasise that the department and the government in Tasmania has adopted the Aus Facilities guidelines, which are building guidelines for health facilities across Australia. We've adopted that as a standard. We'll be building a facility that meets that as a standard. What we deliver will meet that. What we are looking at is what the number of treatment points are. We could build 121, but if we don't need them and will never staff them, then we don't want to build to that level. We have to get that number right.

The second part of getting that number right is it affects how you decant. There are significant costs in this build from the fact that we have to move things around. Moving the front entrance from Liverpool St to Argyle St, we have to work with council to make sure we've got flow of ambulances in and out of the temporary entrance. It will mean our short stay unit, which we opened in February last year, will have to be converted to an emergency department area and those beds will have to go to another part of the hospital.

We've got all those complications, so we have to get this 100 per cent right. Yes, the scope is uncertain for the number of treatment points, but the actual facility we're delivering must meet that standard.

**Ms HADDAD** - I've had an email shared with me. To save time, I won't read the whole thing. It makes it clear that staff are worried that the scope will be reduced and that will impact patient safety. They say:

The ED redevelopment project is on hold for budgetary issues.

They go on to say that they have been directed to work with architects about a changed and reduced scope. They finish by saying:

We openly acknowledge that this design isn't fit for purpose to meet our current needs, let alone the future needs of the department. All of the risks associated with this design will be clearly documented and escalated.

They're disappointed with the outcome. They shared an architect plan that clearly does say 'reduced scope'. There is significant staff concern that the scope of the project now will impact patient safety in the immediate term and that it won't be sufficient to deal with future patient demand. Notwithstanding that you said you have the programs in place to try to reduce hospital ED admissions, there are significant staff concerns around reduced budget and reduced scope.

**Mr BARNETT** - I'll kick off the answer and indicate the objective of our government is to provide and to meet the healthcare needs of Tasmanians in the south of the state both now and into the future. That is our objective and the department is aware of that objective.

The department and I have collaborated with the AMA. I met with other unions last week around the table with the department with a range of questions and concerns, particularly relating to the Budget out of a decision of the House of Assembly a week or so ago. I have ongoing meetings with the unions and I look forward to those. They're usually productive and collaborative. We agree to disagree from time to time, but the expectation is that it'll meet the needs both now and into the future.

There is an agreement to continue collaborating and working together. That's exactly what's happening at the moment: getting expert advice, basing decisions on expert advice, and feedback. That's exactly what the government's doing. I'll pass to the acting secretary to add to the answer.

**Mr WEBSTER** - We accept that there's concern with our staff in our ED at the Royal Hobart Hospital and it is generated from the fact that we're in this planning phase. I'm familiar with the email that you just read out and I'm familiar with the plan attached.

I would hope that you would accept that that plan attached is not the standard that would normally be produced as part of a planning process. It is one person's quick and dirty look about how you could do something. We're committed to design to the standard, and part of that is making that decision about what is our need in 2035, because that's what we need to build for. As part of that step up, we didn't stay at 57 and say we'll build to a new number in the future. We actually said let's do the first step now and we went from 57 to 82 and the former minister gave that commitment and it was fast tracked in 18 months to give that extra capacity.

We will work with the staff through the planning process to get the right number and the right design going forward but, at the moment, I assure you that a quick and dirty plan attached to an email is not how we do our planning process.

**Ms HADDAD** - Thank you, and I'll just ask one last question on infrastructure to round out this, if that's okay.

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**CHAIR** - Excuse me, Ms Haddad has another question or two left. I will just let the committee know, there is a hard cut at 1.00 p.m. and then we'll just continue on from where we left off as best we can.

**Ms HADDAD** - I may not need to come back to this, it might just be neat to finish it off. But it does go to capital works and infrastructure, which is the LGH master plan. You told the Upper House yesterday that the revised master plan is on the website, but it's not. The 2022 document is on the website. I want to know whether you will release - table today would be ideal, but if not then publicly release - a revised and rescoped LGH master plan that we understand has been worked on.

**Mr BARNETT** - Yes, so I think the current master plan is the 2022 master plan. The department is working on an update to the current master plan from 2022. Certainly, when that's concluded, I have no issues and I would support putting that on the website and making that available.

**Ms HADDAD** - Do you have a time frame for release of the revised plan?

**Mr BARNETT** - Thank you for the question, we will just check on the time frame. Yes, I am advised by the end of this calendar year.

**Ms HADDAD** - Not to pre-empt it, but can you give a bit of a snapshot of reduced capital infrastructure commitments in the revised rescoped master plan compared to the original 2022 plan?

**Mr BARNETT** - I can advise we have \$650 million of capital infrastructure commitment in the budget, which includes work on the LGH masterplan, for which we're very pleased and proud. This includes \$39.5 million for expanding the emergency department, nearly double, at the LGH, and there's funding for the mental health precinct, which is adjacent to the LGH. There's funding for other work that's consistent with the master plan, including the car park, which is adjacent to the LGH.

There's a huge amount of work that will be undertaken over the forward Estimates consistent with the Budget and consistent with the master plan and we will update the community and the and the parliament as soon as possible once the revised master plan is complete.

**Ms HADDAD** - I would like to ask some questions about ambulance services. My first question relates to people calling triple-0 for an ambulance and the emergency call takers triage the call and assign it a priority level with priority zero and priority 1 calls being emergencies, life threatening incidents that require a lights and siren response.

When a call is graded as P0 or P1, it's supposed to be assigned an ambulance within three minutes. Can you tell us how many times ambulances were not assigned to a P0 and P1 emergency call within three minutes in 2022-23 and 2023-24 please?

**CHAIR** - The time being 1.00 p.m., we'll break for lunch but then I might suggest that we just kick off with the Ambulance Tasmania at the table.

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**Mr BARNETT** - Can I give you a heads up? We'll have the chief executive of Ambulance Tasmania at the table after lunch to assist us in answering the questions. Thank you.

**CHAIR** - The time being 1 p.m., we'll take a short break for lunch. We'll return to continue your scrutiny of the Health, Mental Health and Wellbeing portfolio at 1.30 p.m.

**The committee suspended from 1.00 p.m. to 1.30 p.m.**

**CHAIR** - This is scrutiny of the Health, Mental Health and Wellbeing portfolio. We'll start with Ms Rosol just restating her question, but I think I was just told that there is an answer to a question that was asked previously.

**Mr BARNETT** - Yes. Well, first of all, thank you very much to Ms Rosol, the member for Bass. We have the Chief Executive of Ambulance Tasmania, Jordan Emery, at the table. So I want to welcome the Chief Executive and in terms of a response to Ms Haddad earlier, I just want to clarify I can confirm 100 per cent that there'll be no forced redundancies at the Department of Health. Having said that, I'm happy for the Chief Executive to respond. I think we've got those questions and the Chief Executive's happy to respond directly. And if you're happy to -

**Ms ROSOL** - Do you want me to repeat the question or have you got it from before?

**Mr EMERY** - I think I understand it, Ms Rosol. Yes.

**Mr BARNETT** - Yes, we got the questions but let us know if we need to add to the answers.

**Mr EMERY** - Thank you. Through you, minister. And thank you, Ms Rosol.

If I can just provide some clarification around activation time: I think that's important and I'm very happy to go into the specifics of your question. The activation time is the time taken from when we receive an initial triple zero call to assigning an ambulance to that triple zero call, and it is affected by a range of different factors. But importantly, we continue to work towards a target of three minutes for all priority 0 and priority 1 cases.

In August of 2024, our 50th percentile or our average activation time across the whole state was 2.22 minutes and it's remained under 3 minutes as the 50th percentile for the last 12 months.

That said, when we look at the specific numbers of cases that have an activation time in less than 3 minutes, in 2022-23 that was 74 per cent. In 2023-2024 that was 71 per cent. If we extend beyond that to 4 minutes, in 2022-23, 85 per cent of P0 and P1 calls have an ambulance activated within 4 minutes or less, and in 23-24 that was 82 per cent of incidents had an ambulance activated in 4 minutes or less.

And if I extend that further to 5 minutes, in 2022-23, 89 per cent of P0 and P1 calls had an ambulance activated in less than 5 minutes. And in 2023-24, 88 per cent of priority 0 and priority 1 cases had an ambulance activated in 5 minutes or less.

And if I could just quickly touch on for a moment, through you, minister, the factors that impact on our activation time, of course, resource availability is one of those things and that is why the work we have done to reduce the average time in hospital through the transfer of care procedure has been so important.

And as the minister touched on earlier, to see that number reduce to 34.7 minutes as the statewide average for August is very important for us because that ensures we have more resources available to respond to those emergency cases. But, of course, there are some other factors that might affect our activation times, such as callers of culturally and linguistically diverse backgrounds or non-English speaking backgrounds. Sometimes caller information, particularly caller information around exact location that the emergency is taking place, can affect our activation time and we're actively working around ways we can optimise our services now to ensure that wherever possible, we can activate that ambulance as quickly as possible.

**Ms ROSOL** - Thank you for that. Is it possible to get a raw number for those figures, please, that are over 3 minutes for 2022-23? So a raw number, you've given me percentages of those that were seen within 3 minutes, 4 minutes, 5 minutes, but a number of those that weren't seen or went weren't appointed within or assigned an ambulance within 3 minutes.

**Mr BARNETT** - Thanks for the question. CEO.

**Mr EMERY** - Yes, through you, minister. We could provide that data. I'll have the team work on pulling out the raw numbers now and come back to you shortly if that's -

**Ms ROSOL** - Sorry. Just confirming, taking that one on notice?

**Mr BARNETT** - Yes, hopefully, we'll be able to get back to you today.

**Ms ROSOL** - Great. Thank you. So what was the total number of paramedic shifts that were worked in 2023-24? And what was the total number that went unfilled. And again, could we get that in raw terms, please, not percentages?

**Mr BARNETT** - So through you, Chair, I'll just check if the Chief Executive is able to respond.

**Mr EMERY** - There are limits to our capacity to provide that data but I can speak to some of the factors around that.

**Mr BARNETT** - If you could.

**Mr EMERY** - Thank you, minister, through you. Ms Rosol, whilst we continue to work towards implementation of the HRIS system, we don't have that data readily available. In terms of pulling shift data across the whole state for every location, it does require a significant amount of manual work to do that. We make every effort to fill all shift vacancies. We have had challenges at times filling shift vacancies, predominantly due to unplanned sick leave.

We also have circumstances that have affected some of our capacity to fill shifts around flexible work arrangements within Ambulance Tasmania that we're actively working through, but we're not in a capacity without current rostering systems to pool a total number of shifts and a total number of shift vacancies for the last year.

**Ms ROSOL** - So even though this would be a matter of significant public interest, you're saying you can't do that?

**Mr EMERY** - It would require - sorry, through you Minister - it would require a review of paper-based rostering records and timesheets over that period of time in order for us to pull that data. It's why the HRIS system is important for us to mature our rostering practices and ensuring that we can provide that data on a regular basis, but I would say Ms Rosol, we make every effort to fill those vacancies through shift arrangements, time credit, filling shifts on overtime, et cetera, because it's critically important for us that we have as many ambulances on the road as possible at any time.

**Ms ROSOL** - I understand that shift information has been provided in past estimates. So, just curious about whether that can be provided this time.

**Mr EMERY** - We have - sorry, through you minister, we have previously had some right-to-information requests around defined periods of time where we have provided information on shift coverage. We could potentially go away and look at that over a 12-month period. It would be challenging. We would need a fairly lengthy period of time to review that data. It's quite challenging absent an electronic rostering system, but we could provide some snapshot data for a more short or defined period of time.

**Mr BARNETT** - Perhaps we could to try to assist the honourable member, and the committee take it on notice and provide what information is sort of physically and practically possible and respond to that question on notice. Do you think that would be an appropriate way to go?

**Mr EMERY** - Yes, I think so, minister.

**Ms ROSOL** - Thank you. I've got some questions around overtime hours worked as well. Would that - could we include that in the questions on notice too?

**Mr BARNETT** - Well, we're happy to ask those questions now and let's just see if the honourable chief executive is able to respond.

**Ms ROSOL** - Thank you. So what was the total numbers of overtime worked by paramedics in 2023 to 2024 and what percentage of shifts worked by paramedics saw them doing overtime?

**Mr EMERY** - Thank you. Through you minister, I can provide some values as they relate to overtime as a percentage of paid FTE. I know that's not exactly what you're asking for, Ms Rosol, but as it related to 2023-24. In the northern region, overtime FTE as a percentage of paid FTE was 12.86 per cent. In the north-west it was 10.86 per cent and in the south it was 9.85 per cent for 2023-24 and for the previous year in the north, 11.12 - so from 11.12 to - sorry, 12.86. For the north-west it went from 8.82 per cent to 10.86 per cent and for the south it went from 8.69 per cent to 9.85 per cent and if I could just say as an extension to that, we have, through the leadership of my executive director of operations, made significant efforts to stabilise our staffing establishment.

As I said, a significant driver around the staffing establishment is flexible work arrangements and a change in our workforce composition. I'm frankly very proud to say that Ambulance Tasmania is now almost 50 per cent women in our paramedic positions, but that brings some additional challenges around maternity leave and we're in the process of doing structural work to address some of those maternity leave challenges and the associated flexible work arrangements, and I wouldn't want any of my comments to detract from the reality that we're a fundamentally better organisation because we have young mums working as paramedics for us. We just need to continue to work on modernising some of our roster practices and flexible work arrangements so that we can cover some of those shift vacancies that we've experienced through flexible working arrangements more broadly.

**Ms ROSOL** - Thank you. We know ambulance response times are a big challenge and obviously there's some data available, but what we're hearing from paramedics is they've got particular concerns for what's happening to emergency patients who aren't getting an ambulance straight away and how many patients are waiting extended periods. In 2023-24, how many emergency incidents experienced a response time of greater than 30 minutes, how many experienced a response time of greater than 45 minutes and greater than 60 minutes, please?

**Mr BARNETT** - Thank you for the question, it's quite a detailed question. I'll just check if the chief executive is able to respond.

**Mr EMERY** - We don't have that data immediately.

**Mr BARNETT** - We're more than happy to take that on notice and respond accordingly.

**Ms ROSOL** - Great. Thank you for that.

**Mr O'BYRNE** - Minister, over the last decade, particularly the Health department has engaged in employment practises which have encouraged short term contracts, casuals, rollovers, creating a precarious employment base where you've now had to rely more significantly on agency staff and locums. That undermines your capacity to deliver a functioning health service because you're relying on essentially plugging holes by getting staff that are not yours. Have you, by virtue of this practice, institutionalised that kind of employment engagement and therefore undermining your ability to have a functioning system?

**Mr BARNETT** - Thanks very much for the question. I think you raise some important concerns that have been raised with me in the department and yesterday, the department, through the acting secretary, put on the record the costs for agency nurses and likewise locums for providing those medical services and indeed they're very high; those investments or those costs.

We're always trying to improve the healthcare services that are being provided and that's why we continue to provide record funding for our healthcare sector and putting on more people on the frontline, hence our recruitment blitz. That, over time, would certainly take some pressure off the locums and agency requirements, but, of course, there needs to be flexibility when providing a healthcare service. It's certainly something at the forefront of my mind in how we can improve the healthcare service. I'll pass to the acting secretary to add to that answer.

**Mr WEBSTER** - Mr O'Byrne, we, in fact, over the last few years, have been trying to change our practises that actually give greater certainty to staff and make them longer term and a few examples of that: traditionally, junior doctors, registrars, for instance, are employed on a year by year contract, which means that at the end of each training year they have to reapply or be reappointed and some of them will actually think, 'Well, it's coming up to the end, I'll probably choose to go elsewhere'.

With permission of the Premier, we are now able to offer length of training contracts to those doctors. If they're a four-year training contract or a six-year training contract, we actually offer them that whole length of training which takes away that decision point each year and helps us in that respect. Secondly, it also helps with our junior medical officers, some of whom, given their age post-university, et cetera, may want to do other things and take time off from their training. It may be for maternity leave, it may be because of a long period at university. The length of training contracts actually allows for that as well. Even though they're still temporary staff, they're able to go off, take that leave and come back to complete the contract.

The second area we've looked at is - we bring nurses, pharmacists, a number of other health professionals in on what are called, if you like, their transition to practise or internships or graduate programs. Traditionally, we've done that as a one-year program and then they have to apply for permanency.

We've actually had an exemption from ED1 to allow us to employ them immediately as permanents, but secondly, also their graduate year et cetera becomes tied to a probation, if you like, to make sure they get full registration and things before they go on. But again, it takes away them needing to look for a job at the end of that period and so we're pursuing a number of initiatives like that that actually reduce our reliance on casuals and fixed terms and increase the number. Recently, the Premier issued or did a review of ED1 which made it easier for us to actually appoint people who are temporary to make them permanent. We immediately started to look at our workforce on that and I'm pleased that we've already had applications from nurses who are fixed term for conversion and we've done that.

We've also had individual managers nominate jobs where people are temporary that they believe should be made permanent. We've done the same with paramedics. I can't remember the number there, whereas I can with nurses. We're looking across our workforce, if we've got people that are in long term temporary roles, we're putting out expression of interest where the person could put up their hand or where we've got ways of identifying them. We're actually identifying the people and offering them permanency.

I would say to you, yes, the short thing is those practises have worked against us, but we've pursued, since probably 2021, a number of changes to our practises and we've negotiated them with government and with head of State Service, et cetera, over that period to make sure that we're reversing that trend within the Department of Health.

**Mr O'BYRNE** - I appreciate the work that you're doing, acting secretary, and there's plenty of examples I'm sure you can give them. I've had a recent example of an experience with an ED and where the first four or five of the people that I've met were all agency. One person had just arrived, didn't know where the toilet was. I'm not reflecting on them and their skills and their ability and what they bring, but you can understand that that compromises culture, compromises the team-based approach when you're dealing with such, you know, acute circumstances. Further to the use of locums and agency staff, you procure accommodation for



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those staff when they stay in the state. Homes, short-term, long-term rentals, et cetera. How much does the department spend on locums and agency staff for accommodation?

**Mr BARNETT** - Thank you for the question. It's quite a detailed question in terms of accommodation. I'll just check if the department has access to that information.

**Mr WEBSTER** - Through you, minister, we pay for most of it through invoices from the local companies in the agency companies and so we don't actually split it off. We can give you the cost of a locum which includes that rather than splitting that off, although we have some accommodation where we are the leaseholder, if you like, and we can probably get that figure fairly quickly. But in terms of all accommodation costs for locums, because it seems it's rolled up -

**Mr O'BYRNE** - And agency staff.

**Mr WEBSTER** - It would be invoiced by invoice, so we'd have to add up to just split that off.

**Mr O'BYRNE** - I understand you can easily, well hopefully, and you'll take that on notice. We'll get that question up so you can do that. But I suppose -

**Mr BARNETT** - Sorry, which question?

**Mr O'BYRNE** - How much money is spent on department direct accommodation as opposed to rolled up in an invoice?

**Mr WEBSTER** - Through you, minister, we can probably get that by the the end of the session. Secondly, I would say that cost that we roll up won't necessarily just be for locums. I mean some circumstances long term staff are in leased accommodation, for instance in Queenstown. But we'll give you a lease fee.

**Mr O'BYRNE** - If we could separate those longer terms, I'm really just focused on the short-term because the longer term one makes absolute sense. You're wanting to put a person in a remote area, you have to wear that cost. I accept that. This is the plugging the hole issue - you understand where I'm getting at.

**Mr WEBSTER** - Through you, minister, we will attempt to do that and I see those sitting behind me is probably already texting people to get them to do it.

**Mr O'BYRNE** - Excellent.

**Mr BARNETT** - We will do what we can to support you today.

**Mr O'BYRNE** - Well, one final question on that line of questioning, if that's possible. Did you approach Homes Tasmania to purchase the Fountainside?

**Mr BARNETT** - Thank you for the question and firstly, I just want to indicate how pleased I am as a Health minister with that decision and that commitment by Homes Tasmania. Likewise there's support in the north as well. Member for Bass, Rob Fairs and I, with Felix

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Ellis, the Minister for Housing are very pleased with that support for our health sector. I'll just check in terms of the detail of that question with the Acting Secretary.

**Mr BARNETT** - (continued) That support for our health sector, I'll just check in terms of the detail of that question with the acting secretary.

**Mr WEBSTER** - Yes, we approached them.

**Mr O'BYRNE** - You approached Homes Tasmania. Given that you spend money procuring accommodation now, why didn't you take on the responsibility for your workforce to purchase Fountainside?

**Mr WEBSTER** - We were already a leaseholder of Fountainside when it came on the market.

**Mr O'BYRNE** - And you knew how much you're investing in it.

**Mr WEBSTER** - It comes from that transaction that we then looked around, would there be a provider.

**Mr O'BYRNE** - I understand that, but the question was, why didn't you seek to purchase it given it's your workforce, it's your staff, it's close to the hospital? There's a whole range of reasons why that stacks up.

**Mr WEBSTER** - We're not in the business of running residential accommodation. We do it through leasehold et cetera. We're not providers of accommodation and we didn't look to add that to our assets. We believe that leasing accommodation was the appropriate model for us.

**Mr BARNETT** - Maybe I can add to that answer as a former housing minister who helped establish Homes Tasmania, that's exactly one of the -

**Mr O'BYRNE** - For the homeless.

**Mr BARNETT** - No, actually you're wrong, not just for the homeless. That's exactly one of the reasons that Homes Tasmania was established and part of the purposes of Homes Tasmania is to support worker accommodation, not just on the west coast but in other areas, to meet the needs of our community and worker accommodation is set out in the legislation. I know you didn't support it and I respect that and a different view, but we took the view that it was important and they are meeting the terms and conditions set out in the legislation. I'm very pleased and proud of that reform agenda for Homes Tasmania. I'm obviously not the current minister and I thank Felix Ellis for what he's doing in providing excellent leadership.

**Mr FAIRS** - Minister, can I talk about the Healthy Tasmania Fund grants program for a moment? Preventative health measures - I think all of us here want to see Tasmanians in the community healthier and happier, as that comes with health. Can you describe a bit more about this program and also the benefits you're expecting in the community from this program?

**Mr BARNETT** - Yes, thanks very much, it's a very good program. I'm very exercised about it myself. I love to support the healthy Active Tasmania program and for all Tasmanians to do everything we can in delivering healthy, active lifestyles for our fellow Tasmanians. As a government we continue to support that. Our government launched the Healthy Tasmania Five Year Strategic Plan 2022-2026 with \$10 million for its implementation. The 2024-25 Budget delivers a total of \$12.9 billion, an \$8.8 million every single day. Under the Healthy Tasmania Fund grants program, since September 2022, a total of 179 organisations and communities delivering 217 initiatives have been awarded funding.

Step Forward provides grants to support health and wellbeing activities and equipment, including kitchen and gardening equipment, community training and events; 38 organisations have received a total of \$167,000 in grants.

The Lift Local grants are supporting councils to strengthen health and wellbeing planning; 26 successful applicants for the first round of Healthy Focus grants were announced in May 2023. The second round was announced just on the end of 26 August last month.

Reports for years 1 and 2 of the Healthy Tasmania Strategic Plan highlighted many significant community benefits. I've visited a range of those in north, south, east and west Tasmania. One of those good-news stories is the fantastic work of Farm it Forward and it was great to visit with Michelle Williamson recently, who shared the incredible work that they've done with Neighbours Every Day grants funded under the Healthy Tasmania grants program. Michelle has an amazing, broad program of activities that creates social connections for people living on the northwest coast, and I know Roger Jaensch is particularly supportive of that program.

I visited Will Smith at JCP Youth, who shared the work that they've done with the street program and funded under the Healthy Focus round 1 grants program.

**Mr BARNETT** - (cont) - that they've done with the street program and funded under the Healthy Focus round 1 grants program. I look forward to other grant recipients and catching up with them in coming months.

Just a heads up on the Healthy Active Tasmania strategy discussion paper. We are developing a 20-year plan to create a healthy, active Tasmania. This is focusing on a preventative health strategy for 20 years. That will be launched as part of the next 100-day plan. We will be consulting with key stakeholders, members of the community, government agencies, community sector organisations and the like to build that long-term vision for Tasmania. As someone with type 1 diabetes, I'm very keen to support that. I've done that in my political career as a senator for nine-and-a-half years and likewise as a member of parliament. I think it's really important for us to get ahead of the game. Of course we need to focus on EDs, hospitals and primary care through our GP plans, but focusing on preventative health measures is really a good plan for not just today or next year, but for decades to come.

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**Ms HADDAD** - Thank you, Chair. I actually want to stay on this line of questioning because I share your concerns around preventative health measures and public health. I acknowledge that Tasmania has some of the worst statistics in the country in terms of fastest ageing population, high rates of cardiac disease, high smoking rates, high rates of obesity, other comorbidities and combined health conditions that together put enormous pressure on the health system, both the acute health system and the community health and community services sector.

Much of the work to turn those statistics around - and of course everyone of those statistics is a human life and represents human suffering - is done by public health preventative health programs, early intervention and targeting, and yet you continue to make cuts to the public health part of your department.

In Table 4.2 in budget paper 2, volume 1, it shows a significant reduction in the department's public health division from \$38.585 million in the 2023-24 financial year to \$29.937 million in the 2025-26 year, which is a reduction of more than \$8 million.

I acknowledge that you said, as a type 1 diabetic you value the importance of public health measures, but how do you expect to turn around Tasmania's health statistics if you keep cutting the guts out of public health?

**Mr BARNETT** - Thanks very much for the question and your interest in this area. I'm pleased to be aware of that special interest to support preventative health measures and hopefully look forward to working with you and others around this table on our preventative health 20-year strategy and action plan. I will pass to the acting secretary in a moment, but we have the Healthy Tasmania grants and that started in 2022 and I think it goes to next year. It then needs to go through a budget process going forward, but I'll ask the acting secretary to explain how that works.

**Mr WEBSTER** - Thanks, minister. The minister quite rightly explained the Healthy Tasmania was a four-year program being replaced by the long-term strategy that the minister spoke to, and that accounts for \$2 million of that step. The balance of it relates to the fact that we still are funding some COVID activity through public health services. This is the final year of that funding and then it steps down. This is the working out of the final funding of COVID within the Health budget and that is why there's a step down, and then you'll see there is a steady rise across the forward Estimates beyond that one-year step down.

**Ms HADDAD** - Thank you. Notwithstanding that, I know there have been cuts to public health each year really since you came to government. I am happy to put this on notice if it's not a figure that you have available, but can you indicate to the committee the percentage of the entire Health department's budget that is spent on public health?

Also, specifically what percentage of the budget is spent on prevention and early intervention programs?

**Mr BARNETT** - Thank you very much for the question. It's in several parts and I have indicated -

**Ms HADDAD** - You can put it on notice if that's easier.

**Mr BARNETT** - No, we can assist the member.

Certainly for 2023-24,

**Mr BARNETT** - For 2023-24, it is my understanding that total preventative health activity funded through the Department of Health was estimated at \$82 million, which is 3.33 per cent of the department spend. That's my advice. It is lower than the estimate of previous financial years due to the decrease in the COVID-related activity, as the Secretary has indicated.

I'm also informed the Department of Health use the methodology defined by the Australian Institute of Health and Welfare. While it's important to use this methodology for consistency at a national level, it's also important to note this is an underestimate and is limited to preventative health activity funded by the Department of Health only. Included in this calculation are activities such as the Healthy Tasmania Program, child vaccination programs, activities in oral health, including in the school-based environment, the prevention and early intervention programs in the mental health and wellbeing space, and the cancer screening programs such as Breast Screen Tasmania.

**Ms HADDAD** - Sorry, it does count?

**Mr BARNETT** - Yes, it does include that. It does not capture the important preventative health activity driven by other Tasmanian government departments. In addition to this estimate, there are a wide range of primary, secondary and tertiary preventative activities that occur within our health system, including the thousands of outpatient activities across cardiac rehabilitation, diabetes, smoking cessation, nutrition and metabolism clinics. Additionally there are extensive prevention activities delivered by the Tasmanian Sexual Health Service, including the purchase of safer sex supplies and care and management of sexually transmissible infections. I'll pass to the Acting Secretary to add to that answer.

**Mr WEBSTER** - I think that was quite comprehensive. To reinforce that, following the output of public health services across the many state budgets, there are changes regarding what is in public health services and what's not when moving things around within the department. From year to year back over the budgets it is not apples with apples every year, but it has been steady since 2020 at least. Across that, you have a huge bubble that was COVID, which sat within public health services. This is the final year of working that through. We try to capture preventative health rather than just public health.

**Ms HADDAD** - Can I keep going, Chair? I have a few questions about-

**Mr BARNETT** - I have an answer for the member for Bass, whenever you would like that, Chair, on the Ambulance Tasmania response.

**CHAIR** - I might let Ms Haddad finish her line of questioning and then we'll jump into that.

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**Ms HADDAD** - It is a new line. I'm happy to continue to seek the call after the minister's given that answer if you prefer. I have questions about nursing staff next.

**Mr EMERY** - Ms Rosol, in relation to your question about activation times, in terms of specific numbers for 2022-23, we have a total of 43,286 P0 and P1 incidents, of which 31,857 or 74 per cent were activated within 3 minutes and 11,429 incidents or 26 per cent were activated over 3 minutes. In 2023-24 we had a total of 43,452 P0 and P1 cases, of which 30,783 or 71 per cent were activated within 3 minutes and 12,669 or 29 per cent were activated in greater than 3 minutes. Those factors impacting on activation times are picked up in those cases outside of the three-minute mark.

**Ms ROSOL** - Thank you.

**Mr BARNETT** - We also have an answer to the member for Bass from the Acting Secretary.

**Mr WEBSTER** - In relation to the question about when we did the assessment after the coroner's recommendations, the assessment was done by the clinical director in March 2023 and we've revisited that a number of times since.

**Ms ROSOL** - Thank you.

**CHAIR** - Ms Haddad has a couple more questions left.

**Ms HADDAD** - Minister, I had some questions about nursing staffing, recognising that not just nurses but multiple workforces across the health system have had to engage in industrial action recently due to significant concerns around the staffing of shifts and pressure on both health workers and patients.

On 3 September, your department met with the Australian Nursing and Midwifery Federation (ANMF) following the industrial action that they took after some grave concerns were raised about short-staffing of shifts in the maternity ward at the Royal. That meeting was very welcome, and you made a series of commitments to them, including an immediate uplift of agency nurses and bulk recruitment for grade 2 and grades 3 to 4 nurses and midwives statewide to benchmarked positions.

Minister, can you advise the committee how many nurses and midwives have been appointed from that recent bulk recruitment campaign and how many additional agency nursing staff have been brought on since that letter of 3 March?

**Mr BARNETT** - Thank you very much for the questions. They are very operational in nature, but I appreciate that. It was very good to catch up with the Nursing Federation representatives at the roundtable we had with the unions last Friday. It was a very good first meeting, consistent with the House of Assembly motion that was passed. As you know, I meet with them on a regular basis and I look forward to continuing to meet with them and have productive and collaborative discussions to progress a team Tasmania approach to growing our Health workforce and delivering better healthcare services. On the detail, I'll pass to the acting secretary.

**Mr WEBSTER** - Firstly, on the agency nurses and the number of midwives, I'm advised that we'll get that to you in a short while. In terms of the bulk recruitment, we put that out to the market and 292 applicants applied, of which 154 came from overseas and a further 115 from New Zealand, which is also overseas. That's the way it's typed for me. There were 21 from Australia. That's the bulk recruitment answer.

**Ms HADDAD** - But that's the applicants, not appointments, right?

**Mr WEBSTER** - Yes. We're going through those processes, and obviously with a number of those - 271 that are from overseas - will require sponsorship and/or visas depending on where they're from. New Zealand is sponsorship rather than visas.

**Ms HADDAD** - There haven't been any appointments yet as a result of that bulk recruitment process?

**Mr WEBSTER** - The recruitment closed on 18 September, so we're a bit too soon.

**Ms HADDAD** - Thank you. In the commitments to the ANMF in that same letter, you recognised the need to reduce the administrative impact on nurse unit managers and midwifery unit managers. What steps have you taken since 3 September, the date of that letter, to reduce that administrative burden on NUMs and midwifery unit managers?

**Mr BARNETT** - I know the acting secretary will respond to that. Just to indicate, I had a round table with the ANMF in Launceston at the LGH just two weeks ago. It was very productive and collaborative. I really appreciated the feedback. I was joined by one of my senior advisors in Health. We've taken notes and feedback, and we'll be following up on that feedback as well with the department.

We have already given some preliminary feedback, but I really appreciate the collaborative relationship that I have with the unions and other stakeholders in the Health space to build a better health system.

**Mr WEBSTER** - I've already signed off on the creation of a project nurse's role and I think one of the three roles has already been filled, which will be across the recruitment processes to support Nursing Unit Managers (NUM) at the local level in those recruitment processes.

One of the commitments was that we would look at how many nurses we could convert to permanency straight away. As indicated before, we did 17 within two weeks of the meeting. I'm advised by the chief nurse that she's going through a process of assessment ward by ward, working with the Executive Directors of Nursing and Midwifery (EDONM) in each hospital, but also with the NUMs, and from that we'll be able to ascertain the uplift in agency nursing et cetera. That exercise hasn't been completed as of yet.

The other side of that is with the direct appointment of graduates. We're going through a process, in answer to Mr O'Byrne's question earlier, where rather than have graduates go onto one-year contracts, they'll go onto permanent contracts, but in addition to that we are going through a process of, if you like, pre-offering with graduates, so subject to their passing their degree and getting the Australian Health Practitioner Regulation Agency (AHPRA) tick they'll have a job with us. That process is also underway.

**Ms HADDAD** - Okay. Related to this that came up in your answer to my first part when you mentioned how many overseas applicants there were, I've had raised with me a question around the recruitment of overseas staff. There's been concerns raised with me about the new protocol around the travel and relocation policy within the department. The amounts allocated in that protocol to assist in the relocation of staff from overseas and interstate are, from memory, between \$10,000 to \$15,000 for some professions and \$5000 to \$10,000 for others. Those figures won't be sufficient to actually cover those relocation costs and won't assist you in the task of recruiting and retaining staff applying from other jurisdictions. Can you make some comment about that new protocol and whether you looked at what other jurisdictions are doing in terms of trying to recruit and retain staff from elsewhere?

**Mr BARNETT** - Thank you very much for the question. There's a two-part answer from myself and then I'll pass to the acting secretary. The first is that, as we said in the election campaign, we provide funding in the Budget for an incentive of \$15,000 to attract nurses to Tasmania if they work within the Tasmanian Health Service for three years. That's really appreciated and I know is certainly having some impact.

The second is that this is not unusual for Health ministers. At the Health ministers meetings, we talk about workforce issues and challenges, particularly from overseas, in terms of getting them into the system as soon as possible to streamline the process. We've raised this on many occasions with the federal Minister for Health and he refers it to the federal Minister for Immigration so it has been raised at the highest level as well with the federal government. There needs to be a more streamlined process to get our overseas nurses and health professionals into Tasmania and Australia and it does require support at the federal level. Having said that, I'll pass to the acting secretary.

**Mr WEBSTER** - As to whether we compared to other states, we compared ourselves to New South Wales and Queensland, both of which had recently done reviews and we either did similar or increased ours to match those two states. The protocol is a base level and it was issued because our previous regionalisation of the department meant that practices had become non-standardised across the state, so the protocol has become a standard for the state. The second part to say about the protocol is it's the standard clauses that will apply forever but we have a number of programs in place that the minister has just outlined in terms of incentives on top of what's in the protocol around relocation for nurses, doctors and incentive around GPS. We've also got a number of scholarships for allied health professionals and another one -

**Ms HADDAD** - Incentives over and above the cost of relocation that's in that travel protocol document. Are there salary bonuses or other incentives to attract staff here?

**Mr WEBSTER** - Yes, and in addition to that, there are some elements that are not covered in that protocol because they sit outside of Ministerial Direction 21, for instance, if we were going to offer assistance with visas and things like that. There are lots of elements to it. Protocol is, if you like summarises the base and then we've got all these other programs that sit above it.

**CHAIR** - Last question and then we'll go to Ms Rosol.

**Ms HADDAD** - Thanks. I know I'm sounding probably like I'm a bit in the weeds, but can you just clarify that last statement that the visa cost won't be paid for out of that relocation,



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because it's been expressed to me that visas for a family coming from overseas could be anywhere as high as \$9000, which is close to or up to the allocation in the protocol. What is or isn't included, I suppose is the question.

**Mr BARNETT** - It's a fair question but just to make it clear, we have had these ongoing representations to the federal government where you have nurses and health professionals in India who now have to travel to the UK to be based there, work there and then they come to Australia rather than coming directly. It takes time and time is money and we want them here as soon as possible because we're on a recruitment blitz.

**Mr WEBSTER** - In relation to the visa, it is in addition and the reason it's not in the standard protocol is because it requires a decision by the secretary of the agency to pay it, so I have to do it on an individual basis.

**Ms HADDAD** - Thank you.

**Ms ROSOL** - I have some more questions about the ambulance services. Minister, how many single response shifts were worked by paramedics in 2023-24?

**Mr BARNETT** - Thank you for that question which is clearly operational. I'll just check if the chief executive can assist. We'll get to the detail of that and come back to you. Do you think that's possible today or on notice?

**Mr EMERY** - I think it would need to be on notice along with that other data.

**Mr BARNETT** - Yes. We'll take that on notice.

**Ms ROSOL** - Thank you. A report on government services data shows that in 2018-19, the 90th percentile response time for emergency incidents in the Hobart area was 21 minutes, but in 2022-23 it had increased to 31 minutes - a 10-minute, 48 per cent increase - in just five years and we've also seen our statewide results rapidly worsening over the same period. We know in an emergency, every single minute counts, but thousands of Tasmanians every year are waiting longer and longer for an ambulance when they need it the most. Has the department done any work to understand the impact that lengthening response times may have had on patient outcomes or to assess in any way the harm that's being caused by these lengthening delays, so kind of following through after the delays and seeing the impact?

**Mr BARNETT** - The first thing I would say in response to that question is the increased funding support for the 78 new paramedics that we're putting on over the next four years and the incredible improvements in the ambulance times and the incremental improvements we're getting at all our emergency department outcomes in terms of ambulance and the 9000 hours that rather than being ramped, they're now out on the street and in the communities doing the wonderful work that they do. That's what I think I outlined in response to the member for Bass, Rob Fairs, earlier today, but in addition to that I'll ask the chief executive to add to that answer.

**Mr EMERY** - Any delayed response that results in an adverse patient outcome is picked up through our clinical governance framework and is the subject of root cause analysis where that is a SAC1 incident, or severity assessment code 1 incident. Where they are what we call SAC2 incidents, we would undertake a London protocol and I'm just having the team pull that information now in terms of the number of incidents we've had in the last year. It is small. We

closely monitor and have a number of processes in place for those delayed response cases, including procedure within the Ambulance Tasmania communication centre where we undertake call-backs and our secondary triage service can also undertake call-backs to monitor those patients whilst they're awaiting emergency ambulance response.

Ms Rosol, I'll just say that that more than 50 per cent of the 000 calls that come through to Ambulance Tasmania are not for priority zero or for priority one cases, and that's not to be disparaging of those individuals calling 000 for ambulance assistance, it is to say that often engagements with Ambulance Tasmania are for assistance in navigating the healthcare system and the minister touched on some of the challenges accessing primary care already.

We're working incredibly hard to increase the number of calls that we can manage through our secondary triage service where they can speak to specialist clinicians, including paramedics and nurses, as well as be referred to an emergency doctor. Since the inception of that program in 2021, more than 11,000 000 calls have gone through that secondary triage service and some 53 per cent of those calls are able to be managed in the community without requiring an emergency ambulance response.

On top of that, the funding of the Community Paramedic program has seen several thousand patients responded to in the community by our specialist community paramedics and in the order of 60 per cent of those patients don't require transport to an emergency department, which is about three times higher than the non-conveyance rate of other emergency ambulances. And, of course, the significant investment in the Police, Ambulance, Clinician Early Response (PACER) model in southern Tasmania and the mental health co-response model in north-west Tasmania and in 2025 in northern Tasmania will continue to support us providing care to those lower acuity presentations outside of the emergency department.

I share that context with you, Ms Rosol, because achieving those things along with transfer--of-care performance is critical for us to be able to service those time-critical P0 and P1 cases as quickly as possible, which is why all of this additional work is taking place so we can support those patients in the community as quickly as possible.

**Ms ROSOL** - Thank you. I appreciate the bigger picture, but I also would love some information on those particular things.

We've been hearing concerns raised by paramedics about some critically important specialised equipment, particularly the portable suction units used to manage airways during cardiac arrests. Apparently, there have been concerns raised and safety reports made about the fact that the suction pressure in the equipment is too low to effectively deal with some cases. And not only that, but the units operate off the same oxygen tanks that also feed the patient's oxygen supply which means that the tanks need to be frequently changed during a serious resuscitation effort. Are you aware of these concerns and what's your response?

**Mr BARNETT** - Thanks very much for the question. I've had two roundtables with the Health and Community Services Union (HACSU) in the last few months. I appreciated both those roundtables, the collaborative positive feedback, and I've certainly taken that into account in terms of the specificity of the concerns you've raised.

That doesn't - I don't think it's come before me directly, but I'm sure that the chief executive would respond to that and hopefully assist the member.

**Mr EMERY** - Thank you, minister. It is a good question. I've used those suction devices many times over my career on patients in cardiac arrest and it is correct that the suction requires a drawing down of oxygen from the same oxygen cylinder.

At Ambulance Tasmania for our cardiac arrest patients, we have procedures in place to respond additional ambulances so it would be very unusual for us to respond only a single ambulance to a patient in cardiac arrest. The purpose of that is because they are intensive resuscitations that require a number of resources and we've been very focused on high performance CPR as part of our training to support care of those patients experiencing cardiac arrest in the community, alongside significant work done to mobilise more community AEDs to keep people safe and ensure early access to defibrillation.

I'm not familiar with particular issues as it relates to the suction devices other than there are challenges troubleshooting those devices from time to time and particularly if a patient in cardiac arrest has substantial volumes of vomitus in their airway. That can affect the efficacy of those suction units but in circumstances where there might be a safety event or a clinical incident involving a suction unit, we would encourage our workforce to report that in the safety reporting and learning system that exists across the Department of Health and we can act on that information by addressing individual device faults.

**Ms ROSOL** - Thank you. It sounds like there are still concerns around that then. Is it possible to follow up and to seek feedback on that from paramedics and just get a handle on that situation and what might be needed there, please?

**Mr BARNETT** - I believe the chief executive has responded reasonably comprehensively. I'm more than happy to add to the answer if you can.

**Mr EMERY** - We could review the number of safety reporting and learning system events that have been logged as it relates to suction units. We meet fortnightly to review all safety reporting and learning system events and that's oversighted by our Executive Director of Clinical Services and our Executive Medical Director. We can look at that data to see if there's a trend. Ordinarily that would be picked up through those fortnightly meetings and work through various parts of Ambulance Tasmania to address those concerns.

**Ms ROSOL** - Is that something that we could put as a question on notice, please?

**Mr BARNETT** - Yes.

**Ms JOHNSTON** - Minister, I've been aware of concerns relating to Ambulance Tasmania attending properties where the property has a red flag because there might have been historic issues with offences, violent offences or aggravated issues at that particular property. My understanding is the protocol at the moment requires Ambulance Tasmania to wait before they enter the property for Tasmania police to attend. Tasmania Police experienced some frustration around this because it diverts their attention from other instances to attend, particularly where it's historical and it might be that the property has changed hands a number of times and the person who initially calls the concern is no longer there. I do appreciate that we need to make sure that our paramedics are safe when they attend, but is there a review of this protocol going to occur?

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**Mr EMERY** - Thanks Mr. Johnston. It's an important area of focus for us at the moment because the safety of our paramedics and volunteers responding to incidents is of paramount concern for me. We have done a substantial amount of work, including consultation with Legal Services and the Health and Community Services Union, to try and come up with a sensible and pragmatic solution. I would say this is very challenging for Ambulance Services right across the country and that's the advice we've received through the Council of Ambulance Authorities.

That is because an application of a caution note on an address is something that may not be appropriate to notify the person of that address for the safety of the responding paramedics. And we have people who change locations from those addresses and that information is not always known to us. We have worked very closely with Tasmania Police over the last 18 months to refine this process and we've refined it via two main mechanisms. We have a direct engagement with the supervisor within radio dispatch services and the deployment supervisor within Ambulance Tasmania's communication centre so they can share live information as an incident happens about any intelligence holdings that might be on an address.

We have done a significant body of work alongside Tasmania Police to retrospectively review existing caution notes on addresses and see what caution notes can be removed based on intelligence holdings from police.

Finally, we're at the very final stages of implementing a significant uplift to our ESCAT alerts or caution notes procedure, that will be a staged procedure which recognises that some members of the public pose an extreme risk to paramedics and the only appropriate avenue is that those paramedics would stand off until police arrive. We recognise that there are some other consumers of our services who don't need as substantial a response, but in fact it would be appropriate for paramedics to proceed with caution without the need to activate police. So that staged approach is critically important and we have consulted with our health and safety representatives and the Health and Community Services Union to really try and get that procedure right.

**Ms JOHNSTON** - Thank you, I appreciate that and we want to make sure our paramedics are safe and they're doing their job. Minister, Women's Health Tasmania put in an application through the budget process for top up funding to meet the \$112,000 worth of cost increases it's facing, including inflation and the national wage increase. It was unsuccessful this time round.

It's forced the board to approve a deficit budget. This organisation runs part of the health system. It manages a brokerage funding that pays for terminations of abortions and long-acting reversible contraceptives. It also provides a range of service access by victim/survivors of family and sexual violence. People who are the focus of the commission of inquiry report. What plans are in place to ensure that these essential services that Women's Health Tasmania used to provide when they are cut is not affecting the members of the public when they run out of reserves?

**Mr BARNETT** - I believe you've made reference to the Women's Health Tasmania?

**Ms JOHNSTON** - Yes.

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**Mr BARNETT** - We spoke earlier today about the Women's Legal Service. In terms of women's health services, I appreciate their advocacy and the work they do. There's a budget process and we've got record funding for Health. I'll just check if the acting secretary can add to that answer.

**Mr WEBSTER** - Ms Johnston, you flagged specific questions around services that they may want to withdraw from. I think it's only appropriate that, as a department, we seek advice directly from Women's Health Tasmania and talk to them directly on the question you've just raised.

**Ms JOHNSTON** - To be clear, they obviously haven't got a bottomless bucket of money, so they're going to have to draw on their reserves. Their reserves will eventually run out if they continue to run deficit budgets. Does the government have a plan to fund those essential services when the bucket of money from Women's Health Tasmania runs out? They won't cut them, per se, but the bucket of money will run out, so what's the plan?

**Mr BARNETT** - I think it's probably best to assist the member and the committee if we take that question on notice.

**Ms JOHNSTON** - Thank you.

**Mr FAIRS** - Minister, one of the pleasing things - I think this is great, actually, because it's happening in my Bass electorate - is the funding in the Budget for a pilot of the mental health emergency response model, commencing next year. Can you elaborate on the benefits you are expecting from the expansion of the service in Launceston and surrounding areas. please?

**Mr BARNETT** - Yes. The chief executive touched on it a little bit earlier in terms of funding in the Budget for the ongoing work in the south with the PACER program, which is rolled out now and is delivering for the people of southern Tasmania. Then last month I was in Devonport for the expansion of the north-west mental health emergency response unit. It started in November last year in Burnie and it's expanding to Devonport, as I announced a month ago.

I'm very pleased about that in terms of the results. We're getting close to 75 per cent of those people cared for and supported in that context remaining outside the emergency departments and supported in-home or in their community. That is a terrific result. I think the chief executive alluded to it in his remarks earlier

I know the member for Bass is a strong advocate for health services in the north. The Budget provides funding of \$10 million - let me go back, it provides funding support for the expansion of that, starting next year, for northern Tasmania. In addition to that, there is funding in the Budget for the new mental health precinct adjacent to the Launceston General Hospital at 52 Franklin Street. You might recall that we've announced the development application for the demolition of that site to prepare for the building of the new mental health precinct. There's \$10 million in the Budget, which adds to the \$80 million in the previous budget for that development, so, in total, \$90 million for that mental health precinct. That will essentially replace what's at Northside, which is part of the Launceston General Hospital mental health unit. I'm really pleased and proud of that initiative. That will provide even better healthcare services in terms of what's available for northern Tasmania. That's another major development,

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part of our \$650 million health infrastructure initiative outlined in the Budget. Thanks very much for the question.

**Ms HADDAD** - Minister, I've got some questions about the vacancy control board.

**Mr BARNETT** - I've got two answers to provide if you want to get that, one from the acting secretary and one from the chief executive to Ms Rosol, if you'd like to hear that.

**Ms HADDAD** - You do keep providing those answers to other members when I have the call, it seems. I'm happy to wait.

**Mr BARNETT** - Well, let's have your question then.

**Ms HADDAD** - I'm happy to wait as long as I can retain the call, Chair.

**CHAIR** - Yes, you retain the call.

**Mr BARNETT** - Perhaps the chief executive.

**Mr EMERY** - My team have just completed a review, Ms Rosol. Over the last 10 years there's been 26 incidents of catheter - sorry, safety incidents reported around suction, so about 2.6 incidents a year. I've just been advised we are in the process of rolling out a new type of suction catheter. That is a DuCanto catheter. It's a larger bore; it addresses some of the blockage issues with the catheter itself. We're in the process of training paramedics in a new suction procedure. It is called the SALAD procedure, which is suction-assisted laryngoscopy airway decontamination. It's a technical procedure that particularly assists with substantial amounts of vomitus in the airway. This new suction device that is being rolled out, or this new catheter that's being rolled out will assist in that.

**Mr BARNETT** - The acting secretary has a response to Mr O'Byrne, member for Franklin.

**Mr WEBSTER** - The local agency nurse accommodation costs in 2023-24 was \$7.47 million.

**Mr O'BYRNE** - That doesn't include the rolled-up invoices?

**Mr WEBSTER** - That doesn't include the rolled-up invoices where we were unable to split it.

**Mr O'BYRNE** - Thank you.

**Ms HADDAD** - Just around the vacancy control board, that was an initiative of your department when the original \$300 million efficiency dividend was announced. That board's role, as I understand it, is to approve or reject requests from within the department and THS around filling vacant positions. We heard stories pretty quickly around nursing and cleaning staff being cut, which, by anyone's measure, would be considered a frontline role. The AMA at the time said you can't cut anything, from catering to cleaning, and safely run a hospital, and that, in actual fact, there's not really any such thing as a backline in a hospital.

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Can you make it clear to the committee today what roles you consider to be backline and if there are any roles or positions exempt from having to go through the vacancy control board?

**Mr BARNETT** - It's quite a detailed question and I'll pass to the acting secretary. But, as I've shared before, we'll be putting more on the frontline. We've got a recruitment blitz that is working. We have been rolling that out since April, consistent with our election promises. In terms of increased members of the Tasmanian Health Service, that's our expectation, as the acting secretary has outlined earlier today. Regarding the vacancy control measures in the department and how that works, I'll pass to the acting secretary.

**Mr WEBSTER** - Thanks, minister. The vacancy management process objective is not to cut jobs from the Department of Health. The objective is to improve our recruitment processes and to make savings from that reason. I'll explain that by way of example.

For instance, if we have advertised a 0.84 FTE doctor and not got anyone for three advertising rounds, it's pointless going out for a fourth round. We need to look at the reason we're not attracting someone. Probably the reason is we need to make it full-time. If we don't make it full-time, we're probably employing a full-time locum or a 0.84 locum at a much higher cost. What vacancy management are doing is saying, 'Okay, let's advertise that one at full-time. It's going to save us money in the long term.' That is just an example.

But others are, as I pointed out before, we've had a number of initiatives to change how we recruit in terms of the length of contract or making people permanent. That's not universally accepted by all of our managers. They still put up a lot of jobs saying, 'I only want this registrar for 12 months because I want to see how they'll go', and we are pushing back saying, 'No, they should be employed for the length of contract'. It's important to emphasise what we're trying to do is drive a better recruitment process as a way of saving money, not cutting jobs as a way of saving money. I would count it as vacancy management or recruitment management, not vacancy control.

The second part of your question was on exemptions. We have a large number of our nurses where the calculation of how many nurses we have is done on the basis of a nursing hours per patient day calculation. Any position that's identified as being required through that calculation doesn't come through the vacancy management process. It goes through a process of verification by the EDONM at the service level and then through the office of the chief nurse and midwife, and then directly to recruitment, not through us.

**Ms HADDAD** - That means no nursing positions would go through the vacancy control process, or just that scenario?

**Mr WEBSTER** - Certainly, no positions that are on wards with nursing hours per patient per day - or the other calculation that's done is the yearly safe staffing level calculation for district hospitals. Those automatic calculations were not holding up through a management process because there's already a process that identifies the need for that role, and it goes through verification by EDONMs, chief nurse and midwife straight to recruitment. You could interpret that fairly large cohort of nurses - because that's the majority of nurses - as exempt from vacancy management process.

**Ms HADDAD** - Thanks for that detail. I acknowledge what you said about different managers handling it differently, but there have been workforces who have been told there will

be cuts and it's because of vacancy control. Those exact words have been used. One of those is the specialist cleaning staff in infectious disease cleaning roles at the Royal. I seek from you, Minister, a bit more of reassurance around how the board operates, perhaps by asking: have there been any instances where requests to fill positions have been rejected by the board since its establishment?

**Mr BARNETT** - I will have to refer to the acting secretary.

**Mr WEBSTER** - Firstly, to address the issue of the planners, I have to say that there is one vacancy management committee that does this, which I chair. I believe that we get a blame for a lot of people saying, 'Vacancy management has knocked this back', when we hadn't seen it. For instance, if you're talking about the cleaners identified by the Health and Community Services Union (HACSU) very early on in the process, that was in that category of we hadn't even seen it. People may use the excuse, but the process we're trying to do is once you put in a job card, we'll have a look at it. If there's no job card there, we don't know about it. I should explain that the job cuts goes into a system called Page Up.

Since May, there are 18 jobs where we've actually said no, and 13 jobs where we've put it on hold because we believe that we need to look at other things. I will say that of the 18 jobs that we said no, 13 of them were subsequently resubmitted with further detail and we then said yes.

**Ms HADDAD** - Are there any clinicians on that board?

**Mr WEBSTER** - The Vacancy Management Committee is made up of me, the associate secretary - a role that's vacant at the moment - the Chief People Officer and the Chief Financial Officer. Other members of the health executive are invited to attend as they wish, but we always send it back to the business for further information. We don't make our call without full information.

**Ms HADDAD** - When you say other members of the executive can attend as they wish, would you call them in if they had clinical expertise in the area of the job that you're considering?

**Mr WEBSTER** - For instance, I would speak to the chief nurse if I needed some clarity around nursing roles and the chief medical officer around medical roles, but in addition to that, there are a number of clinicians that are in health executive roles who can put forward a view if they wish to. We go through a collaborative or consultative process in making our decisions. We don't say no; we'd say, 'Can we have more information?' We get that additional information before we make a decision.

**Ms HADDAD** - Outside of vacancy control, minister, you've made lots of comments about protecting frontline roles, but we still haven't really had an answer from you around what you consider to be a frontline role versus not a frontline role. Putting aside how the vacancy control board works, we have had an example given to us recently around a reduction in pharmacy assistants at the LGH. Regardless of whether that's happened through the vacancy control board or not, that's not my question. There has been a reduction in the number of pharmacy assistants on shift and that's led to patients being discharged from hospital with a prescription to take to their community pharmacy rather than being discharged with the medications that they need.



The end result of that staffing decision is that nursing staff are now having to pick up that work and troubleshoot with patients before discharge around how they're going to get their medications: Can they get to the community pharmacy?; Does the community pharmacy deliver?; and so on. Can you not see, minister, that by cutting pharmacy assistants, you're in fact increasing the workload on clinical staff? We could all agree that a nurse is a frontline worker, but by cutting what you might say is a backline worker - a pharmacy assistant - you're actually increasing the work of that nursing workforce. Do you have a comment about that around the reduction in pharmacy assistants and the increased workload that's putting on nursing staff? More broadly, what do you consider backline?

**Mr BARNETT** - As minister, I take advice from the experts, and I've made it very clear there will be no cuts to frontline workers. I've made it very clear we're increasing the numbers of frontline workers. We're on a recruitment blitz for doctors, nurses, allied health professionals and paramedics and there's significant funding in the Budget accordingly. We'll leave it to the experts to make those decisions.

You made reference to the pharmacy assistants at the LGH, so I'll pass to the acting secretary.

**Mr WEBSTER** - To address the issue of pharmacy in our hospitals - they are frontline staff. The pharmacy assistants or technicians in hospitals are frontline staff; they patient-face.

**Ms HADDAD** - That's good. I'm glad to hear you say that.

**Mr WEBSTER** - However, there is a national shortage of pharmacists, and one of our responses to that has been, as the minister recently announced, a market allowance trying to attract more pharmacists to Tasmania to increase the number. It has come to a level that has had an effect, and you've described what happens when you can't get a pharmacist to do the dispensing. It would be a pharmacist, not a pharmacy assistant that would do that dispensing. That's important to say as well.

What we have been doing is pursuing the employment of pharmacy technicians, and the training of staff within our hospitals as pharmacy technicians and advanced pharmacy technicians, who can do some of the work of a pharmacist to take the pressure off both the number of the pharmacists that we have in the system because of the shortage, but also take the pressure off at the ward level. Pharmacy technicians can do things like restocking the ward-level pharmacy and those sorts of things. What we are pursuing is additional staff at the assistant level to take the pressure off, given the shortage of pharmacists. But if you haven't got a pharmacist, you can't dispense. You can't replace the pharmacist in that role.

**Ms HADDAD** - I get that. You named up doctors, nurses, paramedics and allied health staff. Assistant secretary, you named up that pharmacy staff are patient-facing. Those workforces will be relieved to hear that they're on the list of what you consider frontline. My broader question is what do you consider backline, given that organisations like the AMA and others have said there isn't really a backline in a hospital? Their example was, you can't cut anyone from cleaning to catering and safely run a hospital. I'm encouraged that you keep saying no cuts to the front line, but by saying that, by implication there's a back line. I want to know what you consider to be a backline worker?

**Mr BARNETT** - First of all, we're increasing the numbers on the front line and you've acknowledged that, for which I'm very grateful. The acting secretary has indicated that across the Tasmanian Health Service, we plan to increase the numbers in the health service. Thirdly, the acting secretary has made it very clear that we want positions that are fit for purpose and that are relevant to the Tasmanian Health Service both now and into the future. We have a range of incentives in place to build that health workforce. I've talked about the incentives for nurses. There are likewise scholarships for allied health professionals.

You mentioned pharmacists in your earlier question, and we've got the market allowance for them. We're doing a multimillion-dollar development at the Royal Hobart Hospital for our pharmacy there as well. We're very pleased and proud of all of those initiatives. In conclusion, as the minister, I take advice from the experts and I have to rely on that advice. That's very important, and I will stand by it.

**Ms ROSOL** - I have some questions around patients presenting to emergency departments. Minister, how many triage -

**Mr BARNETT** - Sorry, I will interrupt. We have an answer for you on the AT one. You can have it now or after the question.

**Ms ROSOL** - How about I ask these questions and then - if that's okay? How many triage category 2 patients were subject to transfer of care delays longer than 15 minutes in 2023-24?

**Mr BARNETT** - I'm always happy to talk about transfer of care delay because there are incremental improvements. We're very pleased to see those developments since - well, in the last 12 months, there are considerable benefits for the Tasmanian community with more paramedics on the streets and in our communities.

For the detail around that question, I will pass to the chief executive, who's sitting on my right.

**Mr EMERY** - Ms Rosol, in terms of breakdown by triage category, we may need to further cross-match some data between Ambulance Tasmania and the emergency departments themselves, but if I could speak briefly to the performance improvements wholesale and then pick up on the triage category aspect shortly.

In terms of ambulance presentations more broadly, in 2023-24 there were 53,183 ambulance presentations across the four major emergency departments in the state.

Of those, 62 per cent were transferred within 15 minutes and 70.9 per cent were transferred within 30 minutes. The number delayed in total as a count was 20,152 and the hours of transfer of care delay was 27,398. What I would say is when you look at that compared to the previous year, despite an increase in the number of ambulance presentations, there was a modest increase in the percentage transferred within 15 minutes and a modest increase in the percentage transferred within 30 minutes, but as the minister mentioned, a reduction of 9276 hours of ramping, and what I think perhaps is a more compelling statistic in this is that if you look back four years to 2020-21, there are 800 less hours ramped than even four years ago. Despite the increase in ambulance presentations over the last four years, the transfer of care work and the shared commitment around access and flow across the Tasmanian Health Service

has resulted in a 9000-hour reduction in one year and more than 800 less hours of ramping than even four years ago - a very significant improvement over the last four years.

**Ms ROSOL** - Can I just clarify the length of time because you're talking about the reduction in delay? I understand that sometimes by some, it's measured in 15 minutes and by some, it's measured as 30 minutes. What are you referring to there, please?

**Mr BARNETT** - Yes, we're looking at best practice across the nation, but I'll let the chief executive speak to that point.

**Mr EMERY** - The service plan that focuses on transfer of care times has two measures. One is percentage transferred within 15 minutes, the other is percentage transferred within 30 minutes, and those are the numbers that I referred to today. As the minister mentioned, we're working towards best practice of 30 minutes and as a point of clarity, that is about ambulance arrival at the hospital. Previously we may have measured these data as they related to when an ambulance was triaged, but that was problematic because there could at times be delays in that triage time. Now, there is a consensus view that the arrival of an ambulance at the hospital is the starting point for that count and the transfer of care occurs when the patient is moved into a clinically appropriate space within a target of 30 minutes.

**Ms ROSOL** - Thank you. Back to the original question, was that something that you agreed to take on notice? How many triage category 2 patients were subject to transfer of care delays longer than 15 minutes in 2023-24? I think you said that you would take that on notice.

**Mr BARNETT** - Yes, we'd be happy to take that on notice.

**Ms ROSOL** - Thank you. Just a question to you, minister. It was reported by the ABC in June that Associate Professor in Emergency Medicine at the University of Tasmania Dr Viet Tran has plans for the creation of a clinical quality care register that would track patients' experiences in hospital, so from the ED through the hospital, to identify common issues and population-level trends. Is the Department of Health supporting this project? If so, could you explain how?

**Mr BARNETT** - Thank you very much. I will pass to the acting secretary, but just to pay a commendation to Viet Tran for his leadership in emergency medicine and his involvement as the co-convener and supporter of our Health Senate that looks at health reforms in Tasmania. He's doing an absolutely terrific job in that regard. I have a very high regard for his work. I think he's also received an award in recent times, which I'd like to acknowledge today at this hearing. I'll pass to the acting secretary.

**Mr WEBSTER** - All research goes through a process of approval and through that research application it's identified how it's funded, what support is required from the department or from the THS. In relation to this one, the key thing is to giving Viet the support that he needs to get access to the data and access to the ward-level data that follow a patient. Our key role in this particular piece is making sure that all of our data are available so that research can track the patient and make sense of those. In terms of research, we have MOUs and we're about to sign a new one with the University of Tasmania, but we have agreements with a range of universities to support these types of processes.

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Viet, in announcing that, had an approval to go ahead with it and we'll give him the support from within the agency, but he also said he's supported from within the university.

**Ms ROSOL** - Thank you.

**CHAIR** - Before I give the call to Mr O'Byrne, minister, you said there was an answer to one of those earlier questions.

**Mr BARNETT** - Yes, I did and we're trying to cooperate with the committee to provide the answers as soon as possible. That's why I'm indicating at the appropriate time when the answer is available, and it's up to the committee when they'd like to hear the answer.

**Mr EMERY** - Ms Rosol, you asked about safety events associated with delayed responses. The information I've received from my team is that of the 193,985 incidents Ambulance Tasmania attended over the last two financial years, there have been eight SAC 1 or SAC 2 safety events over that period.

As I said, all SAC 1 incidents are the subject of a root cause analysis investigation, and all SAC 2 incidents are the subject of a London protocol investigation - just different investigative methodologies. Then we take those recommendations and work actively to implement those recommendations that are different for every circumstance. In some of those incidents it was about the activation of a helicopter emergency medical service. In other circumstances it might have been about the call-taking procedure. We look at those incidents holistically and do everything we can to learn from them and change our practice to prevent reoccurrence.

**Mr O'BYRNE** - Minister, back to the Fountainside, you are obviously now the main tenant of that at the minute and you have been for quite some time. How much do they invoice you per, per month, per year for the cost of the lease or the hiring of those rooms for those staff members? How much have you paid in the last 12 months, for example?

**Mr BARNETT** - Thanks for the question. We'll see if we can assist the honourable member. Just seeking that information.

**Mr O'BYRNE** - Okay, once we get that information, that would be good. My next question is around the Fountainside. Now that it will be transferred to Homes Tasmania, what rate will you pay? How will you be invoiced from Homes Tasmania? Will it be a commercial rate? A market rate?

**Mr BARNETT** - Let's see if we can assist the honourable member.

**Mr WEBSTER** - At commercial rate.

**Mr O'BYRNE** - A commercial rate. I'm paraphrasing, so if I'm wrong, please let me know, it would be comparable with what you're paying now to the University of Tasmania?

**Mr WEBSTER** - Yes.

**Mr O'BYRNE** - Wouldn't it make sense to purchase it yourself and then save money year on year and then at year five or six you become cash positive? Why are you being charged

a market rate from another government department for a building that's designed to provide staff for your hospital?

**Mr WEBSTER** - It's a valid question. We're getting the figure for what we're paying per annum, so it is a calculation of, do we put it under opex or capex and return on investment? We also have to factor in things like maintenance of that asset, and consider if it is within our purview to maintain a hotel-type asset. All of those things. It has to be a whole of life -

**Mr O'BYRNE** - There's a whole range of accounting practices that deal with that.

**Mr WEBSTER** - - expenditure if we bought it versus operationalising it as an OpEx cost related to that need. It is judgement of all of that but I can't give you a calculation off the top of my head without knowing the commercial rate which hasn't arrived.

**Mr O'BYRNE** - Essentially, there's no net gain apart from securing a longer-term lease which you could have achieved if you bought it and had the greater control over it.

**Mr WEBSTER** - I think the acting secretary did respond to that question earlier. Homes Tasmania is designed for that purpose and obviously it's a key instrumentality of government. It was established for that purpose - to provide worker accommodation, not just in Hobart but in Launceston, across the west coast and in other parts of Tasmania. I want to commend Homes Tasmania, the board and the CEO, Eleri Morgan-Thomas and their team for what they've done. I think it's a very good plan and initiative and it's delivering in spades already and they have a big agenda ahead of them. I know it's quite onerous -

**Mr O'BYRNE** - With respect, it's a different portfolio, minister. It's a different portfolio. I think the question is Health. You're the Minister for Health now and I really want to focus on the Health exposure to this. When you say commercial rate, is that the agreement you've got with Homes Tasmania? It's a commercial rate? Confirmed agreement.

**Mr WEBSTER** - Through you, minister, yes.

**Mr O'BYRNE** - Yes. In relation to the invoicing that you receive from the agency companies - and you say that you can't identify accommodation - could you explain to me then, how do you negotiate costs with those companies? Surely, there are elements of travel, there are elements of accommodation and then there are elements of hours worked and allowances et cetera. Surely you would get that itemised. Surely you would, in terms of making sure we're getting value for dollar, surely that can be itemised.

**Mr WEBSTER** - Through you, minister, it is done through a tender process in which we get a panel of providers and I would envisage that the invoices are itemised, it's just how we enter them into our finance system would be as a total invoice, not as individual items within that invoice. That's why my earlier answer was we would have to manually look at each of the invoices to draw that out, but it is -

**Mr O'BYRNE** - And you're willing to do that or -

**Mr WEBSTER** - Through you, minister, I'm reluctant to do that, given the number of invoices over the 12-month period and diverting resources to do that.

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**Mr O'BYRNE** - I understand that and I do appreciate that there's -

**CHAIR** - Last question.

**Mr O'BYRNE** - - Yes. I appreciate there's workload. However, when there's an efficiency dividend being applied, when there's the nature of the Budget the way it is, as a Tasmanian taxpayer, I want to know. I know that you come to this with a with a huge level of decency and ethics. I want to know that you're doing everything to ensure that every dollar that is spent is done efficiently and focused on better outcomes for Tasmanians. When you're not able to answer these questions around costs for agency and locums and accommodation, it raises questions when you say, 'We can't do this in this financial year because we're paying for this'. We need to know that what you're paying for is appropriate and a level of transparency is applied.

**Mr WEBSTER** - Through you, minister. I can't but agree with you on that. This is a case where contracts are examined. When we go to tender processes, we make sure that we're not paying hundreds and hundreds of dollars for accommodation that we can provide and that's why there are hybrid models depending on where you are in the state, depending on what we have available. What I would assure you is that we're absolutely focused on these locum contracts and agency nurse contracts for two reasons. We need to get the numbers down. This is not just a Tasmanian problem, this is an issue for every state and territory. I constantly discuss with my colleagues, as does the minister - how do we achieve that? The second part of it is we absolutely need to make sure those contracts are nailed down, because the growth in those contracts since the beginning of COVID has been out of sync with any level of CPI that you wish to put forward. So we've got a dual role to bring the contracts back under control, not just in Tasmania, but Australia-wide.

**Mr O'BYRNE** - Will you just put on record that you'll bring back that question around the cost for Fountainside for the year?

**Mr WEBSTER** - I can answer it now.

**Mr O'BYRNE** - Well, perfect.

**Mr WEBSTER** - The lease cost for Fountainside is \$580,000 per annum and we also pay for essential services, I assume that's electricity, et cetera, \$55,000.

**Mr O'BYRNE** - So over 600,000 per year and you manage it as well? Or does the University of Tasmania manage it?

**Mr WEBSTER** - The University of Tasmania did manage it. I am assuming under the new arrangement that will be Homes Tasmania.

**Mr O'BYRNE** - You're assuming?

**Mr WEBSTER** - I can check, but I'm just saying that up until now it's been the University of Tasmania.

**Mr FAIRS** - Upgrading our major hospitals is a huge part of the Budget, which is wonderful to see obviously, and especially Health infrastructure as well. The LGH, which is in

my electorate, is getting some significant upgrades which is awesome, especially the doubling of the emergency department.

Can you run through some of the other infrastructure investments please, around the state, not just Bass?

**Mr BARNETT** - Thanks very much for the question; that's an important one. We've got record funding in the Budget, but it does include \$650 million in the Budget over the forward Estimates for Health infrastructure. That's part of the \$12.9 billion for health services and infrastructure. That's on the back of the last 10 years where we've spent \$1 billion on new hospitals and Health infrastructure. I'm very pleased to see that the government certainly is continuing this momentum.

To name a few examples: the \$126 million across the forward Estimates for the Royal Hobart Hospital to continue its redevelopment, including the emergency department expansion and initial \$105 million in this Budget. We've also locked in the \$88 million for the 44 new doctors and 25 new nurses at the Royal Hobart Hospital emergency department.

There's also \$135 million to continue the redevelopment of the Launceston General Hospital in your electorate, Mr Fairs, including the \$39.5 million to begin the doubling of the size of the emergency department at the LGH. It's certainly a significant election commitment and is in fact the single biggest renovation of the LGH in terms of the emergency department in the last 40 years. We're delivering.

There's another \$90 million for the mental health precinct. I touched on that just a few moments ago. I am very pleased and proud of that. That's at 52 Franklin Street. I'm conscious of time. So just quickly in terms of some of the other highlights: \$17 million for the Mersey's expanded redevelopment. I was just there a few weeks ago and it's great to see the \$42 million expansion come to fruition and there's more work to be done there.

There's \$17.9 million for the North West Regional Hospital upgrades, along with the \$34 million for the mental health precinct, and a range of other investments such as the \$21.7 million for the ambulance stations at Legana, Cygnet, Snug and King Island. There's \$15 million for the diagnostic breast care centre here in Hobart, \$9 million for the new mother-baby unit, the Launceston Health Hub. I know how important that is to you Mr Fairs. There's \$10 million for the stage 1 of the new Cancer Wellness Centre.

So in terms of Health infrastructure: \$650 million it is go, go, go.

**Ms HADDAD** - Minister, it's widely acknowledged that it costs more to provide acute health services than community health services and that well-funded community health services can reduce acute health need. We've talked about it already today. Your department does fund a range of not-for-profit organisations to provide services to Tasmanians that improve health outcomes. Demand on the services that you have funded across a range of things - women's health has been raised already by Ms Johnston, sexual health contracts, mental health contracts, alcohol and other drug contracts, public health contracts - demand on all those services have increased substantially, but their core funding hasn't.

Organisations are basically doing more with less, or being asked to do more with less, and the end result is they will have to cut services or staff or both. Minister, will you commit

to reviewing the core funding amounts, the core contracts, of the not-for-profit organisations that you fund through the Department of Health to make sure that they are funded sufficiently to provide those services that you're purchasing.

**Mr BARNETT** - Thanks very much for the question. I think the most important thing to say firstly is thank you to the community service organisations for what they do. As a government, we do have a strong relationship with them and that's collaborative and cooperative and positive and I appreciate that personally as well as, as Minister for Health. We have got, as a Department of Health, administering over 220 funding agreements to over 130 community sector organisations in a range of areas, mental health, alcohol and drug, public health, home and community care Tasmanian health services. In terms of the funding support, the Department of Health will deliver the state government's election commitment, which we did make thanks to the Premier's support, the Treasurer's support during the election to deliver 12.5 per cent indexation over the four years, to the community sector organisations - and in 2024-25 indexation of 3.5 per cent will be provided. The total cost of this initiative over the four years is \$7.6 million.

**Ms HADDAD** - Thank you, minister. I do understand in the commitment around indexation, there are two problems with it: one, the indexation doesn't actually match other costs like CPI wage index growth and the cost of doing business and the second larger problem is that the indexation is being applied to core funding amounts that are too low to deliver the services that you're purchasing from those organisations. While I know the Community Services minister is doing a broad review around outcomes purchasing and five-year funding contracts, that's welcomed, what are you going to do in your department around the NGOs that you fund to make sure that their core funding contracts are enough to deliver the services they're funded to provide?

**Mr BARNETT** - Well, firstly, in response to that question, just to make it clear, the rate of indexation is above the Treasury CPI forecast level and in line with public sector wages across the period, which were increased to factor in additional cost-of-living pressures for people on lower incomes. The indexation will be built into the base each year which ensures real growth in funding to our CSOs and it provides certainty for indexed funding agreements and supports longer term planning. The number of time-limited funding commitments ended on 30 June 2024, for which ongoing funding beyond that date could not be confirmed until delivery of the state Budget on 12 September. To enable service continuity across the interim period until the state Budget was delivered, the Department of Health provided over \$1.5 million to the impacted CSOs and then the state Budget subsequently confirmed a provision of ongoing funding to some, but not all, of those CSOs that received interim funding.

I can also advise in terms of any further requests for funding, I'm a strong advocate for the health sector, as you know, I will continue to be so. Those additional funding requests will be considered as part of the normal budget process and as part of that process, certainly as minister, I would be very pleased to hear from those organisations to support their efforts wherever possible.

**Ms HADDAD** - Thank you. My next question is around forensic health assessments, which, as you would know, are vital for victim/survivors of sexual abuse. The commission of inquiry identified specifically that your department needs to increase the availability of forensic medical examination services for child victim/survivors to ensure that they can access examination with minimal delay. My understanding is that to conduct those examinations,



doctors and nurses who conduct them need to be registered and specially trained to provide that forensic medical examination, which of course, is to be expected for the safety of the victim/survivor.

My first question is how many nurses and doctors are there at each of the major hospitals who are registered and specifically trained to conduct that work?

**Mr BARNETT** - Thank you very much for the question. As a government we're totally committed to responding to that and delivering on the 191 recommendations. Part of that falls to the Department of Health and it's a lead agency for 24 recommendations, including 13 short-term recommendations, which were delivered by 1 July 2024. There's a full summary of all the work that's been undertaken. I must acknowledge the former secretary who's now the head of the State Service for her leadership and indeed the minister and now Premier Jeremy Rockliff for his leadership in that regard and certainly a collective responsibility for all of us to respond to those child sex abuse concerns within the health sector. It's acknowledged that it's been deeply distressing for members of the community and that's something we take very seriously and we do not want to compromise on that. And so the trust and safety of vulnerable individuals and children and others does not want to be undermined and so there's a lot of work that's been undertaken by the Department of Health to respond to those concerns. I could outline them in further detail, but with respect to the specificity of the question around those positions, I will pass to the Acting Secretary.

**Mr WEBSTER** - Thanks, minister, and through you and this in this space we have a medium-term objective under the commission of inquiry recommendations to review this category of employment, if you like. I shouldn't call it that because it does attach to - it's important we actually increase the overall number that might actually only be doing this certain amount of time. So we are focused initially on making sure that we have a minimum number, and I have to say that in, for instance, a smaller hospital that might be one in place in all of our hospitals. So we've done that step; we are currently working on the next step, which is actually identifying all those that have currently got the training across our network, but secondly, offering training and working with people to actually become trained specifically, where the training is not brief training - it's actually quite lengthy - over 12 months - so we are working towards that. So our objective on this is by the end of July 2026 to have a, if you like, a sufficient pool in each of our regions that this isn't something that needs to be highlighted in our system because we have it there. At the moment, what we would say is we have an absolute minimum number identified and-

**Ms HADDAD** - Do you have that? I'm happy to put it on notice.

**Mr WEBSTER** - I don't have the number. I can tell you it's one in the north-west and that's because I can bring that to mind, but I'd have to actually get the number for the other -

**Ms HADDAD** - I know the committee hasn't got that long to go, I'm happy to put on notice that question.

**Mr BARNETT** - Are you happy to put it on notice, and we'll respond.

**Ms HADDAD** - And in that answer, thank you assistant secretary, you covered a little bit of my next question, which is what commitment there is to training more. So it sounds like you do have that commitment, but I do understand that there's an internal policy requirement

that a second additional APRA registered practitioner needs to be present for each forensic medical exam. And I do understand the sensitivity of this and the intent, of course, making sure that victim/survivors safety and wellbeing is absolutely protected. But I also understand that those exams, there's usually - it's a small exam room, there's usually many people present, often a parent or a support person, a social worker from a community organisation, plus a victim/survivor.

So I just wonder, and through you minister, in a system where there are shortages of staff across the health system, is there a way for these exams to be safely and victim/survivor centred and conducted without having to have a second trained registered medical practitioner in attendance. Of course the person doing the exam needs to absolutely be registered and trained, but just wondering if there's a thought to that policy protocol around availability.

**Mr WEBSTER** - Through you, minister so the best practice using the fact that it is two people, so it's not just a local protocol process, it's so -

**Ms HADDAD** - So two doctors or nurses or two registered trained -

**Mr WEBSTER** - Not necessarily, trained health professionals.

**Ms HADDAD** - Yes.

**Mr WEBSTER** - So this is an area we would need to work with the other states and territories about adapting best practice models, et cetera. I absolutely take your point through the minister that there can be a lot of people because we want the child to identify support people as well that might be in the room, but the way we manage this in the room would be it may be that we talk to the support people in terms of making this trauma informed that some of them may need to leave. But in a sense, we make that the child's decision rather than the clinician's decision, because we need to do this in a way that the child is most comfortable. So we don't want to have a situation where our practitioners are saying everyone out of the room. We want to work with the child to make sure that we're actually identifying who they need to support it, but on the other side of it, we also need to identify who is on - which staff are there because we need to do this in a way that gathers the evidence that's required and all those sorts of things. So, there's a whole tightrope of circumstances.

**Ms HADDAD** - That's right. I do understand the sensitivities and totally respect the need for victim/survivor safety to be the primary aim here and best practice needs to be followed.

The assistant secretary mentioned that there's one person in the north-west currently, I think he said. If the best practice and the protocol is that two people need to attend, does that mean that there's no capacity in the north-west right now to be doing those forensic medical exams?

**Mr WEBSTER** - It's my understanding that other health professionals would attend. When I say there's one person, it's one person who is allocated to the task. Their job is these. So they're -

**Ms HADDAD** - Okay, one person who has the relevant training and registration.

**Mr WEBSTER** - Relevant training and registration, but allocated to the task. Part of what we need to do is identify who else has had the training in our network. It's a process we're going through. As I said, it was a medium-term objective to have this uplift. We're giving it as much priority as we can. We're ahead of the curve because it's a 2026 recommendation from the commission of inquiry. We've already identified who does it, already working with the other states on the training programs and those sorts of things. Sorry, that's probably not a complete answer but it's as much - we're trying to do as much as we can and be trauma-informed.

**Ms HADDAD** - That's okay. It makes sense. Thank you.

**Ms ROSOL** - The Human Resources Information System (HRIS) in the Department of Health was scheduled to be rolled out and operational by the second half of 2024. Can you give us an update on what the status of the HRIS is and has there been any reduction to its scope or implementation?

**Mr BARNETT** - Thanks very much for the question. It's something the Health department has been leading, for and on behalf of the government, for some time. It's a considerable effort and investment. I know the acting secretary and the team take it very seriously, so I'll pass to the acting secretary to respond to that question.

**Mr WEBSTER** - The Human Resources Information System is an incredibly complex program that we're doing on behalf of whole of government, but we're probably the most complex agency. There's a number of things we've had to work through, everything from in the last round of EBAs we actually had to agree on a whole lot of clauses with the unions that would modernise how we process time so that we can actually intersect with HRIS. That has slowed us down.

However, the first module has already been rolled out, which is case management. We prioritise that module because it was a recommendation of the commission of inquiry. That has gone live a number of weeks ago now and, in fact, has rolled out across all agencies. No, not yet? Will roll across all agencies.

In terms of the main module that we've been talking about, which is the payroll system that has rostering attached to it and all of those automations we desperately need, that is scheduled for the third quarter of 2025. The main work that needs to happen within the Department of Health in the lead-up to that is we need to review all of our rostering, standardise it more and, if we can, digitise it into systems so it can be automatically uploaded. At the moment, for a very large number of our staff across the state, they fill out a manual timesheet which gets literally signed on a piece of paper and sent to someone to data-enter, so it slows down our entire processes.

HRIS is a goal we've been working on for a period of time, but the main delays have been around we actually have to take fairly antiquated human resources processes - I won't even call them systems, and uplift them all the way to a digital platform. I'll give you one example: we actually run 700 separate roster processes across the department.

**Ms ROSOL** - Thank you. Minister, what additional nursing resources have been allocated to the state's emergency departments to assist with the increased workloads that are

associated with the government's new transfer-of-care procedure to assist nurses who are now looking after patients in corridors with no additional staffing?

**Mr BARNETT** - I think you're aware we have concluded the recruitment of 44 doctors and 25 nurses to the Royal Hobart Hospital emergency department. Secondly, we take this very seriously and you've seen the beneficial results for our ambulance care into the community, with 9000 hours' improvement. We have regular meetings with the unions, the department and the AMA on transfer-of-care delay. The most recent one was a few weeks ago. The chief executive of Ambulance Tasmania indicated that we're bringing forward the review of that transfer-of-care delay activity, in terms of the numbers. I'll pass to the acting secretary.

**Mr WEBSTER** - We had this question yesterday. We haven't actually split number of nurses, number of doctors out in the figures we're providing. You asked for the number of nurses in ED.

**Ms ROSOL** - No, I, asked what additional nursing resources are being allocated to help cope with the transfer-of-care change in procedure.

**Mr WEBSTER** - In the south, 25 additional nurses are employed to increase the treatment points as part of the \$22 million announcement by government.

At the LGH, an uplift to ED to ensure there are 26 nurses on day shift, 28 on afternoon shift and 24 on night shift. That has required us to have a large number of agency nurses to make sure we maintain those numbers on a daily basis. The Launceston General Hospital ED is subject to nursing hours per patient presentation, I think you would call it, rather than day calculation, which we've worked through with the ANMF because there was a recalculation of that because of the nature of the ED. The minister has talked about the need to expand the space at the Launceston General Hospital. We actually have a separate agreement with the ANMF that has a top-up in addition to the calculation of nursing hours per patient presentation. The uplift is we went from 22 to 26 on day shift, 25 to 28 on afternoon shift and 21 to 24 on night shift.

**Ms ROSOL** - Thank you. I want to ask a question about COVID. I understand COVID is something no-one wants to talk about any more. It's had an enormous negative impact on us and people want to forget about it and move on. But there is mounting evidence that the health impacts of COVID are growing and not going away, and ignoring the problem won't change that. There is research that links even mild acute COVID infections with population-wide increases in a large number of chronic diseases, which has huge implications for our health system and increased demand we can expect on services going forward.

At a briefing with the acting secretary two weeks ago, we were told demand for health services in Tasmania has increased dramatically since COVID infection became widespread. So, I'm just wondering if you could provide data on the rates of a number of health conditions and I think this might need to be taken on notice, just comparing 2019 and 2020 rates of some diseases and 2023-24 rates of diseases.

I have a list here of those, including heart disease, arrhythmias, mood disorders and anxiety, strokes or blood clots, postural orthostatic tachycardia syndrome, myalgic encephalomyelitis or chronic fatigue syndrome, diabetes, including type 1 diabetes in children,

Strep A, and we also know that increasing cancer has been linked with COVID infections as well.

So, are you able to provide data on the rates of those health conditions across those years before COVID became widespread here and now, please.

**Mr BARNETT** - A very detailed question.

**Ms ROSOL** - Yes, it is.

**Mr BARNETT** - Something that we would need to take on notice, I would say in response to COVID, as a government we invested very heavily. I want to pay tribute to the former premier Peter Gutwein and minister for health at the time Jeremy Rockliff and others within the Health department. But, across the Department of Premier and Cabinet, across the government, it was an incredible effort and supported by many around this table and elsewhere.

So, I just want to pay tribute to that because that was about saving lives and saving livelihoods, and those were at the forefront of everybody's mind during that difficult time. There is still, very much, in the community, a focus certainly through the Department of Health, the Tas health service, a focus on COVID-19, on flu, on RSV vaccination program. We've had the Health department's Winter Wellness Campaign.

So, it's very much important, particularly for those at risk, those over 65, those in a high risk category, and we do Aboriginal Torres Strait Islander groups, for example. We do take it very seriously and there's a lot more, well, there's a lot that we are doing and a lot more that can still be done. In terms of the detail of your question, we'll need to take that on notice.

**Ms ROSOL** - Thank you.

**Mrs PENTLAND** - Minister, I'm pleased to hear about the new Mental Health Hub plan for my beautiful electorate of Bass. However, I've noticed that the 28-day readmissions rate rose from 14.7 in 22-23 to 15.2 in 23-24, while the target for 24-25 is set under 14 per cent.

At the same time, the average length of stay has been increasing year on year reaching 16.4 days, yet for 24-25 you predict it will drop to under 13 days. Could you please explain how these targets are calculated given the mental health hubs won't be operational by then?

**Mr BARNETT** - Thank you very much for your question, your interest in mental health and your support for the mental health precinct in Launceston. Some \$90 million, an extra \$10 million in the Budget on top of last year's \$80 million, for that mental health precinct set for Franklin Street in the north.

In terms of those targets that you've outlined, that's clearly an operational question, and we'll need to pass that to those at the table who might be able to assist the honourable member. So, let's see if I can pass to the acting secretary.

**Mr WEBSTER** - Thanks, minister. So, firstly as to how we set the targets. So, we work with the actual service areas in setting those targets and what they have planned for their particular areas and those sorts of things. In particular, in setting, if you look at Launceston and

the uptick in readmission and length of stay, we initially had in our adult mental health services our reform program rolled across the south of the state and then in the last two years has become a statewide reform program.

So, additional changes to how we operate in that area is increasing our focus on acute episodes in the community and the hub is actually an outcome of the final step. Once that's in place, you have things like Safe Haven recovery college, but along the journey we're already increasing the services available in the community. In addition to that, it factors in mental health emergency response switching on over the next couple of years and the minister, I think has a number of times over the last two days, has pointed to the success of that in both Hobart and the north west where we're seeing in excess of 75 per cent of cases remaining in the community when responded through mental health emergency response or PACER in the south rather than in the traditional way of sending up Ambulance Tasmania to those cases. All of those things are factored in in setting the new targets because our services believe that those will have an effect and will bring down those targets - bring down those percentages.

**Mrs PENTLAND** - Great, thank you. Different question. Thank you, Chair. Minister - and I do apologise if this has been asked because I know that I came late - but \$32 million has been allocated for a medical equipment fund but Tasmanians deserve more transparency about how this money will be spent. Can you specify exactly what hospitals will receive this funding and what criteria is used to determine where the equipment will be deployed?

**Mr BARNETT** - Yes. Thanks very much for the question. I think the total amount is \$40 million including in the out years.

**Mrs PENTLAND** - Okay.

**Mr BARNETT** - Over the forward Estimates and then into the out years, so that's a commitment we gave at the election. In terms of the detail, in terms of the application process, but it's not just for our four major hospitals, but also rural and regional hospitals. In terms of that process, I'll pass to the acting secretary. I should note also, as the northern member here, member for Bass, amongst others, of course, interest in the robot which will be placed at the LGH, \$4.7 million, which will provide wonderful healthcare, medical services for not just men but also women. That's a new technology which is outlined in the budget and will absolutely deliver better healthcare services for those that need it.

**Mr WEBSTER** - Through you, minister, so the medical equipment fund within the Budget is our estimate of need over the next few years in addition to our current programs and that's based on our assessment of asset condition, those sorts of things, across our network. One area that we're focused on through our infrastructure team is in fact the rollout of an asset management system which will, you know, allow us to plan for the future when we need to replace things and things like that. In terms of this set of money, we have some identified needs which will almost immediately go forward into the fund, but then we'll be working with each of the services - and I'd say services because it's not just for hospital - on what are their needs going over the next few years. We have a plan to spend the money on a year-by-year basis in addition to the money we will already be spending on that equipment. As you can appreciate, we churn through millions and millions of dollars' worth of medical equipment every year.

**Mrs PENTLAND** - Yes. I just wanted to ask, then, that how can you guarantee that this investment won't be wasted on equipment that ends up sitting unused due to ongoing staffing shortages or operational mismanagement? You did talk about your asset management system, will that incorporate that or is that a different system that you'll have?

**Mr BARNETT** - Yes, thanks very much for the question. First of all, just to make it very clear, we're looking at increasing the number of people in the Tasmanian Health Service. We're on a recruitment blitz now. We've got more than 900 since April on the frontline; doctors, nurses, allied health professionals, paramedics, that's part of the budget. We've got funding in the budget to increase those numbers. In terms of those people to manage and to supervise the equipment that you've made reference to, that's our expectation. We want an efficient health system that's delivering better healthcare services to Tasmanians faster. In terms of the detail, I'll pass to the acting secretary.

**Mr WEBSTER** - Through you, minister, it is really important that this fund is to buy equipment or replace equipment that is at the end of life and needed in our system. It's not about funding equipment that can sit around. When this equipment is needed in our system and is coming towards the end of its life, we need to replace it. This fund gives us the additional ability to do that. I can assure you that we won't be buying high-cost equipment that isn't being used across our system.

**Mr FAIRS** - As we know, the funding for the hospitals is awesome, and people living in those population centres are well-serviced in that regard. What about people in regional and rural areas? Can you outline what the Budget's doing for those people, please?

**Mr BARNETT** - Yes, I can. The support for rural and regional communities is really important. I've made mention of the GP NOW guaranteeing the Rapid Response Team. Also the multi million-dollar support for the extra 40 doctors into regional and rural Tasmania. On top of that, we have the 27 community paramedics, and the chief executive made reference to them earlier, as did I, and they'll be deployed across the rural and regional communities at our district hospitals, caring for people in their communities and keeping them out of our emergency departments wherever possible. They're certainly highly trained paramedics specifically for that purpose, to treat patients who present at those district hospitals or in their local communities.

In addition to that, the Royal Flying Doctor Service - I was with them just a few weeks ago, Nicole Henty was with me, when we announced funding support. We brought it forward by one year to extend the oral health services from St Helens down to Nubeena, so extending it from Orford down to Nubeena. Being down at the Tasman with the Premier and the cabinet a couple of weeks ago, they are absolutely delighted to see that service being extended.

Of course, we have the funding support of some \$6 million on top of the federal support for the \$15 million from the Australian Government for their expansion of the new purpose-built facility at the Launceston Airport. So, we have a lot taking place in that regard, and we will continue to do that.

The other initiative on the east coast is at Swansea, the May Shaw Health Centre. They do a fantastic job supporting the local community. I visited there some weeks ago now. Some \$600,000 towards the \$1.3 million upgrade to provide two additional GP consulting rooms with the on-site Swansea general practice there.

Likewise, on the west coast, working with the West Coast Council on their plan for the Rosebery health centre to deliver more outreach home and community health services across that area. Of course, the West Coast District Hospital in Queenstown, we have funding support thanks to our advocacy with the federal government support for aged care facility expansion. Likewise, I was in Oatlands just a few weeks ago, the multipurpose centre and the expansion of the aged care beds there, again, with federal support. We have, as I mentioned earlier, the ambulance stations being built around Tasmania, including at Oatlands, which is nearly finished. That will be fantastic for the southern midlands and the surrounds.

We have plans for Legana, King Island, Cygnet and Snug with our new ambulance stations. I gave you a bit of a heads-up a short time ago in terms of Longford and Bicheno ambulance stations, and they've now been identified. We will absolutely be rolling those out to deliver better healthcare services faster for those rural and regional communities that are so important.

I think we have an answer to some earlier questions - one from the chief executive of Ambulance Tasmania to Ms Rosol and I think the Acting Secretary also has an answer. Would you like to go first?

**Mr WEBSTER** - Through you, minister, Ms Rosol asked for the number of patients in category 2 (under 15 minutes) transfer of care delay and the number of patients within 30 minutes transfer of care.

Category 2 - this is a triage category 2 - there were 17,085 arrivals at our hospitals in 2023-24; 9572 or 56 per cent were transferred into the care of the hospital within 15 minutes, and 11,665 patients were transferred to the care of our hospitals within 30 minutes (68.3 per cent). Does that make sense?

Now, that is up. So 2022-23, the percentages were 53 per cent and 63.6 per cent, and the number of cases increased by - I think that works out at about 1000.

**Ms HADDAD** - Minister. There have been concerns raised with me around the safety of people working in Cath labs in terms of exposure to scatter radiation. The current protection used at the moment is lead aprons, which are heavy, bulky, kind of old-style PPE that only provide about 60-70 per cent body coverage, meaning there is significant exposure to radiation. They don't represent best practice anymore. There are jurisdictions that have moved away from using those. I'm also told nurses can be exposed to roughly double the amount of radiation than doctors working in the same labs, so I wondered if you can explain what you're doing to improve the PPE and the safety and protection for staff, and particularly nurses, working in Cath labs.

**Mr BARNETT** - Firstly, I want to say that the health and safety of our workers in the health system is a priority for our government. I want to thank, again, our awesome healthcare workers for what they do. In terms of the answer to that question, I'll see if the Acting Secretary is in a position to provide an answer to that very specific and detailed question.

**Mr WEBSTER** - We don't have the answer immediately.

**Ms HADDAD** - I can put it on notice, if that's easier. I know there's not long to go.



**Mr BARNETT** - We may be able to assist if we just had a few moments. If we could just hold that thought and we'll get back to the committee as soon as possible.

**Ms HADDAD** - I can move onto a different question if you like, while you look it up. It's about the Spencer Clinic. There was an election commitment in 2021 for the government - you made a commitment to a \$40 million upgrade to replace the ageing Spencer Clinic, the inpatient mental health clinic in Burnie. That hasn't happened yet, and you've recommitted to it in this Budget. I wondered if you can explain when those upgrades will be completed and whether the whole project is budgeted. Also, how many positions are currently vacant at the Spencer Clinic?

**Mr BARNETT** - Thank you very much for the question. I'm pleased to respond regarding the north-west and the Spencer Clinic, having visited there just a few weeks ago - and I thank those healthcare workers involved in the Spencer Clinic for the services that they do provide. We have \$40 million committed in the Budget to build the new inpatient mental health services at the North West Regional Hospital to replace the Spencer Clinic. The facility will provide 22 inpatient beds, five short stay beds. Following confirmation of the model of care detail, the project scoping and design processes will be undertaken before tenders are awarded and construction begins. However, it is anticipated that construction will be completed in 2026.

Also I should note \$7.6 million for the north-west coast has been committed for the mental health hub in Devonport.

**Ms HADDAD** - So, the whole Spencer Clinic project is funded in this Budget? The other part of the question was, how many positions are currently vacant at the clinic? Again, the numbers question I'm happy to put on notice. Specifically, how many are vacant. Also, how many staff are on stress leave or workers' compensation leave at the moment from the Spencer Clinic.

**Mr BARNETT** - Thank you very much for the question. That's very much an operational, detailed question. I will just pass to the Acting CEO.

**Ms HADDAD** - Again, happy to put numbers questions on notice, if that's easier for the committee.

**Mr WEBSTER** - Through you, minister. Because the Spencer Clinic is actually part of our northern, north-western region, we only have regional-level data with us.

**Ms HADDAD** - Okay, I'll put that on notice if it's not possible to break it down. I just put it on the record that we are hearing some pretty concerning stories, Minister - I'm sure you're hearing them too - that staffing levels are critically low and that morale is really low and that it's difficult to recruit staff to work in the Spencer Clinic, which is what's led to this series of questions. I'm wondering, are you hearing those concerns as well? If it isn't possible to break the staffing data down to that granular level, whether you're committed to doing the work required to make sure that the Spencer Clinic is a place you can employ people to and recruit and retain staff there.

**Mr BARNETT** - I just wanted to respond to that question and indicate the level of priority that we place on this. That is because there's \$40 million in the Budget for a new

inpatient mental health service at the North West Regional. I saw plans for that. I've had a briefing on it. It was great to visit there. I thank the healthcare workers who are providing that service in the Spencer Clinic. Clearly, there is going to be absolute benefit for the community in a new facility and those new services. That's a level of indication of our strong commitment to that. I thank the Premier and former minister for health, mental health and wellbeing, Jeremy Rockliff, for his leadership to help secure this commitment for and on behalf of the government. I'll check with the acting secretary if you wish to add to that answer.

**Mr WEBSTER** - We are absolutely concerned about workforce, particularly in our regional areas. It has been a long-term challenge to recruit and retain staff across all health professions at Spencer Clinic. We have worked to change our models of care to diversify the workforce, for instance, by bringing in RNs and then giving them scholarships to do their postgrad in mental health. Where we can identify roles that could actually be a nurse or an allied health professional, then we will dual-advertise that role so that we can attract either a nurse or an allied health professional.

The Spencer Clinic is a 19-bed facility. We run it at occupancy levels at various times at 16 rather than 19 so that we're not overloading the staffing levels. I would say that the occupancy level of Spencer Clinic is lower than other facilities, but the reason for that in the stats is in fact that decision that we take to lower the level to 16. We think it's really important that when we come under pressure in the north-west that we don't continue to say this is a 19-bed unit when the staff are not there. But we have worked very closely with HACSU and ANMF in particular around what the staffing model is, how we can diversify, how we can dual-classify jobs - all of those sorts of options that we apply in the north-west that you might not necessarily apply at the Royal or in other states. I share your concern. We have a number of management tools in place that we're tracking. I have to declare that for our Executive Director of Nursing and Director of Services for Mental Health Services, unfortunately Estimates hearings this year coincide with our accreditation visit, so the entire support around mental health is focused elsewhere.

**Ms HADDAD** - I have one super-short one just to round out this rotation. The minister mentioned the surgical robot before. I'll really truncate what I was going to ask. We all understand and agree on the benefits of the surgical robot committed to for the LGH, but it has been delayed by a year in this year's Budget. It was originally committed to be installed this year for operation next year, but it's now in next year's budget. Why has it been delayed and can you guarantee that it will actually be delivered next year, or do you anticipate it will be delayed further?

**Mr BARNETT** - I take this very seriously. I've met with relevant medical professionals and others regarding the surgical robot. I have raised this with the department to ensure that the department is aware of the expectations that it is a priority and to bring it on as soon as possible. I'm very pleased for the acting secretary to speak to that matter.

**Mr WEBSTER** - There is an estimated time on what it takes to order this and then bring it in from Europe into Australia. We believe we can do it quicker than the budget paper would indicate, in which case we would undertake and we've undertaken to the minister to cashflow it into this financial year.

**Ms HADDAD** - That's great news. So, it could still happen as planned.

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**Mr WEBSTER** - We want it here as soon as we can. The Treasury estimate is that we won't achieve it this financial year.

**Ms HADDAD** - Okay. They might be a bit more conservative than you guys.

**Mr WEBSTER** - Our estimate is that we will do it as quickly as we can.

**Ms HADDAD** - Okay. That's great news.

**Mr BARNETT** - I should add to that to respond to the question that there's planning, there's training and there's procurement. What the acting secretary is indicating is that I've indicated it's a priority and they can get going on the planning and get going on the training and get going on the procurement - it sort of all happens at the same time so that we can get it going as soon as possible.

**Ms HADDAD** - Okay. Good news too. Thank you.

**Ms BURNET** - Minister, I just wanted to touch on the Gender Budget Statement and obviously there's a large proportion of women in the Health workforce. You and I co-hosted a forum on menopause and perimenopause - a good time to pause there, wasn't it? There's a significant concern for women in relation to having those benefits in the workplace and, clearly, Ms Haddad was talking about retention or work health and safety around issues. Having and retaining more staff rather than losing them would be of benefit. I was just wondering what sort of benefit you may see to having some sort of reproductive leave and recognition of that.

**Mr BARNETT** - Thank you very much for the question and your interest in this important matter for women. I think it's an issue for all of us and that's why I was very pleased to jointly host that with you, honourable member -

**Ms BURNET** - Thank you. I appreciate it.

**Mr BARNETT** - I think it was a very productive and collaborative meeting and I learnt more about the merit of appropriate leave in appropriate circumstances to support women going through menopause, and perimenopause as well. That's something that I have taken on board and I'd like the acting secretary to respond as well to help outline the government's views on these important matters.

**Mr WEBSTER** - It's a range of issues but in particular perimenopause and menopause are a focus of our people strategies going forward at the moment to look at how we can do this. The first thing is flexibility within our leave provisions, particularly around personal leave and the use of that. Second, it's also in patterns of work and how we can work with people who, from a financial point of view, need to work full time but may not be able to do that because of a range of situations within life - endometriosis comes to mind and things like that - as well as menopause. How do we flexibly design their work practices to meet their personal needs? The answer is not always in flexible work practice, that someone should work part time. We may need to be flexible around shift rostering, hours of work and those sorts of things so that we're supplementing any leave packages which, by their very nature, end up being limited. We don't want people needing personal leave, taking rec leave, because the purposes of those two leaves is completely different. We have to have flexible work practice available.

**Ms BURNET** - Is that available now for staff?

**Mr WEBSTER** - Yes, it is, but where we need to work on this is to making sure that people know about the access. We've got a range of things that have come through recent enterprise bargaining agreements, et cetera, but we don't promote the use of it in this way. That's work that's underway, to especially say to people we actually want you in the workplaces as much as you wish to and therefore we want to adapt our work practices. I've just been reminded, for instance, I should add breastfeeding to this as well, but there's a whole range of things where we need to change the way we expect our employees to work and agree that with the employee rather than the traditional, 'we expect you to be here from 9.00 to 5.00' or 'we expect you to do five eight-hour shifts' or whatever.

We need to change that and to negotiate it on an individual basis because, again, we can't assume that what fits me will fit the minister. Our flexible work practices policies are all about flexibility, but we have to make it, and we are increasingly aware that we don't market it enough. Traditionally, when we talk about flexible work practices, we talk about part-time work and we need to change the way we think.

**Ms BURNET** - I'm interested to see that flexible work practice because that sounds like you're moving in the right direction. Clearly, reproductive leave and legislative reproductive leave - Queensland has I think 10 days. We would be looking at introducing 12 days. The health workforce would benefit greatly as would the rest of the Tasmanian workforce and economy. Thank you.

**Ms JOHNSTON** - Minister, budgeting to support women's access to terminations of pregnancy is impossible when the state doesn't gather data on the numbers are terminations, medical and surgical, provided here. These procedures are spread over four Medicare items, which also include medical procedures such as DNCs.

Other Australian jurisdictions require GPs to report a request for service and medical termination or referral for a surgical termination, in the same way they report seeing a patient with a notifiable disease like chickenpox. This enables those states to track trends, budget for costs, and support women to avoid unwanted pregnancies by identifying the barriers to accessing contraception.

What's the government's plans to start collecting the data it needs? I appreciate it's been asked a number of times but I'm keen for an update on how we're going with data collection.

**Mr BARNETT** - Thanks very much for the question and I'll pass to the acting secretary.

**Mr WEBSTER** - Apologies, Ms Johnston, there is a delay between this room and the people sitting in the other room.

**Ms JOHNSTON** - Would you like me to ask my second question while we're waiting for that to come through? You might need some responses from the other room for it as well.

I want to know how many women gave birth in Tasmanian hospitals in the last financial year who weren't covered by Medicare. What was the average cost of their antenatal and birth costs? How many required support for gestational diabetes and what was the average cost of

that treatment? How many were put on payment plans? What was the average rate of repayment on those plans? And, how many had their fees waived due to financial hardship?

I'm happy to put that on notice if that's an easier task. I appreciate I asked a number of detailed questions there.

**Mr WEBSTER** - We have with us the totals for Medicare ineligible but not specific to maternity, unfortunately.

**Ms JOHNSTON** - Okay. Is that something you're able to get specifically or is it not?

**Mr WEBSTER** - We should be able to.

**Ms JOHNSTON** - If you could take that on notice.

**Mr WEBSTER** - Yes.

**Ms JOHNSTON** - Thank you. The earlier question about data, has that come through to the other room? We can move on, perhaps, in the interest of time, I know and come back to -

**Mr WEBSTER** - The short answer is, and I, you know, I am happy to actually provide this in writing. It's how we go about collecting the data limits and what we can actually bring up from the hospitals, but I appreciate that I've heard that answer three times in the last three years. I'll work with my team on how we actually obtain the data.

**Ms JOHNSTON** - Do you want to put that on notice then? I'll put both those questions on notice

**Mr WEBSTER** - Yes, put that on notice and we'll respond as best we can.

**Mr FAIRS** - Thank you. Minister, the Budget this year includes significant investment in a new mental health facility for older Tasmanians. This is a sector that I'm very passionate about. Can you outline what this will involve and can you update the committee on the reform activity that's underway in the area of mental health service delivery, please?

**Mr BARNETT** - Thanks very much for the question. It is important in terms of mental health services across the state and something we've been focused on.

As I indicated earlier, I visited the Roy Fagan Centre and older persons' mental health services more broadly. There was a reform project for older persons' mental health that made six recommendations in 2021, all of which were accepted and an implementation plan was released soon after that. There was \$1 million allocated in 2021-22, and in 2022-23 there was an additional \$20.5 million secured to continue this work.

The Roy Fagan Centre site is privately owned and has been leased by the Department of Health for almost 25 years. It's certainly an ageing facility and it's not fit for purpose and I'm happy to put that on the record. We will invest \$82.56 million to establish a new 40 bed older persons' mental health facility at St John's Park, which I've also visited in recent months. The services currently delivered at the Roy Fagan Centre include in-patient and day-program services. I thank the healthcare workers that are there doing a fantastic job, I really appreciate

their support. Those services will be transferred to the new facility by the end of the department's current lease in 2029; that's the current plan.

Other highlights of our reform include: the successful recruitment of the new older persons' mental health services' statewide senior leadership positions; the expansion of the workforce delivering care at the Roy Fagan Centre; and increased staffing in the community older persons' mental health services team, with more than 22 new full-time equivalents appointed since 2021; and working with the residential aged-care sector through a rapid access service pilot to provide specialist in-reach support to more than 14 aged-care facilities in the greater Launceston area. Older persons' mental health services are also providing in-reach support to the Glenview specialist dementia care unit in Hobart, which is the only service of its kind in Tasmania.

We want to continue working with the federal government on the bed block for older Tasmanians, so getting access to the aged-care services. As I've indicated publicly, there's about one ward of people in our hospitals that can be discharged today into a residential aged-care facility, but none is available. It's called bed block and it's very frustrating for the Tasmanian government and the people of Tasmania, especially those older Tasmanians who deserve those services. We've raised this consistently with the federal government and we need more done in that space.

In addition, there are people in our hospitals who really deserve the disability support care in the community and through the NDIS. If you add those together it's 60 to 70 people at any one time who are blocked in our hospitals who deserve care in the community through disability care or through residential aged-care services to be funded and supported by the federal government. This is something that I've been raising consistently with the federal government and other jurisdictions. It's something that I consider very important and we will continue to advocate in that space for a better healthcare services for those Tasmanians in need.

We've got an answer to your earlier question, if you want it.

**Ms HADDAD** - Yes, absolutely. Thank you.

**Mr WEBSTER** - The Spencer Clinic FTE 44.54, currently we have vacant 6.08 of that. I'm also told that we've recently appointed two additional RNs.

**Ms HADDAD** - Thank you. I also put on notice, and I'm happy to leave it there, the workers' comp and stress-leave numbers. Also, on scatter radiation - you took something on notice, but I didn't write anything down.

**Mr BARNETT** - If you could write it down, we'll take it on notice and support you accordingly.

**Ms HADDAD** - Okay, I'll do that.

I have some questions about oral health. I know you were asked about this in the upper House yesterday, and we both agree that good oral health is fundamental to health, wellbeing and quality of life. In the Legislative Council, you were asked about the general care waiting list and explained that it had dropped from 15,187 in 2022-23 to 13,684 in 2023-24. Looking at the waitlist data, the occasions of service also dropped. It was a small drop from 8063

occasions of service to 8006. So, the reduction hasn't only been from people receiving treatment. Can you explain other ways that the waitlist has reduced?

**Mr BARNETT** - Yes. I'd like to pass to the acting secretary to indicate it is a priority for our government. I mentioned the expansion of Royal Flying Doctor Service on the east coast. They do have support on the west coast as well, but we have \$2 million in our budget over the next two years for an extra 20,000 dental appointments. We do consider it as a priority and in terms of that additional funding - to see those changes since COVID - which have seen some improvements, but for the detail of your question, I'll pass to the acting secretary.

**Mr WEBSTER** - I think the minister outlined yesterday in the other place that the Tasmanian government has provided \$6.5 million since 2020 to address this. In addition to our occasions of service, we do a thing called vouchering, which is effectively paying private dentists to provide occasions of service -

**Ms HADDAD** - Yes, a bit like Legal Aid.

**Mr WEBSTER** - Yes. And over that period, we increased the number of appointments due to that 6.5 by 28,646, so that's had an impact. The second thing is, this is a regularly managed list, so some people come off this list because they've sought service elsewhere. We do regular checks of the list to make sure that the people on there are still waiting, if you like, and move through it.

Those two methods would see the list come down, but the main thing is the extra appointments that we've generated through the additional investment and, as the minister mentioned, in rural and regional areas having RFDS provide more services.

**Ms HADDAD** - Over a similar period, there was a drop in the waitlist itself from 15,553 patients in November 2023 to 13,723 one month later. So, that's 1790 people who came off the waitlist, but in that same period, there were only 699 occasions of service. That's 1091 who have come off the waitlist not due to receiving service. Has that dropped because of an audit of the waitlist or some other means?

**Mr WEBSTER** - It is about the audit of the waitlist at that time of year, although not all of it. Some of it would be that vouchering that occurs -

**Ms HADDAD** - As well.

**Mr WEBSTER** - -but we do that regular check. People will receive service through RFDS or the private sector that we don't know about and by the regular audit, where we go out and check with that person, 'are you still waiting for service?' If you go back over many years, you'll see November, December, January is the adjustment period.

**Ms HADDAD** - That's when you do it.

I think waitlist audits are fine, but they shouldn't necessarily be characterised as a success in service because there are different reasons people come off the waitlist.

On a procedural level, what happens if a patient doesn't respond to an attempt at contact, if they're still on that waitlist, they might have moved house and not received a letter or changed

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phone numbers or email and not receive that contact from Oral Health Services, are they then automatically removed from the list, or is there some further attempt to contact that person?

**Mr WEBSTER** - There are multiple attempts to contact. We're trying to move away from letters, but if SMS and email don't work, then it may be a letter, but it also may be a crosscheck of records.

**Ms HADDAD** - Okay.

**Mr WEBSTER** - We may actually have -

**Ms HADDAD** - Another way.

**Mr WEBSTER** - - multiple members of families and some members of the families have told us of the address change, and things like that. So, crosschecking of records also occurs.

**Ms HADDAD** - Okay. Thank you.

**CHAIR** - Ms Burnet.

**Ms BURNET** - Thank you Chair. Minister, every dollar spent on keeping people well is a dollar saved, according to multiple sources, and yet there seems to be little in this budget that will aid in improving communities' access to health and wellbeing options. According to the Australian Prevention Partnership, each additional kilometre walked has been estimated to result in health-related benefits that range in value from \$1 to \$2.08. Each additional kilometre cycled results in health-related benefits that range in value from less than two cents to \$1.12.

Minister, there's a holistic approach to health, which is really important to both you and me, and the Greens have been pushing this for a very long time, but yesterday we had the release of the news that upgrades to the Tasman Bridge, particularly the walking and cycling facility will not be improved. That's a huge impediment to people's health and wellbeing across -

**CHAIR** - That's an infrastructure -

**Ms BURNET** - I'm getting to it and it is an infrastructure-related question but it's about health and wellbeing. So, as a cyclist and somebody who is very aware of the benefits to keeping healthy, what is the joined-up thinking reflected in this Budget about making communities active, safe and well?

**Mr BARNETT** - Well, thank you very much for your question and interest in this matter. We are very much on the same page in terms of the benefit of prevention and as a government we are very keen to support healthy, active lifestyles and that's why, as a government, we've funded the Healthy Tasmania Five Year Strategic Plan, which kicked off some years ago. We have funding in the Budget and the Healthy Tasmania launch in September 2022. Since then \$4.2 million has been provided to 179 organisations and communities, delivering 217 initiatives.

In terms of the Health in All Policies approach, which I know that's where you're sort of getting to, I'm happy to put on the record, which I mentioned earlier, that we will be releasing



a 20-year strategic plan to improve the health of Tasmanians. It's focused on prevention. It will be released. It's a discussion paper. We will be seeking feedback from stakeholders and members of the community on ways we can do that even better over a 20-year period.

Subsequent to that we'll then have a further draft and we'll get further input from the community. I want this as a bottom-up approach where we can all work together, Team Tasmania, to deliver a healthier outcome for all Tasmanians over the decades ahead. I think it was just last week that many of us around this table participated in the Heart Foundation Walk. You've mentioned the benefits of walking and I commend the Heart Foundation for that launch. Simon Wood, I know, is a co-walker with Craig Farrell and I think Vica Bayley was very much involved as well.

You've mentioned the benefits of walking, you've mentioned cycling and, as a keen cyclist, I love it and I know the benefits for me but also for so many other Tasmanians, walking, cycling, just being active more generally. So, I appreciate your question and the motivation, and I look forward to working with you and others to deliver a healthier outcome for all Tasmanians.

**Ms BURNET** - One final question, today is my last day of the Get Bus Active trial. It's run through Menzies and it's about getting people active by catching buses. Again, it seems to be a limitation as to having that incidental exercise because we've got such a broken transport system. So, again, how can you influence that joined-up thinking?

**Mr BARNETT** - Well, just to indicate that part of our election campaign - and I'm not the Minister for Transport - was the half-priced Metro bus fares. You mentioned buses and so I'm very pleased to remind Tasmanians of that. It's getting more people using public transport and then, of course, walking wherever possible and I acknowledge that.

I'm also not the Minister for Infrastructure. You mentioned the Tasman Bridge and the upgrade, and we'll do everything we can across government to make a difference, to provide more healthy, active options for Tasmanians and deliver a healthier community over the years and decades ahead. We need to look long term when we're talking about our health policies. And that's why we've got a 2040 plan for the workforce, a 2040 plan for our health policy and we're going to have a 20-year plan for health prevention in this state and that'll be subject to feedback from the members of the local community and we will deliver on that vision for Tasmania.

**Ms BURNET** - Thank you.

**Mr O'BYRNE** - Minister, I just want to take you back to the transfer of care protocols and understand that there's differing results and you responded to a number of questions earlier in the hearing, but my understanding is that the Royal Hobart Hospital had specific transfer of care nurses employed to facilitate the transfer of care, but apparently approximately a month ago those positions were removed. Now my understanding is that that has created a level of difficulty in the communication between paramedics and the Royal Hobart Hospital staff. I'm just wondering if that did happen, and if it did happen, surely to facilitate the transfer of care, having good positions on both sides, negotiating and working through the bed-block and the flow would be important.

**Mr BARNETT** - Thanks very much for the question and I'm pleased to have another question on the transfer of care delay, particularly while the chief executive of Ambulance Tasmania is at the table, to indicate it is really important to our government and we do take it seriously. We've got \$22 million in this Budget year and then over the forward Estimates, \$88 million in total for the employment of 44 new doctors and 25 new nurses at the Royal Hobart Hospital Emergency Department. I announced at the emergency department a month or more ago now that we had successfully gone through the recruitment process for those nurses and those doctors. I was very pleased to advise of that and there were smiles all round when I was down there, including by the director of emergency services at the emergency department. I met some of the new nurses and doctors. Gabby was one of those, from far north Queensland, and she was so pleased to be based in Tasmania at the Royal Hobart Hospital and was very complimentary of the emergency department, so that was very encouraging.

In terms of the detail around that, I will pass to the chief executive of Ambulance Tasmania to assist.

**Mr O'BYRNE** - This is not so much the paramedics; my understanding is there were specific transfer of care nurses engaged.

**Mr BARNETT** - Yes, well, we've got the chief executive who's undertaking a review on behalf of the government and we've also got my acting secretary and hopefully we can assist the member accordingly.

**Mr EMERY** - Thank you minister, thank you Mr O'Byrne. There's been a range of initiatives that we have put in place to support the transfer of care procedure, including the appointment of a health relationship manager position to work very closely with the Royal Hobart Hospital. That's a senior manager within Ambulance Tasmania for both THS North and THS South that works very closely around the transfer of care process. In addition to that we established the communication escalation procedure which clearly defines escalation pathways between Ambulance Tasmania and the Tasmanian Health Service as a way of ensuring a step-based approach to communication to address those issues on a case-by-case basis.

In addition to that procedure, the inter-facility transfer procedure sought to substantially reduce the number of ambulances presenting to the emergency department when there was a ward bed available for them for inter-facility transfers and that's particularly relevant at Launceston General Hospital and between August 2023 and August 2024 we saw 25 per cent of inter-facility transfers go via the emergency department at the LGH down to just over 5 per cent, so very significant reductions as part of a wholesale approach to improving flow and access through the emergency department. Of course for some time now we've had transfer of care paramedics who pick up additional shifts and support the transfer of care of patients between Ambulance Tasmania and the Emergency Department and support that being done in the most timely way possible.

We continue to work very closely with the Royal Hobart Hospital. They have a range of rapid improvement plans in place at the moment to address those challenges. Ambulance Tasmania meets with them on a very regular basis to address those challenges and as the minister mentioned, there is a forthcoming review or evaluation of the procedure. The data, as I touched on earlier, is extremely positive, as I said, down from 24,000 hours ramped in 2022-23 to 19,000 or a 21 per cent reduction in just one year but we need to continue to do that work to address the delay and ensure that Ambulance Tasmania can offload patients as quickly

as possible into the emergency department and we do that through our relationship with key roles in the emergency department such as the ANUMs and the nurse navigators that exist within the ED.

**Mr WEBSTER** - Through you, minister, just to add to that and specifically on the nursing resources at the RHH ED, as part of putting in the transfer of care delay policy or protocol, RHH took a local decision to supplement the number of ANUMs, associate nurse unit managers, who are the critical role in terms of access and flow. That was put in place and I am told that they are still in place, but what I would say is that in Mr Emery's answer, coming up in the next few weeks is a sit-down with all of the key players, the unions, on-ground staff, the doctors, the leadership doctors, leadership nurses all in one room to do a complete review of this, how we've gone over the six months, what resources have helped, what things have hindered, all of those sorts of things. So, if there is a need for these roles ongoing, it should be identified through that process which will be very much driven by the workforce rather than by us as the managers of that.

**Mr O'BYRNE** - I appreciate that this is a work in progress and there's various roles that are being applied and I appreciate that Ambulance Tasmania has applied significant resources and the numbers are coming down. All of that is a good story. What I am worried about is my latest intel, not nurse unit assistant, nurse unit managers, but specific roles that are transfer of care nurses have been removed from the floor in the last four weeks. The numbers that have been quoted may not reflect that and my concern is that from what I'm hearing anecdotally and I'll obviously take it on face value from the committee, is that is necessitating more visits from senior paramedic people down to the Royal to try to resolve something that previous to four weeks ago had been resolved on-site.

**Mr BARNETT** - Just quickly, thank you very much for that and your interest in the matter. I consider it very important and that's why I have regular meetings on the transfer of care delay with not just my department but with the ANMF and HACSU and AMA. We meet regularly over a number of months and then there are regular meetings with the department and those relevant unions and representatives and likewise Ambulance Tasmania. Those concerns are taken very seriously. My door is always open from those organisations if they want to raise those concerns, but we are taking it seriously. We're seeing incremental improvements and we will be having that review as the chief executive's indicated. I'll just see if you can add to that.

**Mr WEBSTER** - Through you minister. Those ANUM roles, you're calling transfer of care nurses -

**Mr O'BYRNE** - That's how they've been described to me.

**Mr WEBSTER** - -Yes, but the ANUM roles, if they're identified through this review, then that's part of what we're trying to achieve here as the right model. So, as a BAU, the ANUMs that are rostered should be talking to the -

**Mr O'BYRNE** - BAU, ANUMs, could you, just for the punters out there, you know -

**Mr WEBSTER** - Sorry, business as usual, the associate nurse unit managers should be talking to the operational supervisors in AT, sorry, Ambulance Tasmania, and -

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**Mr O'BYRNE** - Thank you, DW. I appreciate that.

**Ms HADDAD** - Too many acronyms.

**Mr WEBSTER** - And D.O'B. -

**Mr O'BYRNE** - Okay. We'll stop there.

**Ms HADDAD** - Too much.

**Mr WEBSTER** - Sorry, Mr O'Byrne. We need to get back to a situation where those people are talking to each other and that resolves it, rather than having additional senior resources having to go in. So, we are hoping that doing this review particularly - and this was requested of us that it be brought forward by HACSU - is that we'll identify these issues and iron them out of the system so we can continue to improve.

**Mr O'BYRNE** - It would be a pity to waste the progress that's been -

**CHAIR** - Given there's exactly 10 minutes remaining, I might just go straight to Ms Haddad.

**Ms HADDAD** - Thanks, Chair. Minister, recent concerns raised by the ANMF around working conditions, particularly at the maternity ward at the Royal, has started a new campaign called Count the Babies. You'd be aware what the campaign does is recognise that in the patient-staff ratios in the maternity ward right now, babies are not actually counted as patients. While the new mums and the staff ratio applies to how many midwives on shift to mothers who may or may not have given birth, there are also babies there being cared for as well, but right now they don't count towards patient staff ratio numbers. I wanted to know, are you aware of that campaign? Have you discussed it with the ANMF and will you commit today to counting the babies?

**Mr BARNETT** - Thank you very much for the question, your interest in the matter and broadly high level, I will ask the acting secretary to speak to it, but I just wanted to indicate in terms of the Royal Hobart Hospital maternity service, I take it very seriously. That's why I stepped in and announced the independent investigation and we've appointed Ms Amanda Singleton who will lead that independent investigation. She's an experienced nurse, midwife and health consultant with a 35-year career in Victoria. She's supported by Ms Ann Maree Keenan, a registered nurse, and Dr Sara Bayes, a registered midwife, who will join Amanda to form that independent panel and they'll report back before the end of the year. That's the expectation I have, that's an independent investigation, I look forward to that.

In terms of the detail around the counting of the babies, I'll pass that to the acting secretary.

**Mr WEBSTER** - Through the minister - and I am avoiding all acronyms at the moment - the tool that we use within maternity is called Birth Rate Plus. It's a long-standing tool developed in the UK and babies are counted as part of the calculation for Birth Rate Plus, which is different to nursing hours per patient day or midwife hours per patient day. It may be that the campaign is about 'count the babies', but in fact there is actually a calculation within birth rate.

**Ms HADDAD** - Does Birth Rate Plus apply to every shift worked at the maternity ward at the Royal? I don't mean to be cheeky, but I have no reason to doubt their campaign.

**Mr WEBSTER** - Yes. We don't calculate our staffing on a roster shift by shift.

**Ms HADDAD** - No, I didn't think you would. So you're saying they're wrong in other words, they're wrong in saying that babies aren't counted towards staff-patient ratios at the maternity ward.

**Mr WEBSTER** - Through you, Minister, I would never call the Australian Nursing and Midwifery Federation wrong.

**Ms HADDAD** - Neither would I. I've got no reason to doubt their campaign, is what I'm saying.

**Mr WEBSTER** - Birth Rate Plus does include that, however, what I would say is that as part of the last two Enterprise Bargaining Agreements that we've entered into with the Australian Nursing Midwifery Federation, we've looked at how we actually transition to nursing midwifery ratios that would more overtly take into it things like birth rates and things like that and that's work being led by our chief nurse and midwife in preparation for our EBA negotiations which commence next year.

**Ms HADDAD** - Thank you. One of the other things that they raised is the challenge of midwives and nurses, and midwives specifically, on late shift having to take on administrative work that is covered by ward clerks on other shifts. Through you minister, has there been a commitment in your recent commitments following that industrial action, that there will be ward clerks or administrative staff employed on every maternity ward shift because at the moment midwives are answering phones, opening locked doors on those late shifts overnight, which isn't the best use of their skill and qualification and their work, which should be caring for the mums and babies.

**Mr BARNETT** - Yes. Thanks very much for the question.

**Mr WEBSTER** - Through you minister, there's been no agreement on that with the ANMF, so it is an issue. We continue to meet with the ANMF with the next meeting due on 1 October to work through the list from the letter they sent on -

**Ms HADDAD** - Early September.

**Mr WEBSTER** - 3 September.

**Ms HADDAD** - Thank you. I appreciate the answers. Through you, minister, but I would like to seek a commitment from you that you will look at employing ward clerks on maternity ward shifts around the clock, recognising that it's no different to a mum or a midwife if that baby is born at 2 a.m. or 2 p.m.. The challenges are different, though, with the staffing ratios across the 24 hours that babies can be born.

**Mr BARNETT** - Thanks for the question. As I indicated earlier, I had a round table with the ANMF, at my request, which they organised at the LGH a couple of weeks ago. That was

really productive and I appreciated that a lot. I learnt more as a result of being in that round table with one of my senior Health advisers. I've taken notes of that and have some of the messages that are coming through. What you're sharing and asking was raised with me in that meeting. I've raised that with my department and will continue to raise it. I wanted to say thank-you to Emily Shepherd and the ANMF for organising that.

I do take it seriously, and what we want is a Health system that delivers better healthcare services for Tasmanians that deserve it. The patient is always at the centre, but we need the workforce to deliver those healthcare services. I think they're awesome. They do that job 24 hours a day, seven days a week, and Tasmanians really appreciate it. The department is now looking into those matters and we'll have more to say. I know we have another meeting with the ANMF. My expectation is productive conversations and discussions, and my hope and desire is that those take place well before industrial action ever were to occur, and to try to work through those issues and challenges together - 'Team Tasmania' - wherever possible.

**Ms BURNET** - Minister, just another issue that's dear to your heart. Tasmanians are dying at a considerable rate from smoking-related diseases - cardiovascular and respiratory diseases - and clearly there are anti-smoking measures taken up across Tasmania. Reducing smoking in CBDs and other public places can be effective in reducing smoking rates, and yet changes of by-laws through each council is costly and clunky. It's a really clunky system. How can you look to making smoke-free areas more uniform across Tasmania?

**Mr BARNETT** - Thank you very much for the question. Yes, I have a very special interest in this space, not just as Minister for Health, Mental Health and Wellbeing, but as a Tasmanian. You have 500 Tasmanians die every year as a result of smoking, so it is a priority for our government. I really appreciate what you're saying. I'll be looking at every and all options to reduce smoking in Tasmania, and likewise, you would have seen my vaping reform measures announced in recent times with the bill accordingly tabled, and seeking support around not just this table but the parliament for those important reforms, which I think will deliver better healthcare outcomes. Referring to your specific question about providing more smoke-free areas, that's certainly on my agenda and it's something I'll be raising with the department and seeing what more we can do, as a government and as a community, to improve our smoking rates.

**CHAIR** - We have a minute left. Does anyone have anything burning?

**Ms JOHNSTON** - I have a question.

**CHAIR** - Ms Johnston, go for it.

**Ms JOHNSTON** - Minister, my constituents are reporting lengthy delays in accessing paediatric services through the public system, and this is obviously leading to issues for children, in particular, in their schooling and their social development. Can you give the committee an update on what improvements will hopefully be made to paediatric service access, because this is critical for young Tasmanians.

**Mr BARNETT** - Thanks for the question. It's a very important matter, paediatric services across the state, not just at the Royal Hobart Hospital. Certainly I'm very keen as a health minister to deliver improvements in those paediatric services. We have the child health and parenting services, that we covered earlier today. In terms of access to paediatricians and the

like, I'm more than happy to pass to the Acting Secretary, but indicate to you that it is an important matter. I'm more than happy to have ongoing consultation with yourself and others on that matter, because it is important.

**Mr WEBSTER** - A number of things are underway. Last year we launched a paediatric service that we now deliver through local areas, such as neighbourhood houses, et cetera. We can gain greater access to paediatricians through that service. We are currently reviewing the Patient Transport Assistance Scheme (PTAS). In relation to a shortage of paediatricians, we know there is a shortage. If a GP wishes to refer to an interstate paediatrician, we need to be able to respond to that in terms of funding, et cetera, through PTAS. We are undertaking that review-

**CHAIR** - Apologies. I tried to try to stretch it out, but it's a hard cut. The time is 4.42 p.m. The time for scrutiny has expired. The next portfolio to appear before the committee is the Minister for Veterans Affairs.

**The Committee suspended from 4.42 p.m.**

## **DIVISION 9**

### **(Department of Veterans' Affairs)**

**CHAIR** - The scrutiny of the Veterans Affairs portfolio will now begin. I welcome the minister and other witnesses to the committee. I invite the minister to introduce persons at the table, including names and positions, for the benefit of *Hansard*.

**Mr BARNETT** - Thanks very much, Chair. I'm very pleased to be sitting here with Mellissa Gray, Deputy Secretary, Department of Premier and Cabinet (DPAC) Policy and Reform, and Rebecca Pinto, Executive Director of Community Partnerships and Priorities at DPAC.

**CHAIR** - Thank you, Minister. The time scheduled for the Estimates of the Minister for Veterans' Affairs is one hour. Would the Minister like to make an opening statement?

**Mr BARNETT** - Thanks very much. I'll make this as brief as possible, but indicate our strong support for our veterans in Tasmania, 17,500 of those, and acknowledge the more recent Royal Commission into Defence and Veteran Suicide. I'll indicate we had a veterans' ministers meeting last week across the country. That was a key topic of discussion, and the federal government has indicated they plan to respond to that by the end of the year, so that's encouraging. Certainly, from our point of view, we want them to take it very seriously and respond as soon as possible.

In terms of the Budget commitments, you can see that the veterans' employment strategy, veteran wellbeing voucher, and the veterans' reference group, are all important policy initiatives of our government. Also, the Frank MacDonald Memorial Prize study tour, Cameron Baird VC MG scholarship, Teddy Sheean VC memorial grants, which colleagues around this table know very well. We also host a reception each year for Tasmanian members of the ADF deployed overseas and, of course, provide ongoing support to RSL Tasmania and its sub-branches, and Hobart and Launceston Legacy. I'm pleased to indicate our strong support

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for our veterans in this Budget and ongoing, and that will continue. I'll leave it there. Thanks very much.

**Ms BUTLER** - Minister, I notice from the ministerial staff directory your office employs a dedicated senior adviser to manage the Veterans' Affairs portfolio. Is that correct?

**Mr BARNETT** - Dean Young is my senior adviser.

**Ms BUTLER** - It seems excessive when the output is around \$600,000 a year, and it's my understanding your previous veterans' adviser was not a senior adviser. What's the annual salary of this member of your team, Minister?

**Mr BARNETT** - I'd have to pass that to the deputy secretary. Having said that, I really appreciate the support of Mr Young. He provides excellent support to me as Minister for Veterans' Affairs, and the veterans community more generally.

**Ms GRAY** - We don't have that information at hand. We'd have to consult with ministerial and parliamentary services and get that.

**Ms BUTLER** - Can I take that on notice then, through the minister?

Is it true this senior adviser is a previous Liberal Member of Parliament who lost their seat this year, and is the salary drawn from the Veterans' Affairs allocation?

**Mr BARNETT** - I think we've agreed to take on notice that question, and we can take that question on notice as well.

**Ms BUTLER** - Minister, is this senior adviser a veteran?

**Mr BARNETT** - No, he's not a veteran.

**Ms BUTLER** - What experience does the staff member have to be considered appropriate for this position? Or are you simply looking after your own?

**Mr BARNETT** - I don't appreciate the question. Nevertheless, I feel very supported as Minister for Veterans' Affairs. I know the veterans of the community likewise appreciate and support the work of my Veterans Affairs' adviser. I thank you, in that regard at least, for allowing me to put that on the record.

**Mr BAYLEY** - Minister I'm going to start with the stadium and its impact on the Cenotaph - obviously an incredibly important symbol for veterans. The CEO of RSL Tasmania wrote to the Premier on 18 July. In fact, he cc'd all of us and put unequivocally his organisation and its sub-branches' opposition to us in relation to the stadium and the treatment at the hands of government. I'll quote and read into the *Hansard*, just quickly, a part of this letter:

RSL Tasmania has been clear and steadfast from the start. It has always known the stadium would dominate the Cenotaph and we have always known that it would destroy key sightlines. The RSL has been disrespected and misled at every turn, be that by State Growth, Macquarie Point Development Corporation or Cox Architecture, with the former telling us that it would be



no more than 40 metres high at our Congress in 2023 and the latter stating only six weeks ago in a meeting with us that it would be six storeys.

The reason the RSL is so passionate is that the Cenotaph was chosen as a site for its prominence. The hill where the Cenotaph now stands was the last thing of the city that departing World War I soldiers would see from their ships. That's why the sightlines are so important, including sightlines to the water, and that's why they're protected in the planning scheme. You, I know, minister, have been long aware of this.

Did you ever advise the Premier of the unsuitability of Mac Point for the stadium before, during or after it was chosen by the AFL as the only site upon which to consider a stadium, despite at the time having numerous options?

**Mr BARNETT** - Quite a long question and I'll be pleased to respond to that and indicate my strong support for our veteran community and RSL Tasmania. I appreciate their ongoing engagement with me, my office and with the Premier over a long period of time. I also indicate with respect to Macquarie Point Development Corporation, we will be establishing a working group that will provide engagement and feedback in the process as it goes forward. The project of state significance has taken a new step and that submission has been made for the Tasmanian Planning Commission to consider.

There will be further opportunities for ongoing consultation and engagement, but that's at the forefront of my mind as the relevant minister and I expect that to continue.

**Mr BAYLEY** - And the question, did you ever advise the Premier that this site would be unacceptable because of the impacts on the Cenotaph?

**Mr BARNETT** - Both the Premier and I visited with RSL Tasmania - the president and the CEO - the site at the Cenotaph and we talked about the plans for Macquarie Point. We got feedback from RSL Tasmania, so the Premier is very well aware of the views of RSL Tasmania as am I and others. We take on board the views of RSL Tasmania and other veteran organisations. Indeed, there are mixed views in the community and in the veteran community more broadly but, yes, those views have been taken on board in the development application and meaningful engagement will continue.

**Mr BAYLEY** - What about this working group? Who is on the working group? Can you talk us through what the working group looks like, who's on it, how often it will meet and what it's going to do or what it's trying to do? You already have a design that's published.

**Mr BARNETT** - Yes, for sure.

**Mr BAYLEY** - What's it seeking to achieve?

**Mr BARNETT** - The main objective is to ensure that the veterans are honoured and respected in the development of the multipurpose precinct and that their views -

**Mr BAYLEY** - Hasn't the horse bolted on that one, minister?

**Mr BARNETT** - No, not at all - that the views of the RSL -

**Mr BAYLEY** - The RSL has been -

**CHAIR** - Mr Bayley, you can ask follow-up questions but let the minister answer the question and then you'll get another opportunity.

**Mr BARNETT** - It's very important that there's ongoing engagement with the veteran community and RSL Tasmania will be front and centre there. Other veteran members will likewise be on that working group to engage with the Macquarie Point Development Corporation on the development. As I've said, there'll be further consultation. You've seen the concept plans already, you've made reference to them and they're on the public record, which I think we both acknowledge is important.

How to better represent the interests and honour our veterans in the development process, that will take some time, and there will be opportunities for the RSL and other veterans to have input into that development process.

**Mr BAYLEY** - To your comment around this working group, making sure that veterans are honoured and respected, I just reiterate what Mr Hardy wrote to the Premier, which says that 'The RSL has been disrespected and misled at every turn'.

It seems that this working group has a lot of catching up to do, minister. Who is on it? I can appreciate it would be representatives of the RSL but could you be more explicit about who is on it from the veterans' side of things and also the government/Macquarie Point Development Corporation? Are you on it, for example, minister?

**Mr BARNETT** - It hasn't been established as yet, but it will be established. I want to make that clear. They'll work with the Macquarie Point Development Corporation and be consulted, engaged, and I think the important thing is meaningful engagement. As Minister for Veterans' Affairs, I get the feedback consistently. I meet with the RSL Tasmania and other groups on a consistent and regular basis, but we'll certainly be consulting with the veteran community and ensuring that feedback is made clear to and offered to the Macquarie Point Development Corporation and to me, the Premier, and the government. We want to make sure that those interests are protected and supported.

**Ms JOHNSTON** - There are some in the community, including pro-stadium advocacy groups that the government clearly supports through social media who state that the RSL is anti-stadium when, quite clearly, the RSL has said it supports a stadium, just not the Macquarie Point version 1 stadium. What are you doing as minister to support the RSL in correcting the record in ensuring that the community and those pro-AFL stadium social media sites that the government supports are corrected?

**Mr BARNETT** - I'd make the point that RSL Tasmania is an entity in and of itself. I don't speak for them, they have to speak for themselves, but I have ongoing engagement with them. I meet with them regularly, both the CEO and the President, or the acting President at the moment, and I visit many of their sub-branches around Tasmania and meet with them on a regular basis. What some people say about what they say is a matter for them.

My main aim is to represent their interests and ensure that they are honoured, supported, protected, promoted, and I think most people would recognise that's a key objective of mine. I hope that I'm achieving that.

**Ms JOHNSTON** - Do you represent their interest and their position when it comes to your colleagues in Cabinet with the messaging that's out there, in their stadium position?

**Mr BARNETT** - I think it's well recognised across government that they don't support the Macquarie Point Development Corporation's plans, but it's also recognised that as a government we want to honour our veterans. We have 17,500 of them and we want to make sure that they're honoured, supported, promoted and protected in the development process, and their views should be considered throughout the process.

**Ms JOHNSTON** - But do you recognise that they support a stadium, just not your stadium?

**Mr BARNETT** - I recognise that and I think most of, if not all, members of parliament across the board would recognise that.

**Mr FAIRS** - Minister, can you tell me about the veterans retreat project at Lake Sorell at Interlaken and how it's benefiting veterans and their families, please?

**Mr BARNETT** - Yes, I'm very pleased to speak to that. Dago Point at Lake Sorell is a fantastic development. It's something that we started as a state government with Parks and Wildlife and a hut that was gifted to the Vietnam Veterans Association and, likewise, with \$100,000 of support from our state government. I want to commend Terry Roe, who's the former president of the Vietnam Veterans Association for that, and I hear a 'hear, hear'. I acknowledge that as well. That's grown since then with the vision of providing mental health and wellbeing support, of providing recreational activity and opportunities for veterans and their families, particularly younger veterans. It's been a wonderful success and I'm very pleased with that progress.

I'm very thankful also for the federal government's support backing in the state government's initiative, working with the Vietnam Veterans Association. That was nearly \$300,000 to fit out the multipurpose education and training facility with modern equipment - wi-fi capability, et cetera. That was officially opened on 12 July earlier this year. I was there and spoke; the local mayor, Lou Triffitt, spoke, as did Brian Mitchell on behalf of the federal government. It was really great to see team Tasmania - the federal and state governments - working together to deliver better services for their veterans and their families. I want to put on the record my sincere thanks to Terry Roe for his leadership, who was recognised and a tribute was paid to him on the day, as it should have been, and I want to put it on the record here today. It's directly adjacent to the Vietnam Veterans' Memorial Bush Retreat, which I visited many times. It's a versatile venue that will cater to both current defence force personnel and ex-service personnel and organisations. It will focus on wellness, bush retreats, and it will have benefits for mental health, so, with my hat on as the Minister for Health, Mental Health and Wellbeing, I'm absolutely delighted as well. I hope they get the chance to have tight lines on Lake Sorell with the trout fishing season well underway.

**Mr FAIRS** - Good luck Tom.

**Mr BARNETT** - Thank you.

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**Ms BUTLER** - Minister, you would be aware of the current push by RSL Australia to ensure the sanctity of the RSL brand is protected. What is your perspective on the use of the RSL logo by community clubs that don't provide services to veterans and their families in Tasmania?

**Mr BARNETT** - Thanks very much for the question. I'm well aware of the importance to RSL Tasmania of community clubs using that brand without their sanction. I know those concerns have been raised by RSL Tasmania with my department. I'm more than happy to refer to the deputy secretary if you would like any further feedback.

**Ms BUTLER** - Yes. I have more questioning on this topic as well -

**Mr BARNETT** - On that?

**Ms BUTLER** - - Yes.

**Mr BARNETT** - We'll see if there's anything further to add to that answer, then we can have further questions.

**Ms GRAY** - No, nothing further. We're just continuing to work actively with the RSL on the issue.

**Ms BUTLER** - Okay. Still on the use of that RSL brand. The Swansea RSL, which I've visited frequently, provides great meals, is a lovely social space for the local community, and has a large number of social members. However, it doesn't provide services to veterans and their families as such, even though veterans hold branch meetings there and there is a war memorial museum, of sorts, on site. Noting that in your election promises the Swansea RSL Club was provided funding, did you conduct due diligence or contact RSL before providing that funding to Swansea RSL? I'm not saying they shouldn't have received it, but I wonder whether it may have been better allocated against communities or hospitality or another area other than veterans.

**Mr BARNETT** - Thank you for the question. I also visit the Swansea RSL regularly and the war memorial is not within the facility. It's not even adjacent. It's further down the hill on the corner, on the main road. Having said that, the RSL at Swansea has provided excellent support to the community and to veterans and their families in my view. I have backed them in over a number of years and I'm very pleased and proud of the support that we've been able to provide Swansea RSL. In terms of the mental health and wellbeing services, we now have hubs in Tasmania -

**Ms BUTLER** - But not run through the Swansea RSL.

**Mr BARNETT** - Well, I'm making -

**Ms BUTLER** - I'm certainly not having a go at the Swansea RSL.

**Mr BARNETT** - I'm making the point. You've asked the question. I'd like to opportunity to answer the question. The mental health and wellbeing services are being provided now through the hubs obviously in Hobart and Launceston and up the north-west coast. Those services are provided as a hub and then provided out into the community - the rural and regional

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areas, including the east coast. I'm aware of those services being provided to the east coast, including from the Launceston hub, - I think you're aware of Peter Williams, his great work there. I'm aware of all of that and, as I say, I'm pleased to see that they do good work and they support the local community and the local veterans and their families.

**Ms BUTLER** - Does the South Arm RSL & Community Club provide services for veterans and their families and was due diligence undertaken to ascertain whether the site provided services for veterans? Likewise, would could that election commitment have been allocated under a different area such as communities, health, education potentially, if they're not providing veteran services?

**Mr BARNETT** - The South Arm RSL has been subject to, and under the leadership of, Terry Rowe

**Ms BUTLER** - I know Terry, I am asking you about whether this would be -

**Mr BARNETT** - who just a few moments ago you said 'hear, hear' in terms of the tribute to Terry Rowe.

**Ms BUTLER** - Yes, they meet there, but are they providing the veterans' health service?

**Mr BARNETT** - If you're questioning the leadership of Terry Rowe and RSL South Arm -

**Ms BUTLER** - On a point of order Chair, can the minister please withdraw that because that is not what I was saying and it's a misrepresentation.

**Mr BARNETT** - I asked the question rhetorically, and if you don't like the question rhetorically, that's okay.

**Ms BUTLER** - The minister is not allowed to ask me questions in a committee.

**CHAIR** - This might go a lot more smoothly if you ask your question without interjection. It'd be a lot easier if the minister was able to answer, then I'm happy to give you the opportunity to follow up with questions.

**Ms BUTLER** - If you could advise the minister to not misrepresent that would be that would be appreciated.

**CHAIR** - I'll draw the minister's attention to that if we can move on from it.

**Mr BARNETT** - Thank you very much Chair and I respect the Chair's ruling. To be very clear, I think the South Arm RSL does important work, it's got a great memorial there, they provide an excellent Anzac Day service and other memorial services, and under the leadership of Terry Rowe, they're providing an excellent service to the local community.

**CHAIR** - Last question, then Mr Bayley.

**Ms BUTLER** - Will you consider conducting due diligence to ascertain whether clubs with the RSL logo are providing services to veterans and their families before allocating funding through the Veterans Affairs portfolio in the future?

Launceston RSL sub-branch, Westbury RSL sub-branch, our Scottsdale, Primrose Sands, and Oatlands were also provided funding as election commitments. All those branches do provide dedicated services for veterans and their families. My point is will you conduct due diligence in the future prior to allocating funding for those sites through Veterans' Affairs portfolio? They could be better suited to being allocated from other areas of government.

**Mr BARNETT** - Thank you very much for the question. As to whether RSL sub-branches use the logo and how they use it, that's a matter for them and RSL Tasmania. With respect to the government and commitments that we've made, which I back in 100 per cent, I'm very pleased with those commitments and we're very pleased to be providing support to the veterans, their families, and the local community.

**Ms BUTLER** - With due diligence? I asked that about five times and you didn't touch it.

**Mr BARNETT** - Thank you very much, through you, Chair. We do undertake due diligence when it comes to those commitments and it does have to be processed and implemented through the Department of Premier and Cabinet, for which I'm supported here today. We want to focus on what's best for the local community and for our veterans and their families. That remains a priority for me and our government.

**Mr BAYLEY** - Minister, the Sullivans Cove Planning Scheme has height limits for development on Macquarie Point and key sightlines from the Cenotaph are explicitly named and provided protection via criteria. Are you aware of this and do you accept that the purpose of those provisions is to protect the values of the Cenotaph and its reverential ambience from development?

**Mr BARNETT** - Thanks very much for the question. Yes, I am aware of the process that you outlined. I'm also aware of the Project of State Significant process and the need to go through that process. The Macquarie Point Development Corporation has made that submission and it will be assessed by the Tasmanian Planning Commission and then subject to further consultation. What I am very keen to ensure is ongoing meaningful engagement with RSL Tasmania and other veteran organisations and the interests of veterans to ensure that we protect and promote them wherever possible.

**Mr BAYLEY** - You're aware of those protections for the values of the Cenotaph? You're also aware, I'm sure, the Projects of State Significance dispenses with LUPAA, the *Land Use Planning and Approvals Act 1993*, and with it, longstanding protections like those for the sightlines and reverential ambience are also gone. They're no longer enshrined in law. A decision on the stadium and whether or not it will affect those values is at the discretion of a panel that's been stood up as part of the Project of State Significance process.

The application for the stadium must still report against those values, but nothing compels it for protection. Nothing compels the panel to make a ruling based on the need to protect those values. Do you think this is fair?

A stadium at 54-metres high has now been shown to completely obliterate three important sightlines and the cultural heritage values. The assessment itself, as part of the Macquarie Point development application, describes the impacts on the Cenotaph and the cultural landscape as very high. Do you think this is fair and, acknowledging your work in the veteran space, how can you tolerate this? How do you think this is acceptable to veterans?

**Mr BARNETT** - Thank you very much for the question. In answering the question, I note the Greens' opposition to the Macquarie Point Development Corporation development at Macquarie Point has been consistent and I think is the motivation behind your questions and your objectives. That should be acknowledged. I certainly note and acknowledge that at least you've been consistent, unlike perhaps some other parties. I also acknowledge that various sightlines are impacted and I'm pleased that the RSL Tasmania were given access to those sightlines because they were interested in them and it was important that they had access to that.

**Mr BAYLEY** - Do you acknowledge they're lost completely - three of them are lost completely?

**Mr BARNETT** - I do acknowledge that there's been an impact on a number of the sightlines, but also that there is an opportunity to recognise, honour, promote, and support our veterans in the development of the precinct, and that's the point of having meaningful ongoing engagement with RSL and other veterans.

**Mr BAYLEY** - If you acknowledge the impact, do you think the Planning Commission should reject the proposal?

**Mr BARNETT** - The important thing about the Tasmanian Planning Commission is and the Project of State Significance process is that there's an opportunity for both houses of parliament to have their say and it must go through that process. It needs to be democratic and there needs to be a view expressed by both houses of parliament as to whether the project proceeds.

**Mr BAYLEY** - What will you do, minister, if the Planning Commission rejects the stadium on the basis of a range of factors, potentially including the impact on the Cenotaph?

**CHAIR** - Last question, then Ms Johnston.

**Mr BARNETT** - I can't pre-empt the Tasmanian Planning Commission. That's a matter for them and what they do is a matter for them.

**Ms JOHNSTON** - Thank you. Just further on that minor questioning, minister. The documentation submitted by MPDC to the Planning Commission for assessment last Wednesday, has the heritage impact assessment attached to it. As Mr Bayley outlined, there are three critical views from the Cenotaph that have historical and cultural significance and that the general cultural landscape impacts have been determined to be very high. You've mentioned a number of times now that you recognise the impact, but will you recognise that, particularly for view three from the Cenotaph to St George's church and for view five from the Cenotaph to the mouth of the Derwent River - very important viewlines - that they these views will no longer exist if the stadium is constructed as planned?

**Mr BARNETT** - I have said publicly and I'm saying again today, there has been an impact and will be an impact on a number of sightlines. You've made reference to a number of them. North, south, east, and west are not impacted, but a number of the sightlines are. The RSL are aware of that and they have access to those documents. In terms of the development of the multipurpose precinct, there's real opportunities there to better honour and preserve and support our veterans and their history and heritage that is so important in Tasmania and we are keen to ensure that that occurs.

**Ms JOHNSTON** - Minister, when you say there is 'an impact' that underplays the significance of that impact. They're obliterated and I think it's disrespectful to the RSL and their members who are advocating for protecting the historical importance of the Cenotaph. Do you acknowledge that there will be no sightline between the Cenotaph and St George's Church and the Cenotaph and the mouth of the Derwent River if the stadium is built? Not just an impact, there will be no sightline.

**Mr BARNETT** - I've already indicated the impact on the sightlines and RSL Tasmania have access to those. What I am saying in terms of access to Macquarie Street, the eastern shore, north south, east west, these are not impacted. RSL Tasmania knows that, other veterans know that, so you've got to look at that in perspective.

The other thing that needs to be noted is the significance of the development to Hobart and it's going to be a game changer for development and the opportunity to grow jobs and bringing a new industry to Tasmania - 4000 jobs during the development phase and then ongoing support for our visitor economy and our economy more generally. It's a very good opportunity to promote those opportunities for Tasmania.

**Ms JOHNSTON** - It will certainly be a game changer for Tasmania when it bankrupts the state. Minister, do you recognise that the heritage impact assessment submitted last week concludes that the overall magnitude of the effect of the stadium on the historical importance of the Cenotaph is major?

**Mr BARNETT** - I think it I've made it clear it does have an impact on the sightlines. I've made that clear on a number of occasions and on a number of those sightlines. In terms of east west and north south, it does not have any impact. It's not affected at all. I need to make it clear it's going through the Project of State Significance process. It needs to go to the Tasmanian Planning Commission. They need to review it carefully and then respond accordingly. There'll be further consultation and, ultimately, it'll come back to this place, the Parliament of Tasmania, and both Houses of parliament will have their opportunity to have a further say on this very important project.

**Mr FAIRS** - Minister, could you give us an update please on the Royal Commission into Defence and Veteran Suicide?

**Mr BARNETT** - As I said in my opening remarks, I met with the federal minister just last week and other state and territory ministers. I consider it to be really important. I presented evidence in August 2022. I think I was the first minister in Australia, certainly in Tasmania, and one of the first in Australia, to present to the Royal Commission into Defence and Veteran Suicide and certainly want to acknowledge the many veterans, families and advocates, who bravely and courageously shared their stories during that royal commission process, which took place over a number of years. It's just incredible that they've been able to be brave enough to



share that story. I've asked the federal government to respond as soon as possible, but subject to very comprehensive review and understanding of the report.

It's made 122 recommendations. One of those in particular is relevant - they're all relevant to Tasmania, but one in particular on mental health and wellbeing is the establishment of the mental health and wellbeing hubs in Tasmania, for which I fought for years. We got the \$5 million from the federal government, having lobbied successfully for that. One of those recommendations is ongoing funding support from the federal government. I made my support for that clear at the meeting last week and I hope that the federal government responds accordingly and provide ongoing support for those services provided through those mental health and wellbeing hubs in Tasmania.

We've also got the Tasmanian Suicide Prevention Strategy 2023-2027 that's led by my Department of Health. That's very relevant as well.

We have the Open Arms program, which is providing a service here in Hobart and likewise up in Burnie. I was with the federal minister when that was announced and launched at least, and an update on those services were provided. I commend Dr Jon Lane for his wonderful work in providing that support and Open Arms more generally. The mental health services access for our veterans is important and we do want to provide those in Tasmania wherever possible, so they don't have to fly to Melbourne for that service and care. That's another point to note.

I should indicate we do have mental health and wellbeing services in Tasmania which are growing and expanding, but there's a lot more work to do in this space. I'm really committed to supporting our veterans to ensure they get the services that they need.

**Ms BUTLER** - Minister, last year I spoke to you about the differentiation between concessions offered in Tasmania to veterans as opposed to other states. I'm going to readdress that now. You'd be aware Tasmanian veterans holding a Gold Card receive less concessions and discounts than their mainland counterparts. The Tasmanian government provides pensioner concession card discounts. There is a DVA Pensioner Concession Card eligible to veterans who have served in a conflict. There's also a number of veterans with a Gold Card who do not qualify for DVA Pensioner Concession Cards. There are also a number of younger veterans as well that are on a Gold Card, but don't have a Pensioner Concession Card.

When I spoke to you last year in relation to this and asked you about the veterans' concession discrepancies, especially in relation to the Gold Card, you stated there is an internal review taking place which has come as a result of the national Veterans Ministers meeting, the state is undertaking that internal review, and I'm not sure how close it is to conclusion, but that work is ongoing. That was 14 months ago. You then stated commitment by the government to undertake that internal review and to progress it as soon as convenient. Your words were, 'We take that seriously and continue that work'. Have you undertaken that review?

**Mr BARNETT** - Thank you for quoting me, it's very encouraging to be aware of your interest in these important matters.

**Ms BUTLER** - I want to make sure I got it right.

**Mr BARNETT** - I appreciate that. It was not only raised last year, it's been raised at the Veterans' Reference Group. I want to pay tribute to Don Ryan, who's the chair of that group and took over on 1 July 2024. I appreciate the work of the Veterans' Reference Group and their advice to me and the Department.

Likewise, it's been raised at the federal level. Wherever possible we try and harmonise those concessions across Australia and various jurisdictions. We've got the concessions and discounts in the Tasmanian Government Guide, and 2023-24 is available. I understand it's online. There's reference to the Department of Veterans' Affairs cards, Gold, White and Orange Cards. There's the Department of Veterans' Affairs Pensioner Concession Card and the Department of Veterans' Affairs Commonwealth Senior Health Cards. That work has been ongoing. I'll ask my deputy secretary to speak to the harmonisation efforts and the other work that's ongoing in that regard.

**Ms GRAY** - At the most recent Veterans' Ministerial Council meeting on 20 September 2024, just gone, there was quite a bit of work underway in relation to the harmonisation of veterans' concessions project. Ministers discussed at length the need for clearer and more consistent veteran concessions arrangements around the country. Since then, the senior officials group, the Commonwealth, State and Territory Committee, has been undertaking quite a detailed comparison of concession types. We're working towards making that publicly available, the outcome of that work that was agreed at the last minister's meeting, and also looking at the eligibility rules across Australia.

The senior officials are looking at considering in what areas we would look to harmonise in the first instance. That's not an easy piece of work, because jurisdictions are doing things differently. At a state level, internally, we have worked with the concessions guide and the presentation of concessions, being able to communicate concessions better, but also make it easier for people to navigate, and be able to click on a card and see what concessions are available to them. It's one thing to offer the concessions. It's another thing for people to know and be able to take them up, as you would be aware. There is quite a lot of work underway at the national level on this. Tasmania is very much engaged in participating.

**Ms BUTLER** - Just on that, I have a written example from a veteran in relation to that discrepancy between states in concessions offered to veterans on council rates. It's dated 3 September. I'll read it into the *Hansard*; it states:

I got a concession on my rates last year because of my DVA Gold Card. I applied again this year for it, but the Treasury department denied my concession and now I also have to pay back the money from last year. It is all because I don't have TPI stamped on my Gold Card. I thought when I got the Gold Card that it was permanently from permanent impairment.

That is an example there, minister, of where our concession system has - I believe it was for the sum of about \$390 that he had to pay out. This is a veteran on a Gold Card.

The other thing is, on the DVA website under Tasmanian veteran concessions, under rates, it states:

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A 30% reduction on local government rates and charges (capped at a maximum amount each year) is available to a pensioner who, on 1 July each year, holds a PCC -

A Department of Veterans' Affairs Pensioner Concession Card, for the record.

... or Gold Card inscribed with TPI or War Widow/Widower.

That's from the DVA website in relation to Tasmania, but then on the Tasmanian Government Concessions website, it says:

A 30% reduction on local government rates and charges ... is available to a pensioner who on 1 July each year holds one of the following:

- Services Australia or DVA Pensioner Concession Card
- Services Australia Health Care Card
- DVA Veteran Gold Card - printed with TPI or War Widow

You can see why the veterans are getting are getting confused because the DVA website under Tasmanian Veteran Concessions says that he can apply for the rates concession and would be successful in getting a concession, but then the Tasmanian Government Concessions website has it that he's not eligible.

Would you take that on notice and look into that case? I've got his contact details and I can pass them on through to your office if you like. I believe this is what I've raised last year about the discrepancy. I know you have been doing a lot of work, but when you have a cohort of people who are very vulnerable, especially after the findings of the royal commission, these kinds of things can really set people off.

I will pass that through you, minister, for your office to do some work on making sure that those concessions that are provided are up to date and are easy for veterans to access. The work that needs to happen on making sure they're compliant across Australia is really vital.

**Mr BARNETT** - Thanks very much for your interest. The objective for us is to deliver a better veteran services wherever possible and as soon as possible. I think we're delivering that, but there's always an opportunity for continuous improvement, so the remarks that you've shared will be carefully considered in *Hansard* and if you're happy to forward that information through to my office, I'll make sure my department does follow up.

We've already got the guide. It's online and it's designed to allow veterans to easily find those entitlements and where they are. It needs to be consistent across that. You did mention the Department of Veterans Affairs as well and there is clearly a need to collaborate with our federal colleagues as well to ensure that, wherever possible, it is harmonised.

As I said earlier, we did raise this at the meeting last week with our Veterans Affairs ministers around Australia and we're doing a lot of work to harmonise those concessions and discounts for our veterans around Australia. I appreciate that and we will follow up.

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**Mr BAYLEY** - Minister, I have a question about the veteran wellbeing vouchers. In the Budget, veteran wellbeing vouchers are listed as making up a component of support for veterans. They're small one-off payments of \$100 each and that can be paid out twice per financial year, designed to allow veterans to access gyms or recreation centres at a discount rate.

A couple of questions here, how much of the \$50,000 per year of the support for veterans is set aside and dedicated to the veteran wellbeing vouchers? How was the amount of \$200 a year set and arrived at? I note, for example, that in relation to the Hobart Aquatic Centre it's only one of four gyms where this can be used in Hobart. The \$200 would cover about 17 per cent of the total annual cost of the cheapest concession membership. I acknowledge it's a contribution, but for some people it may not be a significant contribution or at least enough to get them over the line to actually engage in some of these wellbeing activities. How much of the \$50,000 is set aside and how was that amount set?

**Mr BARNETT** - Thank you for the question. There are some very good questions in there. There are quite a few and they are totally understandable because we've been monitoring this since it was launched in 2021. The whole purpose, of course, is to encourage our veterans to be healthy and active and have very positive wellbeing.

We now have 108 gyms, community recreation and sporting clubs involved as of 10 September 2024, and a total of 471 vouchers have been issued. Since 1 July 2024, the Veteran Wellbeing Voucher Program has doubled with veterans now entitled to two \$100 vouchers per year, so it's two lots of vouchers.

The application for the program is simple, with veterans able to apply for a voucher through the Department of Premier and Cabinet's website. The activity providers can also register participation through the website. I've discussed this with the department during the last 12 months and we've had a promotion campaign during that time to encourage other organisations to come forward, to make themselves available to our veterans and then likewise promoting it to our veterans to make them more aware of this opportunity to be healthier and more active. We did briefly discuss this yesterday, and I think if the deputy secretary could add to that answer, that would be useful.

**Ms GRAY** - Through you, minister, the minister referred to continuous improvement and that's a good way of looking at this program. The member has quite rightly pointed out and asked how much of the \$50,000 is available for the vouchers and the full \$50,000 is available for the vouchers every year.

Part of the decision to increase the voucher from \$100 to \$200 - two \$100 vouchers - was because, despite some very good efforts at promotion - and we've promoted through advertisements in RSL newsletters on service, the discount and concessions guide, we've produced videos in 2023 for Remembrance Day to be shared on DPAC's website and social media channels, we included reference to the vouchers and promotion of the vouchers in Active Tasmania's newsletter *Actively In Touch*, and also through direct contact with state sporting organisations, sporting clubs and other activity groups - that resulted in an outstanding doubling in the past 12 months of the veteran's vouchers. But, from 1 July 2024 we've decided - in the spirit of continuous improvement - to increase the amount to the \$200 because from this \$34,990 in the previous financial year, there's room in that \$50,000 to be able to offer a bit more.

The member also asked on what basis was the \$100 commitment. Ticket to Play per child. We probably looked at other similar programs and based it on those. As you quite rightly point out, gym memberships are a little different to being able to play in the local footy team. However, as a parent of two young boys, I do know that sports can be quite expensive and Ticket to Play probably only gives you only one third of what you need.

**Mr BAYLEY** - A quick follow up, Chair, if I may. You mentioned there are now 108 venues that are offering this is a service and that's really encouraging. Are you spending money to try to recruit more partner facilities to offer this service or to partner-up because we did a little bit of research and it may be out of date, I note that in Tasmania's largest four largest cities, the number of gyms where these vouchers can be redeemed numbered less than 10. There's not a widespread uptake at the at the facility level and there's none in the regions from what we could see. It's off-limits for some veterans who don't have access to the facilities that will accept these cards.

**Mr BARNETT** - Thank you very much for that. Thank you also for doing your follow up research on that. It is appreciated and just to indicate that gyms aren't necessarily the be-all and end-all. There's a whole range of sporting and recreational activities. Particularly for veterans who are elderly, often they don't go to the gym, so they go to other places. I just wanted to recognise that. I know the deputy secretary and/or the executive director have further to say on that.

**Ms PINTO** - Yes, we do recognise the fact that it can be limiting with the capacity of clubs or gyms for veterans to be able to attend. We want to make sure that the program is open to all veterans of any gender and also to broaden the capacity of the services that they could apply for, including more wellbeing-type service organisations or through organisations along those lines. It was broader than just attending a gym.

**Mr BAYLEY** - Yes, and you're actively trying to expand that pool of partner organisations?

**Ms GRAY** - Through you, minister, the member asked whether we spend money to do that. We do that within our existing team and we actively engage with ex-service people who might apply, to get an understanding of what the broadening of that wellbeing scope might be so that you don't have to be someone who wants to frequent a gym. We need to understand how we could broaden the parameters of the program so that we're fully expending the funding that's allocated every year.

**Ms JOHNSTON** - Thank you, Chair. On 25 July last year, my office wrote to you and the Treasurer on behalf of a constituent who was very distressed. He was a DVA gold card holder but was not TPI-endorsed because he was not of employable age, because he was 96 years old. It took some time for us to get a response from the Treasurer, eventually, in relation to his request for a discount on his rates. That information didn't come through until 29 May this year, 10 months later. Unfortunately, as the Treasurer indicated in the letter, he wasn't eligible for a discount on his rates. My constituent died three weeks prior to the letter being received from the Treasurer and his widow informed me that he was incredibly distressed at not being able to receive the concession and that he was waiting for a significant time for a response. It was something that mattered and it played on his mind at the time. What are you doing to ensure that veterans are responded to in a more timely fashion when they raise

significant concerns. As Ms Butler has indicated, my constituent is not the only one who has been waiting for an answer around these concession matters.

**Mr BARNETT** - First, thank you very much for the question and I'm sorry to hear the report and advice that you've shared with me and the committee. It's very sad and disappointing to hear that. I want to recognise that and I want to pass on my condolences to his wife and his family, and I'm very sorry for the circumstances which you have outlined today.

As a government, we can do better in that regard and I'll take that on notice and follow-up if that's possible. I'll do that with my department. I have certain protocols in my office in terms of responding to people, stakeholders and constituents and we need to follow that. From time to time those protocols are not met, so I'm very sorry to hear the information that you've shared with the committee.

**Mr FAIRS** - Thank you, Chair. Minister, firstly I'd like to commend you on this issue that I want to talk to you about and that's Teddy Sheean. This goes a long way back with us when I was still doing my radio show, long before I got into parliament and you were a regular on that, and your determination and unrelenting push and desire to get justice for Teddy is duly noted and I wanted to put that on the record. Thank you, because I know it wouldn't have happened if you did not push as hard as you did for so long, and I'm talking years on that one.

But minister, can you outline some of the government strategies in supporting our veterans and in particular, noting your interest in the Teddy Sheean VC Memorial Grants?

**Mr BARNETT** - Thank you very much and I want to pay a credit to Garry Ivory, the nephew of Teddy Sheean, who fought for 32 years to have his uncle Teddy recognised with the Victoria Cross, which he rightly deserves. It was only 17 years for me to get that VC, working with Garry and the family and the veteran community. So yes, it's very pleasing and I can give you a heads-up that the statue of Teddy Sheean will be unveiled on Remembrance Day this year at Latrobe. That's very exciting, something I've been looking forward to. The state government has got funding support for that, some \$50,000 to support that. Latrobe Council, of course, \$150,000, and I'm really looking forward to that very special day. It'll be a great tribute to the memory of Teddy Sheean VC. Regarding the memory of Teddy Sheean VC, those memorial grants, it's \$100,000 annually, it's over two funding periods for ex-service organisations and clubs for minor capital works, equipment, welfare initiatives and memorial upgrades. They are well appreciated. It's not just the RSL sub-branches but the ex-service organisations and others, they really appreciate those funding rounds. I get a lot of feedback on it. I get appreciation on behalf of the government for that wonderful support. I just draw that to members around this table to promote those grants to your RSL and ex-service organisations in your various electorates.

You mentioned other strategies. I just want to say in terms of the Veterans Employment Strategy, that's something that we launched just a few years ago. We have an ongoing focus on that to employ within the State Service, a target to increase those numbers as much as possible. That's something that is likewise at the forefront of our minds. I've mentioned the Frank McDonald Memorial Prize and I know people around this table are very supportive of that. It's something that I support and I think it's a wonderful investment in our youth, our young people, to help them understand the service and sacrifice, the courage and the mateship that is demonstrated by our veterans and, of course, their families.

## PUBLIC

There's a whole range of initiatives that we've got in place, but it's really encouraging to be able to stand here and be part of the government and I know it's very much supported around the table for many of these initiatives, and I acknowledge that as well.

**Ms BUTLER** - Minister, it's our advice that you were recently approached by a member of your own government advocating for around \$15,000 to support Veteran Entitlement Advocacy Training and Mentoring and the mentoring and training is for volunteer trainee advocates required under the new National Training Level guidelines to assist and support veterans as they lodge claims and seek support through DVA.

The volunteer applicants, for example, returned \$10-\$15 million for Tasmanian veterans last year, and just last month lodgments for lump sum payments generated through Tasmanian advocates was around \$2.7 million. They're really important. These volunteers are required to travel to Launceston from the east coast to undertake national training to ensure they are in line with national standards and they need to be reimbursed for travel, accommodation and food while they volunteer their time.

Why didn't you fund that small investment to assist the training for volunteer advocates and do you contribute any funding at all for the training of mentors and advocates?

**Mr BARNETT** - Firstly, I want to acknowledge all the volunteers and the training and advocates that do work in Tasmania to support the veteran community. They do a fabulous job. I meet them on a regular basis. I get feedback from them and, of course, many of those are based out of the Veterans' Hubs, which have successfully been established in Tasmania after much lobbying by myself and the Tasmanian Government. That's well and truly appreciated and certainly, in terms of the federal government and providing mental health and wellbeing services, they do provide some support. We'd like to think that they can provide more support and there's opportunities through the Department of Veterans Affairs where applications can be made. We have the Teddy Sheean grants and other programs from time to time, but the federal government have much deeper pockets and they are primarily responsible for the services to our veterans and their families. We want to ensure that the federal government steps up as and where required and appropriate to support those advocates, the volunteer services, and the veteran services more generally.

**Ms BUTLER** - Sorry, can I interrupt, because we're running short of time. If I went back to the group that requested funding for the \$15,000, I believe for the whole year, it'd be a one off, and said that they might be eligible for a Teddy Sheean grant or another form of grant funding? They have tried federal funding for this and they've been unsuccessful. The state doesn't contribute anything at all to this. Would you be interested if I advise them that they could potentially put in a grant application for the Teddy Sheean grants? Is there other grant funding available?

**Mr BARNETT** - I'm not sure they'd be in the criteria in that Teddy Sheean grant.

**Ms BUTLER** - You raised that before.

**Mr BARNETT** - Yes, I know. They do provide some support. There are some wellbeing programs I'm advised of. Teddy Sheean does cover some of that wellbeing. I think you mentioned \$15,000, that cost would be outside of that budget. There might be part of that funding support if they put in an application for a wellbeing program.

## **PUBLIC**

**Ms BUTLER** - I'll pass that on.

**CHAIR** - The time being 5.51 p.m. the time for scrutiny has expired.

**Mr BARNETT** - Chair, I thank those opposite at the table and those behind me supporting me at the table throughout the day.

**CHAIR** - I thank everybody for their cooperation today.

**The Committee adjourned at 5.51 p.m.**