

**Tuesday 30 April 2019**

The Speaker, **Ms Hickey**, took the Chair at 10 a.m., acknowledged the Traditional People and said Prayers.

## **LEAVE OF ABSENCE**

### **Member for Franklin - Ms O'Connor**

[10.03 a.m.]

**Dr WOODRUFF** (Franklin) - Madam Speaker, I inform members that the Greens Leader, Cassy O'Connor, has had the sad loss of her dear beloved mother. As she is interstate looking after her family and extended family she will not be in parliament this week. This is the first time that Ms O'Connor, the Leader of the Greens, has not been in parliament in her parliamentary career.

We have advised you, Madam Speaker, of this situation and also written to the Government and the Opposition and requested a pair arrangement on compassionate grounds for Ms O'Connor's vote on the floor of the parliament. I am very grateful to say that both the Government and the Opposition have agreed to a pairing arrangement where a pair would be granted on a vote-by-vote basis at which time we would indicate how the Greens would be voting. If the Government was against us on the vote we would seek a pair from the Government. If the Labor Party was against us on a vote we would seek a pair from the Labor Party. In the instance of a situation where both the Government and the Labor Party voted against the Greens then we would only be seeking one vote as a pair.

I thank members for the supportive comments that they have already made through me to Ms O'Connor. I am sure we all look forward to seeing her back in parliament.

**Madam SPEAKER** - Thank you, Dr Woodruff. On behalf of the parliament we pass on our condolences to the Leader of the Greens.

**Members** - Hear, hear.

## **QUESTIONS**

### **Hospitals - Bed Capacity**

#### **Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON**

[10.05 a.m.]

Last week an extraordinary letter written by Royal Hobart Hospital Emergency Department registrars was leaked to the media. This was unprecedented action by frontline workers who saw no other option after five years of you, as Health minister, refusing to listen. One of the most tragic revelations in that letter was that people are dying at hospital unnecessarily because there are simply not enough beds. The registrars wrote:

There have been abundant cases of direct patient injury and death resulting from access block. We can provide as many examples as desired.

Do you accept the advice of health professionals on the front line that people are dying when they should not be?

**ANSWER**

Madam Speaker, I acknowledge the question from the Leader of the Opposition. This Government has been working very, very hard to support our staff and to support our patients in our community to get the access that we believe they deserve. We strongly stand by the clinical and expert advice to us as we have every year since this Government has been elected by the people of Tasmania to rebuild our health system after the savage cuts the previous government had wrought.

We have made inroads and significant progress. We have opened significant extra bed capacity, so much so that this Government is at times criticised by Ms White for the over-capacity protocol, which has been developed by clinicians. We certainly do not quarrel or argue with the experts on risks in our health system where people cannot get timely access to care. That is why we are so committed to solutions. I invite the Leader of the Opposition and her colleagues in the Labor Party to stop playing the blame game and provide support for people to work together. We are interested only in helping our staff to meet the extraordinary demand they are confronted with.

On the evidence, the Government wants to take risk out of our health system. We can do that as we have by opening those 130 additional beds. We can do that, as we did last December at the proactive suggestion, the constructive suggestion, of the AMA to provide more direct support to those clinicians facing that high demand in the emergency department, which we did by providing \$5 million. Despite the pressures they are facing, the advice I had as recently as last Friday was that that support is helping. With the extraordinary increase in demand, which I remind people is the reality that we face, a 21 per cent increase in the last three years -

**Members** interjecting.

**Mr FERGUSON** - If I may be just allowed to continue.

**Madam SPEAKER** - Order, please.

**Mr FERGUSON** - With the extraordinary increase of 21 per cent increase in demand at the Royal Hobart Hospital, specifically at the ED, we need to support our staff. That is exactly what we are doing.

We look forward to working even more constructively, particularly through our partnership with the Australasian College of Emergency Medicine. They want to work together constructively. We met last Friday. We are going to have a formal meeting in June where it will be a broad-based invitation for people who want to work together constructively so that we can avoid situations where people are waiting too long for care that we believe they should receive. The Government is committed to supporting our staff and allowing them to support our patients as best they can.

I will ask the Leader of the Opposition to be sensitive to the fact that you should not be individually bringing up cases that you know are before the Coroner. I note that you have not done that today, but you have done that outside of this House. The Coroner has a role to perform and you should not try to interfere with that.

In terms of this Government, I will conclude where I started. We have made significant inroads into improving our health system. We have brought significant extra funding to our health system. We have employed 800 more people to care for those extra 130 people each and every day that we can now provide care to. There is much more in front of us to do. That is why my mode of operation will be to continue to listen -

**Ms White** - The doctors are wrong?

**Mr FERGUSON** - No, do not assert that. I have never said that. This Government does not say that. You cannot assert that from the sidelines where you throw your rocks. We listen to our doctors and nurses. We respect their opinion and we respond to them with the extra support and there will be more to come.

### **Hospitals - Capacity to Provide Services**

**Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON**

[10.10 a.m.]

When you took on the health portfolio in 2014, you declared the health system was broken. Five years later, health professionals say the situation in the health system has never been worse. Patients are being forced to wait for days on end in the emergency department and people are dying needlessly because there simply are no beds. If the system was broken then, how would you describe it now?

**ANSWER**

Madam Speaker, I thank the Leader of the Opposition for her second question. We certainly did inherit a basket case. I thank the member for acknowledging that. It was a mess. You are again looking backwards. We need to be looking forward. If you are asking me how I would describe the health system today, I would say it is under significant pressure in our emergency departments. That is very clear.

**Members** interjecting.

**Mr FERGUSON** - You do not appear to be interested in the answer, but you asked the question, so allow me to answer it.

The EDs are under significant pressure. With a 21 per cent increase in the number of people looking for care through our emergency departments, we want to expand capacity and improve people's access. Every other state has the same pressures that we are experiencing. This is not a new problem, nor is it a unique problem. I meet with other state health ministers. We confront the same challenges. It was precisely this point that Professor Burgess made yesterday in response to Labor's continued chants to change the health minister. They will not heed the fact that the Government was returned and the Labor Party did not win the last election.

The AMA made the point that there is significant chronic illness in the community and significant increase in acuity of care conditions that require emergency care. Emergency patients require ward beds.

It is clear from the questions and the behaviour opposite, that Labor is not interested in solutions. We are. That is why we are getting on with the job.

### **Community Safety and Protection - Legislation**

#### **Mr TUCKER question to PREMIER, Mr HODGMAN**

[10.12 a.m.]

Can you update the House on the majority Hodgman Liberal Government's plan to keep Tasmanians safe and ensure criminals face the consequences of their crime?

#### **ANSWER**

Madam Speaker, I thank the member for his question. This side of the House believes very strongly in ensuring that we do all we can to provide for Tasmanians to live safely in their communities and free from the impacts of crime. Protecting our communities is and has always been a pillar of our plan and a top priority of this Government.

We have been very clear in our position at successive elections. Having been to previous elections and budgeted for a number of important initiatives and moved to pass laws in this place to do that, there can be no doubt about what we stand for and how serious we have been about this matter. We are strengthening our laws to protect victims and our broader community; better punishing those who offend and ensuring that those who commit the most serious of crimes, including serious sexual crimes against children, receive the punishment they deserve.

We have also brought forward legislation to ensure that those who attack our frontline public servants - those who work to protect us - also receive our protection. While most Tasmanians agree with what we are endeavouring to do, the Labor Party has blocked us at every turn. As recently as yesterday, we had been receiving strong community support for our plan.

I inform the House of some statements made by the victim support groups Beyond Abuse and End Rape on Campus Australia. They have added their voice in support of our Government's sentencing reforms. In a joint letter to all members yesterday, well known advocates, Steve Fisher and Nina Funnell, said:

Sentences for offenders have often failed to reflect the severity of crime in Tasmania and other Australian jurisdictions. In many cases perpetrators, including serial offenders, have been given highly lenient sentences. Beyond Abuse and Rape on Campus Australia therefore strongly support law reform to introduce minimum mandatory sentences so as to reflect the severity of the crimes, to serve as a deterrent, both specific deterrents and general deterrents and to protect the safety of the community.

That is a view of respected advocates - and, I believe, the broader Tasmanian community which supports what we have previously endeavoured to do in this parliament and we will continue to do this week.

Labor, notwithstanding their latest thought bubble, their ill-conceived policy on the run, a stand-for-nothing lightweight opposition, at the last minute has tried to come up with something

that makes it look like they care about the victims. Nobody should be fooled. Labor remains opposed to guaranteed jail time for serious offenders who commit serious crimes against children. It is shameful. They are not supporting our mandatory minimum sentences. That is why they are behaving like this now because they have been caught out again for being lightweight and no one seriously knows what they stand for.

**Members** interjecting.

**Madam SPEAKER** - Order.

**Mr HODGMAN** - Look at their track record. It has been on the books for longer than that. It was before the last parliament and it is before this one. What happened? Labor opposed it.

**Members** interjecting.

**Madam SPEAKER** - Order. I know today is going to be one where everyone's emotions are high. There is a lot of aggression in the parliament. I ask you to be respectful and I remind you of your parliamentary commitment to respect the debate.

**Mr HODGMAN** - Madam Speaker, when debates of this nature and on this very matter have been before this parliament, Labor has opposed it and blocked it in this place and in the upper House. As the Attorney-General has clearly said, we are always happy to hear from anyone who might have a constructive view as to how we can toughen our sentences, further protect those in our community, and make sure that sentences are commensurate with community expectations.

This so-called new policy of Labor's will do nothing to make sure that convicted child sex offenders go to jail. That is not what its policy will do. Labor is again most contradictory and nonsensical in its approach, disingenuously representing the law - either deliberately or because they are demonstrating they are out of their depth. The courts already have a discretion to impose the maximum sentence available under Tasmanian law for any crime, yet the highest sentence handed down for these sexual offences against children between 2015 and 2018 was 15 years. So, Labor's policy would do nothing at all to change this and would not guarantee that convicted offenders go to jail.

**Members** interjecting.

**Madam SPEAKER** - Order. This is a serious debate. All I am getting is rabble from both sides of the House. I am not going to tolerate it.

**Mr HODGMAN** - Thank you, Madam Speaker.

I understand the embarrassment of members opposite. They have been caught out again. They have blocked mandatory sentences on previous occasions before this House. They are doing this in the run into the Legislative Council election -

**Members** interjecting.

**Mr HODGMAN** - It is called hook, line and sinker. That is what it is. You have been caught out. Your policy will do nothing to ensure that those who commit serious crimes against children get actual jail time.

What do you stand for? Let us be clear. In the run-up to this Legislative Council election, if anyone wants to vote for a candidate who is part of a team that supports guaranteed jail time for people who commit serious sexual offences, they should vote for Leonie Hiscutt, Kristy Johnson or Nic Street. We know that if anyone elects more Labor Party members to the upper House they will do what they have done before - block our laws to protect our community, to protect children who are the victims of crime, and to deliver sentences that meet with community expectations.

### **Hospitals - Capacity to Provide Services**

#### **Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON**

[10.21 a.m.]

In March 2016 a woman tragically suffered a miscarriage in a chair in the waiting room of the Royal Hobart Hospital. AMA president, Tim Greenaway, said the incident was a reflection of a system in crisis. He said, 'The problem is inadequate capacity, inadequate staffing, inadequate bed numbers'. You promised to commission an urgent report. Earlier this month, exactly three years later, an elderly man suffered a cardiac arrest and died in the same emergency department while waiting for a bed. Now the Australasian College of Emergency Medicine has called a summit and you have been summoned to attend. What exactly has changed in the last three years and what confidence can anyone have that things will get any better under your watch?

#### **ANSWER**

Madam Speaker, I will respond to the Leader of the Opposition's question with what has changed in the last three years - 130 more beds and the final year of completion of the Royal Hobart Hospital redevelopment. That is what is changing in those three years -

**Ms White** - You have just misled the House.

**Mr FERGUSON** - In what way have I misled the House?

**Ms White** - You just said there are 130 extra beds at the Royal. That is not true.

**Mr FERGUSON** - That is what we have funded - 130 more beds across our health system.

**Ms White** - That is not true. They are not at the Royal.

**Mr FERGUSON** - Sure, I acknowledge that, but it is 130 more beds. Labor cut beds, we have opened beds. I will obtain the actual number of beds at the Royal during question time. I can tell you do not really want the answer at all. Right now we are building a building with a capacity of more than 250 beds and we are in the final year of construction. We are opening capacity, so much so that you criticise us when doctors, on clinical advice, implement over-capacity protocol. That speaks of the significant extra -

**Members** interjecting.

**Madam SPEAKER** - Order. Could we please have a bit of hush.

**Mr FERGUSON** - That speaks of the actual investment that the Government has provided, not to mention that up the road at the Repatriation Centre we have redeveloped a whole floor of that building to provide accommodation for 20 more patients specifically to support the Royal. I see you shaking your head but the person shaking her head is the one who closed beds across the health system.

**Ms O'Byrne** - You cut over \$200 million in your first budget. Why do you think you're in this mess?

**Mr FERGUSON** - We have reopened the wards. You closed them. What I am seeing here -

**Ms O'Byrne** - At what point will you take responsibility? Five years of this.

**Madam SPEAKER** - Order, Ms O'Byrne - warning number one.

**Mr FERGUSON** - We are building more capacity because we need more capacity. Our hospital is full so we are building more capacity and funding more supports. We have significant other initiatives specifically to support patients. You are not listening because you do not want the answer because Labor is not interested in solutions. We are.

I have to correct Ms White's misleading - I will say it was accidental - in her question. ACEM is not putting on a summit. ACEM and the Government are co-hosting. I have not been summonsed.

Please do not treat this like a game; this is serious. Your one-upmanship politics will not help any Tasmanians here. We are very pleased to be working together. In fact we met last Friday to begin the work of preparing for that meeting, particularly the data work that needs to occur to ensure that every member of the access solutions meeting is in a position to have the same reliable evidence base so we can charge forward with solutions. While the Government is doing what it should do -

**Ms O'Byrne** - What happened after the urgent report three years ago?

**Mr FERGUSON** - You really do not want the answer, do you?

**Ms O'Byrne** - You had an urgent report and we have the same situation.

**Mr FERGUSON** - I suggest you allow me to answer your question.

While the Government is doing what it should by funding beds and building more beds, in the meantime the Australasian College of Emergency Medicine is saying we need solutions about how we use the beds to get the best possible patient flow so the emergency departments are not crunched the way they have been. That is the fact.

**Members interjecting.**

**Mr FERGUSON** - Again, the Labor Party just wants to play politics. Frankly, that is very rank. I invite the Labor Party to at least have the good sense to acknowledge that the investments the Government has made are good investments. I ask the Labor Party to acknowledge that the buildings we are building in the north, south and north-west are good investments to be making.

Finally, I say to the Labor Party, by all means ask questions and scrutinise, but if you could look for solutions rather than your tired old blame game you might actually help some Tasmanians -

In closing, we are interested in solutions and if the Labor Party would like to be constructive that would be a good thing.

### **Hospitals - Recommendations of Registrars**

#### **Dr WOODRUFF question to MINISTER for HEALTH, Mr FERGUSON**

[10.26 a.m.]

The legacy of your five-year health leadership so far has been a failure to listen to the people most responsible for the welfare of patients, the doctors and nurses. The train wreck of the consequence that has resulted is before us. We have had this five-page letter from registrars at the emergency department of the Royal Hobart Hospital, an excoriating letter to the hospital executive detailing their gravest concerns about the failures of your hospital system. In their words, they will no longer be complicit in providing substandard patient care and an unsafe work environment. They have a list of 18 achievable and practical changes they say must be made now to stop the daily damage to patients and staff. Will you accept all their recommendations? Are there any you will not accept, and when will you let them know your answer?

#### **ANSWER**

Madam Speaker, I only disagree with one part of Dr Woodruff's question, and it is politics she is playing there. We do listen to our clinicians.

**Mr O'Byrne** - Anyone who raises a legitimate question is playing politics.

**Mr FERGUSON** - We have heard enough from you.

To Dr Woodruff, I say we do listen.

**Members** interjecting.

**Mr FERGUSON** - The interjecting has been incessant. That is the problem over there. You have not stopped.

**Ms White** - We are mad at you. We are mad on behalf of the people.

**Dr Woodruff** - We have had letters like this before.

**Mr FERGUSON** - Dr Woodruff, every initiative we have done as a Government has been on the advice of expert clinicians. We understand the value of listening. We are making investments on expert advice. The best example of that would be the masterplan of the Royal Hobart Hospital. There were many opinions very stridently put forward about what the future of the Royal should be. In fact the Labor Party was very strident and made demands on the Government - 'Do this, do this' - but on the expert advice of bringing people together, which is exactly what the clinical planning taskforce did, we had the opportunity to have a fresh look at what the Royal should be over the coming years. We came up with a plan that is supported by the clinical community,

including good people who have been good enough to say that now they have seen all the evidence that they see their idea was not the best idea. By working together we get solutions.

I welcome the fact that the registrars at the Royal have put forward their deep-seated concerns and their suggested solutions. We need more of that. I have spoken with a number of the registrars and have endorsed their action in writing to their executive; that is thoroughly professional and to be commended. I have thanked them for doing that because they have concerns. I share those concerns.

I will assure you, Dr Woodruff and this House, that the Government is supporting the THS and the Royal executive specifically to look closely at the proposed solutions. It is exactly that kind of thinking we need.

To their great credit, the Emergency Department of Registrars is not looking for great wads of cash to do another bandaid solution. That is exactly the professionalism I endorse.

**Dr Woodruff** - Will you accept them? Are there any you won't accept?

**Mr FERGUSON** - I won't do that today in that way but -

**Dr Woodruff** - You have had this for two weeks now.

**Mr FERGUSON** - I assure you that we will not be making them wait for any meeting in June before implementing more immediate solutions.

### **Frontline Workers - Legislative Protection**

#### **Mr SHELTON question to ATTORNEY-GENERAL, Ms ARCHER**

[10.30 a.m.]

What is the Hodgman majority Liberal Government doing to protect the Tasmanian community, particularly certain frontline workers who work in often dangerous situations?

#### **ANSWER**

Madam Speaker, I thank the member for Lyons, Mr Shelton, for his genuine interest in this matter.

Consistent with the Government's election commitment to protect frontline workers, I will be tabling a bill today which imposes mandatory minimum sentences of imprisonment for serious assaults on certain frontline workers. Frontline workers provide essential services to the Tasmanian community; there is no doubt that the community as a whole has an interest in ensuring their safety.

Threatening frontline workers with violence, being aggressive or resorting to violence is totally unacceptable. It is a legitimate and appropriate role for parliament to ensure that frontline workers are protected and supported by law. There are certain frontline workers who are routinely confronted with high-risk and dangerous situations. All members would agree that our dedicated health professionals, in particular, are the powerhouse of our health system and ought to be admired and commended for the work that they do. A lot of the time, these health workers are dealing with

people who are affected by alcohol and drugs and who are experiencing heightened emotions. This is when they are most likely to be threatening or, worse still, violent.

It is unacceptable for any Corrections Services staff member to be assaulted while undertaking a very important role within our community.

**Mr O'Byrne** - How about you giving them the funds to staff the prison properly.

**Ms ARCHER** - I can cover that if you would like to ask me a question on the Correction Services and the enormous amount of money that we are putting into TPS and Community Corrections. Very happy to address that.

**Mr Bacon** - Why don't you give them the proper funds to cover the prison then?

**Madam SPEAKER** - Through the Chair, Mr Bacon.

**Ms ARCHER** - It shows members opposite are deflecting from this issue because they are embarrassed.

**Madam SPEAKER** - Mr Bacon, warning number one.

**Ms ARCHER** - They have repeatedly voted against mandatory minimum sentences as we have heard with the previous question the Premier addressed. It is simply to hide their embarrassment on this issue.

The management of the Tasmanian Prison Service shares this view and has the safety of the staff and prisoners as its number one priority. The Government is taking a range of actions to improve the safety and security for prisoners and staff. This bill is another important step. Laws must provide protection for frontline workers who are routinely placed in dangerous situations.

Section 16A of the Sentencing Act already provides for mandatory minimum sentences of imprisonment for offences resulting in serious bodily harm to police officers. We managed to get that through the Legislative Council when we had a different make-up of the Legislative Council.

**Ms Haddad** - You are not reflecting on the other place, are you?

**Ms ARCHER** - I am not reflecting on the other place. I am reflecting on the factual circumstance that there was previously a different membership in the Legislative Council. There is nothing wrong with reflecting on the membership.

**Mr O'Byrne** - Sorry about democracy. People get elected and voted in by the local communities and you respect the view of the local communities. So you are the only one to have a mandate. They do not have a mandate when they get elected?

**Madam SPEAKER** - Mr O'Byrne, you get a warning too.

**Ms ARCHER** - Thank you, Madam Speaker. The Government's bill extends the existing provisions in section 16A to cover the following frontline workers in addition to police officers: ambulance officers; Child Safety officers; Correctional Services officers with an extended definition now to cover Community Corrections officers because of alternative sentencing options

that we have enacted in the form of home detention orders and community corrections orders; also nurses and midwives, medical orderlies and hospital attendants, which are also new and defined from the previous bill that was introduced into the House. In that regard, we listened to the other place.

Mandatory minimum sentences of imprisonment under section 16A will only apply where an offence has resulted in serious bodily harm to these frontline workers and that is the key so when we do get to debate this we will be giving examples of that. As a safeguard also, if exceptional circumstances exist, the court will not be required to impose the six-month mandatory minimum sentence of imprisonment which is a matter for the court to determine.

This bill is part of ongoing efforts by our Government to ensure the safety of frontline workers in Tasmania. The community expects frontline workers to be able to carry out their duties free from the threat of violence or serious harm. It is in the interests of the entire community that the important functions carried out by frontline workers continues. Importantly, we will continue to review and monitor these provisions, if passed into law, with a view to possibly extending them to further categories of frontline workers in the future.

The amendments contained in this bill are important steps in ensuring that frontline workers can carry out their duties with every protection that the law can offer and I look forward to debating this bill in the House later this week.

### **Hospitals - Ambulance Ramping**

#### **Ms WHITE question to MINISTER FOR HEALTH, Mr FERGUSON**

[10.36 a.m.]

In March 2015, four years ago, you boasted that you had significantly reduced ambulance ramping. You told budget Estimates that there had been an 86 per cent decline in ambulances waiting to offload their patients in the Emergency Department due to a lack of beds. Again, in November 2016, you took credit for what you claimed was a 60 per cent reduction in ambulance ramping hours. Ramping, in the five years since you took over as Health minister, is now worse than ever with waiting times blowing out from 1263 hours in 2015-16 to 7884 hours in 2017-18. That is a 500 per cent increase in the amount of hours ambulances are ramped at the hospital. Do you still claim to have a good record on reducing ambulance ramping?

#### **ANSWER**

Madam Speaker, I thank the member for the question.

Before I answer the question, I will add to an earlier answer. I was asked about the number of additional beds that the Government has opened at the Royal Hobart Hospital. I can advise that the number is 79. That is comprised of beds in ICU, access and flow beds, the emergency department expansion that we funded that you did not mention, the multi-purpose ward, the ambulance offload delay unit - which I will come back to - there were four beds there, which is the specific reason why we were able to bring down ramping times. Also, in relation to the Royal, beds at the Repat and at the Roy Fagan and at Hobart Private Hospital, together with mental health and hospital in the home beds, eight of which were opened last month, which you have never acknowledged. That is 79 extra beds that have supported our Royal Hobart Hospital, all of which are clinically endorsed.

When we opened the ambulance offload delay unit at the Royal Hobart Hospital, from memory it was in September 2014, ramping had been a significant problem and had increased. That was a four-bed unit that the Labor Party closed. We opened it and we saw more or less -

**Ms White** - Were all of the ambulances in the southern region ramped at the same time, like they currently are?

**Madam SPEAKER** - Order, please.

**Mr FERGUSON** - That was more or less the single contributing reason behind the ability of the Government to be able to see a reduction in ramping. Since then ramping has increased. We know that. We have seen increased pressure on the emergency department. We have seen a 21 per cent increase in admissions through the emergency department. That is a massive increase in demand. Despite the extra 79 beds to support the Royal Hobart Hospital, we have reached our physical capacity while we are building the redevelopment which comes to completion this year.

We recognise that we need to do more. The Hodgman Liberal Government is doing more and will do more. We are interested in solutions. We are not interested in your blame game. The best way we can identify solutions is by working together. We will always do what we must do to support our patients in time of need. We get the significance of the problem. The problems and the challenges that we experience today would be far worse under the policy settings that we inherited had we not opened up that significant capacity, put on those additional ambulance crews, and begun doing more initiatives in the community - I think we would not be coping at all. We need to do more and we will do more. The budget we are implementing provides significant additional resources to our health system. Our ongoing commitment to work with clinicians is testimony to our ability to look for further solutions that will support patients in their time of need.

### **State Service Wage Negotiations**

**Mrs RYLAH question to TREASURER, Mr GUTWEIN**

[10.40 a.m.]

Can you update the House on the public sector wage negotiations and the recent cost-of-living data released last week?

**ANSWER**

Madam Speaker, I thank Mrs Rylah for her question and her interest in this important matter. The Tasmanian Government is committed to ensuring our State Service employees receive fair and reasonable pay increases and, importantly, affordable pay increases, as well as improvements to employment terms and conditions. To achieve this outcome we have invited unions to resume negotiations this week and they are planned to begin tomorrow when we will begin working through these matters again.

It is worth noting that there have been two major and recent changes in the budget and economic environment, providing important context to the ongoing wage negotiations with the unions. As I announced earlier this month, forecast declines in GST and stamp duty have resulted in a significant revenue writedown and it will be important that we manage the Budget sensibly and responsibly, as we have since we first came to government.

Revenue writedowns have been seen around the country - in New South Wales, the Northern Territory and Victoria. Victoria just announced a 2 per cent wages policy to ensure that wage expectations are affordable in light of the impact on their budget, brought about by the collapse in the housing market in Melbourne and, importantly, the writedown they are seeing in their stamp duties.

Our latest offer of 7 per cent over three years compares very positively with governments across the country. Unfortunately, just over two weeks ago, the unions rejected this fair and reasonable offer, principally on the basis that in their view it will see real wages rise by less than inflation. Members would be aware that last week the ABS released the CPI data for the 12 months to the end of March. The data shows that the cost of living grew modestly over the year. The Hobart CPI grew just 2.1 per cent over the year to the end of March. Our most recent offer of 7 per cent over three years is not only competitive but also very generous in the context of inflation of 2.1 per cent annually.

The Government recognises that CPI moves up and down over time, which is why the Government's wages policy has always provided for a fair and reasonable pay rise that meets the cost of living over the long term. Since the introduction of our wages policy since coming to government in March 2014, inflation has increased just 1.7 per cent on average per annum, meaning our wages policy is well and truly higher than the cost of living now and over the longer term, contrary to Labor and the unions' claims. Not only was our previous wages policy in line with inflation but our proposed revision to our wages policy exceeds it by a significant margin.

The unions have been calling for the Government to take into account increases in the cost of living. Our offers clearly do this. If the unions truly want a wage deal that keeps up with the cost of living, as they claim, the opportunity is there now. There is one on the table.

The Government will commence meeting with the unions tomorrow. If they are genuine in wanting wage rises for their members I encourage them to set aside their political allegiances. I know it will be difficult for them and they will be tempted to play politics in the coming weeks in the lead-up to the election, but I respectfully request that the unions engage positively. The Government wants to provide a wage increase that is in line with the cost of the living - in fact, better than the cost of living over three years - and also has significant improvements to terms and conditions.

Madam Speaker, the hypocrisy from that those opposite is breathtaking. Labor has been out there championing a 3 per cent wage increase when inflation has just landed at 2.1 per cent. They know full well that a 1 per cent increase in our wages policy would add \$280 million-plus to our bottom line cost over four years. They have been reckless and they have been found out.

**Members** interjecting.

**Mr GUTWEIN** - You would just write a blank cheque, wouldn't you? They would have no compunction in driving the budget back into debt and once again borrowing to pay for the wages of teachers and nurses, because that is what they have done in the past. That has been their standard operating practice.

**Members** interjecting.

**Madam SPEAKER** - Order.

**Mr GUTWEIN** - Madam Speaker, Mr Bacon chirps in with, 'You should have a read of this'. Well, I would love to read your alternative budget, Mr Bacon, and I guess we will get an opportunity to do that on the Tuesday after we bring down the Budget on Thursday, 23 May. Mr Bacon will have his moment to explain what his policies are and how he would fund -

**Members** interjecting.

**Mr GUTWEIN** - Madam Speaker, the Deputy Leader can jump in to try to defend the failing shadow treasurer. He will have his opportunity on the Tuesday.

The Government is committed to ensuring that our State Service employees receive fair and reasonable pay increases as well as improvements to terms and conditions. To achieve this outcome we will begin negotiations again tomorrow. I urge the unions to engage positively to work through these issues because the Government wants to provide a fair, reasonable, and, importantly, affordable pay rise for their members that is in line with the cost of living.

### **Pill Testing at Public Events**

#### **Dr WOODRUFF question to MINISTER for HEALTH, Mr FERGUSON**

[10.48 a.m.]

As Minister for Health, your primary responsibility is to keep people safe, healthy and to prevent avoidable deaths. The ACT health minister wrote to you in April, inviting you, or a representative, to the Groovin the Moo Festival to observe their second pill-testing trial in operation. Last weekend representatives from Queensland, New South Wales and Victoria, but not Tasmania, observed 230 festival-goers test their substances, of which seven were found to contain the potentially lethal methylpentane. All six people binned the pills at the test site and one said they planned to dump it later, so there were at least seven people who did not put their lives in danger over the weekend because of the health and education service that you say sends a very mixed and risky message. You now know that pill testing saves lives. When will you finally put the health of festival-goers ahead of your own ideology?

#### **ANSWER**

Madam Speaker, the Government could not be clearer on this. We have also been very consistent that we believe that such an initiative can send a very dangerous and risky message to anybody who thinks that submitting a pill - an illegal drug they have purchased illegally - through a testing regime, which may or may not identify constituent components and chemicals of that drug, and then the person getting a signal from the testing regime that it does not contain rat poison, is that the person thinks the drug is now safe to take. That is the danger. That is the point we have made very respectfully and very honourably.

That is the consistent position of this Government. We do not support quality controlling illegal drugs pushed by drug pushers. We have not and will not be accepting invitations to do so on their behalf.

**Dr Woodruff** - You don't want to listen, do you? That's the point. You need to open your eyes.

**Mr FERGUSON** - The Government does listen. You are wrong on that point. We recognise that the use of dangerous drugs is a serious health issue. There is no safe use of an illicit drug.

Over many years, through this parliament, Liberal and Labor governments have always maintained the robustness of the drug regime, which is the uniform code for scheduling prescription medications. We have always maintained that drugs that are provided to consumers should be safely prescribed by qualified medical practitioners and dispensed by qualified pharmacists. That is our position.

**Dr Woodruff** - This is the qualified drug analysis testing site with qualified educators. They change people's minds.

**Madam SPEAKER** - Order.

**Mr FERGUSON** - If you are interested in saving lives, listen to this: there have been cases where people have died after using the illicit drugs that they were told were pure. Offering a testing service that would suggest that illegal drugs are safe because they do not have additives in them is very irresponsible and very dangerous. That is why this House rejected your bill to change the law around these issues.

We do not support illegal drug testing. That is our consistent position. We will always do more in supporting people to, first, say no to drugs. Second, for people who are trapped and addicted to drugs, we have just opened 31 new rehab beds in Tasmania, a 50 per cent increase in the support that was being provided previously. It is now up and running around the state. We are all about supporting people from a health perspective as well as from a police perspective.

### **Tasmania Police - Recruitment**

**Mr TUCKER question to MINISTER for POLICE, FIRE and EMERGENCY MANAGEMENT, Mr FERGUSON**

[10.52 a.m.]

Can you give an update on progress towards fulfilling the majority Hodgman Liberal Government's commitment to employ 125 new police officers and to better support our police and the Tasmanian community?

**ANSWER**

Madam Speaker, I thank the member for Lyons, Mr Tucker, for his question. Our state is a great place to live and to work. We want Tasmanians to build their future with confidence in our state. A key way we can do that is making sure that we keep Tasmania safe. We want to keep Tasmanians and Tasmanian families safe. Tasmania Police do a great job and we applaud them for the work they do. They can do an even better job now that we have fully restored the numbers that Labor savagely cut in the Labor-Greens years, those dark years under Mr O'Byrne.

**Members interjecting.**

**Mr FERGUSON** - Gosh, you are still going.

During this term of Government, we want to keep going with that rebuilding effort. We want to build an even better police service to keep Tasmanians safer. It is a further 125 new police officers. We are supporting them by implementing a range of new initiatives and investing in key infrastructure. This is a significant boost to the frontline response at our police stations around the state. It is about complementing existing establishment levels that we now have restored after the O'Byrne cuts.

We have already had two further graduations of recruit training courses in 2018-19. I was thrilled to be at both of them. It was an honour. Course 1 graduated in December and Course 2 graduated earlier this month. They were wonderful occasions and evidence of the rebuilding effort continuing. From those rounds, we have brought police numbers to 1254 full-time equivalents, which is 21 officers into our 125 officers' commitment. You would be pleased to know, Madam Speaker, that the graduating constables have been posted to Hobart, Glenorchy, Launceston, Burnie and Devonport to start their career at these training stations.

The first recruitment course for 2019 is currently studying at the academy and is scheduled to graduate in September of this year. The second recruitment course is to commence in August 2019.

Recruiting is ongoing for the next scheduled courses. I urge anybody who would like to consider a rewarding career in police to visit the Tasmania Police website. There are some special sessions coming up in the near future, including a dedicated session for potential female recruits, which I commend to our community. We are on track to meet our commitment over this term of Government.

Policing is a high-risk occupation. We also understand the need to improve our police officers' safety. That is why this Government has funded, and is implementing, the rollout of the body-worn cameras to Tasmania Police. The feedback on this is outstanding. The officers love that initiative. They feel safer wearing the camera. They feel more protected knowing that at the touch of a button they can be recording their engagement with potential offenders in family violence situations, which could be used later on. We have deployed over 260 body-worn camera devices to date to officers stationed at Hobart, Bellerive, Launceston, Devonport and Burnie. It is anticipated that over 500 devices will be live across the state by the end of this year. That is great news.

We want to do more. Early statistical analysis suggests that the use of these body-worn cameras by our police is already contributing to a reduction in offences by perpetrators against the police themselves. Therefore, it is contributing to a safer work environment for our frontline police officers.

This week we are calling on the Opposition to support our legislation for mandatory minimum sentences for those who seriously assault not just on-duty police officers, which you opposed, but also off-duty police officers. Now that the law is in place for on-duty officers, we want it to apply to off-duty police officers who are targeted because they are police. Being off duty should be of no benefit to the offender. We need to protect off-duty police officers. You would think that after Labor cut over 100 police officers from the front line, the least they could now do is vote for better protection for our police officers who are targeted for assault just because of the job that they are in. It will cost you nothing, but it will be of great benefit to our serving police officers. This is in line with our election commitments. Tasmanians voted to protect Tasmanians.

This week we are also committed to the legislation for mandatory minimum sentences for those who commit serious sexual offences against children. We are also introducing new legislation to

deal with people who seriously assault our frontline workers - which Labor previously voted against. It is an opportunity for Labor to change direction and support us as we support our staff.

In conclusion, every Tasmanian deserves to live in safety and free from the impact of crime. We will not be apologising to the Labor Party, or anybody else, for being tough on crime. That is our job. It is our mandate. It is what Tasmanians have voted for. They are sick and tired of the carping and whining from the Opposition. Members of the Opposition are trying to find mealy-mouthed excuses for why they would favour the protection of offenders instead of providing greater support to victims of crime. Stand up and send a strong deterrent message: keep your hands off our children and our police officers; keep your hands off our public service workers who are at risk because of these dangerous people in the community who need to be dealt with. Go hard on crime not soft on crime. That is what we call on you to do.

### **Hospitals - Elective Surgery Waiting Times**

#### **Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON**

[10.59 a.m.]

More Tasmanian patients are waiting in pain for elective surgery. You have said that elective surgery waiting lists have been a strong focus of your Government. You continue to claim outrageously that there has been a reduction in the number of patients waiting. Can you explain how you can possibly make such claims when the most recent data shows the number of patients waiting for elective surgery has grown by nearly 3000 to more than 9000 patients in just the past 12 months?

Can you explain why patients, on your watch, are now waiting longer to have surgery? The number of patients seen within the clinically recommended time frame has fallen to 64 per cent statewide. Can you explain why there are nearly 31 000 patients currently waiting for an appointment with a specialist?

What do you say to those 9000 people on the surgery waiting list and to the more than 30 000 Tasmanians who cannot even get in to see a specialist? Why are they are waiting so long to receive their treatment?

#### **ANSWER**

Madam Speaker, there are three questions in one there. I will begin by saying that we have made significant inroads into the elective surgery waiting list.

**Members** interjecting.

**Mr FERGUSON** - Just like every other question during the day, you have not been prepared to listen to the answer. If you will allow me to answer.

We have made significant inroads into the elective surgery waiting list. When the Government was first elected we had people who had been waiting for surgery for 10 years. We have significantly reduced that.

**Members** interjecting.

**Madam SPEAKER** - Order, please.

**Mr FERGUSON** - We have significantly improved the activity levels of our elective surgery performance in our public hospitals. We have given many people a new lease on life by giving them their day of surgery. You dismiss that. We have invested more than \$100 million of new funding since 2014. In the first six months in 2014 you called on us to reverse our election commitments because you were more interested in bureaucratic job protection.

**Ms White** - I did not. You are misleading the House. You are desperate.

**Mr FERGUSON** - You have been caught out again. It is clear that you called on us to wind back our \$76 million of funding.

**Ms White** - The data does not lie.

**Madam SPEAKER** - Order.

**Mr FERGUSON** - What we are doing is showing through our publicly disclosable dashboard, which the Labor Party would not do, the way we have done it. We have shown that additions have stabilised -

**Ms White** - We used to publish the data every quarter. You are lying again.

**Mr FERGUSON** - You cannot say that. We have published the hidden waiting list which you refused to release.

**Members** interjecting.

**Mr FERGUSON** - Is that your response? You say that is a lie but when you are proven wrong you say that.

**Members** interjecting.

**Madam SPEAKER** - Order.

**Mr FERGUSON** - If you could just listen to the answer. We published the list that you refused to allow to be released. You are being rude. You are not allowing me to answer the question. I would like to be able to answer.

We have been able to show through the latest dashboard that additions have stabilised, even though demand on elective surgery has continued to grow at a significant rate. That is despite the almost \$25 million of additional funding for elective surgery we have delivered this financial year. It was not in Labor's alternative budget.

**Members** interjecting.

**Mr FERGUSON** - It is hard with four people interjecting constantly. If I could be allowed to continue.

**Madam SPEAKER** - I agree. Please be quiet.

**Mr FERGUSON** - We have had recognition of Tasmania doing more elective surgery per capita than any other state of this country. You failed to mention that in your question. Again, you are so untrustworthy with the way you present yourself in this place. That is \$100 million of new funding that this Government has brought in since 2014.

In this financial year we have a target of 17 500 elective surgeries. That is more than has ever been done under the Labor and Greens performance. I am advised it is 2000 more. You should be commending that. We are focused on building more capacity in our health system, opening more beds and hiring more staff so that Tasmanians can get the care that they need.

I want to come back to the main point. Obviously, Labor has an interest in health this week. We understand that but we are doing the job of working hard, working with clinicians, providing more money so that more people can get their surgery. It was not acceptable that you made people wait 10 years for their surgery. That is why we have significantly reduced the time and we have been widely regarded as a state which -

**Ms O'Byrne** interjecting.

**Madam SPEAKER** - Ms O'Byrne, warning number two.

**Mr FERGUSON** - Thank you, Madam Speaker. We have been widely recognised for the efforts we have made in improving the health of the elective surgery waiting list and we have helped record numbers of Tasmanians get their surgery that they would have been denied under the previous policy setting.

In conclusion, it is clear that there is always more we can do. If there is more to do it is important that we continue to listen, that we continue to work together on real solutions rather than this petty blame game.

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### **Recognition of Visitors**

**Madam SPEAKER** - Honourable members, I draw your attention to the presence in the gallery of the Legal Studies class from the Elizabeth College. Welcome to parliament.

**Members** - Hear, hear.

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### **Royal Hobart Hospital - Mental Health Beds**

**Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON**

[11.05 a.m.]

You know that there are insufficient mental health beds at the Royal Hobart Hospital because you cut them, but you continue to refuse to listen to clinicians, emergency registrars and the AMA who are pleading with you to replace them. Mental health patients are waiting for as many as seven days in the emergency department for a bed and doctors have raised concern that while patients wait for a bed they deteriorate psychologically, self-harm and attempt suicide.

Further to this, in 2016 the Coroner, Simon Cooper, delivered his findings into the death of a patient known as Mr S and found:

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

You have known about the risks to mental health patients for years but you have done nothing to replace the beds that you cut. Why do you have such low regard for clinicians, the Coroner and patients who have all observed or experienced the tragic consequences of your decisions?

**Mr Ferguson** interjecting.

**Ms WHITE** - I am not sure the minister heard the last part of the question, Madam Speaker, so I will repeat it because he was interjecting. Why do you have such low regard for clinicians, the Coroner and patients who have all observed or experienced the tragic consequences of your decisions?

#### **ANSWER**

Madam Speaker, that is a very disrespectful composition of allegations in the question there. It is quite wrong. It is quite false. It is quite insensitive. It is quite embarrassing if you want to play your politics to reflect that only one year ago we took a \$95 million mental health plan to the election compared to your \$24 million plan. Yet, while we are now implementing -

**Members** interjecting.

**Mr FERGUSON** - You have had your chance to ask the question. May I answer?

We are now implementing our four times bigger program of mental health improvement for our hospital system, for our public, and for our community. You come in here with such a disrespectful, insensitive question when I have just told you maybe 20 minutes ago, I have just informed you that the Mental Health Hospital in the Home initiative has already commenced. It commenced last month and that is an additional eight beds today and increasing to 12 -

**Ms White** - That was three years ago, minister. What have you done?

**Mr FERGUSON** - You ask me what I have done and I am telling you and you continue to -

**Madam SPEAKER** - Order. I am quite serious here. This has to calm down. The minister will be heard in silence for this question only.

**Mr FERGUSON** - Thank you, Madam Speaker. To the key fact, it is true that the previous Labor government and this Government -

**Mr O'Byrne** interjecting.

**Madam SPEAKER** - Mr O'Byrne I do not want to throw you out when we only have a few minutes to go. I appreciate you being quiet.

**Mr FERGUSON** - It is true that under both governments' management of the health system we have seen a decline in the number of occupied beds for mental health at the Royal Hobart Hospital, and we have all agreed in the past - at least we used to agree - that the new building should contain mental health wards. In that context, we have taken to the election a \$94 million but it increased to \$105 million plan to improve mental health beds not by five, not by 10 not by any - 27 new beds. You cannot say that the Government has done nothing. It is just dishonest.

### **Health Minister - Performance**

#### **Ms WHITE question to MINISTER FOR HEALTH, Mr FERGUSON**

[11.09 a.m.]

The federal member for Clark has called for you to resign or be sacked because of the woeful job you are doing as Health minister. Last year, your colleague, the local member for Clark, said you needed a rest. Doctors have taken the extraordinary step of speaking out about the health crisis and raising concerns about avoidable patient deaths as a consequence of your fundamental failure as Health minister. What do you say to clinicians, your colleagues and the federal member for Clark?

#### **ANSWER**

Madam Speaker, I say that Labor is obviously not interested in solutions. We are. I say that when Labor pretends it is not their history we are restoring those services. What I say to those people is that the redevelopment that is so crucial to improve capacity in the south of the state was ruined by Michelle O'Byrne and Rebecca White. We have got it back up and running and it will be built this year. We recognise that it is nobody's fault that we had a 21 per cent increase in admissions through the ED. We are struggling to accommodate them and we want to do more, we want to do better.

We have provided a \$757 million commitment just one year ago that Tasmanians voted for and we are absolutely committed to it. We are implementing it, including in mental health, which you overlook, with eight extra beds opened only last month. That is strongly supported by the clinical planning taskforce. They strongly support the initiatives we are implementing and strongly support the psychiatric wards going into K Block, against what the Labor Party wants. The clinical community is committed. You tried this -

**Ms White** - Will that open in August like you promised?

**Madam SPEAKER** - Order, Ms White.

**Mr FERGUSON** - You have not been able to accept that at the last election the Tasmanian people voted for the Hodgman Liberal majority Government. You have not been able to accept it because straight after that election you started calling for these sackings, which shows that you are not prepared to accept the will of the Tasmanian people.

I accept that this is a difficult job but I am committed to it. If the Premier asks me to continue, I say yes. You ran away. You dumped the Health portfolio, we kept going with it. I maintained the effort and am committed to this job. It is an important job. Tasmanians demand and expect that you stop this silly blame game and start being bipartisan and work on solutions.

I say to the members opposite that the insensitive and shameless way they bring some of these issues up in this House and in the public is disrespecting the fact that we are working towards solutions. You owe it to the Tasmanian people to be constructive and interested in solutions. We will not shirk the responsibility of giving Tasmanians the health system they deserve. That is why we are working with the clinical community on solutions, because the clinical community is calling on all sides of politics to work together and I will do that.

**Time expired.**

### **MENTAL HEALTH AMENDMENT BILL 2018 (No. 43)**

Bill agreed to by the Legislative Council without amendment.

### **LOCAL GOVERNMENT (HIGHWAYS) AMENDMENT BILL 2019 (No. 17)**

Bill presented by **Mr Rockliff** and read the first time.

### **SENTENCING AMENDMENT (ASSAULTS ON CERTAIN FRONTLINE WORKERS) BILL 2019 (No. 18)**

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

## **MOTION**

### **Leave to Move Motion Forthwith**

**Ms WHITE** (Lyons - Leader of the Opposition - Motion) - Madam Speaker, I seek leave to move -

That so much of the Standing Orders be suspended as would prevent a motion of Want of Confidence in the Minister for Health from being brought on for debate.

This is a motion that must be debated urgently. We will not be supporting a gag motion that limits debate until this debate has been concluded as would be appropriate for such a serious matter.

We recognise there is a condolence motion listed as part of government business. If the Government would like to facilitate debate on that motion we would be happy to accommodate that before proceeding with the motion of no confidence. That is a matter for the Government to determine if they wish to do so.

The seeking of leave to debate this as an urgent matter must be prioritised over other government business. We urge the Government not to gag debate, because there are members in this House, every member arguably, who will have a story and an example for how this minister has failed in his portfolio. If they want to defend the minister, Government members should be given the opportunity and they should not be limited by a gag motion. We would like to hear what

argument they put forward in defence of the minister if they think he is deserving of remaining in his portfolio after five years.

Every single one of Labor's members would like to debate this motion. It is incredibly serious. A no-confidence motion in the minister is the most serious motion that this House can consider. It is because there are avoidable deaths in our health system that have been brought to the attention of the minister multiple times, but most seriously in a letter very recently from registrars.

We cannot stand by as members in this place and as members in our community knowing that there is something we can do to change that fact. I ask members to agree to the leave and the suspension of standing orders so we can debate this motion urgently.

[11.22 a.m.]

**Mr ROCKLIFF** (Braddon - Minister for Education and Training) - Madam Speaker, this is no surprise as the Opposition telegraphed this stunt a few days ago. This side of the House has every confidence in the Minister for Health who is doing a very diligent job under very challenging circumstances. I have to say the different approach to the challenges of our health system from our minister and indeed the Labor minister between 2010 and 2014 -

**Ms O'Byrne** - Blame everybody else, today. Global financial crisis. You have a golden age. How is that going?

**Mr ROCKLIFF** - The challenges in the health system, then the actions of the member who interjects were to close beds, shut wards and sack nurses. That was their response to challenges in the health system.

We recognise, as the Minister for Health has recognised, there are challenges in our health system from increasing demand. Our response to those challenges is to open beds, invest more and employ more nurses. I know the Minister for Health, Mr Ferguson, has been very diligent in engaging with clinicians and seeking their advice. I commend him for that.

We will not stand in the way of the Leader of the Opposition moving this motion today. What it will highlight is that while they have listed a number of matters, they have no solutions. It will highlight the fact that this Opposition plays politics with health. Key bodies do not want to replace the Minister for Health. They want the politics to stop. They want solutions. The minister is engaging with clinicians and working on solutions to address the challenges that we are seeing day to day as a result of increasing pressures and demand within our health system, particularly when it comes to emergency.

This debate will demonstrate that the Opposition is all politics. They have no substance; they have no solutions to the challenges. Their calls for bipartisanship, which we hear quite often, are hollow because the politics continues and it continues today.

As the members can see on the blue we have significant business on the notice paper today with our important law and order agenda for the week but in terms of allowing the member's motion to be debated we will not stand in the way.

[11.25 a.m.]

**Dr WOODRUFF** (Franklin) - Madam Speaker, the Greens definitely will be supporting this suspension of standing orders as a matter of urgency. Clearly the registrars' letter sent to the health

service - and that really goes to the heart of the issues that have been happening over the last five years - is the catalyst for why we have to have this debate today. The other catalyst for why we must have this debate today is the flu epidemic which is disturbingly close. We have had two years where this minister has demonstrated he has failed to plan for winter, failed to listen to his health professionals particularly in the south, in the Royal Hobart Hospital, but also in the LGH and the North West about planning for winter.

We know we are at beyond crisis point at the Royal Hobart Hospital emergency department. We know from the registrars' letter that we have a situation where ambulance ramping means that ambulances are not on the road, are not on the street, across southern Tasmania for people who need to access that service because they are waiting in a queue at the Royal Hobart Hospital, right now. This is a disturbing situation. We do know solutions have been provided and we know that this minister has a track record of failing to listen to his staff, the people at the heart of operations.

On behalf of all Tasmanians who deserve to have a health minister who puts their needs first, who listens to the grave concerns that are raised by staff in his hospital system, we must have a discussion today. We must have the debate about why this minister has not demonstrated that he is listening to his staff.

We will be supporting the urgency motion by the Labor Party. We hope and expect that the Government would also support that because we must have this debate on behalf of Tasmanians who know that winter is coming and who are already probably deeply concerned if they need to access emergency department treatment.

[11.28 a.m.]

**Mr O'BYRNE** (Franklin) - Madam Speaker, this seeking leave to suspend standing orders is one of the most dire acts that an Opposition has to bring voice to the people of Tasmania into this House to build a level of accountability in terms of ministerial responsibility.

We want to bring the voices of the victims of this minister to the floor, to call on this Government to take this matter seriously and for this House to send the strongest possible message to this minister that action needs to occur. This is a minister who time and time again in his five long years of being a minister has received report after report from consultants, from coroners, from medical specialists, from registrars, from victims and members of the public who have experienced the horrific outcome of a system in chaos.

Time and time again, this minister has ignored those voices. He has hidden reports, he has denied they existed and every time in this parliament we seek to call account to his actions he accuses us of playing politics and pulling stunts. This is no stunt. Over the Easter period we saw that heartfelt letter from that registrar pouring their heart out in terms of their profession, their standards, the care and concern that they show the patients and members of the Tasmanian public that present at emergency departments across the state and our health system across the state. That has given voice to the many other voices that have been raising concerns about this minister's conduct.

In 18 months in this House we have not moved a no-confidence motion in the Health minister despite the overwhelming evidence and justification for doing so. We have asked him question after question in question time. We have moved a censure motion in the minister to call him to account and raise with him the people's voices in terms of their concerns about his conduct as minister and the decisions he is or is not making in terms of the Health portfolio. This is the last

resort for us to raise the people's voices, the victims of this minister's actions, in this House to get the Premier and Cabinet to understand the gravity of the situation in which we find ourselves.

This is no stunt and for the minister to get up in question time, time and time again, to accuse everyone else of playing politics bar him, and to accuse everyone else of not caring as much as he cares, is disrespectful of not only this House but it is disrespectful of the concepts that underpin ministerial responsibility and the health professionals across the state who are calling for change.

How many more people does it take? How many more health professionals need to come out to say we have never seen it so bad? People are dying, and to accuse us of playing politics by giving voice to the victims of this minister is in itself politics. The minister is playing politics with this issue when he should be called to account.

We do not do this lightly. We have asked question after question after question in parliament over the last 18 months regarding this minister's activity and his conduct. We have moved a censure motion in him and so to take it further to move a motion of no-confidence in the minister is all we can do beyond our public advocacy in the community across the state, and it is crucially important that we allow all members in this debate to have their voice heard.

If they seek to gag debate, as they have done previously in this parliament, it says a number of things. It means they do not have confidence in their own minister because they will not get up and defend him. It also means that we have a Premier who refuses to accept the ministerial responsibility code of conduct within Cabinet that one of his ministers is not performing, not doing the job and failing Tasmanians. If they attempt to gag the debate it means they just want to play politics and do not want to seriously debate this matter.

We have members from every seat, every corner of this state, who want to raise issues around the health system and the impact on their community. They want to give voice to the people of Tasmania in this House, the people's House, where we can articulate our concerns and our issues, which we have been doing in the public domain and in this House since this parliament was formed.

Regarding the condolence motion in relation to the tragic circumstances in Sri Lanka, that is ultimately a government motion so it is up to them, but we are more than willing to debate that condolence motion prior to getting into the matter of confidence in the minister. The member who just resumed his seat said we have a lot on our agenda, but we will sit here for as long as it takes. We are not the ones who constantly run away from this House. We are not the ones running away from scrutiny, like you did with proroguing parliament. We do not run away. We are here to do the business of this parliament and to give voice to the people of Tasmania for their want of confidence in the minister who has had five years, countless reports from consultants, coroners, health specialists, yet his response is to dismiss all of them and accuse everyone else of saying that we are playing politics.

**Motion agreed to.**

## **SUSPENSION OF STANDING ORDERS**

### **Move Motion - Want of Confidence in Minister for Health**

[11.35 a.m.]

**Ms WHITE** (Lyons - Leader of the Opposition - Motion) - Madam Speaker, I move -

That so much of Standing Orders be suspended as would prevent the motion of Want of Confidence in the Minister for Health being brought on for debate forthwith.

It is very interesting that the Minister for Health is not in the Chamber. It is disrespectful for the minister to be absent when a motion about him and his competency is being debated. It is highly unusual. If any of us were absent on such an occasion I have no doubt he would be up here lecturing us. Where is he? Running around scared outside, obviously. He is terrified of being held accountable for his failures in this portfolio after five years as Minister for Health. Oh, he has come creeping back into the Chamber now to face the music. After five years as Minister for Health he has failed the people of Tasmania. He has proved himself incompetent and unable to represent Tasmanian patients and the staff in the health system and ensure we have a functioning health system that cares for people and provides them the health care they need when they need it.

We need to ensure that the suspension of standing orders is agreed to now so we can debate this motion with urgency. We will not be supporting any gag motion that the Government brings forward. Every member over there should get up and defend the minister. If they cannot that is very telling. We have stories we want to share about the incompetency of this minister and the way this Premier has enabled this minister to let so many Tasmanians down.

This is a statewide issue; it impacts on people everywhere across our state. The minister is incompetent. He came in here today and said it is not a surprise to see any increase in presentations, yet on the other hand he has no plan for how to deal with it. He has been warned. He has not listened to clinicians. He has not listened to the experts. He has not given regard to the solutions that have been put forward. We have put solutions forward, as has the AMA, emergency registrars, the ANMF, HACSU and individual doctors who have raised solutions to the problems facing the health system right now. Many people working on the front line have terrific ideas for what can be done to ensure that patients get better quality of care and staff working in our hospital can be safe whilst they are doing that.

The Deputy Premier got up and said the Labor Party has no solutions. I wrote to the Premier last year because I was so concerned about what was happening in our health system. I wrote to him in October and outlined 10 different solutions that we hoped the Premier could have helped the Minister for Health adopt. I received a fairly curt standard response. I wrote again, and again raised the 10 different areas where we thought the Government could take action to immediately start to make improvements in the health system. I have not even had the courtesy of a response, so how dare they come into this House and lecture us about not providing solutions? When we do they do not even have the courtesy to acknowledge them, let alone respond. I asked for a meeting but did not get the opportunity to sit down and talk about those things.

Then we came into this House and moved a motion. The wording of that motion, that was agreed to and resolved in the affirmative, was that the Premier include all representatives from all sides of politics in a statewide roundtable discussion with health professionals, unions and stakeholder groups between now and the end of 2018. This House approved that motion but it did not happen. How dare the Government come in here and lecture us and tell us that we do not have any solutions and we are not interested in working collaboratively with them to find solutions when we have tried in the parliament?

I have written directly to the Premier and on each occasion the Government has done nothing. Why have they done nothing, Madam Speaker? Why do you think they have done nothing? It is

because the Minister for Health is in denial about the health crisis we have in Tasmania. The Minister for Health thinks that he knows better than everybody else. He thinks he is smarter than anybody else. He thinks he can fix it all and he does not require assistance from anyone.

His arrogance, his ignorance, his contempt for the workforce and anybody else with a solution has meant that this state has been plunged into a health crisis. The Minister for Health - who has been a minister for half a decade - can no longer blame former Labor governments for the problems that the state is now facing. He has been the sole person responsible for managing Tasmania's health system for half a decade.

There is no more urgent debate that this parliament can have today than to debate the competency of this minister to continue in this role. There are patients dying who should not be dying. That is a fact. There are people in our community who are worried about what might happen if they present to the emergency department. There are staff who are concerned about the patients in their care. There are ambulance paramedics who are ramped at the hospital for entire shifts, which leaves their community with no coverage. All of the ambulances in southern Tasmania are at the hospital. In an emergency they cannot respond to a patient at Swansea, Bicheno, Nubeena or on the west coast from Hobart. If they call 000, how long do you think it will take for that person to have an ambulance respond?

The minister is in denial about the crisis that the health system is facing. He is refusing to take action at a time when people are dying avoidable deaths. Our emergency department is in crisis. Bed block means that people are dying in the emergency department. This minister has to go.

**Time expired.**

[11.42 a.m.]

**Mr ROCKLIFF** (Braddon - Minister for Education and Training) - Madam Speaker, I have an amendment to the motion. I move that -

The motion be amended after 'forthwith' by inserting the following -

'And that debate on the motion be completed by 3 o'clock p.m., that in speaking to the motion the Premier and the Leader of the Opposition shall speak for no longer than 40 minutes each and all other members speak for not longer than 10 minutes each and that immediately following a vote on the motion, the House proceeds to Government Business'.

**Ms O'Byrne** - Ninety minutes of debate after the debacle he has created in health. Are you serious?

**Madam SPEAKER** - Order, please.

**Mr ROCKLIFF** - Madam Speaker, this is a sensible amendment to allow the Leader of the Opposition to test the numbers in the place and debate this very serious matter.

**Members** interjecting.

**Madam SPEAKER** - Order, please. Let the Deputy Premier continue.

**Mr ROCKLIFF** - Madam Speaker, this is a very serious matter. Want of confidence in a minister takes precedence over other matters on the agenda. It allows enough time for the House to get on with the very important business that is listed.

I look forward to defending our Health minister. All of our team have confidence in our Health minister and the work he is doing under difficult and challenging circumstances. We are not into playing politics with Health, unlike the Opposition. We have invested significantly in Health in opening wards that were closed, opening beds that were closed, and re-employing nurses who were sacked under the previous Labor-Greens government between 2010 and 2014.

Our minister is constantly engaging with clinicians. They are at the coalface of the health system. It is appropriate that the minister does engage. He is doing so.

As per our amendment, the time allocated is sufficient for members to have their say to allow the numbers to be tested in the House. Arguments have been presented already today in terms of the substantive debate. The engagement we have had over the course of the last half an hour or more -

**Mr O'Byrne** - You can't back in a debate. You are not going to expose all these numbers to the debate. Come on.

**Mr ROCKLIFF** - I look forward, as will the Premier and, indeed, the Minister for Health, to speaking in the House today, defending what is -

**Mr O'Byrne** - You won't get a chance because you are guillotining it. What it shows is that none of you have confidence in him. You are afraid to debate it; you are running away.

**Madam SPEAKER** - Order, please, Mr O'Byrne.

**Mr ROCKLIFF** - Mr O'Byrne, please. We have every confidence in our Minister for Health. I am defending the Health minister now. I have every confidence in him. I did it half an hour ago and I will do it again when I get the opportunity.

The Premier will also speak about the confidence he has in our Health minister.

I will put the record of this Health minister, Mr Ferguson, in front of the record of the previous Labor-Greens minister between 2010 and 2014. That was a dire time in Tasmania's history. The solution to the health crisis between 2010 and 2014 was not to employ more nurses or to open beds or wards. It was the opposite. It was to sack nurses. It was to close beds. It was to shut wards. It was to put beds in storage. That is the difference in the response in how this Government is tackling some very challenging matters within Health as compared to the previous government.

[11.47 a.m.]

**Ms O'BYRNE** (Bass) - Madam Speaker, they have to be kidding. They stand in this House and say that they are allowing an appropriate scrutiny of this matter of such significance. They would say that it is only the Labor Opposition that is raising questions about Health, but it is patients' families, the Coroner and clinicians raising questions about Health every single day. Time after time, this minister calls for a report, an urgent inquiry, to deal with something. 'Gosh, the staff didn't do their job that day; I better have an urgent report'. What action has he taken? When does

he come to this House and say, 'Here is a response to that urgent report of three years ago to make sure that nobody dies in ED waiting in Hobart'?

It is three years since a woman lost her baby to a miscarriage in his ED when he called for an urgent report. Three years later, we have another person dying in ED and we are going to have another report. We need a minister who will actually take some action. We need a minister who will say, 'Yes, there is a problem'. A minister who will listen to clinicians; a minister who will act.

Let us talk about the actions of this minister. He comes to parliament; he becomes the minister. He says the health system is broken. We led the health system through a global financial crisis. It was not as bad as it is now. He comes in and he cuts \$210 million from the budget. If we mention that, we are looking backwards.

He, however, takes no responsibility for the five, long tortuous years that he has run Health, the five years of neglect. Five years of failing to listen to clinicians. Five years of disdain with which he has treated the public sector workforce. Nurses, cleaners, everybody in the hospital system, are working tirelessly to do their best - exhausted. Doctors not knowing what to do. Doctors are leaving. Respected senior clinicians are leaving under this man's watch. Does he think for a minute that the protection racket that his mate beside him has just put up is going to be acceptable to this parliament or the people of Tasmania? By the time we finish this vote, we will have had 90 minutes. The Premier is being given 40 minutes, 40 minutes for the Leader of the Opposition, 10 minutes for everyone else. Three o'clock, that is 90 minutes away, because we rise at 1 p.m., and we do not come back until 2.30 p.m. They are making sure not only that the minister does not get up to defend himself because quite patently they do not have any confidence in him doing that, but most importantly there is not a single member of their backbench who is prepared to stand up and defend him. Not one of them.

If you had confidence in your minister you would stand and defend him. This minister does not have the confidence of his own party let alone the confidence of the Tasmanian community or this parliament. It is gutless in the extreme to do that.

You want to talk about guts; you want to talk about being motivated purely by politics. Let us look at the tweet that the Government Media Office sent out. The Government Media Office sent out this tweet in response to one of the most significant health crises we have where clinicians, the registrars, wrote a five-page letter where they said they could give us more examples than we could ever want to hear about people whose lives are being lost in preventable deaths in hospitals. I remind you more people die of preventable deaths in our hospital under this man's watch than they do in the road toll. That is how significant this issue is. But the Hodgman key media says:

Has Labor currently pulling another stunt in Parliament to push their vote against mandatory jail time for child sex offenders into the late evening and away from the media spotlight.

Away from the media spotlight. The legislation you failed with last term, that you have had sitting on the books for a year, that you only want on this week because you want the media spotlight. You disgust me. There is not a redeemable bone in the body of one of you. This is an absolute disgrace. How dare you treat the parliament with this kind of contempt. Ninety minutes for a debate on the serious issues that we have in health while you desperately try to create a media event in the north of the state. That is what it is about. Quite frankly you sicken me. Have some courage, have some commitment. I tell you what, have a little bit of compassion for those people whose families are waiting to get into hospital: the 31 000 that we are hearing about who are on

the lists. For the people who remain ramped and it is not just in the south that we have failed to meet our ambulance requirements. We have had ramping all over the state and the minister some years ago said that two ambulances ramped a day is not good enough. You have had a 500 per cent increase under this man's watch.

This is unacceptable as is this kind of protection racket being run, bizarrely, by the person who was too gutless to take on the portfolio for health. He was quite happy to be the opposition health spokesperson, but would not step up and take health on when he got into Government. Do not talk about ticker to us. Do not talk about courage to us, Deputy Premier, because you clearly have never had a spine. Your Premier who has fuffed his way through the last five years is too scared to stand up to the hard right of his party. If you cared about health he would have stood this minister down when clinicians called for it, when your political colleagues called for it.

This debate has to go for its full time as, bizarrely, want of confidence motions used to do. They used to go the full time before people got too scared over there, before they were too scared to stand up for each other. It has to go for its full time because a case has to be made by every single elected member to the Tasmanian Parliament as to what their position is on the actions, behaviour and conduct of this minister. Every single member deserves the opportunity to stand up and be held accountable for what they believe in the issue of running health in our state. It is the most important thing we do.

If members on the other side are too gutless to stand up, if members do not want to stay late and have a conversation there is not a member on this side of the House who will not stand up, use their full time and make very clear what needs to happen in health. The first steps to fixing health, to getting a decent relationship with our community, to getting a decent relationship with our clinicians is for this minister to step aside.

[11.54 a.m.]

**Dr WOODRUFF** (Franklin) - Madam Speaker, the Greens have never supported a gag on a no-confidence motion debate in parliament before and we will not do it this time. This is not only a gag on the debate. This is a shocker. This is really a standout effort on the part of this Government to avoid scrutiny. Not only does it gag the length of the debate, it effectively gags who can speak and it provides the minister with total cover so that he does not have to front scrutiny by other members in this House.

Let us just call it for what it is. This is a 'duck and hide' minister who is refusing to stand up and answer the questions and listen to the grave concerns that have been raised about his ability to lead a Health Department that puts the patients first, that puts the doctors and nurses first, that puts all the clinical staff, all the ambulance, paramedics and drivers, everybody else who is involved in trying to keep Tasmanians safe and healthy and well and avoid preventable deaths.

The registrars' letter, that five-page letter at Easter, put a knife through my heart. A friend's mother was in the emergency department only 10 days ago. She sadly passed away. I would have hoped that she had the best of care, and I expect she had the best of love and care from the staff who were there. That is what I expect. I also want to be confident that she was in a place that was providing her with everything she needed.

We will never know the answer to individual cases, but we can be very sure that the role of the minister is to listen to his staff about safe working conditions. To listen to his staff about doing everything he can to limit devastating effects on his patients and what we have here is a five-page

letter from the registrars in the Royal Hobart Hospital who say that they have lost confidence that this minister is listening. They make it very clear that they have grave concerns about the safety and welfare of our patients.

No, Madam Speaker, this is about the person who is in charge of the health system. This letter was written to the hospital executive. This Health minister is in charge of the activities and the outcomes of the health executive and he is responsible for ensuring that the concerns of the registrars and other staff are listened to and acted on.

We cannot gag this debate so that we can actually have the minister stand up here in parliament and respond to the concerns that are raised by me and other members of the Opposition. This is exactly what we need so a debate which is gagged at 3 p.m. which gives 40 minutes to the Leader of the Opposition, 40 minutes to the Leader of Government, and 10 minutes to another member which would be me, if I get the jump, is perfectly designed to make sure that the Health minister has no opportunity for scrutiny.

Madam Speaker, we only received the Labor Party's motion late this morning. We have barely had time to address the detail but I can say that everything I have read in this motion has been brought before this House before as a concern. Every single thing that is in this motion is something we have debated but there are urgent and recent changes which demonstrate that the minister is failing to listen and then act in a timely fashion on the concerns of his staff with practicable and achievable outcomes.

We are planning to move an amendment to the original motion because this is a very long list of concerns, and we would do that in our speaking time. Clearly the way that this has been designed to gag debate means that we will not have time to talk through an amendment in a proper fashion. It is pretty clear that one of the things that is missing on this very long list of concerns about the minister's ability to continue in his role is his failure to respond to the invitation to attend the Australian Capital Territory's pill testing trial, his failure to listen not only to the health evidence but the health professionals who have been undertaking successful and safe education that has clearly prevented deaths from what appears to be potentially lethal drugs that could have been ingested at that festival. Seven people's lives were potentially at risk from those drugs and they chose not to take them. That is a serious matter, yet this minister continues to take absolutely no notice of that evidence and take no notice of the health professionals.

This is another example of clear health evidence that saves lives provided by qualified health professionals who are doing this in quality settings. The minister refuses to not only take the evidence on board but even to open his eyes and send a representative, which other states have done. This is the matter we would seek to amend this original motion about.

It is a disgrace that the minister and the Government have managed to present a gag on the debate which effectively gags all members to be able to speak on such an important motion.

**Amendment negatived.**

**Motion agreed to.**

## MOTION

### Want of Confidence in Minister for Health - Motion Negatived

[12.02 p.m.]

**Ms WHITE** (Lyons - Leader of the Opposition) - Madam Speaker, I move -

That the House -

- (1) Has no confidence in the Minister for Health, Michael Ferguson MP.
- (2) Notes the minister's first action was to endorse a budget that cut \$210 million out of Health and Human Services and he has continued to chronically underfund Health, with less money to be spent on Health next year than has been spent this year.
- (3) Notes that in the five years he has been Minister for Health, the state of Tasmania's health system has gotten worse and he is unfit to continue in the role.
- (4) Acknowledges the comments from doctors in the Tasmanian health system who have collectively raised concern about the unsafe work environment, substandard patient care and the number of avoidable deaths because of the crisis in Tasmania's health system.
- (5) Highlights with concern the unsafe levels of ambulance ramping which has seen ramping at the Royal Hobart Hospital increase by 500 per cent in the past three years, and notes the evidence which shows ramping causes morbidity and mortality.
- (6) Recognises that regularly, every southern Tasmanian Ambulance Tasmania crew is ramped at the hospital, causing up to 13 outstanding 000 cases to go unresponded, and in such instances there are no paramedic crews available to respond to 000 calls and that regions have no coverage.
- (7) Notes that doctors have stated that night shifts are now 'categorically unsafe for patients and medical staff alike', that doctors are currently working beyond their scope of practice, experience and skill set, and that the workplace is not fit for purpose, and that they 'anticipate increased patient complaints, litigation and coronial investigations as a result'.
- (8) Acknowledges the incredibly sad occasion when a woman miscarried in the emergency department waiting room in a chair in 2016, the occasion in 2018 when a patient was found deceased in the bushes outside the hospital, and the recent tragedy of the death of a 70-year-old man in the busy emergency department.
- (9) Points out with concern that mental health patients are languishing for up to seven days in the emergency department and that while they are waiting for a bed they psychologically deteriorate, self-harm and attempt suicide.
- (10) Reminds members that the Minister for Health cut the number of acute mental health beds and despite a coronial report finding this was to be a contributing factor in the death of a patient, he has not reversed this cut.

- (11) Further reminds members that the Royal Hobart Hospital lost psychiatric medicine accreditation in 2017, the Launceston General Hospital lost emergency medicine accreditation in 2018, and on both occasions those hospitals lost staff.
- (12) Further reminds members that the Minister for health delayed the Royal Hobart Hospital redevelopment by a year, he removed local decision making from hospitals and introduced a new governance structure that was subsequently abandoned at a significant cost to the taxpayer.
- (13) Notes the minister has denied women access to legal reproductive health services in the public health system.
- (14) Notes the minister was happy for patients to be placed in storage rooms with hand-bells rather than in dedicated hospital beds.
- (15) Notes that on two occasions in the last six months this House has voted to establish health roundtables with key stakeholders and all sides of politics to examine solutions to the health crisis, and that the Minister for Health has done nothing to progress those cross-party efforts and has deliberately ignored the will of this House.
- (16) Reminds members that ministerial responsibility is a fundamental tenet of Westminster democracy that means ministers must take ultimate responsibility for failures in their portfolios.
- (17) Further notes that the minister is incapable of looking after the health of Tasmanians and that whatever excuse he offers it is too late after five years of neglect.

Madam Speaker, wasn't that an interesting outcome? Maybe the Government members have all now decided that they do want to get up and defend the Minister for Health because they have been shamed into it by the Labor Party, after pointing out that there would be no time for even the Minister for Health to speak had their amendment been successful.

**Mr Ferguson** - Not true.

**Ms WHITE** - 'Not true', says the Minister for Health, because he cannot count as well as being a terrible Health minister. The fact is that a debate until 3 p.m. would have allowed 90 minutes - 40 minutes for the Premier, 40 minutes for me, and 10 minutes for somebody else - and obviously the member for Franklin has indicated that as the other party in this place, she would like to speak and that would enable no time for anybody else.

Obviously that protection racket went poorly. They did not even want to test their numbers on the floor of the parliament to see whether they could succeed with their own amendment - the strong majority Liberal Hodgman Government in action. No wonder the Minister for Health is feeling so nervous today. He is feeling very nervous, all white-knuckled and panicked, not only because patients are dying on his watch, but because this Government does not have the numbers in this parliament. It is no longer a guarantee that your skin will be saved because of the numbers in this House, minister. You have to prove yourself. You have to show you are a responsible minister.

You have to be accountable for your actions in this portfolio. The people of Tasmania expect nothing less.

This is the most serious motion we can debate in this place. We have waited to bring this forward at this time because we had been hoping that the Premier might respond to my multiple letters asking for a meeting to sit down and talk about how we can jointly find solutions to the problems in the health system. We had hoped that the motion passed by the parliament last year would be given effect so those roundtables could happen where cross-party representatives, unions and clinicians could come together and jointly discuss the health system in Tasmania and jointly come up with solutions.

Neither of those things occurred. We have been left now with no option but to move no confidence in the Minister for Health because of those things and because of the fact that every year in Tasmania more people die of avoidable deaths in the health system than on our roads.

We have campaigns to reduce fatalities on our roads, to reduce accidents, and to address the road toll. Yet we have a situation in Tasmania where more people are dying avoidable deaths in our hospitals than from road fatalities in this state and we hear nothing about it from the Minister for Health. That is shameful. We have registrars who have now written a five-page letter to the health system that has been leaked to the media that outlines, more clearly than anybody would have expected, the concerns they have about the current state of health system under this minister, Michael Ferguson. This minister has been in this portfolio for half a decade, five years, ignoring the serious, concise and clear concerns of the clinicians, ignoring the concerns of the unions and ignoring the concerns of patients. The number of constituents who have contacted me - particularly recently, I have to say - who have said they have tried to raise directly their experience with the Minister for Health or the Premier and have had no response is alarming.

I do not know what is going on in the government offices at the moment but over the last couple of weeks I have been inundated with people coming to me and my colleagues saying they have had experiences in the health system that have been very concerning. They have wanted to bring them to the attention of the Government, they have tried to raise them, and have had no engagement. Isn't that typical of this minister's complete disregard for a view that is counter to his own? Apparently, if you raise a point and hold him to account you are playing the blame game. He said that on the radio last week when he was questioned by Leon Compton, I believe. He was simply holding him to account, as is appropriate for a minister in the Westminster tradition, and was told he was playing the blame game. How dare the Minister for Health be asked a question and be asked to explain in response to serious concerns raised by doctors in the health system how he was going to address the problems they have identified? How dare he be challenged? How dare anybody think that they could have an idea that might be better than the Minister for Health's?

We have seen this before. Unfortunately, we have too many examples where it has occurred. People will remember in August 2018 when he dismissed the concerns of Dr O'Keeffe at a press conference at the Royal Hobart Hospital live on camera. He waved his hand dismissively and said, 'Deal with that, Marcus', as though Dr O'Keeffe did not have his own name and was not to be acknowledged in his own right. It was live on camera for all to see how this Health minister operates and the lack of regard with which he holds clinicians. What Dr O'Keeffe was trying to raise with the minister at that point was his deep concern about the state of the health system. Dr O'Keeffe said:

It's a bit like putting petrol into a car that's up on blocks - you can put as much in as you like and it still won't go anywhere.

There are structural problems within the health system that over the last five years have gotten worse under this Health minister. That is a fact. You can see the data that supports that in the annual reports. You can see the data that supports that on the dashboard reports, the quarterly updates, demonstrating clearly that things are going backwards in this state. You can see that clearly in the Report on Government Services that is published. The data does not lie. The spin from this Government and this minister cannot hide the fact that patients are suffering in this state. Patients are in pain waiting for elective surgery. Patients are waiting - 31 000 of them - to see a doctor, a specialist, and they have no appointment. Patients are waiting in pain on the elective surgery waiting list, blown out by 3000 patients in the last 12 months. Over 9000 Tasmanians are waiting for an appointment for an elective surgery procedure. Patients are waiting in pain, anxiously ramped at the Royal Hobart Hospital for hours and hours or in a corridor that is called the Hodgman wing or the Ferguson wing, named by the staff. That is not a plaque any minister should be proud to have on the wall. That is quite clearly a most serious indictment on this minister and this Premier, by the staff, and their handling of the health system.

Patients waiting in the corridors are waiting on trolleys. There is no emergency call button. There is no oxygen. There are no resuscitation bays there. Category 2 patients are too frequently ramped in corridors. That is no place for a patient of that acuity to be waiting. There are inadequate facilities. In fact, on the weekend I spoke to a woman who told me that when she was ramped at the Royal Hobart Hospital over Easter a man was urinating in the corridor. He could not make it to the toilet. He was on a gurney in the corridor waiting for a bed in the Ferguson wing, and in the Hodgman wing, of the hospital. What a disgrace.

There is no ability for family members to wait with patients who are ramped at the hospital. Patients wait in the busy emergency department while their loved ones are waiting on a trolley in the Hodgman wing or the Ferguson wing - in the busy corridors of the Royal Hobart emergency department. Ramped, waiting hours for a bed, disconnected from their loved ones. If they do have a mobile phone with them, they have no way of communicating. They cannot tell them what is happening to them, how they feel and what might need to be done to prepare for whatever might take place next.

Whilst they are doing that ambulance paramedics are there with them. Ambulance paramedics are now being rostered to the ramp. What a disgrace. They are not going out on the road and responding to cases in communities and 000 calls that come through to the comms and dispatch. They are being rostered to the ramp. That has never happened before. The bed block is so bad that ambulances ramping has increased by 500 per cent at the Royal Hobart Hospital in three years.

Patients are dying avoidable deaths in our hospitals. Clinicians are telling us that this is the current state of the Tasmanian health system under the Minister for Health, Michael Ferguson. These deaths can be avoided if we take action to do something about it. That is why we have no confidence in this Minister for Health. For five years, for half a decade, he has been responsible and things have gotten worse.

Mental health patients are languishing for days in the emergency department. That is no place for anyone with mental ill health to be, let alone for seven days, eight days, in the emergency department. They cannot get access to the appropriate treatment because there are no beds. The minister gets up in this place and says that he has provided more beds for patients with mental ill health but not in the hospital. He has not replaced the beds that he cut, the acute mental health beds. Even with the redevelopment of K Block, he has not committed to replacing the beds that he cut.

The registrars' five-page letter had 18 different recommendations that addressed some of the challenges in the health system. One of those was to replace the acute mental health beds that were cut. Is the minister going to accept that recommendation? Is he going to ensure that patients in Tasmania can access the acute mental health treatments they deserve? I bet you it is a no. Every time we have asked that question of the minister, he has denied that it is a requirement. He said that clinicians have told him otherwise.

I tell you which clinicians have told him it is necessary: clinicians who are members of the Australian Medical Association; clinicians who are members of the Emergency Medicine Registry who work at the hospital. These clinicians are actually in the hospital. They know what they are talking about, they see the patients, they deal with the consequences of not having enough beds. The Coroner's report from 2016 drew a direct link with the inadequate number of acute mental health beds in the Royal Hobart Hospital and the unfortunate death of a gentleman - avoidable deaths. Since that report was handed down, this Minister for Health has done nothing to increase the number of acute mental health beds in the hospital. He has done nothing to work with those clinicians to ensure that the new design for the Department of Psychiatry has enough mental health beds.

We need to ensure that we are working closely with clinicians. The fact is that they do not have confidence in this minister. We see that in the comments that they have made. We hear that from the comments that constituents raise with us because of the patient care that they or their loved ones have had. We hear about the chronic underfunding of the health system and the fact that there is a \$100 million black hole in health funding in Tasmania. That black hole was determined from a KPMG report that the minister still refuses to hand across to the people of Tasmania, who paid for it with taxpayers' money.

The disregard this minister has for transparency has been no better demonstrated than by the fact the upper House has convened a special select committee to look at how they can get that information out of the Minister for Health. They found that the Minister for Health should have provided that information to the acute health committee that was looking at the state of Tasmania's health system. He refused to do that. They have now set up a special committee to understand what powers they can have to get that information out of the Minister for Health.

He is secretive. His lack of transparency around both the KPMG report and the chronic underfunding of health can only come down to the fact that this minister is incapable of doing his job. The RDME consulting report found that the KPMG report was accurate and that there is not adequate funding in the Budget to provide the services that Tasmanians deserve. If the minister truly cared about supporting the workforce and providing patients with the care that they need, he would secure the Budget that the health system requires.

Every year this Premier and this Minister for Health are happy to go along with the Treasurer and chronically underfund health in order to prop up the Treasurer's bottom line and to make him look a little bit better. They are chronically underfunding health to prop up the budget bottom line. This Government should not be proud of the fact that their budget bottom line has been propped up on the misery of patients in Tasmania who are waiting to get health care right now and cannot access it.

What do we see forecast for next year's budget? You would expect an increase in health funding, even just to keep up with inflation. Next year's health budget has less money allocated than was provided for this financial year. You tell me how that is going to support patients to access

the care that they need. How is that going to support staff to do their job safely in an environment that supports them? How is this not the starkest example of how this minister has failed in this portfolio?

I would like to take a closer look at the letter that the registrars wrote to the Health Executive and was shared with the media. It clearly articulates the very deep concerns they have about the current state of Tasmania's health system. They talk about ramping and how it is having a devastating effect on their patients. They say that they do everything they possibly can, and we acknowledge that. We recognise the extraordinary efforts that staff go to every single day to look after their patients. Nobody goes into a caring profession like health care without having a very deep concern for people. We acknowledge them and recognise the difficult circumstances that they are working in - and not just them, but the support staff as well who ensure that our health system operates.

The registrars wrote about what that environment is like for them. They say that 'system failures are causing severe moral injury, physical exhaustion, emotional depletion and psychological trauma'. That is just amongst their registrar group. They are not even talking about the wider health workforce but I bet my last dollar that is the sentiment across the entire health work force in Tasmania. We know, from the work that they have done and the experiences that they have in sharing this information with the executive at the hospital, that they are desperate. They feel that right now there is no ability for them to achieve safe patient outcomes and a safe working environment without taking the extraordinary step of writing to the hospital executive and leaking it to the media. This is a cry for help because the Minister for Health is ignoring their concerns.

They go on to say that -

We anticipate substantial emergency registrar sick leave in the coming months due to illness, stress and exhaustion as a direct result of continued access block and the upcoming flu season. Furthermore, many Emergency Registrars feel unable to continue working in these conditions, and some are even considering leaving the ACEM training program. Continued access block will cause the hospital to lose a generation of future FACEMs.

We are talking about a next generation of doctors working at the hospital. We have seen already what happened at the Launceston General Hospital when they lost their accreditation for emergency medicine. We lost good doctors from this state.

We saw what happened when we lost the accreditation for psychiatry at the Royal Hobart Hospital. We lost good doctors from the hospital. They could not work there anymore because it was no longer accredited.

What these registrars are warning the minister is that we are about to lose a generation of FACEMs because they will not be able to stay working in Tasmania. We are going to lose good doctors because they cannot cope in a stressful environment they have been required to work in because of this minister. That is why they are speaking out. They have said quite clearly:

We will no longer be silently complicit in sub-standard patient care and an unsafe work environment.

These registrars cannot wait for K Block to be completed; we are talking right now about a crisis in Tasmania's health system. We have had more flu cases this year than we had all of last year and the minister still has not released the flu plan.

In your very glossy brochure - your second-year work plan - you say quite clearly that in the first quarter you will release the flu plan - that is April. Where is it, minister? We have had more flu cases already this year and we proposed that the minister could help inoculate Tasmanians against the risk of flu by providing free flu vaccinations to all of those who are not eligible under the federal scheme. He completely disregarded it out of hand and then comes into this place and lectures us about having no solutions.

Here is an idea - how about you vaccinate the population against flu when right now there is a massive spike in flu, huge presentations to the emergency department, and it is April. We have already had more flu cases this year than all of last year. How on earth do you think the hospital is going to cope when, over Easter, every single ambulance from the southern region was ramped at the hospital? There was no coverage in the regions at all.

Bed block - 70 patients in the emergency department, people dying in the emergency department. How many more people have to die before this Minister for Health finally takes action, finally invests in the health workforce, and finally puts patients before his own political skin?

It is simply not good enough. This letter demonstrates quite clearly how registrars are feeling but it is not the only correspondence the minister has received. He has had warning after warning over years and years in his half decade as Health minister. Every single time he comes into this place, he acts dismissively. He is in complete denial about the true state of Tasmania's health system, and it is alarming.

As a member of this community and as a member of this parliament representing my electorate, we expect much better than this minister is offering. It is not good enough. We are not going to stand by and do nothing while people are dying, while there are avoidable deaths, while communities are left uncovered in our regions because there is no ambulance there because it is stuck at the Royal Hobart Hospital or it is stuck at the Launceston General Hospital. It is an absolute disgrace.

Mr Deputy Speaker, patients are waiting for hours in the emergency department and registrars have directly linked that with increased morbidity and mortality, and the longer you wait in the emergency department the higher that risk gets. When you are waiting 170 hours in the emergency department, can you imagine how much more your risk profile has increased? When you are waiting eight days in the emergency department, what do you think that means for your health?

We need to ensure that we have a minister for health who actually cares, who actually wants to work and listen to the solutions put forward by the workforce. Here are 18 solutions in this registrars' letter, but it is not the first correspondence received. Over the years you have been Health minister, the past half a decade, the ANMF, HACSU and the AMA have all have put forward numerous solutions for how the health system can be better resourced and supported, how we can have a better approach for population level health, preventative health.

Remember that lofty target of having the healthiest population by 2025? How is that going? What steps have you actually taken to get us anywhere near reaching that because right now, we are languishing far from the top.

You only have to look at the RoGS data, our annual reports, to see very clearly how we compare. Why does that matter? Because these are people's lives. This is our family, our community, our electorate and our state. This is our responsibility to make sure that we represent people in this place and hold the Government to account, but also call them out when they are failing to uphold the standards that we expect of them.

Right now, this minister is not upholding the standards or the targets he set for himself. He is not upholding the standards or the expectations that we have for him or the community has for him.

The letter that has been received by the minister, no doubt from registrars, talks about a number of different solutions that he can implement right now, including many that were policies the Labor Party took to the last election that we would encourage him to adopt. Like putting PEN nurses on every shift at the emergency department, making sure that he funds services at the hospital 24-hours so patients can be supported to be discharged when they are ready, to support a patient flow across the hospital.

These are solutions we took to the last election, that registrars have put to you now in this letter. Why haven't you done it? You might say that he is a petty minister and perhaps if we propose something he chooses that it might be wiser for him to do the complete opposite, even if it increases the risk to patients.

This is why I wrote to the Premier six months ago when I asked for a meeting, which I never got. I am still waiting for a response to the second letter. I do not have confidence in this minister for Health. I am happy and the Labor Party is happy and willing to work with the Government and we will work with the Premier. We will sit down and identify solutions to what is happening right now in Tasmania's health system.

The fact that those offers in good faith have been completely ignored, what does that say to the people of Tasmania, about the level of maturity of this government? It tells the people of Tasmania this Government is more interested in politics than in the lives of patients and that is a shame.

There are so many examples of how this minister has failed the people of Tasmania from his time coming into office in 2014. Remember that the Royal Hobart Hospital was delayed by a year because this minister established a taskforce with a reference group that included the federal member for Clark, Mr Wilkie, and Mr Wilkie has worked closely with this minister. Andrew Wilkie has seen very closely how this minister operates and he does not like it. He has added his voice to those calling for him to resign or be sacked by the Premier. Mr Wilkie was hand-picked by the Minister for Health to act on that reference group for the Royal Hobart Hospital redevelopment project. He has seen this Minister for Health close-up and he does not like what he sees. There are so many more like it.

This is the same minister who boasted about reducing ambulance ramping by 60 per cent but has nothing to say when in three years it has increased by 500 per cent. This is the same health minister who decided that he would completely restructure the governance framework for Tasmania's health system. He removed local decision-making from hospitals, put in his own CEO, Dr Alcorn. He told people that his idea for the governance framework for Tasmania's health system should be structured was the best way forward.

What happened? After about 12 months things had become so bad there was no local decision-making capacity at the hospitals, the AMA moved a motion of no confidence in the CEO of the

Tasmanian Health Service, the handpicked CEO of the Minister for Health. The minister completely backflipped on his position, moved away from the governance framework he put in place, sacked the CEO, sacked the board and cost taxpayers about \$380 000 to pay out the CEO he had only just appointed a short while before.

This is the kind of failure we have seen year after year from this Minister for Health. He just cannot do anything right. Every response from him is reactionary - it is a crisis, it is an urgent report, it is a summit, it is an inquiry - but where is the planning and strategic thinking? After half a decade you would think there would be a very coherent and clear plan for how Tasmania is hoping to deal with the demographic we have in this state. It is not a surprise that we have had increased presentations to our health system given the state's demographic. Even the minister acknowledged that today when he said it is not a surprise that we have an older and sicker population.

The prevalence of preventable chronic disease in some of our communities is higher than other places around the country. We know all of these things. It is not a surprise that we have increased pressure on the health system, yet the minister, despite acknowledging it is not a surprise, every day acts like it is a massive surprise - 'It is a crisis, we are responding; we did not know this would happen; how on earth are we going to cope?'. You have had half a decade, minister; surely by now you should have worked this out. Talk to a demographer, have a look at the annual reports, speak to people who know what is going on at the front line and have a plan. People's lives are being put at risk because of your failure to do your job.

In January 2016 a 95-year old was left lying on floor of the Royal Hobart Hospital emergency department. Presentation at our emergency department of this nature is not a new phenomenon, as we can tell by the case in 2016, yet when we have incidents like the unfortunate circumstance of a 70-year old man dying recently in the emergency department, the minister reacts like there was never any warning such a thing could occur. The minister has his head in the sand. He is not up to the job. He is completely incompetent. He is unable to take advice from clinicians who know what they are talking about and the consequences are being felt by Tasmanians who are suffering in pain on waiting lists or dying avoidable deaths in our hospitals.

The Royal Hobart Hospital redevelopment was plagued by scandals, mould infestations, 40 staff who had to be evacuated after asbestos fell on them in their workplace, construction workers being exposed, and the minister today did not say once whether he still expected commissioning to begin in August, as previously announced. There could be a bit of creep happening here again. It would be interesting to know whether the minister stands by the commitments he has given that the hospital would be completed by December 2018 - whoops, no, that was the earlier time. Then it was July 2019, but that has been revised again and I think it is now August 2019. When are patients actually going to be able to take a bed in the K Block? That is very different from practical completion. How is it going to be staffed? Where is the recruitment happening right now to make sure there is staff available to support patients in those beds? Where is the funding to enable the employment of those staff? The redevelopment of the Royal Hobart Hospital is not going to fix the problems and it will not come soon enough to address the issues that we are seeing this winter, which has been pointed out clearly by registrars.

In April 2016 the minister issued a media release which promised urgent action to address emergency department issues. That was three years ago. Three years ago the minister was promising urgent action to address emergency department issues. The release said:

The Hodgman Liberal Government will implement a range of actions to ensure patients can get more timely care in emergency departments at the Royal Hobart Hospital and the Launceston General Hospital.

The minister has completely failed to deliver on that promise, just like so many others. He needs to be held accountable for that and to acknowledge the fact that he is not up to the job. He needs to finally be relieved of his duties. If he will not resign, which would be the honourable thing to do, the Premier should sack him. Every time this minister, in response to a crisis, issues a media statement saying he is going to promise to take urgent action or commission an urgent report or attend an urgent summit, we have the same problems repeating themselves the next year and the next year and the year after that. Then the minister comes in here saying, 'It's not our fault. Presentations have been much greater than we anticipated', when three years ago we were seeing the start of something serious. This minister has done nothing to ensure that patients can be treated safely and staff are supported in a working environment that makes sure they are safe to do their job.

There are many examples of how this minister has let people down. I will quickly run through a couple more. Let us talk about the time when he denied there was any such thing as a Deloitte report. In November 2017 he said:

I am happy to tell this House there is no report by Deloitte into the THS Executive sitting on my desk. There is no such report in my office. There is no report.

But there was a report, wasn't there? It was revealed in the media and it was just another case of this minister being less than truthful.

There was a promise of 10 mental health beds at Mistral Place. That did not happen. We have mental health patients sleeping on the floor. Remember the 'intensive chair unit' when patients were placed in storerooms with bells to attract attention? Our clinicians are getting so desperate to find space in the hospital that is what they have had to resort to. They are not doing that because they want to. It is a cry for help because they do not have enough beds in the hospital. Tasmania's health system is chronically underfunded and in response to that occasion of patients being placed in alcoves with hand-bells, the current Prime Minister, Scott Morrison, said it was not okay. He was asked about it at a national press conference. That is how alarming it was to the media across the country, looking at Tasmania and thinking, 'What is going on there?'. The Prime Minister said it was not okay but the Minister for Health thought it was okay. He was happy to get up and say, 'No, that is an appropriate response to the lack of beds in the hospital'.

Even the Premier has admitted that Health is not good enough. On 7 October 2018 the Premier said it was not good enough. After half a decade of this minister being Health minister, wouldn't you think he would do something it? There is an obvious common denominator here. Across the five years the Premier has been in charge he has had Michael Ferguson as the Minister for Health. He has had that responsibility when there has been chronic underfunding of the health system. The minister has been happy to prop up the budget bottom line at the expense and misery of patients. He has been happy to sit by and do nothing when patients have been stuck in the emergency department for days and days, ramped in the Ferguson and the Hodgman wing. Ambulances are stuck at the hospital, not able to respond to calls in their regions, whether it be in the south or the north. Patients are dying avoidable deaths in our hospital because of the pressure in the emergency departments and ambulance ramping. Clinicians are speaking out; patients are speaking out. We have had enough. The common denominator here is the Minister for Health.

Over the past five years he has failed Tasmanians, patients and the workforce. His complete denial of the crisis in Tasmania has meant that there had not been appropriate action taken to support the workforce, to provide them with a safe environment and resource them to do the job that they want to do. There has been a complete lack of regard for the safety and wellbeing of patients, whether they be mental health patients languishing in the emergency department or the lack of interest in restoring the cuts that he took in his first budget, ripping \$210 million out of the health system, cutting mental health beds in the hospital system.

Patients are dying from avoidable deaths in the hospital because of the minister's chronic mismanagement and his chronic underfunding of the health system; his inability to negotiate with staff and find solutions to resolve problems in an amicable way, to work across challenging areas to ensure that patients' welfare and health is put first and that any patient no matter where they are in this state can access the care that they need.

I have not even spoken about women and their right to access reproductive health services in this state and the many ways in which this minister tried to stop them from being able to access the care that they need. He forced them to fly to Melbourne. He targeted the employee of Cricket Tasmania for speaking out; he trolled her as an employee for speaking out and speaking against Government policy. This minister, complicit with the Premier of Tasmania, has failed to stand up for women and women's reproductive health rights in Tasmania by denying them access to a legal health procedure in their own state in the public hospital system.

On too many occasions the ideology of this minister has overruled what is right and proper and what is appropriate in the context of a health solution. He is not fit to hold office for all of these reasons and so many more.

**Time expired.**

[12.42 p.m.]

**Mr HODGMAN** (Franklin - Premier) - Mr Deputy Speaker, I welcome the opportunity to speak on this matter, as will each of my colleagues who speak. I take the opportunity to outline all that we are doing to improve Tasmania's health system. The actions we are taking; the commitments and the deliverables that are contained not only within the current Budget but will be in future budgets will be unprecedented in this scope, scale and impact. They will address what is an important issue for Tasmanians; that is their health care.

We do have other priorities. It is true. We have a very clear and strong legislative agenda and it is not our inclination to engage in stunts and this is the latest in a long line of Labor stunts. Another week in parliament, another stunt.

**Members interjecting.**

**Mr DEPUTY SPEAKER** - Order.

**Mr HODGMAN** - As I heard on the news last night, a respected Hobart medico, and not always supportive of this Government's efforts, said this motion Labor is bringing forward would not change a thing. There was an article in the *Advocate* that said that Rebecca White's party's campaign for Mr Ferguson's head is just more politics as usual and lazy, shallow politics at that.

**Mr Bacon** - Lazy? Why won't you reply to the letter?

**Mr DEPUTY SPEAKER** - Order, Mr Bacon. You are officially warned.

**Mr HODGMAN** - That is what is reported in a northern newspaper today. It is lazy, shallow politics at that. I quote:

The great problem with all this political gamesmanship is it is doing absolutely nothing to improve health outcomes for Tasmanians, nor our understanding of the challenges the system is facing.

There were a number of reports from respected health professionals whom we do listen to and who make a far more sensible contribution to this debate than we will ever get from members opposite. On 29 April, Professor John Burgess, AMA Tasmania President, said:

Changing Tasmania's Health Minister is not going to change the realities of increasing demand and costs.

Rather than concentrating on failures in the system, we are more interested in trying to work with the minister and management to find solutions.

Dr Frank Nicklason, Chair of the RHH Medical Staff Association, whom I referred to in my earlier comments, said -

It shows that he's taken on board the concerns that have been reasonably expressed by the registrars ...

Dr Simon Judkins, President of the Australasian College of Emergency Medicine, said on 23 April -

We need to agree on a strategy and we don't need it to be flip flopping between one minister and another ... We need to agree on what it is and we need to implement the change.

And respected colleague in the other place, the honourable Rosemary Armitage MLC, said:

Talking about whether we change health ministers is political.

Mr Deputy Speaker, I could not agree more with all of the above. What we have here is another stunt by an opposition that has nothing: no policies, no plans, no sensible contributions to the health debate.

I will say very clearly from the outset that I and my Government have confidence in the Minister for Health, Michael Ferguson, in the job he has done to this point and the job that he will continue to do. We are well aware of the challenges facing our health system. Those health professionals to whom we listen ensure that we remain well aware of the challenges in our health system. We are listening to the people who work within it. We are prepared to approach things differently and to try new approaches to deal with the reality of the stresses in our health system, which are nobody's fault.

If you look at what we have done over recent years to increase our investments, to respond to spikes in demand, to approach things differently, to tackle pressing challenges as they arise is only

possible because we have our budget back under control. We have more funds and resources to apply to it.

**Mr Bacon** - Tell the truth. They will call you 'Net Debt Hodgman'. That is your legacy.

**Mr DEPUTY SPEAKER** - Order, Mr Bacon.

**Mr HODGMAN** - Our demonstrative efforts to improve our health system in our budgets is well established. Of course, we recognise there is a lot more to do. We accept responsibility for it every single day of the week.

It is you lot who are all care and no responsibility. You are not doing anything to help those Tasmanians that you pretend to care about in this place. You misrepresent the facts. You use people and their circumstances as political playthings whenever it suits and in the most outrageous of circumstances. You will use people's circumstances in here to score cheap political points. It does not help anyone. You did it in the campaign. You used a photograph of somebody who did not authorise you to do it to make a political point against me and Mr Ferguson. It was a disgrace. It shows the pathetic levels that you sink to, to make political points.

Mr Deputy Speaker, we will continue to focus on what is important - that is, improving the lives of Tasmanians, especially those who need health care. We will continue in our efforts to strengthen our health system and to respond in a way that helps Tasmanians.

This is another political stunt from a Labor party that now stands for nothing, that offers nothing. They pretend they want bipartisanship and a seat at the table at our access solutions meeting but in the same breath they say, 'We want the minister sacked'. Seriously, it is so silly and puerile.

We have never said that there is no problem. We have never said that there is not more to be done. We are working with our health experts, medical colleges, and clinical leadership on solutions, which is what most Tasmanians want us to be focused on.

Of course, you would love to have an open-ended all-nighter on this if you could. Fine, knock yourselves out. It shows what your priorities are. You would like to spend all day in this place attacking me, the minister and this Government but offering nothing by way of sensible or constructive solutions. You would stand in the way of us introducing our legislative agenda; for instance, to protect Tasmania's most vulnerable children from the risk of heinous serious sexual offences, to protect public servants. You think that this is the party of the people; the ones who say that they stand up for public servants. Yet when it comes to actually passing laws that will strengthen the protections we can give them in their workplace, this Labor Party blocks it.

We want you to have another opportunity to show us what you stand for on that sort of stuff. Do you really stand for increasing penalties for those who are charged and convicted with serious sexual offences against children? Will you support our position on that or not? Will you support our position on mandatory sentences for people who commit serious sexual offences against -

**Members** interjecting.

**Mr DEPUTY SPEAKER** - Order.

**Mr HODGMAN** - They are still thinking about it. They still do not have a position. We will at an appropriate time and as soon as we are able bring forward that important legislative reform to see exactly where you stand.

We will allow this debate to take its course and we will strongly defend Mr Ferguson. We are a party, I am the leader, and this team is one that has stood beside me for a number of years. People know, we do not give up and we do not walk away. We are committed to what we believe in and to delivering on what we promised. That is the health care system in this state that Tasmanians deserve and it was certainly never in a situation that you could crow about because it was a mess when we came into government.

I take the opportunity in the course of this debate to outline the things this Government has done, under the leadership of Michael Ferguson as the health minister. There will always be cases and often very tragic ones which frankly should be properly considered and investigated by the authorities, not by the kangaroo court that sits opposite. Notwithstanding, we well recognise that there are many difficult circumstances that arise in every health system and there are always ways we can learn from those who work within it to improve it. There are a lot of things that the Opposition conveniently ignores when it comes to what this Government has done under this minister, Michael Ferguson.

We now have record staff numbers. Over 800 more FTE staff in the health system now - 800 more than under your government. We have delivered enormous funding growth, almost \$2 billion than in the 2013-14 Labor-Greens budget. We have opened over 130 new beds. Over the next five years, we will finish the Royal, the LGH and the Mersey redevelopments. We will open almost 300 new hospital beds, recruit almost 1000 new staff for our health system and we will finally have acute mental health facilities for young Tasmanians. We will have built 27 new community-based mental health beds in modern facilities, and we will have recruited over 50 new paramedics in our ambulance service. We will have comprehensive and up-to-date master plans in place for all four of our major hospitals and the Mersey being the hospital that this government saved because it was your government that tried to off-load it. We have saved it, repurposed it, we are reinvesting in it and its staff and it has a very important role in Tasmania's current health system and will continue to have one under this government.

Over the last five years and on coming into Government, we commenced a process to deliver a statewide One Health System, one of the things we were told and it was through extensive consultations which were well publicised at the time, well understood and to some extent acknowledged by opposition parties, which have continued I hasten to add. I will outline the sorts of consultations that Mr Ferguson and those who support him, including his colleagues, have with our health professionals. It was then one of the most comprehensive rounds of consultation to develop and design a One Health System which finally did what so many had been asking for and demanding for so long. That was something also said to be too hard and clearly was too hard for the Labor-Greens government. They were not able to do it. That was bringing our health system together, unifying it, coordinating it, making some difficult decisions and we did make some tough decisions, including at the Mersey under opportunistic political counter-attack.

We were able to deliver that and we strengthened local leadership again, enhancing that in 2018 when we introduced legislation in this parliament to deliver more local leadership in our hospitals.

We have delivered record funding for health, \$2 billion more than in that last Labor-Greens budget. In 2013-14 it was \$5.8 billion. In 2018-19 it is \$7.6 billion. We have opened those

130 new hospital beds and they include eight new beds this year at the North West Regional Hospital with \$17.5 million over four years, 26 full-time staff, 22 beds at the Repat Hospital in 2018, \$7 million a year approximately for 50 full-time staff. We reopened Ward 4D at the LGH, 24 permanent beds opened there.

**Members** interjecting.

**Mr HODGMAN** - Yes, you know the ward very well - the one that you shut that we reopened. You talk about wards in the Royal Hobart Hospital. That empty, vacated ward will forever be known as the O'Byrne Ward.

We opened four ED beds, four surgical beds at the North West Regional Hospital in 2017, we opened 10 beds at the Roy Fagan Centre in 2017, and seven beds at New Norfolk in 2017. We secured 20 beds at the John L Grove facility in Launceston.

These are facts. We know you do not like listening to them and you and the former minister can only wish for a list this big: the things we have opened, we have developed, we have filled with staff and we will continue to do so.

**Ms O'Byrne** interjecting.

**Mr DEPUTY SPEAKER** - Order, Ms O'Byrne. You are officially warned for the second time.

**Mr HODGMAN** - It is embarrassing when we compare this track record against yours. Your sole election commitment other than your other iconic one which you have since walked away from as well was to open up our hotel beds for hospital use - I would be embarrassed too if I were you, Leader of the Opposition.

**Ms White** - I am not embarrassed. For the record, I am not embarrassed.

**Mr HODGMAN** - Record recruitment levels to support our service, 800 new frontline staff, 500 new extra nurses, 100 more doctors FTEs, 700 more allied health professionals and more paramedics in brand new crews. Since the 2018 election, this has meant more than 200 additional staff including 130 full-time equivalent nurses and 20 doctors. We have made significant investments into elective surgery and we know that demand continues to go up. There has been over \$100 million of additional funding for elective surgery procedures since 2014 and that includes almost \$25 million for elective surgery in this financial year.

In southern Tasmania much progress has been made on the Royal Hobart Hospital redevelopment. When you consider that when we came into Government five years ago, nothing at all had happened there other than there was a whole heap of different plans - many of them inadequate and which we have had to deal with - but we literally had to start the job of saving the Royal Hobart Hospital. We did take important actions to complete the building's concrete structure and all floor-slab pours. We installed the life-saving helipad on the roof - omitted wasn't it? They actually took out the helipad. And they complain to us about our redesign of an entire health system. They could not even get one hospital right when they were in government.

We installed the life-saving helipad on the roof. We progressed installation of glazing, windows, sun shades, the internal fit out, plaster and painting, floor covering, joinery installation,

major building services, infrastructure including essential energy and plant. We have installed the 66 tonne multi-place hyperbaric chamber. Correct me if I am wrong, but we are the only jurisdiction to have such a facility at our disposal.

**Mr Ferguson** - In the southern hemisphere.

**Mr HODGMAN** - In the southern hemisphere. Again, I am not sure if it was ever part of the Labor-Greens plans but it has been delivered by us. We have delivered \$5 million in new funding to the Royal Hobart Hospital in December 2018, five new FTE senior emergency department doctors, 10 new FTE resident ED doctors, additional nursing positions including nurse practitioners, allied health support, additional ancillary support to improve bed flow.

We have funded a new \$12 million hyperbaric chamber, as we have said, but also installed that much-needed helipad. They were missing from the former government's plan but we made the decision to dedicate the entire 10th floor of the new K Block tower at the Royal to create a single General Medicine and Respiratory Medicine ward and that is expected to result in reduced lengths of stay meaning people can recover and get home faster.

We have built the \$21 million Glenorchy Health Centre which I am sure Her Excellency will not mind me telling this place, she advised us that she visited recently and it is excellent.

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

## **MOTION**

### **Want of Confidence in Minister for Health - Motion Negatived**

**Resumed from above.**

[2.30 p.m.]

**Mr HODGMAN** (Premier - Franklin) - Madam Speaker, as I was saying prior to the break, the new Glenorchy Health Centre is a \$21 million investment, with 21 000 appointments completed in its first six months. That takes massive pressure off the RHH. The Kingston Health Centre has also been recently finished at a cost of \$6.5 million, which is another demonstration of the strong commitment and investment that we have had into our health infrastructure, not only to provide better health care in a local community but also to relieve pressure on our acute hospital system.

In northern Tasmania, we have delivered on long-term specialist vacancies to service the north and north-west with two full-time endocrinologists at the LGH, full-time neurologists at the LGH who work in a team. We have reinstated the Community Rapid Response Hospital in the Home Service in Launceston. We have provided additional capacity through two new surgical theatres at the LGH in 2016. We delivered \$3 million to upgrade the allied health facilities at the LGH. This was the first redevelopment of the clinics for more than 30 years. We made improvements that included: establishing a special care dental unit for the first time; a significant capital upgrade in the northern sexual health services clinic; recruiting an extra permanent doctor for the statewide service; and upgrading the patient call system at the LGH. It is a \$950 000 investment to improve health care for patients.

We have built the \$12.1 million St Helens Hospital which will be opened in May.

In the north-west, we have secured the Mersey's future with a 10-year deal, \$730 million to keep the hospital open; the largest cash transfer from any Commonwealth government to our state into our health system. We have established a safe maternity service in the north-west, modelled on expert advice to improve safety for mothers and babies. It has resulted in permanent staff and less reliance on locums. We have completed the North West Cancer Centre and funded its operations so that local people can be treated in this facility and not have to spend so much time travelling to others. We have delivered that treatment for the very first time into the north-west community. This has resulted in more than 7000 fewer trips into Launceston each year for routine radiology treatment.

We delivered a refurbished emergency department in Burnie, significant capital works to extend and upgrade. We also delivered \$720 000 to the North West Regional Hospital Pre-Admission Clinic to help patient flow and increase hospital efficiency. That sees more than 2400 patients per year. The clinic consists of five consulting rooms, three dedicated offices, a reception and waiting room. It replaces the old main entrance to the hospital and reception area. These are all regional local but statewide examples of what this Government is doing to demonstrate not only a fundamental commitment to our health system, but also an investment.

It puts the lie to any claims that we are not interested in Health, it is not a priority or we are not acting to deal with stresses, pressures and demand in the health system. We have responded by doing all of those things, which is above and beyond what happened previously. Importantly, we are assisting in better health care services for Tasmanians which is what we are here to do.

Statewide, Healthy Tasmania is a brand-new focus on preventative health. An additional \$8.6 million on top of more than \$70 million already spent across government has been put into preventative health measures. Since 2014, we have funded 43 new drug and alcohol residential rehabilitation beds around the state. This brings the total number available in Tasmania to more than 100: 17 in the north-west at Ulverstone in Serenity House; 10 in the north at Missiondale; and 16 in the south in the Salvation Army Bridge Program.

We have extended flu vaccines into pharmacies for the first time so they are more accessible to people in their local communities. We have funded Tasmania's first ever state-funded childhood flu vaccination program for six months up to five-year-olds. We delivered Tasmania's the meningococcal ACWY vaccination program in response to last year's outbreak, again responding to an emerging challenge in our health system, which we delivered as a priority. That program was very well executed and a great support and benefit to our broader community - 96 000 vaccines were distributed. It was the largest immunisation outbreak response.

The Government invested \$1.2 million for expanded BreastScreen Tasmania services, including the new second bus. The original Luna bus was refurbished and upgraded. We have rolled out 15 telehealth units statewide as part of the Telehealth Expansion Project and 65 new units with cameras and microphones have also been installed in outpatient clinical consulting rooms at the RHH, the North West, LGH, the Mersey to facilitate the introduction of telehealth as an option. In just two telehealth appointments, a patient from Smithton has avoided more than 1600 kilometres and 20 hours of travel time to get to their health professional in Hobart. A Launceston patient has avoided over 1000 kilometres and 15 hours travel in only three appointments. In 2017, the Pregnancy and Infant Loss Remembrance Day was declared by this Government. The THS has

partnered with the Australian Government and University of Tasmania to launch the new centre for Antarctic Remote Maritime medicine.

This extensive, comprehensive list of initiatives commenced under this Government is hardly demonstrative of what the Opposition claims. It is the reality of what we are doing. It is only possible because our Budget is in good shape.

With respect to mental health, we are getting on with the job of rolling out our \$104 million plan. For the first time in our state, acute child and adolescent facilities will be available in the north and the south - two new facilities with 27 more community-based mental health beds, more community support and integrated mental health. In the past five years we have seen significant advancements in mental health: a brand-new hospital in the health service; six new community-based beds at Tolosa Street; we secured mental health facilities by purchasing them; \$800 000 of additional funding each year for child and adolescent mental health services; \$11.4 million for individual mental health packages of care, \$1.8 million for early intervention and referral services, for suicide prevention, \$500 000 for grassroots mental health support and advocacy; and record support for Rural Alive & Well, which is now up to \$4 million. In 2017, we ensured the continuation of the Psychiatric Emergency Nurse service at the RHH. We have enabled recruitment for a trial of a psychiatric emergency nurse service at the LGH Hospital.

Ambulance services: we recruited 12 new paramedics in the north-west in 2016; delivered the first new ambulance crews in years for Hobart and Launceston, doubled the state's contracted search and rescue helicopter capacity on stand-by from one to two. We have invested \$10 million a year to fund the state's first ever dedicated aero-medical service and it deploys ready to go medical specialists to emergencies 24-hours a day and as we were told it would. I am advised it has saved lives in our state.

We have six new members in the Ambulance Tasmania statewide ops centre to help meet the growing demand. This comes in addition to the increase of five full-time staff members in 2017-18. We are delivering 90 new defibrillators; they are being rolled out to community groups as we speak and being welcomed into many communities. A number of groups I meet with are very grateful for this new program to get defibrillators into their communities, the first round of a \$540 000 community defib project and another 90 will be distributed later this year following an application process.

The \$1.8 million to the Latrobe ambulance upgrade has been completed and we have increased capacity from holding two ambulances to four ambulances and one non-emergency transport vehicle. We have delivered a new 24/7 paramedic service for Oatlands, and we have provided \$12 million for new stations at Burnie and also at Glenorchy. We have invested \$850 000 for capital upgrades to improve the main Launceston ambulance station.

Twelve years ago, the Royal Hobart Hospital emergency department treated, on average, 108 patients a day. In 2018 we now need a hospital to treat 222 patients a day. Admissions to Tasmania's emergency departments have jumped 21 per cent in the last three years. That is not due to Michael Ferguson or me, for that matter, or the Government, but it is a fact: in the last three years admissions to our EDs have jumped 21 per cent. In 2017 there had been a 15 per cent jump in emergency department presentations that converted to admissions. In 2017-18 there has been a 6 per cent growth in emergency surgery. There has been a 30 per cent increase in treatment being provided out of Alcohol and Drug Services between 2013-14 and 2017-18, and there has been a 35 per cent increase in mental health-related presentations to emergency departments between 2013-14 and 2017-18 from 4822 to 6508.

That is the reality of what is happening in our health system. It is not the fault of the minister, but it is the minister's job with the support of his government to deal with these challenges, and we are, as I have demonstrated already in all that I have outlined in what we are doing. Importantly, despite steady growth in these presentations to the ED, the latest dashboard shows that there was the highest number of Tasmanians leaving within four hours since 2017. The oral health waiting list is now almost 1000 lower than in May 2018. In spite of increased demand, response times have come down.

The RoGS data that was released shows the median 50th percentile emergency response times were 12.8 minutes statewide in 2017-18 and this is the lowest result for two years since 2014-15. The DHHS annual report also showed reductions in all areas of the state over the past year. It delivered a 76 per cent increase in the number of graduate nurses. There are significantly lower seclusion rates in acute mental health facilities. The rates of seven-day follow-up by community mental health following a discharge is now well over 70 per cent, whereas previously it had been below 50 per cent.

It has been a record year for breast screening - 2000 more screens per annum taking place now than in 2014. Tasmania's latest child immunisation rates are the best ever on record. The RoGS, the Report on Government Services, revealed this year that Tasmania is in the top three states nationally for each age cohort, including the best results in Australia for ages 60 to 63 months. The latest AIHW Report shows that elective surgery average waiting times in Tasmania are the lowest they have been in five years, with Tasmania having a highest per capita rate of surgery of any state or territory in Australia.

There is much more we need to do. We do not accept that this is as good as it gets, nor is it as good as Tasmanians deserve. But for members opposite to claim we are making no progress at all in health is completely and utterly rejected and repudiated by those facts. It should be acknowledged by those who have a genuine interest in the health care of patients in Tasmania and indeed the support offered to health professionals in our system.

We have acknowledged the challenges time and time again, and have responded accordingly.

In relation to the claim that we will not meet with health professionals, it is absolute rubbish. I reject that assertion and anyone who does want to meet and be part of solutions and to inform debate and discussion about better policy options are welcome any time. We will, of course, make ourselves available but proactively seek them out to do so.

**Members** interjecting.

**Madam SPEAKER** - Order.

**Mr HODGMAN** - Last week, the Australasian College of Emergency Medicine and the Minister for Health met -

**Members** interjecting.

**Mr HODGMAN** - Madam Speaker, it is a constant barrage of abuse by opposition parties.

**Madam SPEAKER** - Order, Mr O'Byrne and Leader of the Opposition.

**Mr HODGMAN** - It is disorderly and it does not deny the facts, if only they would listen. I know it would deny them the opportunity to again restate their false claims in this place but these facts are important and should at least be acknowledged.

The meeting with the ACEM: the Minister for Health met with representatives of the Royal Hobart Hospital's clinical leadership and key members of the Department of Health, including the secretary. The Minister for Health has spoken also with the AMA and registrars. The Clinical Planning Taskforce, chaired by Tasmania's Chief Medical Officer, has been tasked with coordinating the June meeting following valuable work that has been done on the Royal Hobart Hospital Masterplan. The taskforce will prepare key discussion papers, undertake data analysis and ensure that the June meeting is focused on solutions and informed by the most current, relevant and reliable data. The Government and the college both recognise that Tasmania's acute health system is under pressure in all regions but right now the most urgent priority is the Royal Hobart Hospital.

We will continue to take advice from experts informing longer-term planning and the work is about everyone at all levels within our health system taking a shared responsibility. We certainly accept ours on behalf of our patients, according to their clinical need. Our actions must be about making sure we have patients in the right bed at the right time.

The THS is putting additional overnight support in place for the emergency department and in General Medicine which will help support frontline staff to provide care. Local hospital leadership is also in discussion with the Hobart Private Hospital to improve communication and more effectively share patient load where clinically appropriate. The secretary is liaising with other local private providers to confirm what surge capacity the Government may be able to access outside of the Royal campus, and this is being incorporated into the winter health plan.

With respect to elective surgery, there are still Tasmanians who are waiting too long for care. It is exactly why we are committed to building that better health system - more staff, more beds and the latest dashboard shows that additions have stabilised even though the demand on elective surgery has continued to grow at a significant rate.

This increased rate of additions comes in spite of almost \$25 million of additional funding for elective surgery delivered this financial year and recent recognition of Tasmania doing more surgeries per capita than any other state is significant. The \$20 million in last year's budget brought our total investment in elective surgery to over \$100 million of new funding since 2014.

**Mr Bacon** - What about in the next year?

**Mr HODGMAN** - This financial year we have a target of 17 500 elective surgeries - about 2000 more than were happening in the last year of your government with the Greens. The federal government's recent \$20 million budget commitment for elective surgery will also help in our efforts and it is estimated the funding will provide around 6000 procedures and put downward pressure on the waiting lists.

Of course, we want to deal with the ongoing challenges with ramping and ambulance services. We want to do better and see more Tasmanians not waiting too long for their care. The \$125 million plan to boost ambulance services, more paramedics in regional and rural areas -

**Mr O'Byrne** - On the ramp.

**Mr HODGMAN** - That is \$125 million more than you invested and you are still complaining about it. Listen to what else we are doing. More paramedics in those rural and regional areas, the dedicated aeromedical service I have spoken about, and improved demand diversion initiatives. These are all new things we are doing to respond to the demand. There is pressure on our services, but that is why we have recruited more paramedics, opened more beds and put 800 more FTE staff into our health system since 2014.

We will continue to always look at ways to reduce overtime by employing more paramedics and increasing services. A recent RTI shows that overtime has been largely stable on a statewide basis. There are three paramedics at Wynyard, three new regional team leader branch station officers in the north-west, north and south, later in the year three at Dodges Ferry - which I hope the Leader of the Opposition welcomes - three in Bicheno, three in Deloraine and three in St Helens.

I point to our track record. It is undeniable that the Labor Party and the Greens delivered not one brick on a new development at the Royal Hobart Hospital. The hospital was in a state of disarray when we came into government. Mental health wards which Labor had designed for levels 2 and 3 had inadequate outdoor space. The helipad had been taken out. Acutely unwell psychiatric patients were sent out to outer suburbs away from the hospital. In 2011-12 there were budget cuts which saw \$500 million cut from Health and Human Services under a Labor-Greens government and that resulted in the closure of more than 100 hospital beds, wards at the Launceston General Hospital, beds at the North West, beds at the Royal, \$58 million out of the elective surgery budget, and 287 fewer nurses in nine months. These are facts. You tell us to take responsibility but when are you going to take responsibility for all you did when we were told by medical professionals, health professionals back then that it would take a decade to unravel the mess you left us. We are part of the way through that decade it was predicted we would have to deal with it.

We have done a lot and will continue to do so. As I have said, Mr Ferguson continues to consult despite what some might say, and I know there are some who would not want to believe, but Michael Ferguson as minister has hosted more than 20 public forums since 2014, the most extensive consultation on our health system, on coming to government. In the last 12 months alone Mr Ferguson has attended 180 stakeholder meetings and hospital visits, engaging with hundreds of people, expressing not only the priority that our Government has but also listening to their ideas on how we can field a better health system.

**Mr O'Byrne** - You're making the case for us.

**Mr HODGMAN** - No, we are not. We are refuting your claims.

I will say in closing that alongside Mr Ferguson, I and my ministers will continue to consult, engage and welcome constructive and sensible ideas, including those from whose track record you would not necessarily think we should, but if opposition parties can come forward with sensible ideas we would welcome them. A motion of no confidence, which the Opposition conveniently wants to debate long into the night, ain't one of them. It is not going to help. We are happy to spend our time in this place on our agenda and that is what we want to do. It is a matter for you how you spend your time and you want to spend hours and hours on a pointless no-confidence motion.

We are well aware as a government, in this parliament, and in the broader community that health is an issue, it is a challenge. We accept responsibility for it and we are getting on with the job of delivering a better health system. It is not just me who thinks this is a waste of time. You are quite happy to quote from medical professionals and those who work in our health system. I

remind members opposite of what some of them have said. Dr Nicklason and Dr Judkins say nothing will be achieved from this. It should not be supported.

**Time expired.**

[2.54 p.m.]

**Ms O'BYRNE** (Bass) - Madam Speaker, I appreciate the opportunity to speak on this want of confidence motion, which is a very serious issue. The Premier spends his time saying there are so many more important things we should be talking about and defending his minister's actions is not a priority of the Government. This would be the Premier who has presided over what I believe is our third sitting day this year? We had our first week of parliament and we only sat for two days that week.

**Mr O'Byrne** - This is the sixth day.

**Ms O'BYRNE** - Oh, it is the sixth day. The Premier is so concerned about the rest of his agenda that we are about to go into May and this parliament has barely sat because this Government is frightened of the scrutiny that this parliament holds for it. It knows that the place Mr Ferguson is challenged the most is in this place because here you cannot say, 'Marcus, will you attend to that?'. In this place he cannot ignore the concerns of the community, which he clearly does every single day. In this place he has to answer the questions asked by this side of the House, and in this place he can be held to account for his absolute failing as his role as minister.

I want to talk a bit about the Premier's contribution even though he has left the Chamber and he is not here supporting his minister. Just a little note - you should probably stay while your minister is under a want of confidence motion, but it is up to you. The Premier said he is happy to take any suggestions from members opposite about how to do things better. If that was the case he would have responded to the two letters that were written in the last maybe eight months.

**Ms White** - Six months.

**Ms O'BYRNE** - In the last six months we have written two letters suggesting ideas and wanting to be part of solutions, providing an opportunity to work together. He would have perhaps hosted the roundtable that this parliament was told would be hosted, health roundtables that this parliament endorsed. When the Premier ran away from parliament by proroguing it, I guess all those things became not important anymore - 'If I just prorogue parliament not only do I deal with the fact that I can't keep my party together and I've lost a minister and a former minister in difficult circumstances, but I also maybe don't have to deal with all those other commitments I gave to this House such as the health roundtable.'. So, pretty appalling overall.

As we are in here, Madam Speaker, there is a gentleman outside. He has been sitting outside protesting, not because he is, as the Government would always accuse, some kind of political operative, or union person, or someone who is just running a political agenda. As he says, he is an average father concerned about his daughter's health issues. His daughter apparently has significant health issues and this father believes the minister has ignored his requests for information about her case. He says he is of the opinion that the minister does not care, or is incompetent, or both.

I cannot imagine how difficult it is for that father outside, but he is not only advocating for his child. He is now wanting to ensure that other stories get raised. He has a site that people can email - [healthcrisis2019@gmail.com](mailto:healthcrisis2019@gmail.com) - because he hears stories all the time. He hears stories from other

parents, he hears stories from medical professionals and he does not feel that people are being listened to.

You may also be interested, Madam Speaker, to know that right now there is ramping in Launceston. We talk a lot about the Hobart ramping and the impact that has on our statewide service because when the hospital in Hobart is in crisis every other hospital is in crisis because we rely heavily on our tertiary system. If you cannot get into the hospital here it also means that care in other parts of the state is compromised. There are ambulances ramped in Launceston right now.

I want to talk about the impact of a want of confidence motion. The Government says this is a stunt, we saw it coming, you do this all the time. The evidence will show we do not do this all the time. We could, to be fair, because there has been enough evidence over the last five years, but we do not because it is a serious thing to have a want of confidence motion in a minister.

The implications of a want of confidence motion are that the minister would have to resign his position as minister in that portfolio. In that circumstance the government of the day would reshuffle. They would either keep the minister on the front bench in another portfolio or perhaps put the minister on the back bench for a rest for a little, as I believe has been suggested. Either way it does not stop the business of government. It does not mean we go to an election. It does not mean that the House falls apart. It means that this minister has to step down because the elected Parliament of Tasmania no longer believes that minister is capable of doing the work.

To be fair, there have been many chances given to this minister over the last five years. Time after time there are commitments from this minister about how he is going to resolve things, how he is going to act, what reports he will undertake, and what action he will take as a result of that. I do not know how many times we can keep saying to the minister, 'Sure, do another report', and have him not act because the health system cannot continue to be in this position.

What is achieved by a successful want of confidence motion is not the destruction of the government, it is not a state election; none of those things are realities. What is achieved is that a health system whose workers no longer have confidence and trust in his minister, who do not believe that for the past five years he has worked genuinely or effectively and honestly with them, who feel that he has ignored them, who feel that he has been arrogant, who feel that they have been treated badly when they have raised genuine concerns, get to start again.

It does not immediately make the health system better. Of course it does not, but it does mean that those people come to the table genuinely, clearly, fairly with someone new who can draw a line under the past five years and have genuine conversations.

At times that happens when governments change. At times it happens when ministers change. There are times when there is no other option but for a minister to step down to allow it to occur. Sometimes we have to be a little bigger than ourselves and say, 'I tried'. Perhaps the minister has tried. I do not know him very well personally but most people come to this place with a genuine desire to do the right thing. But if you are found to continually have failed to do the right thing, to continually have failed to achieve the things that you have committed to, to have continually failed to address every issue that has been raised that you have committed to address, then sometimes you have to say, 'I think I have done a good job but clearly I am no longer in a position to be able to resolve this issue because I do not have the confidence of my colleagues, the workforce or the medical community'. I believe that is the situation we are currently in.

One option is that the minister survives this want of confidence motion and commits again to another process of negotiation, another report and yet another round of actions. We have had that before. We have had that time and time again for the past five years. As we further delay, it gets worse. Medical practitioners understand that budget ups and downs mean there are implications for the health system. It can come from unexpected illnesses, unexpected major accidents. Those kinds of things can have an impact on the system but the system is also designed to step up and step down and manage those flows.

What we have now is a system where doctors have been saying that they are genuinely frightened that the damage is so bad it is now unfixable. I truly hope that is not the case. Every one of us relies on the health system for ourselves, our families and our friends. If there is a chance to put it back together, to have a genuine engagement about the future of our health system, then it would be morally inconceivable of this parliament to not take action.

If the minister does not have the self-awareness to make that decision himself, that he is not in a position now to create those relationships and build those relationships and if the Premier for whatever reason within his party structure is not in a position to give the portfolio to someone else, then it does come to the parliament to make that decision for the Government. It does not mean that the Government falls. It does not mean that there is an election. The whole world does not fall over, but we do get to start again with a genuine conversation where people come to the table in good faith and good trust. The damage at the moment is such that that is no longer the case. We know that because we have had significant reports before.

Let us go back to March 2016, when a 91-year-old waited for two days for surgery on his almost-severed fingers at the LGH. Then in that same month a woman miscarried in a chair in the Royal Hobart Hospital emergency department because there were no beds. These are not just issues we refer to that do not have significant pain for the families and the staff who are involved.

At that stage, the Health minister named up the staff. It was not his fault, it was not a system fault. He called for compliance and leadership from the staff within the state's health system because of the incidents that he labelled 'unacceptable compliance'. He indicated it was because people working in our EDs were not doing what they were supposed to do. We heard Mrs Rylah's comments about nurses and how she thinks life is pretty easy. I would have thought that a health minister would have recognised how difficult it is for staff in that environment.

The then secretary of the ANMF accused Mr Ferguson of not taking accountability and called for stronger resourcing. The AMA said:

This is, frankly, a typical reaction from a politician to try and divert attention from the fact that we don't have enough beds or staff.

The minister did not take responsibility at that point. Then we get the media report of how we are going to send Dr Alcorn in. On 24 March 2016, the ABC reported:

Health service boss ordered to spend week in Royal Hobart Hospital as Minister admits the system is 'broken'.

The Head of Tasmania's health service will spend a week at the Royal Hobart Hospital after two women had to have their miscarriages in chairs due to bed shortages.

Health Minister Michael Ferguson has ordered the move in an effort to find out why the emergency department is under so much pressure.

In March 2016, this minister said:

There is pressure in the ED, I recognise that. It has led to unacceptable circumstances and I'm going to take action.

Where is that action? Where is the report into our ED that steps out a plan for the future that the minister has undertaken, engaged and delivered that has meant our EDs can cope? The reality is that time and time again this minister calls for a report and does one of three things: he implements a part of it; ignores it; or, in some circumstances, pretends that the report does not exist.

We have had significant reports at significant cost to the Tasmanian public service around the problems in the Tasmanian health system. If these reports had been acted upon, I do not think anyone here feels we would be in the situation we are in now. What we have is a minister who has acted as though he knows better than anyone else. Sometimes, when we are trying to do our best we can convince ourselves that that is enough but sometimes we have to recognise that we are not up to the job.

The Premier mentioned a number of things in his contribution. He talked about this being a stunt. If the Premier is so out of touch with how Tasmanians are feeling that he thinks raising the crisis in our health system is a stunt, then he needs to do some self-reflection around his connection with the community and what that means. He said to call for someone's sacking is 'silly and puerile'. We would not be doing it if we did not genuinely believe that this minister was no longer up to the job. He said we had provided nothing sensible or constructive. As I have mentioned already, we wrote and asked to be part of something. We got our parliament to agree to round tables. The Health minister implements none of these things.

We have had a number of reports. In particular, we had the Deloitte report. The Premier said that one of the great things this minister did was to create the Tasmanian One Health System. What happened in that circumstance was the removal of local decision-making. The Premier talked about that as being a great thing. What he did not talk about was the work that had to be prepared to change the Tasmanian Health Service executive - which removed the chief executive - in response to the findings of that damning Deloitte investigation into the state's under-pressure health system. The Government announced it would have to legislate to remove the CEO and the nine-person council so we could actually find a way to bring decision-making back to regional hospitals. So, when the Premier says that one of the best things that they did was remove decision-making from local hospitals, he failed to say that this parliament had to create legislation to put people back into public hospitals because we know that the best decision-making happens at a local level.

We do want a connected health service; everyone wants a connected health service. Statewide clinical plans and clinician work is really important. The Deputy Premier would remember the medical conference that he and the Premier attended in late 2013 when they committed to the statewide clinical plans that Labor was implementing. They said if they were elected they would keep them. They did not reckon on Mr Ferguson though who pulled them apart immediately. I am quite sure the Deputy Premier and former shadow minister for health was not lying when he said that. He obviously was not listened to when they were elected to government.

There are a number of issues in the want of confidence motion I want to talk about. I would like to mention the issue of terminations. This parliament had to take action because this minister has done everything he can to create blockages for women accessing a legal health service in Tasmania. This minister has told untruths again and again - actually, in a want of confidence motion I can use the word 'lie'. This minister has lied to his federal colleagues, to the media and to this parliament, as time and time again he said he had a resolution to the access to terminations in Tasmania. He told his colleague Greg Hunt, who went to the national media. I am sure Greg was delighted to have such an honest relationship with the Health minister from Tasmania. Eventually this parliament had to drag this minister in and get a commitment to fund a health service.

We have wonderful media reports talking about the Hampton service that would be in operation, that was committed to and was supposed to be started last October. Then we had an announcement that there would be a bit of a delay and it would probably start maybe in November. The Hampton service is still not there. Women cannot access this service that the minister promised. Women cannot access this service easily. There is not a referral pathway that a GP can look up at any time to where services are provided, because those people who are providing them are doing so off their own goodwill in a way that does not guarantee service provision but simply because they are choosing to do it in the private sector. A referral pathway does not exist if you are a woman. If you Google now to try to work out how you are going to have a termination, you are most likely still travelling to Melbourne. Speaking to services in Victoria, they are still accepting Tasmanian women because women here cannot get the service.

Even the service that the minister said he would provide and failed to provide is not an accessible low-cost service. If you are in Smithton, it is just as expensive to get to Hobart for a service as it is to get to Melbourne. It is incredibly difficult, particularly if you already have children. The vast majority of women who have terminations are not the 17-year-old that everyone imagines. They are actually older women who already have children and should be able to make the decision about whether they want to have more children. I remind members that when we talk about blocking access to terminations, you do not prevent abortions by this kind of work. What you do is prevent safe abortions. That means that women take risks and they should not have to.

When this minister was forced to do the work on assessing termination service, he decided to fund an organisation that does not provide terminations or advice on how to access terminations. I will bet you London to a brick, Madam Speaker, that whilst we do not have the Hampton clinic and public sector access or statewide access, that group, Pregnancy and Counselling Support, got their money, but women wanting to access a termination, that has not been delivered, a truly statewide service that should be provided.

I appreciate that a public hospital may not be the place you want to go to have your termination, but if the option is doing something unsafe, the public service should be there for you. The public health system should provide that access. This minister has failed to deliver that, even though he promised this House he would do so and his media report said he would do so. The Hampton clinic that this minister said would be in operation from October last year is not in operation. Contract negotiations have failed and I do not think it was because the Hampton clinic wanted it to fail. It failed because this minister is very proud of what he has done to prevent access to terminations. This minister tried very hard, if he had to have a service, to be able to completely wipe his hands and say it was nothing to do with him. When he could not do that, he clearly acted to ensure that there is no service at all.

Whilst it is wonderful that there are some doctors providing this service, and we appreciate that, they do not publicise that because they are a bit nervous of the repercussions. I wonder who they are nervous about and who might make them frightened? If you cannot provide a health service with a genuinely public referral pathway, then you have not actually provided one. It means that women either have to be cashed up, so wealthy women, or they have to be women who are well connected. You should not have to only be able to access health services because you have those two things. Our health service should be accessible to everyone who needs it. Having a termination is an issue of need.

I wanted to talk about that first because it is a bit further down in our motion and I do not want people to think that it is not something that women in Tasmania still do not take incredibly seriously, the fact that they still cannot access that service, despite this House getting a commitment from this minister.

One of the things that has brought this to everyone's attention recently is what is quite frankly an unprecedented letter. As we know, there have been clinicians for some time calling out concerns about access block and ramping. We have had some clinicians leave because it is simply unsustainable for them to continue working in this health system. I will quote from a letter that the minister received from the emergency registrars at the Royal Hobart Hospital:

Extreme access block and ramping are having a devastating effect on our patients. We have done everything possible as individuals and a department to buffer patient impact. We are unable to meet most national emergency department KPIs (including time to analgesia, in-patient review, ambulance off-loading, antibiotics, and there have been abundant cases of direct patient injury and death resulting from access block (eg. Thursday 12/04/2019 - we can provide as many examples as desired).

System failures are also causing severe moral injury, physical exhaustion, emotional depletion and psychological trauma among our registrar group. We anticipate substantial emergency registrar sick leave in the coming months due to illness, stress and exhaustion as a direct result of continued access block and the upcoming flu season. Furthermore, many Emergency Registrars feel unable to continue working in these conditions, and some are even considering leaving the ACEM training program. Continued access block will cause the hospital to lose a generation of future FACEMs.

*We will no longer be silently complicit in sub-standard patient care and an unsafe work environment.* We cannot wait for K-block completion due to extreme numbers of near-miss and adverse events of late. What follows are achievable and practicable changes that must be enacted to minimize the continued risk to patients and staff. We submit them in good faith and require efficient implementation of our requirements within the coming month; we will consider further escalation if necessary.

If this minister has, as the Premier likes to claim, a good working relationship and ongoing conversations with his clinicians, we would not have received this letter. This letter would not be in the public domain. This letter would not have needed to be written, because if this minister was genuinely engaging on a day-to-day basis, as he should in a crisis, with clinicians and hospital

management across the state, then there would be these plans in place. They would already be in place because these conversations would have already occurred.

The fact that the registrars went to the extent of writing and releasing this letter is unheard of. It is an appalling circumstance for this minister and his Premier to claim that great relationships are going on and great work is occurring if the desperation is such that this letter is released publicly. It is a bit like the minister saying, 'We have a fantastic escalation plan at the Royal Hobart Hospital and you should not criticise it'. We do not criticise the capacity to escalate; we criticise the behaviour of the minister that allowed the crisis to occur that required a desperate response. There is a difference between that white-knuckled panicked reaction that we get from this minister and genuine planning and engagement that allows you to ensure you have the ability to deal with unusual circumstances.

The flu season is not an unusual circumstance. We know we should have a strategy. I do not think we have seen the strategy, unless I have missed it in the last couple of days. I have not seen any reporting that the minister has released on the flu strategy. He was very late in releasing it last year as well. Our hospital is already under incredible pressure and the early advent of the flu season could be its undoing, but we knew that last year. Why have we not spent all of that time building and drafting our plan to work towards management? Why are we saying we are going to be releasing it soon? I believe it was due in April so we have a day left to release it. It is nearly May and we do not have it. That work should have been done.

It is like when the minister talks about the increasing presentations and demand on our health system. That is no surprise. We have had a steady growth in demand and presentations at hospitals for quite some time and it has been happening nationally so it is something other ministers have to deal with. We had to deal with the increase in demand in government. The difference is that this minister says, 'Oh my goodness, there's such a large demand response. How could we possibly have anticipated that?'. We can anticipate it because that kind of planning is being done all around the country. We can anticipate it because we know about our ageing population. We know about the age profile of Tasmanians. We know about the increased comorbidities we are seeing in our older generation. We know those things and it is not good enough to say, 'Oh my heavens this has just happened. What are we going to do?'.

The job of the minister is to ensure that we have planned for the future, that we actually start looking at the age profile, looking at the profile of chronic illnesses, looking at the demand figures that are increasing.

We are going to have to put in place a number of things. I know that the minister has pushed off the completion of the Royal Hobart Hospital for quite some time. It is supposed to be open. It is quite clear it will not be open in mid-2019. He says that the hospital will be commissioned by the end of 2019. That remains to be seen because he has not met any of his other time frames. What is very clear is that he is not preparing for the staff required to open all of those beds. He is not preparing to open all of those beds because recruitment of health professionals is not easy, particularly in a state that is developing the reputation that we have over the last couple of years. We already have staff who are going to be the lowest paid in the country. That is a reality. It is going to become harder and harder to attract the staff that we need and this minister clearly is not planning for that.

This minister appears to be driven by how to get himself through the next media fire. How do I deal with this crisis, how do I deal with this bit of information, how do I make this go away so

that it is not a media issue? The reality is, media issue or not, what we have in our hospital system is a minister who does not have the trust and confidence of his workforce: a minister who has committed time and time again to investigate and enact reports at points of crisis and who has not done that. He expects us now to say that everything is going to be okay because the Australasian College of Emergency Medicine is having a meeting and he is going to it. Suddenly that will make everything better. It is an important meeting. It does have to happen but there is no evidence from the behaviour of this minister to indicate that he will treat the outcomes of that meeting in a way different from the way he has treated any of the meetings before, any of the reports before.

It is not about saying, 'We are going to give you another chance,' because we have given him another chance. We gave him other chances before and he has not done anything about it. This minister said in the early days of his ministerial responsibility that two ambulances ramped at a hospital was too much. What do we have now? Regularly there are 12 ambulances ramped at the Royal Hobart Hospital. We have already heard today, as we have heard before, that the ambulance service, which, if you look at the signs on ambulances right now, the staff are suggesting that the minister needs to go because they have no confidence in him. The staff are saying that they cannot work with this minister.

We already have ambulances and paramedics being rostered on to the ramp. Not only do we think that we are taking the staff and locking up those ambulances but other staff are being rostered onto the ramp as a norm at the hospital, and this is not just happening here. Ramping in the North West was almost unheard of a few years ago but they are getting ramping at the North West and there are significant ramping issues in Launceston today.

In one way, paramedics are currently treating those people who are ramped. They are treating those people who are ramped, but what about everybody else? What about everybody else who makes a phone call? What about everybody else who waits for the ambulance to arrive? We know that in many health conditions there is a very small window before help needs to arrive. This is why there are concerns about significant preventable deaths. People do die in hospital. It is an unfortunate reality - in hospitals people die. However, people should not die when those things can be prevented, when action can be taken to ensure their safety.

This minister stands condemned. He has failed our health system. If this minister will not step down the parliament has no option but to require it of him.

[3.24 p.m.]

**Mr ROCKLIFF** (Braddon - Minister for Education and Training) - Madam Speaker, I welcome the opportunity to support our Minister for Health, reject the no-confidence motion, and follow on the very good performance by the Premier, advocating very strongly and outlining the very good work of our Health minister over the course of the last five years. This is a Health minister who does listen, and as the Premier has said, there have been a number of forums around Tasmania that the Health minister has attended. I have been to a couple of those forums. The Health minister ran the forums, there were ideas presented at the forum, clear plans put forward outlining the Health minister's vision for health and what is being implemented in Tasmania. There was good engagement at those forums, not to mention our Health minister has met with 180 stakeholders as I understand it since he has been Health minister.

The Health minister is listening and that is evident. We need to continue to listen as a Government when it comes to health in Tasmania. We recognise that health is very challenging. We do not shy away from the fact that there are many challenges with respect to health. We support the Health minister in his desire to improve the health system; his actions to improve the health

system. There is no walking away from the fact that he did inherit a basket case when it comes to health. There is no denying that fact and there is a very clear difference between how this Health minister and this Government are acting on the challenges.

**Madam SPEAKER** - Excuse me, there is some very silly stuff going on here.

**Mr ROCKLIFF** - I am ignoring it, Madam Speaker.

**Madam SPEAKER** - That is very brave of you.

**Mr ROCKLIFF** - I will continue in my support for our Health minister. It is a challenging job; being a minister is a very challenging job. I was highlighting the fact that he did inherit some significant challenges when it comes to the Health portfolio. There is a clear difference as to what this Health minister is doing to address the health challenges and what the previous government did when it comes to the health challenges that confronted them. The clear difference is this: in the panicked response by the previous government they closed beds, shut down wards and sacked nurses. All the vitriol that you might like to throw at the Health minister or the Government from those opposite will not erase your record when it comes to what happened with the health system between 2010 and 2014.

There is no denying the fact, Ms Standen, that over a nine-month period, a nurse a day was sacked - almost 280 nurses over nine months were sacked. That was their response. Wards were closed, services such as hospital-in-the-home were cut. As an opposition, we advocated very strongly for its restoration. Again, this Health minister has restored hospital-in-the-home and I congratulate the minister for that.

I look forward to highlighting this Health minister's record when it comes to health and the positive contribution in addressing the health challenges, which no-one is denying. There are challenges; demand pressures in our emergency departments. There is no denying that but we are responding with more resources. We have opened hospital beds, some 130 hospital beds across the state. We are investing more funding - some \$2 billion in addition to the budget laid down between 2013 and 2014. We are spending \$2 billion more since that time. We have opened wards that were shut. The beds were taken out of the hospital wards and put in storage - completely shut and could not be used.

It is important for historical context to know exactly what confronted the minister when he became Health minister in March or April 2014. Since 2014 Tasmanians woke up to headlines such as 'Waiting list blues go on', 'Hospitals call off almost 3000 surgeries', 'Five years of pain', 'Neuro waitlist agony', 'Chaos of mum's wait for surgery'. These are the issues that confronted Tasmanians between 2010 and 2014. 'Surgery wait costing lives', 'Painful blow for patients', 'Our hospitals worst', 'Waiting pains growing', and 'Patients left in pain'.

It is worth reflecting - for those who throw rocks across the Chamber - on their record. The difference between how we conducted ourselves as an opposition and how those opposite have conducted themselves is very clear because we presented alternatives. Yes, we highlighted, as we should, the issues that confronted constituents over the course of -

**Dr Broad** - Hey fella, hold on a second. I've got a list here, 10 suggestions for your clown.

**Mr ROCKLIFF** - Madam Speaker, please.

**Madam SPEAKER** - Order, please.

**Mr ROCKLIFF** - I have listened to you in silence.

**Dr Broad** - No, you haven't. I haven't spoken yet; you haven't listened to me at all.

**Madam SPEAKER** - Excuse me - come on.

**Mr ROCKLIFF** - Collect the collective, Madam Speaker - Ms White and Ms O'Byrne. I am always prepared to listen to those who are advocating for the points they raise in opposition. We did listen to our community's concerns. We had comprehensive policies that we took to the 2014 election, which we built up between 2010 and 2014. We had a solution and alternative budgets that addressed issues when it comes to health. Elective surgery waiting lists were growing under the Labor-Greens government. We had a plan for that - more funding to reduce the waiting lists. We also committed to more transparency in health and we have delivered as well.

The best example of that is the hidden hospital waiting lists. Time and time again we requested the previous Labor-Greens government between 2010 and 2014 to be honest with the Tasmanian people and highlight the hidden waiting lists so the government could be transparent. We committed to that and have delivered on that transparency. We were bipartisan. I know the Leader of the Opposition has said that she would like bipartisanship. We are open to bipartisanship. Our record was very clear on bipartisanship.

**Members** interjecting.

**Mr ROCKLIFF** - I hear some interjections, Madam Speaker. Occasionally across the table when the Mersey hospital is raised and my views on the Mersey hospital, the fact is we offered bipartisanship for the Mersey hospital and the realignment of acute care services across the north-west coast in 2007. I supported the then health minister, Ms Giddings - and I will come to Ms Giddings in a moment when it comes to the Royal Hobart Hospital and her views there. We offered bipartisan support for that realignment of acute care services, demonstrating very clear bipartisan support. That is our record in opposition, Ms White, when it comes to the fact that you are throwing rocks across the Chamber and are at times quite vitriolic in your approach.

**Members** interjecting.

**Madam SPEAKER** - Order, the minister is speaking.

**Mr ROCKLIFF** - It is okay to highlight concerns of constituents -

**Mr O'Byrne** - Your leader had a crack at Bryan Green. What did your leader say to Bryan Green?

**Madam SPEAKER** - Mr O'Byrne, I am going to give you one warning and then you might have to go out.

**Mr ROCKLIFF** - It is all very well, as local members of parliament should do, to advocate for their constituents when it comes to their concerns with accessing health care. That is a role of a member of parliament. The role of an opposition is also to advocate for their constituents but the opposition is an alternative government and they also have the responsibility to ensure that

Tasmanians are very clear about what they would do when it comes to addressing the challenges within our health system. So far the Tasmanian community has no idea what the Opposition stands for when it comes to addressing the challenges within our health system, no idea whatsoever.

The *Advocate* editorial from September 2018 hit the spot when it comes to their reflection on the Opposition and the stunts back then when it comes to a want of confidence in our Health minister. If I recall correctly, very clearly they were critical of the state Opposition for not having an alternative and just playing politics. Government and governing are much more than politics. From the Opposition we hear a lot of politics but no solutions. We took a comprehensive plan to the 2014 election and we are delivering it. We took a comprehensive plan again to the 2018 election and we are delivering on that.

I said I would come back to the previous health minister, Ms Giddings, and the challenges she confronted and the challenge that came around the Royal Hobart Hospital. Ms Giddings has reflected on her time as health minister and her wish that she had chosen a different policy path. The indecision back then by the Labor government and the Labor-Greens government regarding the Royal Hobart Hospital rebuild had consequences. When it comes to the Royal Hobart Hospital rebuild, those opposite when in government could not lay a brick, but under this Health minister look at the progress that has happened. Look at the progress under this Health minister and the leadership of this Health minister as well.

**Mr O'Byrne** - This is the kind of stuff that is tone-deaf to the community.

**Madam SPEAKER** - Order, Mr O'Byrne.

**Mr ROCKLIFF** - We look forward to the completion of the Royal Hobart Hospital redevelopment. I commend our Health minister for the leadership he has taken through what has been a very complex project. A rebuild of the Royal Hobart Hospital as opposed to building on a greenfield site are two distinctly different projects.

The rebuilding of the Royal Hobart Hospital has been a significant challenge. This minister has stuck to his guns, demonstrated leadership and, under his leadership, the Royal Hobart Hospital redevelopment will come to fruition.

In reality, what we have today, is another stunt by the Labor Party. Hypocrisy by the Labor Party. No solutions at all on the table from the Labor Party.

The AMA has been a very strong voice for health for many years. I had strong engagement with them as shadow health minister and the Health minister engages with them as well. Not even the AMA supports the actions of the Opposition today. Many people recognise that the Labor Party's effort today is grandstanding - political stunts with no solutions to the very important challenges that confront Tasmanians on a daily basis. They recognise that for what it is.

In my electorate of Braddon, there has been significant investment in health under the Minister for Health, Mr Ferguson. It was under Mr Ferguson that the Mersey's future was secured with a 10-year, \$730 million deal, and that is welcome. It is great to see the politics are largely not there when it comes to the health system on the north-west coast because of the very good leadership of Mr Ferguson and the security of that \$730 million deal, led by the Health minister.

We have also seen the North West Coast Cancer Centre completed and its operation funded. This means that vitally important cancer treatment has been able to be delivered for the first time at

the North West Regional Hospital. Last year alone this resulted in over 7000 fewer trips into Launceston for a routine radiology treatment.

It is this minister who has delivered a refurbished emergency department in Burnie with significant capital works to expand and upgrade. I am sure the member for Braddon, Ms Dow, will highlight that very good point in her contribution.

Mr Ferguson has also delivered the \$720 000 North West Regional Hospital pre-admission clinic to help patient flow and increase efficiency at the hospital. It sees more than 50 patients per week or 2400 per year and consists of five consulting rooms, three dedicated offices and reception and waiting room.

We have also seen expansion of tele-health on this minister's watch with the rollout of 15 telehealth units statewide. That was a policy we took to the 2014 election with the focus on telehealth. I saw examples of it around the state - Deloraine back in 2013. There is no doubt that telehealth can be a very important part of our health system. This is a program that is making a real difference in people's lives in Braddon. In two telehealth appointments, a patient from Smithton avoided more than 1600 kilometres and 20 hours travel time to get to their health professional in Hobart. A total of 65 new units, cameras and microphones have been installed in outpatient and clinical consult rooms at the Royal Hobart Hospital, North West Regional Hospital, Launceston General Hospital and Mersey Community Hospital to facilitate the introduction of telehealth as an option.

Not only is our minister employing more doctors and nurses, he is also employing more paramedics. I come to the point of the realignment of acute care services across the north-west coast and the plan put forward by the previous health minister, Lara Giddings, in 2007. We did the right thing in supporting, in a bipartisan way, the realignment of acute care services. It was the right thing to do. What was absent from the government's policy at the time, though, was ambulances and the number of paramedics as well. In our policy at the time we added that to support the realignment of acute care services across the north-west coast, as oppositions should do. Be bipartisan when clearly you can see the decisions that are being made are the right ones, but also if you have ideas, bring them forward, add value to the very good policy direction.

I am always advocating for good policy. I always support good policy. There is an absence of good policy over there on the other side of the House. I suggest that if you really want the Tasmanian community to take you seriously when it comes to your solutions for health then come up with some solutions and some policies. I believe we saw about six or seven different versions of your health policy in the election campaign, Ms White. Every couple of days there was a different health policy when clearly you were trumped at the time by Mr Ferguson's very good health policy.

This is what I would suggest. If the Opposition wants to be taken seriously when it comes to health and represent their constituents and the Tasmanian community with substance then they need very clear alternatives, solutions and policies of their own. There is a complete absence of that at this present time.

We have also seen that 16 more paramedics were employed in the north-west in 2016. We have also seen a \$1.8 million upgrade of the Latrobe Ambulance Station completed and funding provided for a new station at Burnie. I am sure Ms Dow will welcome that fact in her contribution. It was this minister who is responsible for the state's first ever dedicated aero-medical service, which

rapidly deploys a ready-to-go specialist medical team to emergencies 24 hours a day. This is a service that will save lives. I commend Mr Ferguson for its introduction.

We know that demand is increasing. We do not deny that fact. We know the challenges within our health system. Twelve years ago, the Royal Hobart Hospital emergency department, on average, treated 108 patients a day. In 2018 we now see the hospital treating 222 patients a day. That is why we have rescued the Royal Hobart Hospital and developed a master plan for the site.

There has also been a 30 per cent increase in treatment being provided out of Alcohol and Drug Services in 2017-18 compared to 2013-14 and a 35 per cent increase in mental health-related presentations to emergency departments between 2013-14 and 2017-18 from 4800 to around 6500. Mental health is a very important part of our health system and everyone in our Tasmanian community has a role to play when it comes to mental health advocacy and supporting the organisations that do a tremendous job when it comes to mental health and wellbeing, and services within our community.

An example of that is the support our Government is providing for Rural Alive & Well. They are a tremendous outreach service. They provide an excellent model when it comes to mental health and wellbeing, particularly in rural and regional communities. This was clearly evidenced through some challenging times in regional Tasmania over the last number of years. Dairy prices, drought, floods and other matters have really challenged our rural community. Rural Alive & Well was there to support the community.

The latest health dashboard demonstrates that despite steady growth in the emergency department presentations, again challenging, there were the highest number of Tasmanians living within four hours since 2017. The oral health waiting list is now almost 1000 lower than in May 2018. In spite of increased demand, response times have come down. The government services data report shows that the median 50th percentile emergency response times were 12.8 minutes statewide in 2017-18. This is the lowest result for two years since 2014-15. The Department of Health and Human Services annual report shows reductions in all areas of the state over the past year.

There has been a 76 per cent increase in the number of graduate nurses. There are significantly lower seclusion rates in acute mental health facilities. The rates of seven-day follow-up by community mental health following discharge is now well over 70 per cent, whereas previously, this has been below 50 per cent. The latest Australian Institute of Health and Welfare report shows that elective surgery average waiting times in Tasmania are the lowest they have been in five years, with Tasmania having the highest per capita rate of surgery of any state or territory in Australia. This has happened under this minister's watch and I commend him for it.

Not this minister, nor the Premier, nor any person within this Government would ever dismiss any of the concerns that anyone has in Tasmania when it comes to accessing timely service within our health care system.

We want to make sure that we do our absolute best when it comes to ensuring that all Tasmanians have access to quality health services when they are needed. We have been committed since March 2014 to rebuilding our health system, which was decimated under the previous government. We are not saying that we have every single thing right and there are not challenges out there. At times, we can do better when it comes to delivering for Tasmanians. There is a stark

contrast between how this Government and this minister are addressing the challenges in health between 2014 and 2018 and those opposite in the four years they were in government.

**Time expired.**

**Dr WOODRUFF** (Franklin) - Madam Speaker, it gives me no joy to provide support on behalf of the Greens for this no confidence motion in the Minister for Health, Michael Ferguson.

I sincerely accept that the best path forward is without politics and hyperbole, looking at evidence and listening to the people with expertise in order to do the best that we can with the resources that we have at our disposal to keep people safe and healthy. However, the evidence of the past five years and the letter that was provided by the Royal Hobart Hospital's emergency department registrars to the hospital executive and through them to the minister has persuaded me that this minister is not able to appreciate and to act on in consultation with his hard-working staff. He is not able or willing to listen to the people who matter the most and have the most expertise. He is not willing, apparently, from his actions to plan and act to do the best that we can as a state to avoid preventable deaths and to keep people safe and well. He is not willing to give people the best possible experience they can have when they go into the hospital system, which is probably where anyone would be at their the most vulnerable when they are feeling sick and unwell.

It is, at the moment, one of the worst places people can find themselves in when they or a family member or friend, someone who loves a person, is sick and distressed. The conditions in the Royal Hobart Hospital and the Launceston General Hospital emergency departments mean that people are not able to be treated in a timely fashion. They are not able to be given the dignity that they deserve in that very vulnerable space where they are typically suffering.

If there was any wavering about whether we should support this no-confidence motion, those doubts would have been fully expunged by the Premier. Distressingly, he went into a football-campaigning media stunt that was all about noise and aggressive conversations about such a serious issue for Tasmanians. He repeated a shopping list of things that have been funded under the health budget over the past five years. So what? Who cares? Every Government has a shopping list of things that are done. It is the job of governments to run things and to do stuff. It happens all the time. So much of what the Premier was talking about was actually recurrent funding anyway that had been dressed up in another form to make it look as though it was new money. We have the evidence in front of us. We know that in its very first budget, the Liberals stole \$210 million from the health budget. They stole it from the part of the budget that most needed the priority area to retain that funding. We never not get it back.

I have been in parliament since August 2015. Every single budget since then that has been delivered by this Health minister, the Premier and through Estimates under scrutiny of this Health minister, has continued to serially underfund, in real terms, the annual costs of the hospital and failed to plan for what is known to be a massive tidal wave of chronic diseases and preventable diseases. That is resulting in, as the Premier has pointed out, the key driver for why there is now a near doubling of people entering the emergency department.

This is all known, basic stuff. I am an epidemiologist but pretty much anyone can understand this. The Government knew it in 2014 because they took to an election the campaign promise that by 2025 Tasmania would have the best health of any state in Australia. As I have every pointed out numerous times in parliament since then, in the last 18 months it has just dropped off the Liberal Party's web page and has essentially disappeared from any rhetoric or conversation.

It is certainly not trumpeted as a vision of this Government any longer, because my view is that it is really hard to do that. Everyone knew it was a big reach but what I managed to experience just before the minister disbanded that advisory committee group was that there was a group of expert medical professionals who worked with the Population Health Unit and others from the university and other parts of the Tasmanian Health Service to develop a plan of what needed to be done in order to get to that visionary goal of the best health in Tasmania by 2025. They delivered a report. It was always going to be a big reach. Everybody knew that, but it had a pathway. It had clear evidence-based approaches for what needed to be done. The minister simply received the report and said thanks very much, goodbye. That was it. Nothing else came of that. It just went into a black hole.

**Mr Ferguson** - That is so untrue.

**Dr WOODRUFF** - What happened, minister?

**Mr Ferguson** - I will tell you when I speak.

**Dr WOODRUFF** - Fine, that is good. What happened, and we all know this to be true, is that the Population Health Unit has been constantly underfunded. I believe they are still clinging on there because you have to have the name because there is federal government health stuff that requires things like that. Other than that, I am not even sure they would still be there.

What we need to do as a state, and what this minister has never been able to achieve, is work at the structural level. We need to work on the big levers that are driving people to become more chronically ill and end up in an ambulance, waiting for hours or days, taking up the entrance to the Royal Hobart Hospital emergency department, sitting there with risks to their health and tying up the ambulance service so that other people are not available, instead of getting timely care.

We should be investigating a sugar tax, best practice in so many countries now in the OECD and in developing countries as well. We could have had the best smoking legislation in Australia. We were almost there, but Big Tobacco obviously had a chat to the Liberal Government. That particularly effective legislation was highly supported internationally, nationally and Tasmania-wide and would have seen us drive down over time in a known fashion the rate of smoking in Tasmania, particularly amongst young people and women. These are the groups that will be there at the emergency department when they are 65 or 70 with emphysema. Unless we do something, two out of three people who smoke cigarettes will die from a disease related to smoking. That is two-thirds of every Tasmanian who picks up smoking today.

Surely, if you want to have that as your game they are the things that you look at, but this minister has not gone ahead with those very successful strategies. Of course other things are around like cycling and walking and active transport and all the sorts of things which we are going to be patching together with a piece of legislation and helping the local councils join arms to try to work on this active transport issue amongst other things. Those councils, the Heart Foundation, the cycling groups; everybody knows that we all need to get up and do more exercise and unless there is a government-led strategy this is not the sort of thing that will ever be dealt with by the market. Never. Laissez-faire Liberal economics has no place. It is not effective. It will not solve these problems. It will not help young people stop smoking, it will not help middle-aged women, like me, drink less alcohol. I am in a new age category of women who, because of working, life stress, looking after children, going into work and the domestic sphere at the same time, it is another major risk factor, the amount of alcohol that people drink.

We need support. It is not all about leaving it up to individuals. Tony Abbott used to say it is up to parents to decide what their children should put in their mouth - 'It has nothing to do with government. We don't want a nanny state. We wouldn't possibly want to tell people what to do'. Why are we happy to tell people to put on a seatbelt but we are not happy to decide not to put money into junk food advertising on kids' television, or not to put a tax on sugar, not to take out sweet drink vending machines from hospitals. It is nuts. This is really simple stuff.

There is an ideological problem. I think Ms Archer might have been pointing to the fact that I strayed rather wide but I am trying to make the case that this is a systemic approach -

**Ms Archer** - I didn't say that.

**Dr WOODRUFF** - Didn't you? My apologies.

This is a systemic approach that has been operating over years. It started when the money came out of the budget and continued every year when we did not fund the hospitals, even to the base level. There has been so much written over the years about this. I want to recognise the work of people like Martyn Goddard who has diligently kept track of this on behalf of Tasmanians. He has been doing the work because there is precious little you can get out of the Health department in real-time data. That has been another problem that has dogged this Government, and anybody else who wants to find out information about what has happened.

My point is that when the Treasurer sat there grinning triumphantly before the state election last year about the fact that Tasmania was back in the black, we know, and we can see now, why that was. It was about priorities. It was about the priorities of choosing to serially underfund the Health budget year in, year out. It was about the priorities, which were, 'This is an individual responsibility, we'll be light on this. Let's hope that the private sector steps in. Let's see what we can flog off and what we can pull back on. Let's see where we can point the finger at the federal government. Let's do as little as possible, especially dealing with the doctors, nurses and patient groups who had to set up to essentially fight for the rights of people who had suffered hard experiences and have got no comfort or solace from the response they have received from the department'.

Madam Speaker, we have been robbed. We have now had years of ramping at the emergency department on code 4. The staff distress and the crisis in the Royal Hobart Hospital emergency department is no longer just a winter crisis. It is an all-seasons crisis. We are looking at an horrendous story which is unfolding for the flu season this winter. We have already had official warnings from the public health department encouraging people - I cannot remember if it was the minister or a representative - to get a flu shot because it is going to be a terrible year. Into that space we have a letter from the emergency department registrars saying they are in terrible crisis. April is finished, tomorrow is 1 May. Where is the winter flu plan that was promised in April? It is not like we cannot predict when winter is going to happen. We know it is the same time every year. We knew when this was going to happen last year and the year before and here it is again, the promise that it will be delivered, and it has not happened.

It is clear that there might be a lot of 'listening' but the reality is that it is not in company with or truly appreciating the experiences of the staff.

I want to mention, without naming the doctor, a personal conversation I had with somebody who works in the emergency department. This person said:

All doctors and nurses understand that there is no easy answer in health. You wouldn't work in that system. You just wouldn't work in the hospital if you thought there was a magic fix.

Everyone knows that it is never going to be easy and actually when the minister came in, I went to an annual conference of the Tasmanian branch of the Australian Nursing & Midwifery Federation and I remember talking to a couple of people who said:

Health is impossibly hard. It's a poison chalice but we were ready to work with the minister. We really were ready to work with the minister.

Let us not gild the lily here: the Labor Party and the Greens do not take responsibility for the way that the health budget was managed and the way that the Health Department was managed in that last term of government, but it is clear that there is a history here. There was receptivity amongst people who were working at the coalface when Mr Ferguson and the Liberals came in that there might be a prospect of having a different approach but they were really sadly disappointed.

The point that the doctor made to me was that as a leader you cannot solve all the problems. When you are in the trenches, you cannot stop the bullets flying over the top of you and you cannot stop people charging but what you can do is be there with the people who you are leading. The point this person made is that it is about really listening and acknowledging. If the minister was able to be there and accept the reality of people's concerns and acknowledge that the working conditions were tough and to be able to recognise that what they need more than anything, as this doctor said, is an ability to control the conditions that they work within. We all do; all humans need that.

In every job and workplace, and situation in life, we find that stress levels of the human animal go through the roof when we do not get to control the environment around us. In a workplace like the emergency department, that is especially extreme - doctors and nurses, cleaners, cooking staff and all other staff - they go there and they know what it is going to be like but they do it willingly because they love their job. They have a passionate commitment to the patients but they cannot suffer any longer without having any control over how decisions get made at the basic level.

It is the minister's responsibility to really listen and understand that there is a bottleneck in the decision-making and the flow of information. The minister has to work out where it is and he has to solve it. That involves listening to people and finding out, on the ground, where the bottlenecks are and why they are happening.

They have the answers. The wonderful, extensive five-page letter to the hospital executive has 19 answers in it of what needs to be done. They are very clear; they are detailed; there is no hyperbole. They are not over-egging anything; they are not asking for a new hospital; they are not asking for all the bells and whistles. They simply have some really clear ideas.

The first thing they want is to more fairly distribute the burden of access across the entire hospital. That would immediately improve the patient outcomes. That involves allowing the emergency department medical officer in charge to escalate to Level 4, irrespective of the time of day or night. This is the key thing. Here are the people on the ground. They know exactly how many people are in what beds with what problems. They know what the block is upstairs but they do not have the authority to make that decision. It is crazy. These are basic things. There has to be a leader, a minister, who sits down and works out why that is not happening. What is the real

reason behind that? How can we move forward and make it work so that people have control over those basic things that they can develop the clear escalation strategy that they are asked for as a clear trigger for escalating to a Code 4, to an emergency situation.

I know that the Premier, Mr Ferguson, and the Leader of the Opposition, also received an email on 13 April from a woman who has been a registered nurse with nearly 10 years' experience at the Royal Hobart Hospital emergency department. She talks about the sheer stress and anxiety of not being able to move patients or adequately treat them due to time and space pressure, coupled with insipid management strategies and constant promises of change from our current Government which never eventuate, resulting in a haemorrhaging of nurses from the emergency department staff pool. She said if she had the authority she would invite the minister and the Premier to visit the department, not only for a walk through but for an actual shift length. 'Sure', she says, 'I have seen you walk through the department hurrying along past messy cubicles, smiled to by patients on the ramp. Most people have a base level of politeness, not because they think you are doing a great job, but if you came through the department these days you would have the pleasure of viewing our very own colloquially named Ferguson Wing, the front ambulance ramping corridor or the Hodgman Wing, the entire back corridor, both of which are lined with ambulance and spare hospital trolleys'. She said she felt sick and stressed when she left work yesterday. 'But I will return', she says, 'for the staff, my ED family and for the patients because you cannot rest on the goodwill of nursing, medical, allied health and auxiliary staff to continue to return day after day to an abominable working environment without an end in sight. It is up to you, to the minister and the Premier, who wield the political power, to make genuine and enduring change, including raising nursing salaries'. That is a huge topic and we all know that is an essential part of the problem here, recognising the value of people's work by paying them a proper and real wage.

Madam Speaker, how much time do I have?

**Madam SPEAKER** - Six minutes.

**Dr WOODRUFF** - What is the vision we want to have in Tasmania? In addition to things like the best health by 2025, dignity for patients when they come into hospitals, healing spaces like they have in other states in hospitals - not in large cities, but in smaller hospitals where they have healing spaces with light, magnificent gardens. We want money directed into preventative health to start to chip away at this tsunami of chronic diseases which is going to increase on a regular basis the number of people needing to come to the hospital for acute care. We cannot go there, we simply cannot afford it. We have to take action.

That is a vision of what a great health system could look like, but let us just settle for what the registrars would like. The registrars would like the basic model. They are happy for the home brand version. That would be nice. What they would like is national standard care in the time frames that are nationally prescribed. No more, no less. They do not want to be better than anywhere else. They want standard patient care. They want safe work conditions. Simple stuff. We are not talking about building special staff rooms. They want safe working conditions. They want to be in a situation where they are not so distressed that they are forced to write a five-page letter to the hospital executive to be heard.

When I presented my arguments for why we needed to deal with this urgently today I flagged that we had an amendment to this motion.

Madam Speaker, I do not have time to read out the motion but the Greens support it. I have spoken to most of it. What seems clear to me, particularly from what happened on the weekend in Canberra and the questions we asked this morning, is that we have a desperate situation. We have a Health minister who is failing to keep people safe and avoid preventable harm and illness so I will read this amendment to the motion into the House.

Madam Speaker, I move -

That the motion be amended by inserting the following new paragraph after paragraph 13:

Notes the Minister refused to send a representative to the Australian Capital Territory pill testing trial reiterating his commitment to uninformed ideology above evidence-based public health policies that have potential to save lives.

The Labor Party put in paragraph 13 to the motion of no confidence. Paragraph 13 is that that they note the minister had denied women access to legal reproductive health services in the public health system. The Greens have long believed that there is only one reason behind that decision to deny women access to their legal right to have surgical termination in a public hospital. It comes from a position of ideology. It is fine for people to have that ideological position. That is a person's right, but it is not the right of a minister to let personal views stand in the way of a woman's right to reproductive health and her right to choose what happens to her body. Women must have access to their legal rights in Tasmania. They are legally allowed to have a surgical termination. It should be in a public hospital. We should not have this pretence any longer of women needing to wait for a private provider. There are many concerns about the quality of care that could be provided by a private provider, given the very low number of surgical terminations in Tasmania.

We are seeing the same ideology operating here. To get to the core of it, this is really about continuing a particular narrative about 'tough on crime'. It is about misunderstanding the real value in providing people with education so that they can prevent themselves from dying or from becoming ill. We do this in every situation all the time. We are very sure to make sure that people look after themselves. That is the role of the health minister. The role of the health minister is to do what can be done.

Nobody wants to see children at Dark Mofo, or at a festival such as Party in the Paddock or the Falls Festival or any other festival in Tasmania, succumb to illness or death because they have taken a pill that has lethal substances in it. This is something we can do and we can do it now. The best thing about it is we would drive down the rate and consumption of those pills.

I do not understand where the blockage is. I do not understand except that it has been a long-held narrative of the Liberals and is now, with Michael Ferguson, a trenchant position on this issue. That means that Mr Ferguson is incapable of doing what he needs to do as Health minister. It appears to be something that he has adopted himself as something he speaks about on a regular basis. That is another compelling reason that we have no confidence in the minister fulfilling his duties as the Minister for Health in being able to keep people safe from the harms of contaminated drugs.

In summary, we have been robbed by the actions of this Health minister from having what was promised in 2014 - to fix the problems that they had identified in the health system. Each of the problems they identified have got worse. On top of that extra things were added. Very important

relevant visions about having the best of the best, working towards the best health in Tasmania in 2025 has been dumped. Other letters have been written in the past by other people, but the most recent letter from the registrars signal that despite the fact we have been here before, the minister is not doing what is required. This is the third year where we have had serious conversations with health professionals about how to deal with this crisis coming up to winter.

As I said at the start, it really does give me no joy to support this motion but somebody has to take responsibility. That is unfortunately the job of the minister and he is not doing his job.

The Premier, the Deputy Premier and other members will talk about the failure to provide practical solutions in this situation. The Greens have done that. We produce a fully costed alternative budget every single year. We will be jumping through the same hoops that Mr Gutwein will be dealing with - the \$500 million gap in the forward Estimates. We will do that work. We are not the Labor Party. The Labor Party chooses to do it for politics from time to time, depending on whether there is an election. We do things for principles and policies. We have a fully costed alternative budget from last year. We have made the hard decisions; we have valued the things that matter to Tasmanians the most. Everything matters but, at the end of the day, you have to choose where to put your money. You cannot please everybody all the time. We are prepared to make the hard decisions. We are prepared to be constructive about this.

In the event that this no confidence motion does not succeed we will continue to work productively and constructively with the minister and anyone else to try to find practical, achievable, cost-effective solutions to the situation of health in Tasmania.

**Ms O'BYRNE** - On indulgence, Madam Speaker, can I clarify the matter before the House? Are we now on the amendment that has been moved and not the actual motion? I do not know if you wanted to jump first but I am on my feet so I am happy to do so. Can I seek some advice? Do we intend that the House is going to deal with the amendment now and then return?

**Madam SPEAKER** - Yes, we can.

**Ms O'BYRNE** - Do you want to respond to the amendment?

**A member** - It is your motion.

**Ms O'BYRNE** - No, the amendment is not ours.

**Madam SPEAKER** - The question is that the amendment be agreed to.

[4.30 p.m.]

**Mr O'BYRNE** (Franklin) - Madam Speaker, whilst we have sympathy with the sentiment behind the amendment, it is, in our view, not consistent with the theme and the subject matter of our no-confidence motion in the minister. We are talking about our primary health and the state of the Tasmanian health system. Whilst we have sympathy with the concept and the debate around the matter that has been raised by the member for the Greens, we do not believe it is appropriate to conflate those issues in this matter of the handling of the health system by the state Health minister, so we will not support the amendment.

**Madam SPEAKER** - I will put the question. The Noes have it.

**Dr WOODRUFF** - Madam Speaker, I call for a division.

**Madam SPEAKER** - The Clerk advises me that we are only going to have one possibility of a No, so we do not divide.

**Dr WOODRUFF** - Madam Speaker, I would like to have the position on the amendment recorded.

**Madam SPEAKER** - The Clerk advises me that your position has been recorded on *Hansard* and we do not need to go to a division.

**Dr WOODRUFF** - Thank you, Madam Speaker. For clarification, is it that we do not need to go to a division, or we are not able to go to a division?

**Madam SPEAKER** - The standing orders prescribe the situation when there is only one person voting. Translated, that means that we cannot go to a division.

**Dr WOODRUFF** - Thank you.

**Amendment negatived.**

**Madam SPEAKER** - We are now back on the substantive motion.

[4.32 p.m.]

**Mr FERGUSON** (Bass - Minister for Health) - Madam Speaker, I am always happy to talk about the health system and the Government's focus, dedication and commitment, and more than happy to account for myself as a person who has committed his life over these last five years to give Tasmanians what they deserve - a better health system, better access to healthcare, timelier access to healthcare and better quality services.

I am not sure who else would be able to say they have done and worked as hard as I have in this role. I do not say that to be boastful but to put on the record that I utterly refute the appalling character assessment which is couched entirely in dishonesty that has been put across this House by the Leader of the Opposition, the Labor Party and now the Greens.

Tasmanians understand fully that the Health portfolio is a challenging and difficult one, even at the best of times. I put forward myself as a humble person, someone who knows he is not perfect, and I would not take long to think of a few mistakes that I have made in this role in the last five years, but one thing I attempt to humbly put forward is that I am not going to wear all the lies that have been put forward by the Leader of the Opposition, Rebecca White. I am just not going to take it. I am going to tell her and the House some facts on this matter and I will clean up the record that has been put down by the Labor Party.

**Ms WHITE** - Point of order, Madam Speaker. I draw your attention to the use of the word 'lies' and ask that the minister withdraw that.

**Mr FERGUSON** - We are allowed to in a no-confidence motion. Your own deputy did and I did not oppose that. I will continue and -

**Madam SPEAKER** - I have not made a ruling yet.

**Mr FERGUSON** - Will I be listened to with quietness and respect?

**Madam SPEAKER** - Apparently we are at the stage where we cannot use the word 'liars', but 'lies' is okay.

**Ms White** - 'Lies' is okay now?

**Madam SPEAKER** - It has been accepted. Referring to a member as a liar is unparliamentary but referring to lies in general has been accepted in context.

**Ms O'BYRNE** - Can I ask for clarification, Madam Speaker? I am under the impression that in previous rulings where we have had a debate during a want of confidence motion - and it may be that they were particularly when Premier Hodgman's ministers had deliberately misled the House - that 'lie' was okay in the context of those wants of confidence motions. But you are saying that it is not in the context of this debate. We were able to use it during the Groom debate.

**Madam SPEAKER** - It appears to be a substantial grey area. We have an acceptance that we do not call each other liars, or that someone else is lying, but we may refer to lies that have been told.

**Mr FERGUSON** - Madam Speaker, now that the Labor Party has taken three minutes of my time from me I would like to continue. I make the point that each and every one of their speakers so far has been listened to in relative silence. Every one of our speakers so far has been howled down repeatedly. I will attempt now to use my time to outline to the House how the Leader of the Opposition and her Labor friends have been consistently misleading members of this House, every member of the Tasmanian community who is showing an interest in the concerns that are being raised, legitimate concerns I might hasten to add, but the way that they are being put forward are fundamentally dishonest.

I am a member of a government that assumes collective responsibility. We are a proper Cabinet government. We make decisions as a team and we back each other in implementing those decisions. I add to that my sense of personal responsibility to be truthful, to do my best possible work, to work hard for Tasmanians, and to be willing to reassess and contemplate again how we can do better, even being prepared to revisit our policies and improve them. That is exactly what our track record has been over five years. People opposite want to say 'half a decade'. That is because they want it make it sound like a lifetime.

The reason I personally am in this job is because this gentleman over here has asked me to do it and I am committed to the success of this Government and will do anything that our Premier asks me to do in the service of our state. In this case it means that I am serving as the Health minister. I am very grateful for that job. It is a hard job but I enjoy it and I believe we are getting some great results. I know that with the stresses and pressures and demand we are seeing in our emergency departments, particularly in the south but indeed across the state, let us call it for what it is. I do not want to contemplate what things would be like for our valued staff had we not put in place those 130 additional beds, had we not reversed the cuts, had we not reopened ward 4D, had we not reopened those four beds in the emergency department that the O'Byrnes shut down, had we not restored hospital-in-the-home, and had we not put on additional metro crews in every region for paramedics.

I also cannot help but think what kind of services we would be able to be providing today if the Royal Hobart Hospital redevelopment had been finished in its original time frame. We would have been in it two or three years ago. The fact is a project of that scale takes years to build and

when this Government came to office not a single brick had been laid for that project. Indeed, even the block of land had not been prepared. At the site of B Block the building itself was still there and we know from the expert report that it was doubtful that the project could have gone forward at all, such was the turmoil of that project.

**Ms White** - That is not true.

**Mr FERGUSON** - It is true and I commend the report to you, Ms White, as you again call out another mistruth.

I would also say that Dr Frank Nicklason warned, back in the days when the Labor-Greens government took \$500 million, half a billion dollars, out of the health system, out of the Health portfolio, not during the GFC - the GFC was in 2008 and this was in 2011-12 -

**Mr O'Byrne** - You are kidding.

**Mr FERGUSON** - I am not kidding. That was your excuse. You went to the 2010 election promising more money for Health and you took the money out of Health.

**Members** interjecting.

**Madam SPEAKER** - Order

**Mr FERGUSON** - Your GFC line falls. The GFC was in 2008. You went to the 2010 election promising hundreds of millions of dollars more for Health and you took \$500 million out. At that time Dr Nicklason warned that the consequences for such brutal cuts to inpatient acute beds, to elective surgery volumes, to mental health, would probably ricochet around the system and have 10 years of consequences. That is what he said.

This is my second time of responding to a motion of this kind from the Labor Party. They moved one of these last year. Straight after last year's election, which they did not win because Tasmanians did not vote for their health or other policies, as the Government was getting back to business, Labor immediately moved into this toxic language around personality politics. The number of Tasmanians they have helped with this, frankly, let us call it the very personal approach that has been taken by Ms White, is zero. That is the number of people you have helped, zero. This is a political strategy and we all know the bill that the Labor Party do not want to debate today. We all know what bill it is that they do not want to debate today.

**Ms White** - Bring it on. We will be here all night to talk about it.

**Mr FERGUSON** - I hear you but I do not believe you. You have deliberately acted in a way to prevent it.

**Members** interjecting.

**Mr FERGUSON** - I have listened to you and I would like to be heard.

**Madam SPEAKER** - Order.

**Mr FERGUSON** - In a situation where five years ago we inherited a basket case, the advice was consistent and clear, capped off by the report by the Commission on Delivery of Health Services in Tasmania. The system was broken. That was the word I used at the time. I used it for quite some period of time, hopefully to make a case for change. It was not just about more beds. It was not just about more doctors, more nurses. It was not even about more services. It was about equality of access. It was about the quality of those services and it was about the timeliness of those services. The Labor Party was quite happy to sit back and let this Government sort through, wade through, work through the appalling quagmire mess we had been left. I had clinicians saying to me, and they did not do it publicly, and probably about right, 'Michael, I am sorry to tell you in this case I can tell I am not offering a safe service'. I took that back to my colleagues. We were sitting on a real challenge.

**Mr O'Byrne** - You are saying it is the worst ever now.

**Mr FERGUSON** - No, because they had been totally ignored before. I had clinicians saying to me, 'I am so worried because this service is not safe', because they had been ignored. There was a case for change.

**Mr O'Byrne** - You are right. They are being ignored.

**Mr FERGUSON** - I know that the truth hurts. The case for change was that we had to change our service delivery model. Lara Giddings had had a go. David Llewellyn had had a go. Michelle O'Byrne did not have a go. Particularly on the north-west coast I was confronted with concerning news from senior clinicians and to their great credit, they raised it properly with us and called for us to lead.

We then took the most extensive conversation that has ever been conducted in health in this state to the people. We did not just do it in Cabinet. We did not just do it in our party room. We did not even just try to push it through parliament. We hit the road. We explained the challenges to the Tasmanian community. I was cat-called in the Devonport Town Hall. I was shouted down. I had clinicians shouted down. I had to defend them. They were being mocked and jeered from the audience. You were there.

**Ms O'Byrne** - What are you talking about?

**Mr FERGUSON** - I did not say you jeered but you were there. You know what I am talking about. They were being treated appallingly. I had senior midwives and an obstetrician being mocked by the audience. The tension was palpable because people were concerned for the future of their health services.

By the way, I do not blame a person for wanting to advocate to retain the services they have been accustomed to. When you are in leadership you cannot sit on that information and try to find a way to get through the day. You have to make the case for change, which we did. We spent extensive time with the mayors and nearly all of them got on board, not all. We went to the people, we slowed the process down to make sure people did not feel that we were rushing.

**Ms White** - That is right.

**Mr FERGUSON** - We did an exposure draft. We got mocked for that as well, for slowing it down, by the one who interjects. We slowed it down so that people would not feel that we were

rushing. We did not just do a white paper. We did a draft of it first so people could have a look at it. We even modified a bit on that to respond to the feedback. We gave people the difficult news that we felt strongly on the advice that we had to stop doing some services in some locations and the north-west was the most difficult. There are people in this Chamber who remember that time very well.

We put in extra funding. We made the service changes. Before I get to that, the Labor Party to their credit supported our white paper. To its credit, I am certain the Greens did as well. The Labor Party supported it but every time we went to implement one of those changes, the Labor Party went toxic again. Every time. Whether it was maternity services - they went toxic at it on the Mersey, and gave people to understand that, no, this is not a good change. The rehabilitation service at Burnie and Devonport - again, we hear these ripples running through the community where the Labor Party try to say, 'Oh no, what is this terrible thing the Government is doing?' It was clinically evidenced, it was expert advice and it was universally supported by the clinical community. The only things that we did recognise that we had to iron out were a few industrial issues, and that is fair enough.

This points to the political strategy that has become known as 'Mediscare' that Labor is now so famous for. It is a bit hard not to notice that there is a Legislative Council election this Saturday. Of course, it is a bit hard not to notice that in terms of the Labor Party's behaviour today. When the Labor Party says it will support good policy, their members usually do not turn up when you need them. The same was true on Rethink which made a very clear commitment to providing more care in the community and less of a focus, while needed, on in-patient acute services in hospitals. But where has the Labor Party been on that? Well, we have heard that all day.

While we try to shape the system to provide more care to people where they need it, which includes hospital, step-down facilities and their home, we are still seeing the Labor Party, which told Tasmanians that they supported our Rethink Strategy, are actually not there when you need them.

The same goes for our paramedics. We promised \$125 million investment into Ambulance Tasmania, capital and more paramedics - 42 more paramedics in regional areas. The Labor Party is out there saying, 'No this is not the right way to go at all'.

It is not me who decides mental health in the Royal Hobart Hospital, it is the Government.

**Ms White** - Are you not the minister?

**Mr FERGUSON** - Do not be like that. It is not me who writes the advice. We have to be open to the advice and that is exactly what we have done. Yet again we get mocked it for it by the Labor Party.

It was Professor Lawler and his team through the Clinical Planning Taskforce who told us what the best model was for the Royal, that mental health really should go into K Block. That is the best and safest model for our mental health consumers and their families but I still have the Labor Party opposing that.

**Mr Bacon** - You never apologised for cutting those beds.

**Mr FERGUSON** - There you go again. Mr Bacon, you have been on at this very consistently. It is the one thing you are consistent on.

**Mr Bacon** - Yes, and all I want is an apology.

**Mr FERGUSON** - I have told you already, many times, both Liberal and Labor governments have reduced in-patient acute care beds at the Royal Hobart Hospital for psychiatry.

**Mr Bacon** - That's right, so why won't you apologise?

**Mr FERGUSON** - I have also informed you that, unlike the government you were part of, we have rebuilt beds. We have committed to funding 27 more. We have provided eight already and it will scale up to 12, but you never seem happy with that. Such are your 'Mediscare' tactics that are born and bred for you now.

**Mr Bacon** - The coroner said -

**Madam SPEAKER** - Order, Mr Bacon.

**Mr FERGUSON** - The Royal Hobart Hospital Redevelopment Taskforce was also very clear and I wish it was the case that the previous government had actually done their job properly and we would have been in that building two or three years ago.

Briefly as well, we have made massive achievements. Time simply will not permit somebody to be able to go through the catalogue of mistruths that have been stated by members opposite, many of which are in the very wording of the motion itself which I have to express, not that I am surprised but I am disappointed with the Greens that they are prepared to fall for this. At best, each line of this motion is only half-true.

The Government has done things that are not just recurrent that would have somehow magically and automatically happened. It is hard work getting that redevelopment back on track. It is hard work opening those extra 130 hospital beds, many of which had previously been closed. It is hard work to reinstate the Hospital-in-the-Home program which we have done in Launceston which restores the one that was axed by the previous government and previous minister. It is hard work extending that into the north-west and into the south. It was hard work getting the John L Grove service sustainable and permanently supported. Not many people on the other side would perhaps know what it is like to be on a budget committee. It is hard work arguing on merit for new initiatives and it was hard work getting the Commonwealth government to stump up two more years of that funding which, to their credit, the Liberal Coalition federal government did. That was hard work.

I will not even try to outline how hard it was in terms of the work effort required, not just by me but by our team, to get the long-term deal for the Mersey. That was a massive deal, the largest ever transfer between the governments, federal and Tasmanian, in the state's history, and that \$730 million deal has put the Mersey permanently back home where it belongs.

It is hard work employing extra nurses, 500 more. You hear the suggestions to the contrary. I heard language about everybody is leaving. We have 500 more. We have 130 more doctors, not less. We have 70 more extra allied health professionals and paramedics - my goodness, they do a good job. They do a great job and we support them. We have put on 70 more since we were elected. The negative character assessments, which frankly is toxic, personal and un-Tasmanian that I hear from members opposite, only does one thing. It does not help any Tasmanians and is an attempt to poison the well. It is unfortunate because we are backing them in with more support, particularly in our rural areas where far too many paramedics are doing it more or less on their own. We are

giving them back-up with those extra paramedics that we have now outlined, again on the advice of the experts who have advised government about where and in what timeframe they should be provided. The Premier has already talked about the 76 per cent increase we have adopted in the number of graduate nurses. That is hard work. The Premier has talked about the extra 2000 elective surgeries that are happening compared to Labor per year.

I will talk for a moment on the extra support that we are providing to the Royal Hobart Hospital emergency department. I need to clarify that the registrars did not write to me. Some people have been saying they did. The registrars, quite professionally, wrote to their senior management and I believe that is appropriate and say good on them. I have told them that myself. What it shows is that they are concerned. Whose fault is it? It is no-one's fault that we are seeing 21 per cent more admissions. I know that members opposite want a villain for this challenge. They want to play the blame game, but this morning I made the point in questions when I said the reason that we are struggling is not because of anybody's liability or fault or even occasionally you hear people saying people are coming to the hospital who should be at the GP. I do not say that.

**Ms Butler** - How can you create a policy if you don't understand the reason behind something?

**Mr FERGUSON** - If you would just listen for a second, I would say the problem is that the hospital is too small. That is the problem. As the Premier has made very clear, we are trying to treat today's demand in yesterday's hospital. I wish the Royal redevelopment had been finished in its original time frame.

**Mr O'Byrne** - They're saying now there are things you could do. It's a straw-man argument.

**Mr FERGUSON** - I know that this is uncomfortable for you. That is why you are interrupting all the time.

**Mr O'Byrne** - No, not at all. It is uncomfortable to listen to this.

**Mr FERGUSON** - You have been listened to and I feel you ought to be able to listen to the response.

The fact is we are trying to meet today's demand in yesterday's hospitals. While we are now in the final stages of the Royal Hobart Hospital redevelopment, it is an unfortunate fact of life that we were not it three years ago within its original time frame. Have a look at yourselves over there as to why that is the case. We have to be realistic about what we are dealing with. That hospital redevelopment is the breathing space, the additional capacity, that we can all agree is needed. Why do you have to continue to play this blame game?

I also point out that the \$5 million extra the Government has provided to the Royal Hobart Hospital executive in December last year was about providing more support to the very people who even today are saying we need more. I am receptive to that. We are not closed to that. The suggestion which has been riddled throughout the debate so far today that the Government or I personally do not listen is fundamentally false. We have never stopped listening. In fact I can say that we are very good at listening to the clinical community and their concerns and responding to them as best we can.

It is the case that the Australasian College of Emergency Medicine approached me and asked about a summit, a solutions meeting, and I was more than happy to do it. In the heat and in the recognition that the registrars were calling for more immediate solutions, we brought it forward and

are very happy to be accountable for that. In the meantime, we met last Friday and there are solutions underway. The Premier has already announced one of them. There is more to say, but we are already responding.

As to one of the suggestions made in the letter that has been repeated by Dr Woodruff, in a follow-up meeting, the executive was able to explain to the group of registrars that that is not actually the case. In another example, we are specifically saying yes, we are going to do that. There are good, qualified people who are working through those lists of suggested actions and we are responding. The suggestion, which is so easy and lazy to make by members opposite that somehow it is more hot air, is fundamentally false. We are a government that cares and listens. We are a government that by our track record can prove that we are prepared to respond to increased demand.

**Dr Woodruff** - Minister, why haven't you released the flu plan?

**Mr FERGUSON** - That is another lie, not from you but you have asked the question. Another lie that has been uttered is that the flu plan is due today. If you would care to take a look at what we have published in our forward program, you will know that we said that the winter flu plan will be released in the April-June quarter. Why do we have to continue to hear these mistruths? It has been written by experts, people who actually know what they are on about, unlike you, qualified people who tell us what we should do. That is exactly what we are doing. If you are calling on me to artificially rush it, you would be asking me to make a big mistake, instead of alleging things that are not true.

We have also delivered an extra \$105 million for Health this financial year. The only reason the Premier and the Treasurer could have allowed that to occur is because we have the Budget in good shape. If that were not possible, we would not have been able to provide that level of support.

**Ms White** - It was chronically underfunded in the first place. We had to put it back.

**Mr FERGUSON** - You should be very pleased. For goodness sake, we should be able to agree on some things. Everybody should be thrilled that the Government not has commissioned the master plan for the Royal and we have a sense of clinical consensus on what is the best model forward. I am pleased with that, and we have announced that next month's Budget will provide full funding for stage 2 of the Royal redevelopment. Our priority continues to be stage 1 but stage 2 is locked in and people can be confident about that. One of the specific measures in that is a larger ED that Dr Ruigrok only last week was saying we really need.

We committed at the election \$757 million in extra funding to the Health budget over six years from 2018. It is a lot more money than the Labor Party promised at the election. We have committed it, described it, and talked about how it will be used. I know it is awkward for you. We have talked about where the extra beds will be and said when the extra beds will be funded. We have a lot of work yet to do and we are absolutely committed to it. We are not going to wear the false claims that are being made by members opposite that the Government does not care, that I do not care. We do. It is the case that if we did not care we would not have had these significant investments being made, which overshadow any promises that have been made by the Labor Party.

Madam Speaker, there has been way too much focus on personalities. It is not the Opposition's decision who gets to be minister of any particular portfolio. You did not get that privilege. The Tasmanian people did not vote for you. The only person is the Premier, to the advice of the Governor. Everybody, when they are asked to do a job, should say yes. Interestingly, when people

whose opinion really matters to me have been asked the question about a no-confidence motion, this is what they have had to say:

Professor John Burgess, President of AMA Tasmania said only yesterday:

Changing Tasmania's health minister is not going to change the realities of increasing demand and increasing costs.

Rather than concentrating on failures in the system, we are more interested in trying to work with the minister and management to find solutions.

I endorse that.

Dr Frank Nicklason, who never hesitates to be a critic if he feels strongly about something, said that he was pleased Mr Ferguson recognised the concerns raised by registrars.

It shows he's taken on board the concerns that have been reasonably expressed by the registrars.

I endorse that statement.

By the way, I have enjoyed working with Dr Nicklason. It was his idea to redevelop the Repatriation Centre. It is working. Good on him.

Dr Simon Judkins from the Australasian College of Emergency Medicine said, when asked again:

We need to agree on a strategy and we don't need it to be flip-flopping between one minister and another ... We need to agree on what it is and we need to implement the change.

The honourable Rosemary Armitage who never hesitates to point out any government's failings in health and with whom I have had a good working relationship - we have done some great stuff at the LGH - said that talking about whether we change the health ministers is political.

We will continue the effort. I will continue to modestly and humbly put myself forward, to put my best efforts into this job. I am grateful for the work. I thank the Premier and my colleagues for the amazing support I get in this job through the good and the difficult times.

This motion - we have been here before, last October - and it was political then. We are going through it again now because it is in the week of an election. You have to make friends with Bill Shorten in the federal election campaign. This is political. You are not into it.

I would rather you and I put our effort into being constructive and not throwing rocks.

[5.03 p.m.]

**Mr O'BYRNE** (Franklin) - Madam Speaker, I thank the House for the opportunity to speak on this matter of no confidence.

The problem is that we have a government that is tone deaf in a contribution by the Premier, the Deputy Premier and the member that just resumed his seat, the Health minister. No doubt the speaking notes that have been given to the other members of the Liberal Party are tone deaf to the issues that Tasmanians are confronting today. We are giving voice to the views of people who have suffered at the hands of the mismanaged health system. We are giving voice to the employees of the state government that deliver these services and time and time again have been crying out for help, action and a change of approach.

The Health minister is very good at giving earnest, partially plausible defences of his incompetence, and of his approach to managing the health portfolio. He is very good at giving earnest, caring speeches and attempting to rise to the high ground to try to deflect the criticism that we are echoing - we are not driving - from the Tasmanian community.

The problem is that it has been five years. I was not around in the last term of government. If you had had six months, 12 months, 18 months, those arguments may have carried some weight with the Tasmanian community. But they do not carry weight anymore. You cannot keep going to the I-am-doing-my-best argument. You cannot keep having another dip at that well; that well is dry.

**Mr Ferguson** - It is the truth.

**Mr O'BYRNE** - It is not good enough, that is the point. It is the truth but it is not good enough.

By moving this motion, we are trying to break the cycle of crisis; humble, earnest apology; I will do better. Obviously, there is a whole range of things the minister should apologise for. The cycle of the earnest, calm considered response, the attempt at the veneer of 'We've got this; we're in control. We can resolve this matter,' needs to be broken. It is not good enough for the minister to get up and say - we are not walking away from the fact that Health is a complex and very difficult portfolio.

**Mr Ferguson** - I think you are.

**Mr O'BYRNE** - We have never walked away from that.

**Mr Ferguson** - I think you did. You slashed it.

**Mr O'BYRNE** - You slashed \$200 million in your first budget so do not take this pious, holier-than-thou approach to this matter.

We acknowledge and everyone acknowledges that Health is a particularly complex portfolio. There are no silver bullets; there are no easy answers. In reflecting on the minister's contribution, it does take hard work. We are at this point because of the crescendo of complaints; example after example, not just budget cycle to budget cycle but year in, year out, month in, month out, week in, week out, day in, day out. We are hearing complaints from people who are interacting with the current health system and it is failing them on so many levels. We are not running a political stunt.

The member who just resumed his seat claimed that we are playing politics because there is a federal election on, because there is a Legislative Council election on.

**Mr Ferguson** - Not true.

**Mr O'BYRNE** - That is the pot calling the kettle black. You have argued that this is purely politics and the only reason we are moving a no-confidence motion is because we do not want to deal with other matters that are on the Order of Business, that is the matter of mandatory sentencing and our position on that.

On Sunday we said very clearly that due to the crescendo of complaints from people who have been the victims of a health system in crisis, Tasmanians who have suffered, the evidence and complaints and the examples from health professionals, uphill and down dale, across the state - not just at the RHH - is why we are moving a no confidence motion in the minister.

All of a sudden, we find out on Monday that that they have played the law and order card. It is what that side of the House does whenever they are under the pump. They play that card to try scare to people. If you say this is so urgent, why has it sat on the books for so long? Why did you not bring it on before Christmas last year? Christmas is a time where surely law and order matters.

We made it very clear on Sunday that we were going to move a motion of no confidence in the Minister for Health as a result of the crescendo of complaints from the broader section of the community. What do they do on Monday? They play the law and order card. They roll out this legislation and create an environment that we need to urgently debate this matter because it is so important; think of the kids. It has sat on the table for a year, so do not even pretend to say that you genuinely think this is an urgent priority of the House. You have only brought it out when you were under the pump. People can see right through that.

**Ms Archer** - You should have a look at the agenda for law and order. You are ill-informed.

**Mr O'BYRNE** - Now, by interjection they are saying that we are ill informed. So, it has not been on the table. It has not been on the books? Why did you not bring it on earlier this year? Why didn't you bring it on first week of parliament? That is right. You prorogued it for a week because you did not have the numbers. The Hodgman minority Government did not have the numbers. You ran away from it. Why didn't you raise it then by interjection, Attorney-General? Why didn't you bring this on the books on the first day of the parliamentary year this year?

**Ms Archer** - There is heaps -

**Mr DEPUTY SPEAKER** - Order.

**Mr O'BYRNE** - There is heaps. There is a bit going on, but apparently when your Health minister is under the pump, that is when you roll it out because there is heaps going on, but we are under the pump here because every front page of every newspaper, editorial after editorial, example after example, we see victims. Those Tasmanians who deserve a better health service than the one the current Government is giving them, complain. You have a break out in staff. You need to understand, walk in the shoes of health professionals, employees of the state.

We know that this is a Government that makes it clear it does not take criticism well. It has a massive glass jaw on this. We have heard time and again from staff that - 'Do not go public because the Government does not like it. The minister does not like it'. The Government does not like criticism from their staff and therefore that comes at a risk. The risk is to their job, to their career. That is the truth. When staff finally take that courageous step to go public to criticise the fundamental delivery of health services and the impacts on their role, you know things are bad.

The thought behind this motion are to do two things: one, to give voice to those Tasmanians who are not only sending us emails, sending us Facebook messages, coming and seeing us, knocking on the doors and telling us their stories. We know you guys are getting them as well. We know the Government is getting these emails and complaints as well. It is for us to give voice to those people, to the staff. On behalf of the staff to argue and to say this needs to change. Also, it is about creating a circuit breaker. Over five long years the cycle of crisis, I need to do better, we care, it is very difficult. Crisis five years.

Then, minister, as you leave the Chamber, as you walk away, why do we have health professionals saying they have never seen it so bad? Why do we have health professionals saying this is like a war zone? Why do we have senior health professionals leaving the service because they are at breaking point, and the turnover of staff? Whilst the minister is very good at getting up and spouting numbers around positions funded and roles funded, the nature of the turnover of the staff, the stress and the heartache on those staff, the people leaving the service, is horrific.

The minister says this is purely a political stunt. We know the consequences of political stunts. If we were moving this motion in the absence of all the matters in the public domain, we would be harshly criticised by all and sundry and that would come at a consequence to us. We do not seek to take up this parliament's time with such matters without due cause. We understand the consequences of pulling political stunts. I must admit, in my time in government watching the Government when they were in opposition, some of the stunts they pulled were farcical. We understand the consequences of pulling political stunts. This is not a stunt. We are doing this on behalf of those people in Tasmania who deserve a better health service.

**Ms Archer** - Stop filibustering. You do not need to be going all day, all night, over and over.

**Mr O'BYRNE** - Stop filibustering - so, the matters of health -

**Ms Archer** - You are trying to avoid getting to what is on the agenda. That is what this is about.

**Mr O'BYRNE** - By interjection the Attorney-General has said that this is a filibuster. So, the matter of no confidence in the Health minister and the nature of the crisis that the health system is in, the experiences of individuals who experience it - and therein lies the tone-deaf nature of this Government. Those health workers and those people who have suffered at the hands of this Health minister and your Government will read these comments, will read the tone-deaf responses from the Premier, the Deputy Premier and no doubt across the frontbench over the next few hours. The tone-deaf response. They do not want to hear about it. Who was it who said that six months ago was a long time ago? Was it the Premier at one stage, it was a meeting, he could not remember a meeting six months ago but you are very good at coming up - and look the Labor Party has acknowledged, the Labor Party has taken on the chin the decision of the people in the 2014 election in terms of our time in government. We have absolutely taken that on the chin and we have learnt.

We are now talking about 2019 and the current state of the Health department. When you go on about that kind of history and that kind of context it sends the message to those people inside the emergency department, those who have been waiting there for days, those people who want to get into the department through the Ferguson Wing, off the ramps, out of the ambulances.

**Mr Ferguson** - You are not being political?

**Mr O'BYRNE** - This is politics, mate. We are politicians. We are talking about matters of significance. Politics is delivery of an efficient health service that looks after people and it says to Tasmanians if you get sick we will look after you, that we will not have every ambulance in the south ramped at the Royal Hobart Hospital. You have ambulances doing blockies waiting for a time just to get on to the bleeding ramp. You have Ambulance Tasmania rostering people to manage the ramping. You said that more than two ambulances being ramped is unacceptable: by your own standards, minister, walk by your own standards.

**Mr Ferguson** - You cut 108 police.

**Mr O'BYRNE** - Sorry, do not be political please. I will tell you what - the crime rates in Launceston are going very well. By your own standards. This is the thing about you. You get up, you say all the right things, you have a veneer of a defence, you cobble together a whole range of half truths to say that you are the one for the job, but by your own standard over the last five years, by what you expect, you have failed even yourself. We know the Premier will not sack you because there is no-one else over there who wants to do the job.

The politics that you play. It sends the message to those people working probably double shifts, working their absolute guts out in the emergency department and in the wards and in the health service, they hear your words today and this tone-deaf response to this matter of such importance. Imagine, walk in their shoes, minister. In your contribution you said how hard you had worked to do stuff -

**Mr Ferguson** - We all work hard.

**Mr O'BYRNE** - Minister, with the greatest respect.

**Mr Ferguson** - No, I do not think so. Read the motion.

**Mr O'BYRNE** - With the greatest respect there is a cycle that you have engaged in. There is a cycle of crisis and a report. You claim that you want to be open to ideas and you want to take on all the other suggestions, but there is a number of reports which first of all you denied existed and then you refused to release. There is a whole range of reports that if you were that consistent with your argument principles up there on your feet earlier on, you would release all of those things. The hypocrisy of making a virtue out of sacking Dr Alcorn and moving him on, that was your idea. That was the statewide health service. You made a virtue of moving him on and you patted yourself on the back by saying that you have moved him on.

**Mr Ferguson** - I think you're thinking of one of your colleague's speeches, actually. I didn't even mention him.

**Mr O'BYRNE** - You made a virtue of a restructure that did not work and -

**Mr Bacon** - It might have been the Premier.

**Mr O'BYRNE** - The Premier, maybe, that is right. Who is your mate, even then? At the end of the day, whilst we acknowledge the comments you read out from the AMA and others, they are seeking change and it takes a range of people to create change.

Minister, despite your actions over the last five years, people have given you the benefit of the doubt. I actually think there are people inside the health service who have given you the benefit of the doubt and said, 'He's having a crack.' The problem is that we are five years down the track. You want to look at the achievements, but at the end of the day you have staff saying it is never been so bad. When the federal member for Clark was saying good things about you, you thought he was a cracking fellow. You thought he was a great ally. You got him on committees and embraced him. He is no friend of ours and he has said that you need to go.

The problem is when you get up here and talk about 2010 to 2014, what do you say to the registrars when they say, 'We will no longer be silently complicit in substandard patient care and an unsafe work environment.'? That is 2019, now. As to the forum with ACEM, they told you, 'We need to come together', and you have said, 'Yes, let us come together,' but there are a range of issues that these registrars are saying they have been raising over a long period of time and nothing has happened; in fact, it has got worse. Now you are calling crisis meeting after crisis meeting. When that woman sadly miscarried in the emergency department you said you were going to call for a report. I am not sure if that report and the recommendations have been made public and you have been transparent. The Tasmanian community need to have faith that when something of such significance happens in the health service there is a response.

As to this veneer of protection for your Government in being open to ideas, in October last year the Tasmanian Labor Leader, Rebecca White, wrote to the Premier raising a whole range of ideas and issues and our commitment to work with you to try to do this bipartisanship that you talk about. To what response?

**Mr Ferguson** - You were still calling for sackings then as well. You're just talking out both sides of your mouth.

**Mr O'BYRNE** - Sorry, so the Labor Leader did not write to the Premier?

**Mr Ferguson** - You were doing your hateful campaign back then as well.

**Ms White** - What?

**Mr O'BYRNE** - No. Here is the thing, minister, you are not the victim. The victims are the Tasmanians who have to suffer under your ministership. They are the victims.

**Mr Ferguson** - You are not about bipartisanship and you never have been. It'll never happen.

**Mr O'BYRNE** - The way you conduct yourself, the way -

**Ms White** - What is he interjecting over there?

**Mr O'BYRNE** - I have no idea. Playing the victim in this environment is not helpful to his or the Government's argument.

There are so many stories I will not have the opportunity to read in today of so many people who have interacted with the Tasmanian Health Service and had appalling circumstances confront them. I am not saying that has never, ever happened. No-one can say that has never, ever happened, but the amount, the frequency, the frustration in the examples given to us in such quick succession over a period of time and the confirmation of those stories by health professionals who have had to go public out of desperation, indicates in the clearest possible way that, minister, you are not the

man for the job and there needs to be a change. We cannot continue to go through crisis report after crisis report. It is unsustainable for you to continue in this role because of the consequences of you continuing to perpetuate that cycle.

When you talk to the people about their lived experience of working in the emergency department, the lived experience of those paramedics and people who are fronting or trying to get into the emergency department and are suffering from bed blockage, it has reached the point where we need a circuit-breaker for the people of Tasmania.

Have you read the letter from the registrars, Attorney-General?

**Ms Archer** - I said it would be nice to have constructive input by the Opposition as a circuit-breaker.

**Mr O'BYRNE** - Did you not listen to the contribution from the Leader of the Opposition?

**Ms Archer** - All you do is attack and get personal.

**Mr O'BYRNE** - It is ironic that you of all people would say we get personal. Have you read any of your media releases on what you say about the member for Clark and about other people on a range of issues? Have a crack at us, we don't mind. We are tough enough to take criticism. It is okay for you to get personal but not okay for anyone else. It is outstanding.

**Ms Archer** - I don't criticise Ms Haddad's mannerisms. I don't get personal.

**Mr DEPUTY SPEAKER** - Order. Interjections are to cease. Comment through the Chair, please.

**Mr O'BYRNE** - Don't try to save her, Deputy Speaker. She is hoisting herself on her own petard there. By interjection, the Attorney-General has said that we are being personal, making no contribution and are not offering to help. How many more times do we have to write to the Premier for him to ignore the Labor Leader? How many more times do we put out our 10-point plans? We go to the media, the health professionals, talk to the people in the street about our ideas, articulate them very clearly about suggestions to help, and then when you reject it, you accuse us of playing politics and being personal. At the end of the day, minister, it is about ministerial responsibility, and within the Westminster system it is very clear.

**Ms Archer** - So you're not being personal when you make fun of the Health minister's mannerisms and the way he says things? That's the sort of personal politics that you degrade yourselves with.

**Mr DEPUTY SPEAKER** - Order.

**Mr O'BYRNE** - Degrade myself?

**Ms Archer** - I'll point it out to you tomorrow in question time.

**Mr O'BYRNE** - That is really not worth responding to. If you get up and give an earnest speech, there is nothing wrong with that but it has to be backed by action. If it is the only time you did it, the goodwill bucket is empty in terms of the minister. That is what we are saying. There are

only so many times you can give an earnest speech about how much you care but at the end of the day, if the system is falling down around you, that is the crux of the problem.

**Mr Ferguson** - We have outgrown our buildings. That is the fundamental issue here and you just ignore it. You haven't even mentioned it.

**Mr O'BYRNE** - We have said it is a difficult environment. We acknowledge that but you have health professionals coming out and saying there are things you can do.

**Mr Ferguson** - And we are listening and acting.

**Mr O'BYRNE** - But you are not.

**Mr Ferguson** - Look at what we did last year and the year before.

**Mr O'BYRNE** - Then why are health professionals saying it has never been so bad?

**Mr Ferguson** - Because they need more help again.

**Mr DEPUTY SPEAKER** - Order.

**Mr O'BYRNE** - You have said that on many occasions now and it has got worse.

**Mr Ferguson** - Maybe reflect on why your government didn't get that project up and running properly.

**Mr O'BYRNE** - You cannot keep running that line and driving the health service into the ground. You cannot say you want ideas, you want help. We understand it is difficult. You can only do that so many times before people get sick of it. People draw a line to say you are not the person and the approach of this Government is not working.

**Mr Ferguson** - We've put the helipad back on.

**Mr DEPUTY SPEAKER** - Order, minister.

**Mr O'BYRNE** - The registrars have been very clear. They said that there have been abundant cases of direct patient injury and death resulting from the access block. They have said that they can provide as many examples as desired. We would not be here debating this in this form if it had not made it into the public light. This is a cry for help from the registrars in the emergency department.

You are dealing with matters of life and death but you say that it is hyperbole, that we are being personal and we are playing politics. How then do you propose we raise these issues about life and death? You ignore our letters, you communicate through media release, denigrate our ideas and dismiss us out of hand. How else are we to represent our constituents across the state in terms of the concerns they have with the health system and its management when they are saying publicly that 'there have been abundant cases of direct patient injury. It is not just one or two, but 'abundant cases of death resulting from access block. It is not the first time that these matters have been raised with you, minister.

In 2016, over two years ago, the Coroner's report into Mr 'X' said:

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

In 2016, a 96-year-old woman was asked to lie on the floor with a pillow under on head.

The issue of bed block -

**Mr Ferguson** - Careful. The family has expressed concerns about you bringing up that.

**Mr O'BYRNE** - This is from the Coroner. Two-and-a-half years ago, in 2016, issues were raised about bed block. Now, in 2019, the registrars are coming out and saying numerous cases of near deaths because of bed block. How many more? I am sure that in 2016, the minister got up and said, 'We are doing our best, this is difficult, we are seeking to respond'.

**Time expired.**

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### Sitting Times

[5.33 p.m.]

**Mr FERGUSON** (Bass - Leader of Government Business) - Mr Deputy Speaker, in accordance with Standing Order 18A, I move -

That for this day's sitting the House not stand adjourned at 6 o'clock and the House instead continue to sit past 6 o'clock.

**Motion agreed to.**

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[5.33 p.m.]

**Ms ARCHER** (Clark - Minister for Justice) - Mr Deputy Speaker, I am not going to take up too much of the House's time. I am very willing to defend my colleague and Minister for Health, Mr Ferguson.

Labor has demonstrated today that they are now running out of material. They are filibustering. They would not agree to the usual convention in this House that we do have a period of debate for these matters. We could go through numerous cases when those opposite were in government where it was sufficient that the Premier and maybe a couple of ministers spoke on this side. You have challenged all of us to speak, so we will do that. If we do not, then it is your way of saying, 'They didn't defend their minister'. We are very happy to defend our minister.

**Members interjecting.**

**Ms ARCHER** - Let us not disguise this faux concern. Now it is a case of not wanting to get to what is on the Order of Business; that is, mandatory minimum sentences for child sex offenders.

**Members interjecting.**

**Mr DEPUTY SPEAKER** - Order.

**Ms ARCHER** - I would like to talk on the Royal Hobart Hospital development.

**Ms O'Byrne** - Hilarious.

**Ms ARCHER** - Yes, it is hilarious, isn't it?

I am calling you out for the stunt that this has now become. We are now getting members on your side being repetitive. You are handing around the same sorts of notes. I would like to make a contribution on the significant work that has been done by this minister on what was left with the Royal Hobart Hospital redevelopment. That was a complete mess.

Madam Speaker, this minister and this Government have worked tirelessly -

**Members** interjecting.

**Madam SPEAKER** - Order, please. I do not know what is going on, but I would prefer a little more parliamentary behaviour, please.

**Ms ARCHER** - This minister and this Government have worked tirelessly to repair the damage of the former government and to improve Tasmania's health system. We have not shied away from the massive task that it is, particularly in relation to the Royal Hobart Hospital redevelopment. We need this redevelopment. Since 2016, presentations at our emergency departments have risen by more than 7000 patients a year. Twelve years ago, they treated an average of 108 patients a day at the RHH emergency department. We now need a hospital that can treat 222 patients a day. As the minister pointed out in his contribution, we have outgrown that facility. So, we have a very real challenge in meeting today's demand in yesterday's hospital. We are up for that. As I said, we have not shied away from that task.

We are in fact the Government that will actually deliver the new Royal Hobart Hospital. This is a project that was in complete disarray when we came to government in 2014. Not one brick had been laid on this site. Mental health wards, which Labor then had designed for levels two and three, had inadequate outdoor space. The life-saving helipad had been taken out and acutely unwell psychiatry patients were to be sent out to outer suburbs, away from the hospital in inappropriate facilities. These are things that had to be looked at and, in some cases, redesigned. That sits on the shoulders of members opposite.

It is important to point to that history. All of those things have had to be remedied or fixed or redesigned, and financed in a lot of cases. It was chronically underfunded by those opposite. The simple fact is when Labor and the Greens were in government they botched this important project. In fact, it had no safe decanting plan for patients. It was so far off-track and so far behind schedule, it could not have proceeded at all. That is why not one brick had been laid. Even Labor recognised this and abandoned it in favour of an unfunded \$2.6 billion proposal at the Cenotaph. I think about \$10 million was wasted on just the overall site.

**Mr Bacon** - You have to talk about Macquarie Point.

**Ms ARCHER** - No, I am not going to talk about Macquarie Point. You lot wasted \$10 million and then you scrapped the idea, went back to the current site and you still could not deliver it. It is

important to look at the delays that occurred prior to us coming into government, what we were faced with, what we had to fund and what we have had to fix.

We have had to rescue the project. We have had to improve it with better design features. It will be delivered this year. It is long awaited and long overdue in terms of the delays that were caused by the former government. The redevelopment of the Royal Hobart Hospital is Tasmania's largest health infrastructure project and when complete will mean increased bed capacity, more operating and procedural rooms and state-of-the-art health facilities. Young people will receive age-appropriate care in Tasmania's first dedicated 16-bed adolescent unit, including specialist mental health facilities that have not previously been provided. We have funded this. That unit is important with respect to mental health and adolescent mental health because we have not had a facility that specifically deals with that demographic of patient.

Our Government also made changes to K Block which will now dedicate level 10 to a 64-bed capacity general and respiratory medicine ward. This was in line with clinical recommendations and will improve patient care. Just last month we released a new master plan outlining a 30-year vision for health services in our state. It is important that we have a long-term vision and plan for health. If there had been a long-term vision and plan we may have avoided inheriting some of the mess we have now in terms of the significant increase in demand in our current hospital environment.

We are also in the final stages of completing K Block, a piece of work that has been spoken about for well over a decade, but it does not stop there. The Royal Hobart Hospital must be taken to the next level with a bigger emergency department, a bigger intensive care unit and a quieter and more clinically appropriate space for mental health patients presenting at emergency as a part of the \$91 million stage 2 works. The master plan has been completed and released publicly. Just like we committed with the process, including consideration of a range of proposals in close consultation with staff and key stakeholders, we are also ensuring the final advice and recommendations have been fully informed with the best interests of patients first and foremost.

I will turn to why it has been welcomed by stakeholders. The AMA said:

Today's announcement is a positive step forward, and we commend the government on the approach they have taken to listen to doctors, health professionals and the community on what is required for the next steps in the redevelopment of the RHH.

We welcome the fact Government has completed and delivered on its commitment to release the master plan to the community and further, have seen fit to fund \$91 million to ensure stage 2 can commence; this is good news for health in Tasmania.

This long-term plan, on top of 800 full-time equivalent staff and over 130 new beds for our health system has been put in place since 2014 when we came into government. These are real achievements from this Minister for Health and this Government. Make no mistake, every single member of this Government knows there is still much more to be done. That is what I said at the outset of my contribution. We have not shied away from this massive task. First and foremost, we had to rescue the Royal Hobart Hospital for reasons I have outlined and many more. That was the first task we were faced with. On top of that, amongst other increases in demand, the increase in emergency department presentations is significant. I do not know if the minister has ever been

blamed for that but I would hope not because nobody is to blame for the increased demand and presentations to our emergency department.

We know that staff are working their guts out at the coalface. We know that our patients deserve better. We have a plan and we have been putting the funding in the budget. The minister and this Government have a plan to do better and the drive to do even better. The minister's record and the plan speak for itself. It is in direct contrast to the previous government or indeed the previous health minister, where we saw closed-down hospital beds and entire wards, the removal of beds from hospitals and placed in storage, over 900 nurses sacked in nine months, which is a nurse a day, over \$50 million slashed from elective surgery, \$500 million cut from the Health budget, and the promise of a new Royal Hobart Hospital that would be built in 2016 that did not happen. They failed to even start the redevelopment.

We back our minister and we back our plan. We call on the Opposition to stop the blame game and like this Government welcome a focus on health policy and less populist politics to provide better care for Tasmanians in this time of significant increased demand. We are focused on developing the solutions our health system needs and we will work with those who genuinely want to contribute to this in a constructive way. We have been working constructively. I do not think there is ever an occasion I meet with my ministerial colleagues and when we get together with our other parliamentary Liberal Party colleagues, that we do not discuss health. It is the number-one issue in this state and in my electorate, and I know members will agree, having the main teaching hospital located in the city of Hobart.

It is critical that we get this right. We know that Tasmanians are sick of seeing the usual blame games. The minister himself ran through the quotes and I am not going to be repetitive like those opposite, but Professor John Burgess, Dr Frank Nicklason and Dr Simon Judkins said this is not about changing the Health minister. This is a political stunt today because it does not require a change of Health minister. The Health minister is committed to the health system and fixing the mess and continuing to take on the daily challenges we face because of the increased pressure on our hospital system and in our health system generally.

Those opposite try to paint a picture that our Health minister and this Government does not care but they could not be more wrong. I know every member in this House has a concern about health because it is life or death, we acknowledge that; there are life and death situations every day. To belittle, demean and attack the Health minister for trying to do his job is regrettable. Tasmanians want solutions. They do not want the annual Mediscare and the stunts. This side of the House at least looks forward to working with all stakeholders on real solutions and on constructive contributions. We will continue under this Government and this minister because we are committed to doing so much more and getting on with the job that is facing us in relation to fixing our health system.

[5.49 p.m.]

**Mr BACON** (Clark) - Madam Speaker, there is no doubt that this is a government that is all about glossy brochures and not much else, to be honest. This minister is a very good performer, you have to give him his due. He gives a good line on the evening news and he certainly performs under pressure in parliament. He has gotten used to being under pressure because he rolls from one crisis to the next when it comes to our health system.

We have heard a lot of talk today from the Government members that this is a political stunt. It is very hard to believe that anyone who has read that letter from the registrars in the emergency department at the Royal Hobart Hospital would dare to call this a stunt. We are talking about

avoidable deaths. I do not know if the Government realises what the word 'avoidable' means. Also, if you look at the extraordinary lengths that the Opposition has gone to, particularly the Leader of the Opposition, to raise these matters with the Government, directly with the Health minister and directly with the Premier over a long period of time, and when it comes to people saying that the Opposition has not put forward any positive solutions, late last year we saw the Opposition seek to do that in a number of different ways. We had the Leader of the Labor Party, Rebecca White, write to the Premier on 12 October just in relation to the ongoing crisis in Tasmanian hospitals and our health system. The Government has said we have not put forward a single solution. We have 10 points put forward by the Leader of the Opposition in October last year to really highlight the crisis in the health system here in Tasmania. We also put forward solutions so the Government could get on with attempting to fix these crises rather than, as the member for Franklin said, just get to the next crisis, get up, apologise sometimes, do not apologise other times. Sometimes you acknowledge the problem and other times you do not. You wring your hands a little bit and you say it is not my fault and then you move on. Then you see another crisis just around the corner, sometimes only weeks or months away.

We not only had the Leader of the Opposition write to the Premier and set out these 10 points, but then we moved a motion in the House to call on the Government to hold roundtables, cross-party support for the health system, come up with solutions, talk to experts, talk to unions, talk to staff about exactly what can be done to resolve this crisis in Tasmania. It is the staff who are working in the Tasmanian health system that are telling the Opposition that this is the worst it has ever been.

We know the minister is keen to get up and say, 'Five years ago I took over a portfolio that was a basket case. It was a broken system.' How come five years later we are in a situation where dedicated staff within the hospital are saying to us that it is now the worst it has ever been? You can tell that he is under pressure when you look at the motion that has been put forward by the Opposition today and you do not get members of the Government get up and argue against that point by point. The minister is keen to get up and say it is all lies. He will not find out what those lies are, he just talks in broad terms about lies being told through the motion. He does not set out and systematically go through each point, say which bits are lies, say how it is not true and say what he is going to do to resolve that issue. He just wrings his hands, more words and still a lack of action.

The Leader of the Opposition wrote to the Premier last year around a range of issues in the health system, and put forward 10 very sensible suggestions. First of all, it was to release the full KPMG and Deloitte reports so that health professionals and the broader Tasmanian community can be fully informed about the current state of the health system in Tasmania. You know there is a minister who is in trouble who should not have the confidence of this House when he is hiding information from the Tasmanian public about just how bad the situation is. You have report after report that has been buried by this minister. He is not fit to be the health minister here in Tasmania when he has treated the Tasmanian people with such a lack of respect. He has commissioned reports. We had the tragic case of the lady having a miscarriage at the Royal Hobart Hospital and the minister came out and said he would do an urgent report at the time. Then we do not know exactly what that report recommended. Did the Government follow up on those recommendations? Did they release that report?

Then you have had the KPMG report, the Deloitte report, I believe it is RDME who has done another report that has been buried by this minister. It was the Deloitte report that famously did exist then it did not exist, it could not be on his desk because there was no report, then it was a list.

It turned out it was a report, but the minister does not want to release it because he does not want the Tasmanian people to know how bad the health system in this state is. He does not want to release the KPMG report, or the Deloitte report because he knows that it will show in black and white that this Government is underfunding health in this state by at least \$100 million a year. That is why he has buried these reports and why he refused to provide them to the upper House when they sought them. He is hiding the truth from the Tasmanian people. Brave staff are now starting to speak up. They are saying it is not good enough and they are under too much pressure.

The first thing he should have done when the Premier received this report in October last year is to release those two reports in full. The second suggestion is to convene statewide roundtables with the relevant stakeholders including the AMA, the ANMF, HACSU and the RACGP to listen to the view of professionals on the front line. This matter has become so serious that these meetings must be led by you, as Premier. That is a very sensible solution. This is months before the situation we are going through at the moment, about four months before now. That was a six-month head start that the Premier could have had if he had taken this letter seriously. The third suggestion is:

Immediately commit to addressing the structural deficit in health funding identified by KPMG. The details of this funding restructure could potentially be disclosed by the Treasurer in the Revised Estimates Report.

We know that was not taken up, when you read the revised estimates report. The fourth suggestion:

Listen to solutions as proposed by frontline staff to address bed block at the Launceston General Hospital. According to data from the Australian Institute of Health and Welfare, bed-block at the LGH in 2016-17 was the worst in any of Australia's 287 public hospitals.

That is a disgrace. It goes on:

The ANMF has proposed to increase permanent capacity in wards 4D and 4K, and open all currently closed beds in the Intensive Care Unit to be used as a High Dependency Unit.

That is what would seem a very sensible solution there, suggested by the Opposition.

The fifth suggestion is to work with staff to increase capacity at the Royal Hobart Hospital to meet demand by making provision for seven-day discharge from the Royal Hobart Hospital by staffing pharmacy, radiology, medical imaging and allied health after hours and on weekends as per Labor's election policy. It seems like a sensible idea. A modern hospital is a seven-day operating environment and those things should be operated seven days a week.

The sixth suggestion is to dramatically ramp up preventative health measures and programs. The best way to ease pressure on hospitals is to keep people out of hospitals. Labor would welcome a serious discussion about implementing a number of the recommendations that the Joint Select Committee on Preventative Health Care Report 2016 and policies we took to the election, including the establishment of a healthy communities commission.

The seventh suggestion is to reveal the plan and time line for proposed mental health beds at Mistral Place and the Peacock Centre. That does not sound too outrageous to me. The minister is

keen to say he has all these things going on. Why not try to reassure the Tasmanian public by setting out what that time line is?

The eighth suggestion is to provide funding for capital works at Millbrook Rise to provide treatment to mental health patients as a step-down facility from the acute setting, and provide more accommodation in communities to assist Tasmanian's with mental ill-health into recovery. Sounds sensible to me.

Number nine is to invest in 10 public mother and baby unit beds statewide to support parents with newborn babies as there is currently only one public bed located in the south of the state.

Number 10 is to appoint permanent psychiatric emergency nurses who can help assess care and treat mental health patients in conjunction with psychiatric support at the LGH and the North West Regional Hospital in Burnie.

This is not about politics. On 12 October last year the Leader of the Opposition wrote to the Premier and set out 10 very sensible suggestions about how we could start to tackle this situation in the Tasmanian Health Service. That would have given the Government a six-month head start on where they are at the moment.

The House passed a motion on 17 October, five days after that letter, that read:

Health system. A motion being made and the question being proposed that the House -

1. Agrees with the Premier Hon. *Will Hodgman* MP's frank admission that the health system is 'not good enough'.
2. Congratulates the member for Clark, Hon. *Sue Hickey* MP for her call for an apolitical long-term approach to fixing the health system.
3. Calls on the Premier to include representatives from all sides of politics in statewide roundtable discussions with health professionals, unions and stakeholder groups between now and the end of 2018.
4. Further agrees that the best way to tackle the crisis in the health system is by working together.

That was passed unanimously by this House I believe on 17 October last year. That would have given the Government six months' head start. They would have got the apolitical approach to this crisis that they claim they are now after. They voted for this motion. What did we see before the end of 2018? Did we see the Premier hold these round tables? Did we see him start these crisis talks with all political parties, with unions and other stakeholders? We saw nothing from the Premier when it comes to that motion. There has not been an adequate response to that motion. It is not good enough.

We hear the Premier now get up and say that we are playing politics. We have been forced into this position because the Government, the Premier, but particularly the Health minister, will not listen to reason.

The Leader of the Opposition wrote again to the Premier after that motion had passed the House to urge those meetings to be held and offered to meet with the Premier. No response was received from the Premier, apart from one on 12 November 2018 where he effectively thanked the Leader of the Opposition for the two letters and then went on to ignore the requests the Leader of the Opposition made. Now the Government claims that people should not be playing politics and should be taking an apolitical approach to this. This is six months too late. This is a problem that could have been addressed six months ago. They could have started talking to people and you could have seen solutions rolling out the door by now.

We know that this latest crisis has been triggered by a letter from the emergency department registrars at the Royal Hobart Hospital and it is sobering reading when you look at the issues they have raised in their letter to the hospital executive. It is 12 days since that letter was sent on 18 April, but it is important that we take seriously what has been raised through this letter. Some of the things make you sit up and listen. It sets out a range of issues. There is an introduction talking about the solutions they have proposed, saying, 'We submit them in good faith and require efficient implementation of our requirements within the coming month'. You would assume that is by 18 May. We are almost halfway through that month and we have not heard much from the minister when it comes to exactly how these concerns are going to be addressed. It goes on to say, 'We will consider further escalation if necessary'. These are staff who do not want to raise these issues. They want to be able to work in a safe environment where it is not only safe for them as members of staff at the Royal Hobart Hospital, but a safe place for patients. We should all agree that is the minimum of what we should be providing.

The first suggestion is around the escalation policy. It talks about the example we often have now of every southern Ambulance Tasmania crew ramped at the hospital. This is extraordinary. It sets out three measures that they think will more fairly distribute the burden of access block across the entire hospital and will immediately improve all patient outcomes. We could have been on to this six months ago talking to staff and listening to these things, but the minister now has the opportunity and he has let 12 days go by and we still have not heard.

They go on to talk about safe work conditions and I will read briefly from the letter. It says:

As employees, we are entitled to safe work conditions under Australian law. We are currently working beyond our scope of practice, experience and skill-set. Furthermore, the workspace is not fit for purpose: we need double the resuscitation bays, suitable psychiatric spaces and treatment cubicles to appropriately manage patients. Therefore, avoidable adverse events are increasing. We anticipate increased patient complaints, litigation and coronial investigations as a result.

It goes on to say:

Night shifts are now categorically unsafe for patients and medical staff alike.

We have the Government accusing us of playing politics. The Leader of the Opposition has written to the Premier about these issues, moved a motion in parliament to have a bipartisan approach, and now we have the staff saying that it is unsafe, not only for them as staff but also for patients at the hospital. That is not good enough.

To me, that in itself shows that this House should have absolutely no confidence in this minister. He has not been there a year. He has been there for five years and he still blames the former Labor government for any issue that crops up. He has had five years but that is not long enough. How long does he need? How long will we give this guy when staff and patients cannot be safe in our major hospital in the state?

They go on to talk about remedies that are required. There is one remedy there around appointing a fourth registrar to improve the safe work conditions. There are seven suggestions around improving the safety in the workplace. Then it goes on to the third section around access block patients in the emergency department. I will read again from the letter:

Ramping causes morbidity and mortality, strain on our paramedic colleagues and substandard medical care. At present, there is one nurse allocated to care for all unseen patients in the waiting room and any patient on ramp. The presence of these patients endangers transport of critically ill patients through the corridor, and blocks access to staff toileting facilities.

Medical patients are waiting far too long to be seen by in-patient teams and remaining far too long in the Emergency Department ...

It goes on to say:

Mental health patients are remaining in the Emergency Department for up to 7 days due to access block. These patients are denied dignity, efficacious therapy and a safe environment. While awaiting in-patient beds they psychologically deteriorate, self-harm and attempt suicide. Many of us have experienced threats of physical violence due to departmental over-crowding. These patients also receive sedative-hypnotics for agitation that would not be necessary in an appropriate environment.

We are required to cope with increasing patient-staff ratios, access block and a lack of treatment spaces ...

It sets out seven suggestions there about how that can be done. We still have not heard from the minister about whether he is going to take them up. We are talking about very vulnerable patients. It has come to the point that we have registrars writing such things in a letter to their superiors. It did not have to come to this. You read that and then you listen to the Government say that people are playing politics. It is a disgrace. It goes on to talk about critical incidents as well and another suggestion there that the Government should take up. In total there are 19 requirements from the registrars. I have not heard the Minister for Health talk about how he is going to address those. It is only 18 days and that month will be up.

It is not good enough that this minister gets up, wrings his hands and says it is not his fault. That is not taking responsibility. He has been the minister for half a decade. You would think in half a decade he could take responsibility for the situation we are in at the Royal Hobart Hospital and in the health system right across the state. The House should not have confidence in this minister. We talk to people who have had experiences, patients in the hospital. Just about every person I meet who has been to the Royal Hobart Hospital has praise for the staff, but they always add how much pressure they seem to be under, and you only have to read that five-page letter from the registrars to see that is the case.

One of the claims the minister went to today, and the Premier was the first to say it, was that there had been a 35 per cent increase in mental health presentations at the emergency department of the Royal Hobart Hospital between the 2013-14 financial year and the 2017-18 financial year. This to me is a stat that they should have put the pen through. They should not be highlighting an increase in presentations of people suffering mental ill health at the emergency department when some of these patients are kept in the ED because they cannot get a mental health bed at the Royal Hobart Hospital, which of course were cut by this minister when he first came to office. He claimed at the time that he had clinical advice that it was okay to cut those beds. We have never heard exactly who provided that advice. We have had a minister who has refused to answer that question year after year. We know that directly led to an avoidable death. You only have to read the Coroner's report to see that. We have never heard an apology from this minister when it comes to this avoidable death. It is okay to say he got it wrong, cutting those beds, but he should get up and say that. He should also reveal where he took that advice from. He did not get advice to say it was okay to cut those beds; he made that up at the time. He has never corrected the record. It is well past time that he did, but I will not hold my breath.

This is a minister who cannot defend the motion that has been brought before the House. The Premier could not do it. They have not gone through and addressed those things. The first thing they did when they came to government was to cut \$210 million from the health budget. If, when you came to government, you thought Health was a basket case, as you like to say, a broken system, how does cutting \$210 million improve that? It was the wrong decision at the time. We know that. If you read the Revised Estimates Report, it is projected that in the next financial year we are going to spend \$15 million less on Health than we have this financial year. If you think that is going to help address the issues that have been raised by people like the emergency room registrars at the Royal Hobart Hospital, you really are having a laugh. This is a Treasurer who has not taken Health seriously. This is a Health minister who has lurched from crisis to crisis. The first thing they need to do is plug the budget black hole revealed in the KPMG report.

Doctors are saying that the system is unsafe. It is providing substandard patient care. The number of avoidable deaths is because of the crisis in the health system. That is not good enough. No right-minded Tasmanian person would think that is good enough.

It is all well and good to blame the previous government during the first term as a minister. The Government was re-elected for a second term and the minister kept the portfolio for another year. You would think that after five years in the job he would finally take responsibility. We still have not seen that.

The minister not only cut the mental health beds at the Royal Hobart Hospital but also on this minister's watch the hospital lost its psychiatric medicine accreditation in 2017. The LGH lost emergency medicine accreditation in 2018. On both these occasions these hospitals lost staff, staff we could not afford to lose.

This is a really difficult one to get your head around. This is a minister who has denied women in Tasmania their health rights. He speaks about these things in such a way that it is very difficult to find out exactly what is going on. We know from people contacting us that Tasmanian women are still forced to fly to Melbourne to get a termination. This is 2019. We have a minister who does not believe in women's rights to access safe and affordable procedures. That is his personal view. I do not know why he has to put that on the women of Tasmania. He has not only done this, but he will not be upfront about it, which is just as bad as the act in the first place.

On two occasions the House voted last year to establish Health round tables, but that has not been taken up. Ministerial responsibility is fundamental in our system of government. This is a minister who refuses to take responsibility. As the member for Franklin said, he rolls from crisis to crisis and wrings his hands. Sometimes he acknowledges the problem; sometimes he does not even do that. He sometimes apologises, sometimes not. He has had five years. We have a system that the staff themselves are telling us is the worst it has ever been. The time for glossy brochures is through. It is time for action from this Government.

It is all very well to have your photo taken, come out with 282 points, but you just have to look at what the minister said about the flu plan. It looks very good in a glossy brochure, but he cannot give us an update when he gets up to give us a dressing down. He says he has until the end of June as per his glossy brochure. That is not good enough. We know that this is predicted to be a bad flu season. What we want to know is that this Government is prepared. Why the minister cannot just honestly tell people what the situation is without the histrionics and the carry on is beyond me.

There is no doubt in my mind that this is a minister whose time is up in the health portfolio. He has had five long years to improve the situation for the Tasmanian people. He has been a failure in this portfolio. He took over what he called a basket case, a broken system and he has made it much worse. He should resign.

[6.16 p.m.]

**Mr BARNETT** (Lyons - Minister for Primary Industries and Water) - Madam Speaker, as a proud member of the Hodgman Liberal Government I am here to very clearly put on the record my views on behalf of the Government and on behalf of my good self with respect to the Minister for Health, Michael Ferguson. I want to make it very clear that Michael Ferguson cares. He is diligent. He works hard. He is totally committed for better health outcomes in Tasmania. He acknowledges the huge challenge that he has faced over the past five-odd years that he is facing today for and on behalf of our Government. It is my strong view on behalf of the Government that he is up for that challenge. He is totally committed to making things better.

He has never said that everything is perfect, everything is right, everything is AOK. He has always said on behalf of the Government that there is more work to do. Everyone on this side of the House acknowledges that. The health of our Tasmanian constituents is a top priority. That is how we treat it and that is how it should be treated. They deserve the best possible care that could possibly be shared and granted to Tasmanians one and all, old and young and whatever colour and variety.

I want to make it clear right up front that you could not invest the funds that we have invested as a Hodgman Liberal Government unless we had a strong economy. We need a strong economy. We have rebuilt the economy which was looking very sick and poor when we came to government in 2014. We had lost 10 000 jobs and we were facing debt and deficit at the time. We have rebuilt that and we have rebuilt the confidence in the economy. That is why we have one of the fastest growing economies. That is why we are able to reinvest in our essential services, in particular in Health.

I confirm that we now have record funding investment in health and health services, which is delivering more nurses, more doctors, more allied health services and more health clinicians. In fact, 800 more full-time equivalent staff in the health system have been delivered under this minister and under our Government. That is something that we can be pleased with, knowing that there is

still a lot more work to do. That should be acknowledged and noted. In fact, there are not only more people and staff in the health system but 130 more beds.

Our health system was clearly broken under the Labor-Greens government. The repair work has taken a lot of hard work, effort and investment. Over the next five years, let us make very clear plans to finish the job in terms of the Royal Hobart Hospital redevelopment. Not one brick was laid on another brick under the Labor-Greens government. We know there is more work to do at the Launceston General Hospital and the Mersey redevelopment over the coming years. There will be plans and there are plans already afoot for almost 300 new hospital beds, the recruitment of almost a 1000 new staff for our health system.

Regarding acute mental health facilities for young people, we are planning to provide 27 new community-based mental health beds in modern facilities. We will be recruiting over 50 new paramedics in our ambulance system and that has been made very clear earlier today by the Minister for Health and the Premier. In their strong defence of the Minister for Health, they outlined the important investment that we have made in health services across the state. We also have the masterplan and I will be sharing a little more about the health masterplan for the Royal Hobart Hospital and how important that is.

What we have heard from the other side, quite frankly, is pointscoreing, criticism, knocking, bickering, and there is nothing positive that is being offered. Why are they not offering positive suggestions? I have listened very carefully to the debate both in the Chamber and listening carefully over the speaker system. The contributions from the other side are clearly negative and critical and knock, knock, knock.

I have made very clear what did happen under Labor and the Greens with closures of beds. The former minister for health, the member for Bass, closed hospital beds. We remember ward 4D at the Launceston General Hospital where beds were closed and the whole ward closed. Beds at the North West Regional Hospital were closed, beds at the Royal Hobart Hospital were closed, cuts of \$58 million over three years from elective surgery budget. How many nurses were sacked? There were 287 nurses sacked in a nine-month period.

I am sure you are not proud of that record. The former minister for health would not be proud of that record and is now trying to stand up. It is like the pot calling the kettle black. It is disappointing that this negativity continues because you know that the facts are on the record: *res ipsa loquitur*, which is Latin for the facts speak for themselves. The record investment in funding, record investment in beds, record investment in health services and full-time equivalent staff in our health system and all of this is on the back of those savage cuts under the Labor-Greens government.

In mental health, 40 jobs were cut from the mental health services frontline in 2011. They are just a few contributions with respect to the record of the previous government. They do not have a leg to stand on when it comes to health and health services and the provision of them. Nor do they have a leg to stand on when it comes to running a strong economy, which can then deliver and invest those funds in essential services. I want to speak to the mental health aspects of the contributions that the Minister for Health has made for and on behalf of our Government with his team. I put on the record a sincere thanks to the staff, not just at the Royal Hobart Hospital but across the health system. They work hard and it is appreciated. Health is a top priority for the Tasmanian people and it really is appreciated.

With respect to mental health, this Government has delivered in terms of the Rethink mental health plan by working closely with the frontline staff, with consumers, the community organisations and the key stakeholders in that space. This road map for the future 2015 to 2025 is excellent. On top of that we have a record investment, over \$100 million, in fact a \$104 million plan to deliver more beds, more community support, acute child and adolescent facilities for the first time ever, all within a more integrated mental health system.

It is important and we are getting the job done knowing there is much more to do. It is all in accordance with the plan. We have a positive plan and we are pursuing it thanks to the leadership of Michael Ferguson, our Minister for Health. We want Tasmanians to get the care they need, when they need it. That is our plan. It includes 27 new beds - I mentioned that earlier in my contribution. A greenfield 12-bed facility, a rebuilt Peacock Centre and a mental health-in-the-home service that will commence this month. We are making those investments and those reforms. The service improvements are on the way. It would have been great to have the services even sooner but as a result of a growing economy, a Government that has the budget under control and with confidence back in the business community, and the community across the board, we are able to deliver this investment in our essential services and in health.

That is why we are building and improving patient flows in mental health facilities and most importantly, keeping more Tasmanians living with mental ill health out of the hospital in the first place. That is a really important strategy.

I reflect on the budget of 2018-19. What did the mental health key players say in terms of that particular budget? The Mental Health Carers Tasmania CEO, Maxine Griffiths said that the hospital in-the-home beds brought, and I quote:

... a sigh of relief from many families, friends and carers of people living with mental illness.

That is what she said. She called it:

A positive move towards contemporary models of care for Tasmanians experiencing mental illness.

The Mental Health Council of Tasmania CEO, Connie Digolis, said:

The time line for this new community-based and person-centred mental health program is good news for our communities.

Evidence shows us that the outcomes are better when individuals are able to remain in their own environment to receive the care.

I totally agree. Care in the home is a top priority and this government is delivering. She went on to say:

It will provide critical mental health in the home support for individuals and their families, along with other facilities coming online over the next three years to support the mental health of all Tasmanians.

That was 17 October 2018, just last year. Earlier in the year she said that:

MHCT is pleased that the Government is working to honour their pre-election promises, particularly regarding their commitment to establishing step-up and step-down services, which have been sadly lacking in our state. Additionally, we welcome the government's commitment to the trial of NSW Housing and Accommodation Support Initiative (HASI) as a fantastic step towards adopting an effective, evidence-based approach to co-delivering housing and mental health.

You can see we have the plan right. You can see that we are heading in the right direction. You can see that this minister is delivering with respect to the Rethink mental health plan. It is on track. There is more work to do, there are huge challenges ahead. Nobody is denying that one little bit. But putting the shoulder to the wheel - that is what this minister is doing - and with great support of the administration and those in the system. On the record I thank those who have put in that hard work to deliver the health care that Tasmanians need and deserve.

In conclusion, I make a comment about pill testing, and the Government's policy on pill testing. I am not sure if there is any reason -

**Ms O'Byrne** - Actually you cannot because it is not in the notice of motion.

**Mr BARNETT** - It is part of our health system. The Minister for Health has a strong view on this and it is one I totally agree with. I would like to share my view. I respect there are different views in the community; I respect we are a democracy but I support the Government -

**Ms O'Byrne** - It is not part of the notice of motion. You are digressing from the subject matter because you cannot find more than 15 minutes of defence for your colleague.

**Mr BARNETT** - I am supporting the Minister for Health's view -

**Ms O'Byrne** - You cannot defend him for more than 15 minutes. You have to move onto another subject matter.

**Mr BARNETT** - This is a Government view and it is the use of dangerous drugs -

**Madam SPEAKER** - Order. I remind the honourable minister that I am a member of the Government.

**Mr BARNETT** - Yes. As I indicated, Madam Speaker, I said I respected the different views.

**Madam SPEAKER** - I believe you went on to say that every member of the Government supported that view.

**Mr BARNETT** - Thank you, Madam Speaker, I take that point. The point I was making was that I respect the different views and I am happy to put that on the record. I respect the views represented by the Minister for Health on behalf of our Government, and that is that the use of dangerous drugs is a serious public health issue. There is no safe use of any illicit drug. I have three children -

**Ms O'BYRNE** - Point of order, Madam Speaker. I know it is difficult for members opposite to find 30 minutes of content to defend their minister but this does not pertain to the want of

confidence motion. Either the minister should be defending his colleague, or perhaps he can accept that he has no more to say and resume his seat.

**Madam SPEAKER** - I do not think that is a point of order. I find it interesting that it was ruled out this morning. Minister, I will allow you to continue.

**Mr BARNETT** - Thanks very much, Madam Speaker. This is a very important part of our health system and keeping Tasmanians safe, particularly young Tasmanians. I have three young Tasmanians - one is still a teenager and two a little bit older. They have been enjoying their time as youngsters and as teenagers. I agree with the views of the Police Association, and let me make it clear what they have said - harm minimisation is one thing but to support pill-testing is sending the wrong message.

**Ms O'Byrne** - How does this go to want of confidence in the minister?

**Mr BARNETT** - Madam Speaker, I am trying to conclude by saying to support pill-testing is sending the wrong message by saying it is okay to break the law. It is not okay to break the law. Dangerous drugs are a serious public health issue.

This is expressing entire confidence in the views of the Minister for Health on behalf of our Government which has been expressed publicly and privately and I am putting on the record my strong support for the minister. I have made it very clear. I have indicated that the other side are bickering and criticising and negative and it is continuing even during my contribution, which is disappointing.

**Ms O'Byrne** - Because you're not addressing the motion.

**Mr BARNETT** - I want to conclude at this point. You are fully aware of a particular engagement supporting the motor neurone disease community in Tasmania. You are fully aware of that and you know of my position -

**Ms O'Byrne** - You could have asked for a dinner break. Don't get petulant! If you wanted to attend it you could have rostered yourself at a different time or requested a dinner break. Don't put this on us.

**Madam SPEAKER** - Order.

**Mr BARNETT** - Madam Speaker, let me make clear my strong support for the Minister for Health on behalf of our Government. He is doing the job, he is totally committed, he is diligent and he works hard. That is very clearly my position and the view of this Government.

[6.33 p.m.]

**Ms HADDAD** (Clark) - Madam Speaker, I take this opportunity to speak on this no confidence motion as well, not to go over the material that others have already spoken about but to make comment on some of the things I have heard, many of which have been quite remarkable.

We have heard the minister say over and over that he listens to the health professionals, respects their opinions and responds to their needs. We just heard the member for Lyons say that he respects the views of people in his own party and of people in the community. What I argue is that that is only the case when the relevant ministers agree with those views at the hearing. We have heard countless members today explain that there has been report after report after report hidden by this

minister because he does not agree with the advice contained in those reports. Indeed, in the Deloitte report there was a denial that the report even existed, which had to be followed up some weeks later with an admission that in fact the report did exist, it was possibly just sitting in the bin in the minister's office because he did not agree with the contents of that report.

When we hear members of the Government over and over in this no-confidence debate say that they listen to the health professionals, respect their opinions and respond to their needs, I cannot believe those statements because we are hearing the opposite. In opposition offices, not just to us privately in our offices but in open letters from members of the public, from health professionals, from patients going through the public health system, we are hearing countless stories of things going wrong over and over again. We would be remiss in our obligations as members of the Opposition and members of this parliament if we were just to sit back and do nothing when we keep hearing these stories over and over again from constituents and health professionals.

How would they feel if we heard their cases, heard their views, if we read their letters to us and to the Government and did nothing? We have not done nothing. The Leader of the Opposition has written to the Premier twice in the last six months asking for a collaborative approach on the health crisis facing Tasmania and those letters have been ignored. We have done what we can and even what we can do, to offer a collaborative approach to tackle this health crisis, to recognise it is an issue for the parliament, not just an issue for the Government, have been utterly ignored by the Premier and the minister. What else could we do but bring those issues to the parliament when they are raised with us consistently and our attempts to go through formal channels of offering to work together with the minister and the Premier are ignored and ignored and ignored? We had no choice but to bring on a motion such as this because if we did not we would be remiss in representing our constituents and those health professionals who work in the Tasmanian health system.

I thought I would add to my contribution some of those stories I have heard. I was speaking recently to a nurse who works at the Royal Hobart Hospital, a midwife, and she told me stories that shocked me severely. She said not just in individual instances but often on a weekly or daily basis they are short on numbers for their shifts in the midwifery ward at the Royal. Often they are expected to have eight midwives on shift. One recent occasion they had just six available. Two of those had already been working, one had already worked an eight-hour shift and one had worked two eight-hour shifts, but they were kept on shift to continue working to make up the numbers. Two others in that shift of eight were nurses recruited who were already on shift in other wards but they were shifted across to the midwifery ward. While that help was gratefully received by the midwifery staff, those nurses who were brought from other wards cannot legally or medically do everything a midwife can do because they have not had the same training. They could take observations of patients on the wards, but they could not do everything that was needed on that shift.

The shift was hampered in several regards. They had two nurses who were not midwifery trained, so they could do particular tasks but not all of the tasks required, and they had two midwives who had already worked, in one instance an eight-hour shift already and was starting another eight-hour shift, while another was starting her third eight-hour shift. She said lots of time is wasted looking for equipment such as thermometers. Sometimes they would search around the wards for half an hour or more wasting their and their patient's time looking for equipment because there is just not enough.

She said quite eloquently to me that the Government has removed the extrinsic incentives that midwives and nurses have to their jobs, that is pay and conditions. I asked her what, as a minimum,

the Government needs to do to improve that and she said, 'Well, at a minimum, raise the salary to the next bottom salary in the country, which is Western Australia'. She said, 'We're not asking for the top salary in the country; we'll take equal worst at a minimum'. They are removing already those extrinsic reasons that they go to work and do their jobs - pay and conditions - but she said now they are removing the intrinsic incentives for midwives and nurses to do their jobs. That is the sense of achievement, the ability to help their patients. She said when she has four minutes with a breastfeeding mother to try to work with that mother and baby, she does not feel rewarded in her work anymore and feels devastated that she cannot do what she used to find most enjoyable about her work, which is seeing the successful results of her medical interventions.

She said the results of those things are low morale, incredible amounts of stress and anxiety, sickness, not only because of that stress and anxiety of working in stretched conditions, but also she said those nurses who have just worked a double or a triple eight-hour shift inevitably are being paid more. They are being paid overtime to work those extra shifts, as they should be. It is costing the system more to have those people there on shift extra hours. Two, she said, inevitably they end up sick, because they are working longer hours so there is an added cost to the system of sick leave, often workers compensation and other costs to the system that are avoidable costs, if the system was operating in a way that people had the time, the conditions and the equipment they needed to do their job. She said the result of that is that people are leaving. They are leaving for pay and conditions elsewhere, and they are leaving the state to avoid the stress and anxiety that their job is bringing them here.

She said older midwives who were probably planning to work for between another five to eight years are bringing forward their retirement because they said enough is enough. They do not want to deal with this stress in the last days of their career and for that to be the lasting memory of working in that industry. She said people are returning to the casual pool so they do not have to deal with the added stress that comes with having those permanent stresses in their lives. They are often re-training to work in a different industry altogether.

Her words were that everyone has their escape plan. Not many medical professionals go into their industry anticipating that they would want or need an escape plan in five, 10, 15, 20 or 25 years. It is often a career that attracts people for long periods of time. Often working in those medical professions is a calling to work with patients, to bring good health outcomes. What I am hearing from that particular midwife and nurse I spoke to is that the system she has worked in now for a long time is the worst it has been.

I come back to my original point, that we would be remiss as an Opposition not to raise these issues in parliament when our attempts to raise them in other ways with the Government have been ignored.

I will share with the House some of the stories I have heard from paramedics working in the health system. One paramedic has recently written to his boss to say that he wanted to make his boss aware of the dire state of morale within the southern region and to advise that the unmanaged practice of ambulance ramping is now impacting the wellbeing of southern region paramedics to the extent that there is widespread and undeniable psychological injury occurring. He took it upon himself to do a survey of his peers and found that over 70 responses were received in the first 24 hours which, in that first day, represented about 40 per cent of the southern workforce paramedics. Of those, 90 per cent reported that ramping was having a negative impact on their mental health, 79 per cent said that ramping was affecting their mood outside of work hours.

Some of the examples I have heard from paramedics include this one. He said:

I've stopped picking up overtime ... because due to ramping, I don't enjoy work half as much as I used to. I am so sick of apologising to my patients on behalf of the system. Sometimes I come home from work feeling so frustrated and upset that it takes me an extra hour or two to wind down and get to sleep.

People have reported they are finding it difficult to get to sleep prior to the shift due solely to the stress and anxiety related just to ramping. Never mind the other stresses and pressures of the life of a paramedic which everybody in this Chamber would recognise as being one of the most stressful and potentially traumatic jobs that you can do in the health system.

I have absolute admiration for the work that paramedics do because they are those first responders who so often have to face some of the most traumatic medical emergencies that we see in our state. The stress of that is enough, let alone the added anxiety and stress that we are hearing reports from paramedics today that are solely due to ramping. Six per cent, a low number but extremely disturbing, said that they had considered an act of self-harm due to the stress of ramping.

They feel they are on their own with no leadership regarding ramping and said that paramedics are forced to manage that on their own day after day. One said, 'The hardest part is not knowing how long you are going to be there. It could be an hour, could be 14. There is no way to know. Having no end in sight makes it psychologically very difficult'. Numbers have taken sick leave to avoid the anxiety of coming to work. One said one of the major reasons that they have no desire to return to the job they love is the impact of stress and anxiety around ramping. They are on leave now and almost certainly will make no attempt to return to work. We are losing people from that workforce. People who put their hand up for one of the hardest jobs in Tasmania and one of the hardest jobs in the health system - being a paramedic - and we are losing people from that job due solely to the mismanagement of ramping under this minister.

Those paramedics who have raised those issues with their boss today do so knowing that they will probably come under fire, knowing that their colleagues in other parts of the state, colleagues in the health system have had their names taken down by their employers for attending stop work meetings, which is shameful. It is shameful. It is part of the Australian democratic system that we should be able to protest conditions in our workforces and we know that people have had their names taken down by their employer so that they can have their pay docked. Not only are they working in conditions which are stretched beyond anything they have seen before but they are being punished for speaking up.

I have been following some of the public debate around today's proceedings in the Chamber and just before I took to my feet I saw a Tweet from someone who said that she quite clearly recalls being told in the public meeting in Launceston that many members of the Government have mentioned, quite clearly, she recalls, being told to stay quiet. Her assessment of that was the minister probably does not want medical professionals to hear from the members of the public about these concerns but she quite clearly recalls, this woman who mentioned it online today, being told that members of that meeting should not complain publicly.

Some other stories that I have heard from paramedics which describes the day-to-day pressures of working in the system but also just of working as a paramedic generally, highlight the added stress that the paramedics that are working in our system now are facing. One told me about a call-out they had. They were in Glenorchy and they were asked to attend at Sorell for a six-week-old

infant who was not breathing. He said all the way that they were driving there they thought, 'we are walking into a dead baby here'. But to their delight the parents had learnt CPR and had in fact managed to revive the infant and he said that is why they write on their trucks 'Learn CPR'. That is why they write that on their trucks because of these cases which he said never reach the public domain. It is worth mentioning those in the public domain here, on *Hansard* in this place. His view is that without those parents having known CPR that child would have died because they were attending a six-week-old, non-breathing infant in Sorell from Glenorchy.

Another example that I heard from a paramedic is that often when they are already on the road or they are attending jobs and they hear radio bulletins that say something like, for example, cardiac arrest in New Norfolk, responding from Kingston. He said everyone who hears that radio call knows that person is dead no matter what. They are not going to make it in time. When they know there are five, six, 10, 12 ambulances ramped at the Royal they know that person is not going to get attended to. That absolutely crushes what drives those people to do that work, which I have already said is some of the hardest work that any health professionals do. We should all have absolute respect for those who put their hand up to be a paramedic in our health system.

Another said, 'As a paramedic I just want the opportunity to do the job I am paid to do'. What employer would not be thrilled with staff demanding for themselves to be more productive? We have heard the Treasurer talk about pay and conditions only being increased if it comes alongside productivity gains. These workers are crying out to be more productive themselves. They are asking for it, but they are working in a system that is so stretched that they cannot do the jobs they put their hands up to do in the way that they know represents best medical practice. They are just paramedics and a couple of examples from people working in midwifery at the Royal, a couple of small examples I have had personal contact with. Every member of this place would no doubt have countless other similar examples.

I spoke to a member of my constituency when I was having a street stall recently who wanted to talk about the health system. It is often the thing people raise when I have doorknocked and had street stalls since the election. Often health is the first thing raised by those people. She told an anecdotal example about her own life. She said she was taken into the emergency room with a suspected ruptured appendix. Anyone who has been through that surgery, or had a loved one who has, would know it is pretty scary and you have to act pretty fast. She was admitted pretty quickly she said, but then she waited on the ward for a week before she was operated on. She was dosed up to the eyeballs with painkillers waiting for the surgery a week later to have her appendix removed. It is frightening to know that in a developed country like ours we have people waiting a week to have their appendix removed. I know the medical professionals attending that patient would not have felt good about that. They would not have felt good that that was the way they had to perform those jobs, waiting for the availability for that patient to be operated on.

In the open letter that was written for anybody to read from the emergency registrars at the Royal, they spoke about those system failures. They talked about the moral injury, the physical exhaustion, the emotional depletion and psychological trauma that the registrars are feeling. That is compounded today by what we have heard from paramedics - moral injury, physical exhaustion, emotional and psychological trauma. Those are really strong words.

I know that the Health portfolio is no easy feat. I do not think any Health minister in this state has ever had an easy job, but it is the height of arrogance to keep saying everything is okay and to treat the Opposition like we do not have any ideas. On the one hand we have heard many members of the Government say, 'Well, Opposition, tell us what your ideas are if you think you could do it

so well'. We have heard many members of the Government explain that they believe they were left with a mess created by Labor and then in the next breath say they do not want to hear a blame game. If they do not want to hear a blame game, do not do the blame game yourself. Five years this Government has been power and five years this minister has held this portfolio and he says he does not want a blame game. We are in the middle of one now, he says, but all he does is blame the conditions of the health system that he was left by Labor.

'Where are your ideas, Opposition', said the Government in several contributions today? Two letters from the Labor Leader in the last six months were full of ideas and they have been ignored. The round tables was a motion in the parliament. That was more than a letter from the Leader of the Opposition to the Premier, a motion of this parliament which passed unanimously that roundtables should be established. It said, in part:

... statewide round tables with relevant stakeholders including the AMA, ANMF, HACSU and the RACGP, to listen to the views of professionals on the frontline. This matter has become so serious that these meetings must be led by you as Premier.

That eventuated into a motion of this parliament which was passed with full support, yet that has not happened. Not only is the Government happy to ignore the 10 strategies that have been offered up by the Opposition Leader to the Premier, they are also happy to ignore the will of this parliament and Chamber in moving a motion to establish round tables to deal collaboratively with the health crisis, and they are happy to do that over and over again.

On that note I will reiterate the fact that the Leader of the Opposition is offering a bipartisan approach or a multi-party, multi-Chamber approach, with all the relevant people around the table who need to be there. She has offered up 10 ideas that would assist the Government in a bipartisan way to deal with the health crisis. That might be unusual and that is probably why the offers of bipartisanship have been ignored by the Premier and others.

I want to give the Chamber a history lesson in a positive example of bipartisanship that was seen in the Australian Parliament in the 1980s when then Labor health minister, Neal Blewett, under Bob Hawke's government and his counterpart, the Liberal spokesperson for health, Dr Peter Bowen, took a bold and strong bipartisan approach to dealing with HIV. At a time when fear and stigmatisation surrounding AIDS and HIV was rising, these two politicians came together to form a bipartisan agreement which helped bring the HIV epidemic under control. They came together to address the crisis, Dr Peter Bowen with his experience as a doctor and Neal Blewett as health minister under the Hawke government. The result of that was not only to reduce the hysteria around that particular disease that was increasing dramatically in number in the 1980s, but also to develop now long-lasting programs like needle and syringe programs, a proven world-leading public health initiative directly related to a reduction in blood-borne viruses. Eventually that has led to other education programs and public health programs which would not have been possible were not for that bipartisanship shown by those two leaders in their field in the 1980s.

What happened as a result of that bipartisanship shown by Neal Blewett and Peter Bowen in the 1980s around the HIV crisis is a history where Australia is one of the leading countries when it comes to treatment of HIV and reduction in HIV numbers. According to the Australian Federation of AIDS Organisations - AFAO - rates have steadily declined and fallen to the lowest number of diagnoses in 2010 this year and there has been a seven per cent decrease in diagnoses in the last five years.

It is a long time since the 1980s, I acknowledge that, but the reason I raise this is that Australia has continued to lead the world in world's best practice approach to the treatment of HIV and AIDS. That is something all parties should be proud of because it stemmed from the work of the Australian Parliament in the 1980s in an extremely bipartisan way. Those two leaders, Neal Blewett and Dr Peter Bowen, were acknowledged for that joint work by being presented with life governorships of the Kirby Institute in 2014. That cooperative approach they took has been reported as having been critical to containing the threat of HIV in Australia.

However, both those former members of parliament warn that they fear that in today's political environment such bipartisanship would be impossible. That is certainly what we are seeing in this health crisis in Tasmania right now. They said that kind of bipartisanship would not be possible now because of a reticence to listen to advice that one does not agree with. I might be a new parliamentarian here but it is a real shame that these two leaders in their field have had to acknowledge that while they were able to forge a bipartisan agreement that led to world's best practice in what could have been one of the most devastating health epidemics in the world, it had lasting effects. We are still held in high regard for our treatment of HIV and AIDS in Australia. They both acknowledge that that would not have happened without that bipartisan approach. They also both acknowledge that it would not be possible, he said, 'Thank goodness they do not yet appear to be facing a disease epidemic like that in Australia now'.

God forbid that we ever would be. I fear that their worry is a correct worry. That kind of bipartisanship is a very rare thing. It is to be admired when it is offered and when it works. That one isolated example has shown that it can lead to decades-long success in health treatment and in health policy. It is a shame that we cannot see that kind of acceptance of bipartisanship in regards to the current health crisis. The offers of bipartisanship the Opposition has extended for months to the Government have been consistently ignored. This has led to the inevitable moving of a no-confidence motion in the minister today. What other option was left to Opposition members other than to continue to raise these matters alongside the health professionals and patients who are suffering in Tasmania's health system?

We have done the right thing by raising these matters publicly in parliament. It matters to people to have everybody's view in this parliament recorded on the public record so people are in no doubt about where each one of us, in this place, stands on their health, their wellbeing and their working conditions in our Tasmanian health system.

[7.02 p.m.]

**Ms COURTNEY** (Bass - Minister for Resources) - Madam Speaker, while it is very unfortunate and really quite unnecessary that I am standing here tonight to defend the Minister for Health, I do so very proudly. I will do so every day because this man has shown his dedication, his incredible work ethic, the care and empathy to people within the health system, people who work the health system and even the wider community that engages with the health system.

It is important in a debate such as this that we understand the context. As outlined by my colleagues, we are looking at an entire health system where we are seeing increasing demand. Looking at the Royal Hobart Hospital and the emergency department, 12 years ago they saw around 108 patients a day whereas now they are seeing around 222. We are seeing demand increase, the cost of delivery increase, the numbers and complexity of cases increase. We know we have an ageing population in Tasmania. We have challenges. We have not for one moment shied away from the fact that there are challenges. They are not just in Tasmania. They are in all jurisdictions across our country. We know that there are demands and pressures. This is why we are responding.

I have the privilege of being a member of Bass, alongside Mr Ferguson, so I get to see firsthand what he is doing in our electorate of Bass. Most notable has been the reopening of ward 4K as well as securing the John Grove Centre in Launceston. These have made enormous differences to our community. They have been possible because of the hard work, dedication and advocacy of Mr Ferguson. He knows what the community needs and he continues to deliver.

If we look at the capacity in the health system in northern Tasmania, we look at specialists. and we know that there have been challenges. We spent almost a decade looking for endocrinologists. I understand that for almost a decade we did not have any permanent staff in northern Tasmania. Now we have two servicing our community. We look at neurologists. My understanding is that for almost 10 to 15 years we had between zero and one full-time neurologist at the LGH, servicing our entire community. Now we have two.

We understand the specialists that are required in our community. We know there are challenges in getting them, but we are delivering. We are also delivering through the reinstatement of the Community Rapid Response Hospital in the Home Service, which I understand was cut by Labor in 2011, much to the disappointment of the broader community. We know these types of programs are important because they help people avoid hospital. They help people to be cared for in their own home. They make sure people can get well so that we do not have pressures within our health system, which is why we reinstated it.

In 2016 we also increased capacity at the LGH with two new surgical theatres. Furthermore, we delivered \$3 million in upgrades to allied health facilities at the LGH. This was the first redevelopment of these clinics for more than 30 years. It took Michael Ferguson to recognise the importance of these allied health facilities and to reinvest.

We also have had other improvements, including a special care dental unit being established for the first time. Furthermore, we have funded a significant capital upgrade of the Northern Sexual Health Services Clinic and recruited an extra permanent doctor for the statewide service.

In terms of the breadth of services this minister has been responding to, and the increased demand both across regions, services and health conditions, we are listening and responding. We know there is more to do. We heard today from all the speakers on this side. We understand there are challenges, but we are responding.

We have upgraded the patient call system at the LGH - \$950 000 to improve patient care. We are building the \$12.1 million St Helens Hospital, which will be opened in May. With regard to some of the capital improvements, the LGH is benefiting from an \$87 million investment. This will change the face of the delivery of health care in northern Tasmania for decades to come. This is important. We are a growing community. We are seeing our population in Tasmania growing for the first time. We will have a health system that can respond to that. We know there are challenges but we are responding to them.

I am very pleased to see the reopening of Ward 4K and the women and children's services precinct being constructed at the moment. The first stage is to be completed later this year. I believe Ward 4K has the adolescent mental health care facility for the first time. As was outlined by Mr Ferguson today, we went to the election with a mental health policy that was four times more than the other side. So, having specific services for adolescents in northern Tasmania is something I feel very strongly about. Other works expected to be completed include medical, surgical, maternity, obstetric, paediatric and mental health facilities, and a brand new 32-bed medical ward

refurbished space. The precise final works are subject to master planning, commencing in the near future, following the completion of the outstanding Royal Hobart Hospital master plan released in March. We are investing. We are making sure that we have the service delivery that Tasmanians need.

When Mr Ferguson responds to the increased nuanced demands across our state he knows that different places have different levels of demand. A clear example of this minister listening is what he has done on Flinders Island. These are modest amounts of money when we compare how much we have invested in the Royal Hobart Hospital, but for people in regional communities it is important. A \$500 000 upgrade in accommodation for health professionals on Flinders Island makes a meaningful difference. Improved patient transport for people on Flinders Island makes a difference. It makes a difference in that we have more people moving to these areas. It improves the lifestyle of the whole community. It improves the population, it improves the quality of health and the quality of the community. These are the examples I see every day in my community of this minister listening and speaking to Tasmanians, this minister responding to the challenges.

We know that there is a lot to do. We know that needs are evolving, that there is greater complexity of cases and that demand will increase and is increasing which is why we continue to invest. Already up and running are 10 new drug and alcohol residential rehabilitation beds at the fabulous Missiondale in Launceston delivering vital services to our community. These beds are part of a \$6 million investment over three years. It is the biggest increase in drug and alcohol treatment this state has ever funded. The extra 31 beds funded under the strategy is a boost of more than 40 per cent, bringing the total number of community-based residential rehabilitation beds to more than 100.

**Ms Butler** - It is not enough though. How many people do you know are waiting?

**Ms COURTNEY** - The things that I have been outlining -

**Mr DEPUTY SPEAKER** - Order.

**Ms COURTNEY** - This is a Government that is investing. If you want a reminder of what happened on your side when you were in government, you downgraded hospitals. You had budget cuts in 2011 and 2012. You cut more than \$500 million from health. You closed beds, you closed wards, you tried to close hospitals and sell them. To come in here and attack what we are doing when we are investing record amounts in health is preposterous. They are the side that had health cuts. This is the side that invests and we have proof; we have evidence. We have budgets after budgets to show that this is the side that will invest in health. That is the side that cuts. We know that; we have seen it before in government, and we will see it again. We know that they do not have a clear plan for health because they have failed to have an alternative budget in the entire time they have been in opposition.

**Dr Broad** - That's not true.

**Ms COURTNEY** - I hear a groan from the other side about this but if they cannot even work out what their policies are, if they cannot work out how much they are going to cost and put those in a fully-costed alternative budget for the Tasmanian people, then it is not really an alternative. It is just whingeing and complaining and creating fear from the sidelines. We have seen that time and time again, creating fear for Tasmanians.

**Ms Butler** - They are such whingers.

**Mr DEPUTY SPEAKER** - Order.

**Ms COURTNEY** - We will continue as late as we need to this evening because I know that all on this side of the House back Mr Ferguson. The fact is that we have invested and the evidence is clear. We know that there are challenges, we know there are issues and we are not denying that. No-one on this side has denied that there are challenges. We know that there is increased demand and increased complexity. We know that because we are investing more. We are listening and we are investing more and we are making the changes that are necessary to ensure that we are delivering for Tasmanians for their health care.

We will continue to deliver. Over the next five years, we will finish the Royal Hobart Hospital, the LGH and the Mersey redevelopments. We will open 300 new hospital beds. We will recruit 1000 new staff for our health system. We will finally have an acute mental health facility for young Tasmanians. We have built 27 new community-based mental health beds in modern facilities. We have recruited over 50 new paramedics in our ambulance service and we have comprehensive up-to-date master plans for all hospitals.

The reason I know that we will do this is because we have delivered before. Under the stewardship of Mr Ferguson, we have delivered. We have opened 130 new hospital beds, including eight new beds this year at the North West Regional Hospital, 22 beds at the Repatriation Hospital, reopened Ward 4K at the LGH, opened four ED beds and four surgical beds at the North West Regional Hospital, opened 10 beds at the Roy Fagan Centre, seven beds at New Norfolk and secured 20 beds at the John L Grove centre in Launceston. We have delivered and that is why I have absolute confidence in Mr Ferguson to continue delivery. He has already delivered, and he will continue to deliver.

We know there are challenges. We know that these will continue but this is a Health minister who has a track record of delivering what he says he is going to do and I have every confidence that he will continue to do that. The reason we have been able to do that is because we have been able to manage the budget. I have every expectation the Treasurer will have more to say on that. The reason we can invest record amounts into health, the reason that we can invest \$2 billion more than the last Labor-Greens budget into health, is because we can manage the budget. We understand the importance of having a balanced budget so we can deliver key priorities for Tasmanians, including a health system that they need and they deserve.

We know there are improvements still to be made. That is because we have forward planning in both capital and also investing in our staff. We know we deserve a health system and this minister is delivering.

It has been unfortunate that the debate today in this Chamber, and over a number of months and years, has been quite personal against Mr Ferguson. That is unfortunate because one thing I would like to reflect on before I close is the work ethic of Mr Ferguson. As a member for Bass, I work very closely with Mr Ferguson. We spend a lot of time together out and about with constituents, whether it is during an election campaign but most of our time is not campaigning. It is out and about speaking to communities and delivering in our portfolio areas but also in the community. I can say proudly that Mr Ferguson is a man of integrity. He is a man of empathy. He is a man who has an enormous work ethic. He is a man who cares for his community and he is a man who will continue to deliver. I can say that with absolute confidence.

I will proudly stand here and defend the Health minister today, tomorrow, every single day because he has done a strong job in a very challenging portfolio. We know there are challenges. We have outlined the increasing challenges in terms of demand. There is nothing we can do at the moment to stop demand increasing but we are delivering in making sure that we are having solutions. We have delivered and we will continue to deliver.

Furthermore, the reason I also have confidence in Mr Ferguson to deliver and the reason he has been able to over the past five years as Health minister is because he is part of a strong, stable, united team. We will continue to be so and this is why we have backed Mr Ferguson and will continue to do so because he has made the hard decisions. He has gone out, he has consulted, he has made hard decisions but he is also delivering solutions. He is delivering record investment into our health system, he is continuing to listen to this community and he is delivering solutions. I have full confidence in Mr Ferguson to continue doing so.

[7.17 p.m.]

**Dr BROAD** (Braddon) - Mr Deputy Speaker, I support this motion of no confidence.

The minister has had his time. We should be looking at this as a performance review. There are obviously challenges and pressures. There is no denying that and the Government is not denying this. There are significant identified problems in the health system and these were identified a long time ago. Unfortunately, the minister's performance is damned by his own words and I will go through and make a case.

I argue that after five years the minister has had a go, he has had his time. He has put strategies in place, he has tried things but they have not worked. Demonstrably, on a number of different points, things are getting worse. If this was any performance review that any worker would undergo, a CEO or anyone like that, you would step out the performance over that period of time with the thought of renewing a contract and you would go through issues. You would go through situations that occurred, strategies that were put in place, and outcomes. When it comes to this minister there have been issues identified. There have been issues that the can has been kicked down the road. There is no doubt that the minister has tried things, but I argue that what he has tried has not worked. That is why, if this was a performance review, his contract should not be renewed. He should do the honourable thing in the Westminster system and fall on his sword and give someone else a go.

There has been a litany of failures over this last five years. The problems have definitely been identified but they have not been fixed and what we are seeing now is a spiral. We are seeing a spiral where issues are getting worse and worse over these past five years. Now we are seeing continued ramping, continued bed block and continued escalations. We have seen the hospital more and more on its highest level of escalation which is having knock-on effects with cancellations of surgeries and so on. Now we are starting to see the outcome of that, which is the increase in surgery waiting lists and increases in people waiting to even get an appointment with a specialist. All these things are knocking on. We are getting to a situation now where we are seeing staff speak out. This has built up over five years so when the Liberals first came into government in 2014 this situation of staff speaking out and so on was not occurring. Over this five-year period we are seeing this spiral where things are getting worse. That is why I would contend that the minister has to go.

There are identified problems and identified challenges. The identified problems are in the redevelopment of the Royal Hobart Hospital and the minister has identified this himself. Along with the catcalling and the talk of playing politics and so on, the minister on 30 April 2013 identified

issues around significant concerns regarding the management of the Royal Hobart Hospital Redevelopment Project, including the following risks - adverse budget impact due to significant capital cost overruns and unfunded increased operating costs, major delays in the completing of the proposed works and service disruption. We are seeing at the moment the outcome of that. We are seeing major delays in the completion of the work.

**Mr Gutwein** - You hadn't laid a brick!

**Dr BROAD** - I am talking about the minister's performance, Treasurer. These are the words of the minister. All you are doing is running the 'Labor, Labor, Labor' defence. This is about the minister. The minister identified a problem.

**Mr Gutwein** - You just opened the door - you've been talking about 2013.

**Dr BROAD** - In 2014 the minister identified problems and I argue that these problems have not been addressed. This is about the minister's performance. He identified a problem. He has not fixed it. That is why he has to go.

**Mr Ferguson** - You need to go for a walk.

**Dr BROAD** - No, you need to listen; that is your problem. It is time for you to make some honest self-assessment here, to look in the mirror and say, 'I tried various things, they haven't worked. It's time to give someone else a go'. If it is not you doing it then it should be the Premier doing it. The Premier should look back on your record and say, 'Here was the problem that was identified. This was the strategy that was put in place and this is the outcome.' The outcome is it has not worked. There is continual ramping. There are continual level 4 escalations in the hospital. We are seeing a blowout now in waiting lists. This is a failure. You cannot sugar-coat it and you cannot blame it on us. This is what has happened over your five years. I am only talking about what has happened over your five years and your performance, minister.

If we go back to 2014 again we are talking about ramping at the Royal Hobart Hospital and the quote was, 'While we know there is still a lot of work to be done, two ambulances ramped per day is still two too many'. I do not know what the minister thinks nowadays but if there were only two ambulances ramped a day at the Royal Hobart Hospital there would be high fives all round and people would be celebrating that there are ambulances to go out on the road and answer calls. I am contending that you have identified problems but the strategies you have put in place have not worked. You have to have a bit of self-actualisation here and realise maybe it is time to give someone else a go.

Another press release from the minister in 2015 said:

The longstanding issue of double shifts are a serious concern for our hospitals and the double shift working group, which includes representations from the THS, the ANF, is tasked with looking at the issues closely and developing strategies to reduce the number of double shifts occurring in our hospitals.

What has happened with double shifts? Have they gone down? Under your watch you put this strategy in place back in 2015. You put a process in place. What are double shifts like at the moment? Are you arguing that the plan has been a success, the plan has been implemented and there are fewer double shifts? If not, you have to look in the mirror and say, 'I put that strategy in

place and I failed'. This is the whole thing about performance reviews. You have to have a bit of self-actualisation and not just blame the opposition all the time.

Now we go to the situations where we have the outcomes. The huge problem in this state is bed block. People cannot get out of the emergency rooms. There has been an identified problem of increasing demand that was raised in the past in a report. I cannot remember the name of it but it was poo-pooed by Treasury who said the modelling was unlikely to be the real outcome. Actually, that has been the real outcome. Demand has been increasing. The minister has identified it himself in the past, highlighting that demand is increasing. I argue that if demand is increasing and has been identified as a problem, why have you not fixed it?

**Mr Ferguson** - Go for a walk, mate.

**Dr BROAD** - Go for a walk, he says.

**Mr Ferguson** - We're building the building that Michelle O'Byrne should have built.

**Dr BROAD** - So it is our fault. Again it is our fault. You have had five years.

Why is there a decanting problem? Why is there an issue here? You have had time, you have identified problems and they are not fixed. That is the fundamental problem.

**Mr Ferguson** - We need more beds, more capacity. We're building it.

**Dr BROAD** - But you haven't fixed it.

We go back to 29 January 2016 where we have a 95-year-old patient left lying on the hospital floor of the Royal Hobart Hospital emergency department. Dr Greenaway said the AMA public hospital report card showed Tasmanian public hospitals were some of the worst in the country for elective surgery and blamed funding cuts at the state and federal level for negatively affecting performance targets. On 30 January 2016, he said the night in question had been near record night for the ED but that was no excuse for no bed being available for that 95-year-old lady. Later in 2016, a 91-year-old waited two days for surgery with almost severed fingers in the LGH, and the union said a woman recently miscarried in a chair in the RHH emergency department because no beds were available. No beds being available is obviously the crucial point here and that has not been fixed.

You put strategies in place. You have announced funding and strategies. We have had the 'emergency chair unit' and those sorts of things but these strategies have not worked. You have to admit they have not worked. We have case after case of the same issue cropping up. The bed block, the access block into the hospital, the issues with the emergency department and the ambulance ramping. Your strategies have not worked. That is why it is time to go and why we have no confidence in you.

On 26 March 2016 the health service boss was ordered to spend a week at the Royal Hobart Hospital as the minister admits the system is broken. That was three years ago when you admitted the system was broken. Things are now demonstrably worse than that point. For three years the strategies that you put in place over those three years, when you admitted the system was broken, have not worked. You have to admit that your strategies have not worked. What you have been trying has not worked. The only excuse you have - here we go - is this:

We inherited a very broken system but I don't use that as an excuse. We have to continue to invest and reform our health system.

That is all I have heard today. Labor, Labor, Labor - that is the defence. What about you? For five years your strategies have failed. In 2016, Mr Ferguson said that emergency departments were facing unprecedented demand. He said:

I heard a figure, which I need to validate, of a 9 per cent increase this month in presentations to the emergency department so we are seeing significant demand there.

Significant demand was identified by yourself with your own words, three years ago. Today the argument has been, 'We are getting increased demand'. Your strategies have failed and that is why we have no confidence in you, minister. They are not working.

Then we get to mental health. Also from 2016:

Pressure on mental health beds at the Royal Hobart is set to worsen, experts say, as patients are moved to temporary modules.

What we are seeing now is exactly that. I am not sure what is happening with the temporary modules right now but what we are seeing is the extra pressure on mental health beds. It had been identified in 2016 that there were going to be issues with pressures on mental health beds. That was three years and one month ago. Your strategies are not working, minister.

The patients who are waiting now in emergency are waiting up to three days with no natural light or fresh air and clearly that's of grave concern for their basic human rights'.

This was Neroli Ellis when she was spokesperson for the Nurses and Midwifery Association. The then AMA spokesperson, Richard Benjamin, said:

The AMA holds serious concerns about the designs of both the demountable units and the long-term units for the K-Block.

We are seeing the outcomes of this. On 5 April 2016 we had urgent action to address emergency department issues. Urgent action, an initiative known as Patients First, was initiated. Minister, you would have to admit that Patients First has not worked. Things are demonstrably worse. This is the spiral I am talking about. We had these continual media releases early in the day talking about ambulance ramping figures and so on. The ambulance ramping at the moment must be out of control then compared to that. It is having huge knock-on effects.

The Government committed to fixing our health system, back in 2016:

I refute any suggestions by the AMA that proposed changes to the structure of the state's health system are unworkable. It is a broken system with regional barriers that has let Tasmanians down for too long.

Minister, in that regard you put in place a strategy. It failed and you have gone back to what it was.

'Improving mental health services' is a media release from 10 November 2017. Apart from the Labor-Labor-Labor defence and talking about not attacking personally, today you had a crack at our health spokesperson, Sarah Lovell:

... who was unable to articulate what Labor would do in government under mental health other than consult, which is code for I have no idea.

That is a direct quote from you.

I was listening very intently in question time today when you talked about 'beginning the work to plan a meeting'. That was your quote. If that is not 'I have no idea', I do not know what is. It is an amazing case of double speak. What you have done here has not worked. You should let someone else plan the meeting. That is my argument: you have had your time. You put strategies in place, they have not worked, and it is time to let someone else do the planning.

There is evidence floating in departments about some of the issues. We had a ridiculous farce. Previously there was a whole debate about what escalation was. Was it happening? It was not happening; what was it called, and so on. Then we had the situation when the Deloitte report was not a report. On 18 December 2018 The *Mercury* published the quotes. On 22 November, Mr Ferguson said:

The report is cabinet-in-confidence and cabinet-in-confidence documents are not released to ensure frank and fearless advice is given as would also be the case under Labor and the Greens.

Then on 29 November:

I am happy to tell this parliament there is no such report by Deloitte in the THS Executive sitting on my desk. There is no such report.

Then a day later:

The Government has not received a report. The work being done by Deloitte is ongoing to support the opening of new beds currently being rolled out.

Then on 12 December:

This has been undertaken in part with support from Deloitte. It has presented interview and survey results but was not prepared as a report.

Then from the Government on 16 December:

The Government is considering the feedback provided through the survey which is initiated to continue efforts to improve Tasmania's public health system.

Then on 17 December:

The first thing I would like to say is that all of my statements in relation to demands for 'the report' to be released have been truthful. Given that I am happy to say I was first briefed on that report last Monday.

So there was a report. How about that? It was a survey. I do not know whether it was just a sketch on the back of an envelope. You go through a farcical situation where you do not own up and admit failure and say that there is a report and the report is not good. The report highlights a series of challenges. I suppose you do not want to admit that you put strategies in place that have failed. That is what reports like the Deloitte report and KPMG highlight. They also highlighted that the Government was underfunding Health by \$100 million a year and doing this pea and thimble trick with the Budget. You were pretending that you were going to spend less on Health than you did the year before and then say, 'We have got a surplus' and then fund the real needs of Health right at the last minute and trash your surplus.

We are seeing this spiral. Things are getting worse, ramping is up, elective surgery lists are blowing out, and there are escalations. We have heard today about the impact on workers. The member for Clark, Ms Haddad, highlighted the impact on workers and their feelings. They do not like going to work and are planning early retirement. Workers are getting so desperate they are leaking reports, and filming inside the emergency department on days where things are really out of control. On Wednesday 16 March 2018, footage was taken when nine ambulances were parked at the hospital. According to the Health and Community Services Union, Tim Jacobson, the entire metropolitan ambulance fleet was parked at the hospital. I am hearing cases now where there are no ambulances in southern Tasmania. I was alerted to situations on 28 March this year at eight o'clock, there were 80 patients waiting in the Royal Hobart Hospital Department of Emergency Management. There were 25 people waiting for beds. On that same day there was, I am reliably informed, no paramedic response available on the west coast of Tasmania. On top of that there was no fixed-wing aircraft for that night. That was a night of chaos: things were really bad and people were speaking out.

We are hearing now that waiting times for ambulances are getting worse. We are seeing ramping hours completely out of control. The minister has to admit the solutions have not worked. That is why he has to go.

In August 2018, a doctor tells the Health minister how the RHH is like a car up on blocks. What an extraordinary press conference. You saw a specialist like Dr O'Keeffe putting himself out there. He was so frustrated that he was asking his own questions during a press conference. This is unprecedented. He was dismissed off-hand. That was outrageous.

We also had issues such as mental health patients sleeping on the floor. In 2016 we had the 95-year-old lady sleeping on the floor. We are still seeing that. We are seeing mental health patients on the hospital floor in the emergency department for a week. One man was saying that he felt like he was being treated like an animal. The hospital was escalated to level 4 of its operations plan on Monday morning as it struggled to cope with demand. 'Standards have not been met', the minister said. I argue that your strategies have not worked. That is why it is time to go.

'Royal Hobart Hospital's unfolding woes are not okay' was a direct quote from the Prime Minister on Wednesday 19 September 2018. Not only do we have frustrated staff, we have the current - and probably not current for very long - Prime Minister writing to Mr Ferguson to say that the situation in Tasmania is not okay. The federal health minister wrote to the Tasmanian Government seeking a please explain over a plan to move Royal Hobart Hospital patients from beds to chairs to relieve bed block pressures. The Prime Minister of this country, a significant funder of the health system in Tasmania, was writing letters expressing his concerns; writing letters instructing his health minister to write letters to the Tasmanian Government. This is more than embarrassing; it has to be an admission of failure. That is why we have no confidence in you.

Then we get to the story of the state's health system being underfunded by \$100 million a year as Treasury 'has failed to heed project increases in demand, a secret report reveals'. It is no longer secret. It was an RDME Consulting report which the Government had kept under wraps since March. They denied there was a report highlighting a structural deficit in Health.

This whole idea that everything is fine, record investment and so on - what these reports show is that you are not putting in enough money. Again, your strategies are not working, minister. You have put things in place and they have not worked. If you were in any other business you would be marched in front of the board. They would say, 'Sorry mates, you've had your time; you have not met your KPIs. It is time to go'.

As a result, the Royal Hobart Hospital emergency department was designed to cope with 45 000 presentations a year. It is now being swamped by 62 000 patients a year. The current emergency department at the Royal Hobart Hospital is under pressure, it notes. The pressure is a result of ignoring or discounting demand projection and a failure to link gap analysis to facility planning. That is on your watch, minister. This is the issue that is having the massive ripple effects across the entire state and this is why the strategies that you have put in place are demonstrably not working and it is time to go.

We even had the Premier at the Liberal Party State Council admitting the health system is failing to keep pace with demand. He said:

We have a very real challenge meeting today's demand in yesterday's hospital.

That was in 2018. This is the whole thing, there is this increased pressure.

Then we have, 'Liberal Sue Hickey, wants Michael Ferguson quarantined' and so on. These have real impacts on people. We see specialists resigning. You talk about recruitment of staff - how many staff are actually resigning? How many staff are on stress leave? How much money are we spending on adverse outcome payouts? I am hearing whispers about adverse outcome payouts in the North West Regional Hospital. I do not know if the minister wants to clarify any issue there. What sort of adverse outcome payouts are we having?

We have under-funding and on top of that we have this pay dispute. We want our nurses to be the lowest paid in the country. How are we going to keep people employed? How are we going to encourage and recruit if we do not have a system? If we have a system that is massively under pressure and we have them being some of the lowest paid in the country, how are we going to recruit when they can nick off to the Gold Coast and get paid heaps more and enjoy the sunshine?

The real crunch of this comes down to what we are seeing now in coroners reports, minister. Talking about Mr S, the coroner's findings are:

It is clear that Mr S was suffering from mental illness at the time of his death. Had sufficient beds been available in the mental health ward of the Royal Hobart Hospital then doubtless he would have been admitted and it is likely that he would not have taken his life. Self-evidently, the Department of Emergency Medicine in the Royal Hobart Hospital is no place for anyone suffering depression, anxiety, suicidal ideation and indeed any mental health issue.

That was 21 November 2016.

This is having a demonstrable effect. Not only are ambulances ramped, we now have coroner's findings highlighting that the issue at heart here is the bed block and that people cannot get the treatment they need. Minister, that is a problem you have not fixed. That is why we have no confidence in you.

Now we have another report from a man I will call Mr B who died at 4.08 p.m. on 16 January 2017. Mr B's death was not reported to the coroner until 24 January. This was reported to the coroner after an internal investigation, from what I understand. The patient should have been allocated a monitored cubicle in the main ED to continuously observe his vital signs over time in order to establish a pattern of his episodes, vital signs of abnormalities which included episodes of severe hypertension. Due to extreme ED overcrowding, there was no capacity for this to occur for more than eight hours, including after he was discovered to have NSTEMI. The patient experienced an intracranial bleed, was admitted to ICU and subsequently died. This death is down to the bed block in the Royal Hobart Hospital, minister.

This was identified in 2014 as becoming a significant problem. That problem was identified five years ago. You have had five years to fix it, minister, and for five years the problem is getting worse. We are getting coroner's reports now where the coroner highlights that the problem is bed block. Minister, you have not fixed it.

Just the other day we had another unfortunate incident where a man died in a chair in the emergency department. No doubt there will be another coroner's report. Maybe that coroner's report will also find that it was the pressure on the ED, because that was a horrific day from all accounts.

If we have a ministerial accountability, or if you are in any other business, your performance would be ranked: this is what happened, these are the strategies you put in place, and this is the outcome. The outcome is that things are getting worse. Not only that, you have a stressed workforce. This is why I argue that we are in a spiral, minister. Now is the time to go because things are not going to get better. The spiral is in place.

The huge bed block we are seeing in the Royal Hobart Hospital is also being felt to a lesser extent in the other regional hospitals. The times I have visited the hospitals the beds were always full. I hope it is not coincidence. The Royal Hobart Hospital access block is having ripple effects across the whole state.

I have talked previously in this place about my own personal experiences with the issues of bed block when my mother-in-law had a heart attack and ended up in the Mersey Hospital. She was told she was having a heart attack and to call 000 and do not hang up. She was taken by ambulance to the nearest hospital, which was the Mersey. She was transferred to the high dependency unit there but she waited on the floor. She got there at 11 a.m. and waited on the floor until 10 p.m. before she was admitted. She was still having a heart attack which was unresponsive to standard treatments. She should have been seen within an hour. She should have then been straight to a specialist within 60 minutes. Instead, she was sitting on a trolley in emergency until 10 p.m. when she was finally admitted to a bed. Then she waited three days even to see a specialist. This is extraordinary. It must have been another horrific day. She ended up being flown by air ambulance to Hobart.

The issue there was that Hobart was full, the LGH was full, the Mersey was full, the North West Regional was full. There were ambulances ramped around the state. We are lucky to still

have her. It was very concerning. We have some people with medical training in the family and they knew what was going on. They were getting more and more concerned. It was very stressful. We know that the clinical time to see the specialist is hours at the most, not days.

Minister, this was under your watch. This is what happens. We are very lucky that we do not have more deaths, that the extraordinary work of the hospital under these enormous pressures is being handled to some extent, although we are seeing the outcomes with coroners' reports. Your strategies have not worked. You have to go.

**Time expired.**

[7.47 p.m.]

**Mr GUTWEIN** (Bass - Treasurer) - Mr Deputy Speaker, this would have to be the most flaccid no confidence motion I have ever witnessed in this place.

First, I am sorry to hear of the circumstances of your mother.

**Dr Broad** - Mother-in-law.

**Mr GUTWEIN** - Believe me. In here we all have our stories. In 2011, under your watch when Ms O'Byrne was health minister, my father sat on a trolley for three days. It is difficult to manage demand in hospitals. We all understand that.

**Mr Bacon** - You reckon \$15 million less will help?

**Mr GUTWEIN** - You stand up here, all of you as if you are health experts, with scant regard for the responsibility that you had and still have in terms of the challenges we faced. This minister, who has the full support of everybody on this side of the House, will deliver the Royal Hobart Hospital rebuild, will deliver that new hospital.

Let me remind those on that side of the House why we have bed block in Hobart at the moment. 2006 was when the then Labor premier decided to rebuild the Royal Hobart Hospital from the inside out. That was premier Lennon. You know what happened then? In 2007 Lennon and the then minister, Ms Giddings, decided that they would build a waterfront hospital. They then spent two years and \$10 million doing nothing, wasting money. In 2009, the then new premier, Mr Bartlett, ruled out building at the waterfront because of the significant upfront cost. In 2010 Ms Giddings determined that they would rebuild and redevelop the Royal Hobart Hospital on its existing site. In 2012, the then minister, Ms O'Byrne, said that the new Royal inpatient precinct would be completed by early 2016. In 2012, Ms O'Byrne decided that there was no need for a helipad. In 2013 Ms O'Byrne said the project would not be completed on time and pushed it out to 2017. We came to government in 2014, and guess what? Not a single brick had been laid in 2014.

**Mr BACON** - Point of order, Mr Deputy Speaker. Just for clarification, did you say you came into government in 2014?

**Mr GUTWEIN** - Yes, 2104. Guess what we have done since then? We have a building out of the ground that is going to open.

**Mr Bacon** - Sorry, I didn't realise. I thought you came in 10 minutes ago the way you are telling the story.

**Mr DEPUTY SPEAKER** - Order, Mr Bacon.

**Mr GUTWEIN** - Mr Deputy Speaker, I know it is embarrassing for those on that side of the House, but it was 13 years ago when you decided that something needed to be done. By the time we got to government, eight years later, you had not laid a brick. You should be embarrassed by your performance during that time. This minister has that redevelopment back on track.

**Mr Bacon** - What about looking at yourself? Why do they call them 'avoidable' deaths?

**Mr GUTWEIN** - You have had your chance.

**Mr DEPUTY SPEAKER** - Order. Shouting across the Chamber is not appropriate.

**Mr GUTWEIN** - I describe their effort as flaccid. I know they are going to do their very best now to fire up and put some passion into this, but at the end of the day, they have had their chance and they have done nothing.

**Mr O'Byrne** - When the emergency service workers read this contribution, you should hang your head in shame.

**Mr Bacon** - You've had five years. Five years!

**Mr DEPUTY SPEAKER** - Mr Bacon, second warning; Mr O'Byrne, first warning.

**Mr GUTWEIN** - Mr Deputy Speaker, let me explain what this minister has done. He has put 800 new staff on. What did they do on that side of the House? They cut \$520 million out of Health and at the same time did not lay a brick. The gall of them to bring on a no-confidence motion! This minister has put enough staff on to staff a new small hospital. He has employed 800 new staff - more than 500 nurses, 100 doctors, 70 allied health professionals, and more than 50 paramedics. Why have we put those staff on? Because demand has gone up and because 13 years ago you said you were going to build a new hospital that would have enough beds in it, and we had to fix your mess. The minister has delivered 130 beds so far, and we will be opening more beds.

**Mr O'Byrne** - Then why are the registrars complaining? Answer the registrars.

**Mr DEPUTY SPEAKER** - Order.

**Mr GUTWEIN** - On that side of the House they know demand has increased. They know that we had a flu epidemic in 2017 and demand never abated. We continue to invest in Health and this minister continues to do his job, unlike what happened on that side of the House.

**Mr O'Byrne** - Avoidable deaths - the worst they've ever seen, on your watch.

**Mr GUTWEIN** - Mr Deputy Speaker, I cannot believe that the front bench on that side of the House continue to interject as they are when their record has been laid bare. If you conducted a performance review, as the previous speaker was suggesting, how would you deal with a rebuild of a hospital that was announced in 2006 and then eight years later a single brick had not been laid? In the same time, 800 more staff have been put on since 2014. This Health minister is doing his job. It is a difficult job, he has acknowledged that, but demand has increased and this Government has responded. This Government has invested, and has a project which, at the end of the day, was

going nowhere under that side of the House, and is now back on track. We have more staff in our hospitals, more paramedics on the ground and we are opening beds.

The point I have made is that demand is up, with more than 7000 presentations annually into our hospitals to date than we had a few years ago. Demand has increased. We have invested, employed staff and we have that hospital rebuild back on track. That is what this minister has done. All they can do on that side of the House is throw rocks. They went to the election with a woeful health policy where they put less money in over time. How they thought they could con Tasmanians was extraordinary.

**Mr Bacon** - Sounds like the next financial year to me.

**Mr GUTWEIN** - The shadow treasurer once again inserts himself into the debate. I tell you what, mate, we are going to look forward to your alternative budget and you providing some policies and some funded commitments in how you would do this. The Tuesday after the Budget is brought down will be the opportunity for the Opposition to lay out their plan. At the moment they have no plan.

**Mr Bacon** - You're the one who can't sleep at night.

**Mr GUTWEIN** - I point out again, as I have said on numerous occasions in this place, whingeing is not a policy, complaining is not a platform, and that is all you have.

**Mr Bacon** - You haven't even got that.

**Mr DEPUTY SPEAKER** - Order. Mr Bacon, you are on your second warning for constantly interjecting.

**Mr GUTWEIN** - This has been a stunt designed to stop us bringing on legislation that is important to Tasmanians. They have brought this on today because of the upcoming elections. They have flagged that they have been looking for a stunt and that is what this is. It should be declared for what it is - a cheap, political stunt.

The Health minister is doing a very good job under very difficult circumstances. Demand is increasing and he has employed new staff to meet that demand. He has the Royal Hobart Hospital rebuild back on track which, after eight years, you lot had not even laid a brick. All you had done was wasted \$10 million in looking at a hospital at the waterfront.

I am going to keep my contribution relatively short tonight because at the end of the day, this is a stunt that has been designed by those on that side for political gain, nothing more.

**Mr O'Byrne** - You can't sustain an argument.

**Mr GUTWEIN** - Was that you today who actually said that the unemployment rate in this state was the lowest it had been before you became economic development minister? Was that right? Weren't you a great success? We should run the KPIs over you. You actually took the unemployment rate in the wrong direction. Hadn't somebody explained to you that what you are supposed to do is to take the unemployment rate down, not up? That is a KPI you could not meet.

As I have said, and I am being distracted here, the Health minister has done a very good job under very difficult circumstances. He has my full support and the Government's full support. He

will get on and continue to do a very difficult job under very difficult circumstances and he will do it well. It is the most difficult job in government being the health minister but he is prepared to shoulder up every single day, take the criticism and the cheap shots that they throw from that side but he is prepared to get on with it, he will keep doing it and he has the support of this Government.

[8.00 p.m.]

**Ms STANDEN** (Franklin) - Mr Deputy Speaker, I rise with no great pleasure to support this motion because as a person who has lived and worked in this state for all of my career it brings me no pleasure to highlight the appalling state of the health system and the contribution of this Health minister to the appalling state that we see today. It is galling to stand here listening to members of the Government defending this minister as they accuse the Labor Opposition of playing politics. They accuse us of having no understanding of the system. The Treasurer has focused on the Royal Hobart Hospital, the bricks and mortar as if it were the main factor within the health system, without a broader understanding of the people, of the system that has brought this situation to the crisis that it is today.

I want to talk about the people, about the clinicians. I want to talk about the community sector, even the Governor of this state, who have made comments on the pressure on the Royal Hobart Hospital. We need to be conscious that the pressures on the health and hospital system are broader than in the south of the state. Yes, it is true that there has been an increase in acute care demand and an increase in spending even in order to address pressures in the health system for as long as I have lived and worked in this state.

Really it tells the story of a failure to plan, a failure to accurately forecast, and a failure to properly resource a system that continues to spiral out of control. I have had letters coming forward from respected health professionals, emergency department registrars, ambulance paramedics, a former clinician in Bryan Walpole. I have had interactions with GPs within the primary health care system and others within the community sector. There are respected people like Saul Eslake who have made comments about the resourcing priorities of this Government and there are comments from those within the community sector even about the appalling state of the health system and the failure to address, in particular, preventative health services which is impacting on the situation today. The Royal Hobart Hospital is just the canary in the coal mine. It is the point at which the pressure comes to bear where it is most obvious to the community that the system is letting us down.

Really the bigger game at play here ought to be, what is this Government doing to keep people healthy, happy, well and in their communities for longer, leading better, longer, higher quality lives out in the community where they should be?

I start with the Royal Hobart Hospital in order to build this case, as others have. The letter to the hospital executive from emergency department registrars is a disturbing situation. Not just for the words that are on this five-page letter, but because as a former health professional I understand what it must represent to these registrars being prepared to put pen to paper, to risk their careers to outline these concerns to the hospital executive. They must have known it would be reported in the media and passed on to the Health minister, as I am sure they hoped would happen.

They talk about the impossible situation of being unable to meet most of the national emergency department KPIs. They talk about the abundance of cases where there have been direct patient injury and even death resulting from access block. They talk about system failures that are also causing severe moral injury, physical exhaustion, moral depletion and psychological trauma amongst our registrar group.

They talk about many emergency registrars feeling unable to continue working in these conditions and some are even considering leaving their training program in order to escape a failed system. They conclude by saying, 'We will no longer be silently complicit in substandard patient care and an unsafe work environment'. As much as they are state public servants and therefore bound by a code of conduct, they are also health professionals who have signed up to a moral code to put their patients first.

I understand as a former health professional how difficult that situation is when you are working at the coalface, when you are trying to keep people well, when you are faced with a situation with months of waiting lists of people to see you in an outpatient situation, whether they are acutely ill or recovering from illness. It is demoralising when you know, in some cases, you are the only person operating in that area of specialty and there is no hope.

It is disturbing to see this five-page letter outlining a range of ideas and it is terrific to see the registrars taking the initiative to outline these ideas and submitting them in good faith. However, the proof of the pudding will be in the eating. This letter was submitted on 18 April and it really demands an urgent response from the Health minister to explain not only how he is going to respond but how the situation has reached this point.

If you do not believe the emergency department registrars, there is the letter from an ambulance paramedic that talks about the widespread and undeniable psychological injury that is occurring within the ambulance service. He talks about his astonishment at both the prevalence and the degree of reported injury and holding significant concerns for the wellbeing of his colleagues and of their difficulty in sleeping. I quote from this four-page letter to the Executive within the Ambulance Service. It talks about issues of staffing with a number of his colleagues considering leaving Ambulance Tasmania altogether, solely because of the ramping situation, even thinking about seeking employment elsewhere. The ambulance paramedic talks about the current environment at the Royal Hobart Hospital and describing it:

... can only be described as an unmitigated crisis, with consensus amongst frontline staff that it is entirely unworkable. Staff openly discuss the personal impacts of ramping on their mental and physical health, with individuals reduced to tears on a daily basis. Yet, there are no harm reduction strategies in place to mitigate this.

No-one would deny that working as an ambulance paramedic must be one of the most stressful positions in the health system. It is really telling that a paramedic is moved to the point of writing this kind of letter to the executive team and also to boldly outline a series of positive solutions to address the situation. The paramedic says, 'There are no harm reduction strategies in place to mitigate this', and accuses the bureaucracy of being ineffective. He says:

It is disturbing to see these incredibly talented and passionate professionals, who are calling for nothing more than the ability to simply do their job, wither in the face of bureaucratic flaccidity. Tangible intervention is required immediately, to prevent the gross attrition of paramedic staff and further degradation to the wellbeing of those stubborn enough to remain.

What a dreadful situation it is when clinicians are moved to write a letter of this nature and to lay bare the concerns of inaction right at the very top. Although this is written to the head of the

Ambulance Service, in the end it is the Health minister who must take responsibility for a situation that has undeniably spiralled so much out of control.

If you do not believe those clinicians, I point to an opinion piece written a week or so ago by former emergency physician, Dr Bryan Walpole, who was director of emergency at the Royal Hobart Hospital, co-director of the Department of Medicine, senior lecturer in emergency medicine at UTAS, state president of the AMA and vice president of the Australian College for Emergency Medicine. He talks about the Royal Hobart Hospital being the bottleneck. He says:

Alarm bells ringing about dire problems in emergency departments are not new but have reached crisis level when registrar doctors - the engine of health care - are speaking out, risking careers and their mental health.

He talks about the long queues of people in emergency departments dying at a greater rate than they need to without a clear path to a bed, around 40 in Tasmania, which is the same as the road toll in this state. He says that waiting room deaths have a devastating effect on staff and should not happen in a functional system. He asks who is occupying the hospital beds unnecessarily? He points out that those not receiving acute care who could safely be discharged if a place were available are the people we are talking about. This can be up to 10 per cent of available beds, about 100 beds statewide and needs a Commonwealth-state fix now. He is calling for an apolitical approach. He is talking about, in particular, elderly people.

As a side note, this week a good friend of mind has been dealing with her elderly mother in the north-west of the state who is in exactly this situation. She has been coping at home, living on her own with declining mental health issues and, only a couple of weeks ago, was found wandering the streets of her small town at 3 a.m. Obviously the situation had reached crisis point. She was taken to the hospital and fortunately able to be accommodated in a bed there, but was told it would be at least three months until she could be placed in an aged care facility. This person with dementia and psychotic episodes had lucid moments and was confused as to why she could not go home where she had people in her community who were looking out for her but did not have insight into her illness. This the type of person that is the so-called bed blocker. These are real people who cannot be serviced and are choking our acute care services because of bottlenecks in other places within the system.

Dr Walpole concludes by saying it is time to stop the talk and excuses. He says:

Listen to those vital, hardworking registrars and get on with some short-term and longer-term solutions. Anything else would be criminal neglect.

'Criminal neglect' are strong words from an eminent physician who has a respected place in the Tasmanian community. Alarm bells ringing indeed.

If we talk about other parts of the sector and how people are being affected by this crisis in the health system, I want to raise the issue of the Risdon Vale Medical Centre in my electorate of Franklin. I wrote to the Health minister in September last year to highlight an issue that was emerging with a decline in the number of GPs and reduced opening hours to treat local patients in that community and requested the minister to work with the service provider to ensure that service remained viable particularly in these communities. Although Risdon Vale is not Timbuktu, the problem we have in Tasmania is that, particularly in these lower-income areas, we have a higher

proportion of single-parent families, a higher proportion of domestic violence, alcohol and drug issues and all these other co-morbidities that mean that people have a higher level of need.

I am sure the Health minister understands this and yet in his response I was dismayed that he virtually dismissed the situation by saying, and I quote:

Yes, the Tasmanian Government leases the Risdon Vale Medical Centre to the service provider in order for them to operate the GP service but, like all privately operated general practices, the Risdon Vale Medical Centre operates under an activity-funded business model. The services provided at the centre are therefore based on community demand. If demand is low, for whatever reason, then recruiting and retaining GPs is challenging, regardless of the operator.

Let us stop and think about that for a minute. If I am a single mum with some young kids - and I have spoken with a GP in that practice who has outlined a number of similar situations - I know that the service is only open three or four days a week. There are two GPs operating at the service at the moment, one who is near retirement, and just this week I was advised of the imminent closure of this service. The service provider intends to close this service at the end of June. It is because of this spiral people like that sole parent are unable to rely upon a service that is part-time and therefore increasingly less reliable, particularly when one or the other of the GPs is not available because of illness or holidays. Families have no choice except to look outside of the community for help but only if they have the financial means to do that. Often other practices do not bulk bill, or these families do not have the transport in order to easily access those sorts of services. Therefore, viability of these valuable community services declines and declines. This is the very situation that is feeding the emerging issue at the Royal Hobart Hospital.

If you do not believe me or the GP at the Risdon Vale Medical Centre, what about Saul Eslake, independent economist? I was interested to look at his assessment of the spending priorities of the Government last year where he outlined the level of service provision ratios for specific areas of operating expenses in Tasmania. A particular graph is very compelling. It shows that for a range of services Tasmania has below average service provision ratios, but Community Services, in particular, is a standout at less than 30 per cent of the average level of spending in other jurisdictions. It is no wonder that our primary health services, so underfunded as they are, lead to choking of our acute care services because people are not receiving the sorts of services that they need in order to remain healthy and well within their communities.

Speaking of which, the topic of prevention is what I wanted to touch on briefly. The Greens member for Franklin, Rosalie Woodruff, talked about health prevention quite a bit in her contribution and the aspiration for this state to be the healthiest state by 2025. As a former public health nutritionist, I have to say that that aspiration seems impossibly far off into the distance by every given measure, whether it be physical activity, smoking, drug and alcohol consumption, the obesity epidemic which is facing this community, the level of preventable chronic illness like diabetes, cardiovascular disease, stroke, preventable cancers; low vaccination rates, and maternal child health expenditure and oral health, another area where this Government has a woeful record.

If you want to look at the amount of spending as an indication of that, it is roughly \$8 million to \$9 million out of an entire Health budget of about three-quarters of a billion dollars so less than 1 per cent; in fact, 0.01 per cent of the Health budget spend is in the area of prevention and yet TasCOSS, the peak body for social services in this state, estimates that 5 per cent would be a level of expenditure in preventive health measures that would be commensurate with achieving that type

of goal. The Joint Select Committee Inquiry into Preventative Health in 2016 is another good example.

Other colleagues of mine have talked about the Leader of Opposition's pleas to the Premier to work in a bipartisan way to outline a range of sensible initiatives, including statewide round tables and the like, to work together with the Government to address this emerging issue.

In 2016, the Joint Select Committee Inquiry into Preventative Health, chaired by Ruth Forrest from the other place and with members across the parliament, outlined a range of initiatives, well-researched ideas, with submissions from a range of organisations to address preventative health. It concluded with a seven-point set of recommendations including funding being significantly increased for preventative health measures to improve the long-term health and wellbeing of Tasmanians through a range of measures.

I would love to know what it is that this Health minister has done to address this incredibly well-researched, deep examination of the need for preventative health investment in this state. It seems to me that all of his conversations seem to focus on the bricks and mortar of the acute care facilities. What is being done to keep people healthy and well within their communities? There are wonderful resources like this that are being ignored.

In the time I have remaining I want to touch on the matter of surgical terminations. It is a matter that is very important to me. On International Women's Day, I attended a wonderful event at the Convention Centre in South Hobart. The guest of honour was Her Excellency Professor the Honourable Kate Warner AC, Governor of Tasmania. I believe it is reasonable to quote from her in this place, given that the speech she delivered is in the public domain and on her website. I want to highlight this not for the sake of a political point but exactly the opposite.

Much is being said here, accusing the Labor Opposition of playing politics in this area. Who would challenge that the Governor of Tasmania is beyond politics in this state? I note that the honourable Jacquie Petrusma was in the audience as were Jenny Gale, the head of the Department of Premier and Cabinet; Kym Goodes, the CEO of TasCOSS, and Doug Chipman, LGAT President; as well as Dr Katrena Stephenson the CEO of LGAT. This was a forum that was apolitical and looking to solutions to improve outcomes for women in particular.

I wanted to quote from the Governor's speech because she made some insightful comments, in particular, from her observation of some 40-plus years as a practitioner within this state, about what had been done to advance improvements for women in this state. I quote:

Access to childcare and fertility control have been important steps to achieving gender equality in the workplace.

Access to affordable childcare has been a barrier to workplace gender equality. She talked about costs of childcare and how that had impact on accessibility and quality remaining contentious, as are recent changes to rebates and subsidies. It was an insightful comment on the improvements that childcare had made in terms of access to workplace participation for women in this state.

Then she went on to talk about women's health on fertility control. I quote:

The contraceptive pill and access to safe abortion have been significant. The latter has been too slow in my opinion. In the 1960s and 1970s safe terminations

were not easily accessible - in fact doctors who performed abortions if the woman's life was not in danger faced criminal prosecution. If you needed a medical termination, the only option was to go to Melbourne - and of course this was expensive and difficult to organise in a discreet way. The horrors of back-street abortions were brought home to me when I was a judge's associate in 1970.

Molly Savage was an abortionist charged with manslaughter after one of her clients died of septicaemia. The young woman had made a dying declaration implicating Molly Savage, enabling the charges to proceed. The young woman was by no means her first victim. A number of others gave evidence of paying Molly Savage for an abortion and subsequently being admitted to the hospital with septicaemia.

The contact for appointments with Molly Savage was her daughter, a lift operator at Fitzgeralds, a department store in Collins Street.

I can well remember the exhibits at the trial. They included photos of the room in which the abortions were performed. A very frilly, fluffy bedroom with a lot of stuffed toys. And the worst of the exhibits were her instruments. A piece of pink rubber tube, and a piece of pink soap wrapped in a rather grubby-looking cloth, exhibits which I was required to hold up, name and number. Molly Savage was convicted and imprisoned. Later I was to learn that my grandmother's sister, my great-aunt Heidi, had died from a septic abortion, leaving her small children without a mother.

The Savage trial had a profound effect on me and I have been an advocate for decriminalising abortion and access to safe, accessible and affordable termination of pregnancy services as well as for women's health clinics.

Abortion has been legalised in stages in Tasmania. In 2001 amendments to the Criminal Code made abortion available on conditions, including informed consent, counselling and the certification of two doctors. In 2013 medical terminations were removed from the Criminal Code and it is now only a criminal offence if performed by someone other than a doctor. So, it is lawful if performed by a doctor but there remain questions about access.

Obviously, the Governor of Tasmania is incredibly discreet in the way that she captured that example. It was profound and moved everybody in the audience. Hundreds of people, particularly women from the public sector, the community sector, people like myself were in the audience listening to the insights of a woman with deep experience whom the Tasmanian people respect. I think that it really highlighted the importance of continued investment in primary health care, in preventative health care, in order to relieve pressure on the acute system.

I end on this point as we discuss the competency of this Health minister to address the issues in the health system in Tasmania. How can it be that it has taken more than a year for us to have publicly available, legally accessible, safe termination services for women in this state when we know, looking back 40 years, from the example given by the Governor of Tasmania, how terrible the past has been.

[8.28 p.m.]

**Mrs PETRUSMA** (Franklin - Minister for Disability Services and Community Development) - Madam Speaker, I put on the record my 100 per cent support for my ministerial and PLP colleague, the honourable Michael Ferguson, Minister for Health.

I also want to call out this motion today for what it is. It is just a cheap political point-scoring exercise. It is all about trying to increase the appeal of their candidates for Saturday's election. It is also trying to divert attention -

**Members** interjecting.

**Madam SPEAKER** - Order, can we stop this chatter across the room, please?

**Mrs PETRUSMA** - It is all about them trying to divert attention from what I see as one of the most important bills that we could have been debating instead today, which is to put in place in Tasmania minimum mandatory sentences for those who commit some of the most heinous crimes in Tasmania, that is, sexual offences against our children. That is what we should have been spending our time on today instead of wasting this time in debating this pointless motion. They do not want to hear the truth. They are not even listening.

Michael Ferguson is one of the most passionate, committed, hardworking members in this parliament. I thank him for what he has done over the last five years. I know that every minute of the day he lives and breathes health because he wants Tasmanians to have the best health system.

**Ms O'Byrne** - He stood up for me every time I stuffed up my portfolio last term. Every time I misled the House, every time I let children live in danger.

**Mrs PETRUSMA** - The person who is just talking now sacked a nurse a day for nine months, so she is the last person in this House who should be speaking.

**Ms O'Byrne** - As a failed Human Services minister do you want to talk about misleading the House?

**Madam SPEAKER** - Order. Everyone is tired but I expect you to behave.

**Mrs PETRUSMA** - Madam Speaker, I also want to thank Mr Ferguson's wife Julie and his children. For five years they have been alongside the minister on this journey and they have to now put up -

**Members** interjecting.

**Madam SPEAKER** - Order. There will be no more chatter across the Chamber.

**Mrs PETRUSMA** - They now have to see their husband and father being falsely maligned in this place when all the minister has done is put all his time and effort into trying to give Tasmanians the best health system in Australia. The fact is we inherited a basket case and unfortunately there is no silver bullet that can fix 16 years of a health system that was shocking.

The reason I ran for parliament was that I had been a nurse in the health system for 26 years. During that time I had worked under Labor and Liberal governments but I have to say that 16 years

under Labor was appalling and shocking, and for every case they have put on the record tonight, I could put 10 more in its place. The health system was appalling. It was a shocker.

To recap on some of the things: Labor left people on the elective surgery waiting list for 10 years and closed surgery theatres. In fact Labor's 2011-12 budget cuts saw more than \$500 million cut from Health and Human Services, with closure of more than 100 hospital beds, including ward 4D at the Launceston General Hospital, a hospital that I happened to have worked at, beds at the North West Regional Hospital, another hospital I had worked at, and beds at the Royal Hobart Hospital, another hospital I had worked at in this health system. I have seen this health system in all different areas of the state.

They also cut \$58 million over three years from the elective surgery budget, they sacked 287 nurses in a nine-month period, or a nurse a day, they cut the Hospital in the Home program in Launceston, they reduced the after-hours services for pathology and radiology, they savagely cut more than 40 jobs from frontline mental health services in 2011 and they failed to deliver the North West Cancer Centre on time because they did not budget for its operation. That was a huge risk to the local community.

Now we get to the Royal Hobart Hospital redevelopment. The Royal Hobart Hospital was in absolute disarray when we came to government in 2014. Not one brick had been laid. Mental health wards, which Labor had designed for levels 2 and 3, had inadequate outdoor space, the lifesaving helipad had been taken out, and acutely unwell psychiatry patients were to be sent to outer suburbs away from the hospital. What is happening tonight is that Labor is not interested in solutions and there is nothing new in their cause for the minister's sacking. Let us go back to what Professor John Burgess, the AMA president, said yesterday:

Changing Tasmania's Health minister is not going to change the realities of increasing demand and increased costs.

Rather than concentrating on failures in the system, we are more interested in trying to work with the minister and management to find solutions.

Professor John Burgess has summed it up. We should be looking at solutions, and I am delighted that Mr Ferguson has been working on solutions.

Let us focus on some of the solutions the minister has been working on - for example, in preventative health. The Hodgman Liberal Government has a goal to combat preventative health challenges. We want to become the healthiest population by 2025. We know that this is a bold target, but we are not ashamed because it is the only target worth striving for. It is also a target that in my portfolio of Sport and Recreation we are delighted to support. Our investment of \$8.6 million for the Healthy Tasmania Strategic Plan is providing guidance for the immediate and longer-term preventative health actions of the Government. This \$8.6 million is in addition to the \$70 million we already invest in preventative programs each year. We have also extended this into a five-year plan with funds allocated in the 2018-19 budget and we have ongoing funding of \$1.1 million per annum for 2020-21.

I am delighted to confirm that Mr Ferguson recently announced successful applicants for the second round of the Healthy Tasmania Community Innovations Grants. These grants complement our wider preventative health strategy and offer organisations up to \$25 000 to support healthy eating, physical activity, quitting smoking, and encouraging community connection and

partnerships. These grants will fund activities that support innovative, sustainable grassroots community-driven programs that aim to improve health and reduce health inequities for Tasmanian communities. We know that the key to changing lifestyle habits is people within the community driving and encouraging these changes. That is why we are partnering with organisations to achieve this.

In addition, another commitment of this Government is investing \$6.6 million for a new Tasmanian community health fund and initiatives that will improve the health and wellbeing of Tasmanian communities. This fund will build on the success of the Healthy Tasmanian Community Innovations Grants and will have a broader focus by including initiatives such as beyond smoking as well as healthy eating, physical activity and community connections - for example, it includes first aid training and mental health first aid training - and other preventative health initiatives may be funded.

Partnerships with Parks and Wildlife and schools and community organisations will also continue to grow to ensure that many more opportunities are provided for Tasmanians to improve their health and the places they live, learn and play. As always, we will continue to take expert advice on preventative health measures and support education campaigns that encourage Tasmanians to adopt a balanced diet and active lifestyle.

The minister has also been working on smoking and tobacco control. This includes reducing the rates of smoking in Tasmania, another key initiative of the Government's Healthy Tasmania Strategic Plan. Healthy Tasmania supports realistic measures that make it easier for people to quit, stay smoke-free and make it harder to take up smoking in the first place. Many community innovation grants under the Healthy Tasmania plan have funded a range of initiatives to reduce smoking.

Through the work of the minister, Mr Ferguson, the Government has also put in place additional enforcement measures related to the selling or supply of smoking products to children because we believe people who break the law should face the consequences. Mr Ferguson's public health amendment bill has delivered on specific smoking-related actions, including increasing penalties for selling or supplying smoking products to a child; introducing laws to regulate electronic cigarettes, but not ban personal vaporiser products; and enabling provisions for target campaigns through quit smoking information that is provided at the point of sale. This is a first for Tasmania. To further support this, the Government has also increased the tobacco sellers licence fee, and we have a team of Tasmania Health Service nurses who run a statewide program to encourage pregnant women to quit smoking. Through the minister's department, we have also provided significant new funding for a range of preventative health programs, including Cancer Council Tasmania's Quit social marketing program and the Quitline smoking cessation support.

The Hodgman Liberal Government is also committed to creating a more inclusive Tasmania that empowers and enables women and girls, which is why women's health and wellbeing is one the four priority areas in the Tasmanian Women's Strategy 2018-21. We know that gender is one of the most powerful determinants of health outcomes. Good health and wellbeing positively affect the lives of women and girls in many ways, enhancing quality of life, education and the ability to participate socially and economically in the community. As a Government, under our Building your Future second-year plan, we will soon be commencing work on the release of the Health and Wellbeing Action Plan. In the interim we are getting on with the job of delivering improved health and wellbeing outcomes for Tasmanian women and girls. Actions under the Minister for Health include reducing cancer mortality and morbidity through screening, early detection, community

engagement and health promotion; implementing the Healthy Tasmania five-year strategic plan; implementing Rethink Mental Health, a long-term plan for health and wellbeing 2015-2025; implementing the Tasmanian Suicide Prevention Strategy; coordinating a coalition to promote breast feeding; and providing counselling and support services to women and girls.

Our strong record of delivering for Tasmanian women is also evident in the Government's \$7.2 million funding package to support access to women's health surgery, an initiative I know you were closely involved with, Madam Speaker. I thank you for working together with the Health minister, for putting this program in place.

Under this Government, Tasmanian women are now receiving the health care they need sooner. Under the Hodgman majority Liberal Government's new additional funding to boost access to women's health services, this \$7.2 million is assisting an estimated 900 additional surgical procedures targeted specifically at women who have waited the longest on the elective surgery waiting list for their procedures. Part of the funding will also provide better support for women not requiring surgery. In 2018-19, \$2 million is allocated for the provision of an additional 413 priority focus procedures for women who have waited longer than the clinically recommended time for their surgery. The remaining \$700 000 is allocated for non-surgical services and alternative treatment options where considered clinically appropriate.

As at 28 February 2019, 259 procedures or 63 per cent of the 413 focus procedures had been completed. This initiative is on track to complete all 413 procedures in 2018-19. In relation to the non-surgical services component of the initiative, a program is being implemented to provide alternative treatment for conditions where women elect not to undertake surgery, or where surgery is not considered the best treatment option, with implementation primarily being through physiotherapy departments. It is intended that appropriate professionals will be identified to establish the program which is intended to reduce the lead time for implementation.

The Hodgman Liberal Government is proud to be building a better health system with record funding, more staff and increased services. The Opposition needs to stop playing politics with our health system. Their many scare tactics are not helping anyone and it can only serve to frighten vulnerable Tasmanians. I pose the question: what was Labor's key preventive health policy that they took to the election? They do not even know. They cannot answer the question themselves. It was a bureaucracy to tell people what to eat and when to walk. That was all it was. The facts are that after months of saying that health was the number one priority, the Leader of the Opposition walked away; she shunted the portfolio on to another member in another House. Labor is all about the politics of health but does not have a single policy to make Tasmanians' lives better.

This Government under Michael Ferguson, does. I am delighted to say that over the next five years under Mr Ferguson we will finish the Royal Hobart Hospital, the Launceston General Hospital and the Mersey redevelopments. We will open almost 300 new hospital beds. We will recruit almost 1000 new staff for our health system. We will finally have acute mental health facilities for young Tasmanians. We will have built 27 new community-based mental health beds in modern facilities. We will have recruited over 50 new paramedics in our ambulance service and we will have comprehensive and up-to-date master plans in place for all four major hospitals.

I congratulate and thank the Minister for Health. I thank him for what he does each and every day because I know that what drives him passionately is he wants Tasmania to have the best health system in Australia. I congratulate him for what he has achieved so far and I congratulate him for what he will achieve in the future.

[8.44 p.m.]

**Ms HOUSTON** (Bass) - Madam Speaker, I support this motion. It is apparent from the contributions of the Government that they take no responsibility for the problems in the health system. Half a decade in and there is still a health crisis but they seem to forget that the crisis is about people. It is about the people who rely on the health system whose lives depend on it and those working in the health system who have pleaded for resources. Those working in the health system have repeatedly raised concerns about safety, bed block, and overworked and overstretched staff. This situation creates risks to workers and to patients. Under-resourced and overstretched staff means that there are risks of missing serious issues.

One particular case I am aware of is about a young woman who could not get in to see a GP one afternoon. It was a particularly busy afternoon when this case presented at the Launceston emergency department. She was 38-years-old, she was feeling light-headed and her speech was slurred. She presented at triage and they told her that there would be a long wait but someone would be up to see her so she sat in the waiting room for about three hours. A doctor eventually came out, checked her out in the waiting room on the plastic chair, told her he thought she had a migraine and gave her painkillers and sent her home. Less than 48 hours later she was back there. Her speech had deteriorated even further and she was having difficulty moving. She spent three days on a trolley in a hallway and then in a room that was used predominantly for storage, along with another patient. So, there were two trolleys in there.

It was discovered after three days that she had had a stroke. Blood tests and a scan had shown that. The tests that followed after that - though she never got a bed in the hospital as she was sent home from ED - revealed that she had a very serious underlying condition and this set off a series of events that have seen her spend the next 18 months in the public health system. This included major surgery because in addition to a stroke she had had two aneurysms. Her first surgery showed that there were a further two. Unfortunately those two never made it into the notes that were then transferred to the specialist she was seeing in Launceston. It was only her memory and the memory of her family that said, no, they said that there were other issues. They went digging back through her file and found out that there were two more aneurysms. If someone had not recalled that it would have been missed.

This is beyond emergency department, it is beyond bed block. The people who coordinate care are overstretched and missing things as well. This patient believes that the reason she was misdiagnosed in the first place and had two other misdiagnoses since and serious issues missed was that staff were overstretched, that there was a lack of communication. The consequences for her were serious enough. There is a lot of rehabilitation and she has some ongoing health issues that will require monitoring. Inevitably she had to go into the private sector to get her correct diagnosis and another referral back into the public sector because she could not get all her treatment done in the private sector, which she paid out of pocket because she is a single mum with three kids and did not have private medical insurance.

This all started because her diagnosis was missed when there was just too much going on on a Friday afternoon and she did not get the proper attention. She was one of the lucky ones because she eventually got seen, even though it was an horrendous journey. She had the support of people who could advocate on her behalf. She has learnt to talk again. She has had to learn to move properly again. She spent months off work and she is still having treatment. One has to wonder what might have happened if they had picked the stroke up in the first place and how different her journey might have been.

Others have not been so lucky. The elderly man who died recently waiting for medical attention in the emergency department at the Royal; the woman who miscarried sitting in a chair in a waiting room. Those are the stories we have heard but there must be many more we have not. The crisis situation has led to the outcry from medical professionals. One wrote a letter outlining the dire situation at the Royal Hobart Hospital. The letter in part reads:

Extreme access block and ramping are having a devastating effect on our patients. We have done everything possible as individuals in the department to buffer patient impact.

System failures are also causing severe moral injury, physical exhaustion, emotional depletion and psychological trauma among our registrar group.

As employees, we are entitled to safe work conditions under Australian law. We are currently working beyond our scope of practice, experience and skill-set.

We will no longer be silently complicit in sub-standard patient care and an unsafe work environment.

Mental health patients are remaining in the Emergency Department for up to 7 days due to access block. These patients are denied dignity, efficacious therapy and a safe environment.

There are undeniably structural problems in the health system that have only got worse over recent years and there is no solution in sight. People are dying and this could be avoided, but what we get from Government is a history lesson and how many improvements they have made in the health system during their time, all of which overlook the failures of the last half-decade. Those who work in our health system - doctors, nurses, paramedics and the people using the health system - all claim it is worse now than it has ever been. This crisis is about people - the people of Tasmania.

Ramping is an issue again today at the LGH. We talk about ambulance ramping a lot, the waiting times for patients in the back of ambulances at our hospitals, patients waiting on trolleys in corridors in our hospitals, waiting on plastic chairs, sitting in hallways. Those patients wait for hours and hours before receiving medical attention but they are not the only ones affected. With ambulances ramped at the hospital, what happens when there is a major accident just out of town? What happens to the grandfather in Launceston's northern suburbs who has a heart attack and all the ambulances and appropriately trained paramedics are ramped at the hospital? After a 25-minute wait, it is too late for him. The ambulance was called as he crumpled to the ground. It took 25 minutes before one arrived and when the ambulance finally arrived, they could only confirm that he was already deceased.

Events like this were unusual once but with ambulances ramped regularly, deaths from delays must have increased. I guess we will never know the true figure or true cost of ambulances being ramped, or how many people actually die waiting. A long-term paramedic tells me that often they do not record the death if they have already died when they arrive; they record the death once they get back to the hospital, so we will never know the actual figures.

In summary, while the Government boasts about what a great job the minister is doing for Tasmanian hospitals, doctors have said that people are dying unnecessarily in our hospitals and our

community. The minister does not listen to the experts, he does not listen to the community, and he has shown time and time again that he will not step in to fix the mess.

Every year under the minister, Tasmania's hospital health system gets worse and patients and their families suffer. We hear their stories. They come to us; they talk to us. They tell us what is happening and we do our very best to advocate for them and to assist them and ask them to write to the minister so he will hear it too.

Doctors, nurses and health workers are being pushed to the limits trying to do everything they can. Code blacks, alarms sounded because of assaults or threats of assaults to staff, are more and more prolific. I heard at least three a day at the LGH when I was there and at one point I spent 10 days there and another point eight and at another point 12. I was there two to three days a week and every day, without fail, there was a code black. Every day there was a threat to staff, every day there was an assault, every day there was a risk. It is absurd. We would never have heard of those things once. The LGH has been the hospital my family has used for generations and the idea of assaulting or threatening staff would never have entered anyone's head previously, but now they are more than a daily occurrence and weekends are particularly bad. You can sit and hear three and four in a couple of hours. It is out of control. Staff are not safe. It must be a huge risk to their wellbeing and it only seems to be getting worse.

We have seen patients dying in the corridors of hospitals, the tragic case of a woman miscarrying in a chair in the waiting room, and severe mental health patients trapped in ED because there are no psychiatric ward beds, a most dangerous place for them. Aside from that, there is the risk to other patients and to staff. I have been in the ED when there was a mental health patient who was highly distressed but there were seven people dealing with that one person. All those resources were trying to deal with that one person who was obviously very unwell but the situation was distressing for everyone around them. The resources it used up, instead of putting that person in the appropriate place because there was nowhere to take them to, ate into workers that could have been seeing three other people. There is more than one side to that.

The minister claims he has fixed the ambulance ramping but these rates are up 500 per cent in the last three years. That is almost 8000 hours where ambulances are stuck on hospital ramps due to a lack of beds and not out in the community where they can do their jobs. This is not just Hobart and the Royal Hobart Hospital. Ambulances are ramped at the LGH all the time. I only live a few streets away. It does not take any time at all to go past there and take photos. There are always ambulances ramped there and there are more people inside waiting for assistance. I know because I have seen it with my own eyes.

The minister claims to have rescued the Royal Hobart Hospital but he cannot confirm that this project will be delivered on time and on budget. At the same time, he is overseeing the exploitation of workers on this project with no regard for them or their families.

One of the biggest problems with the Royal Hobart Hospital is it is the fall-back position for everything else in the state. If the Royal Hobart has not got capacity, if you have a severely sick child and there is no specialist available in Launceston - and there often is not, especially in paediatric oncology - you either go to Hobart and if there are no beds and no capacity, then you go to Melbourne. You wait for one day or two, hoping you can be transferred by air and then you give up and get a commercial flight because you do not know how many more days you might be waiting because there is just not the capacity. You could spend weeks or months, as some people do, in Melbourne living away from your home base, which is not in the best interests of the patient, before

you can access a service here. There are severe consequences for everyone in the state, not only for Hobart.

In October he said it was okay that the number of elective surgery patients waiting to be seen in the recommended time frames was just 70 per cent. The most recent data show that numbers of patients waiting for elective surgery has grown by nearly 3000 to more than 9000 in the past 12 months. We hear these stories all the time. People waiting on elective surgery lists, having surgery cancelled, being rescheduled over again, some of them travelling from different areas of the state to Launceston to have surgery and having to go back again; travelling multiple times on the patient travel scheme only to find that they are not getting the treatment they thought they were getting on that day.

More than 31 000 Tasmanians are on the waiting list for a specialist appointment, but that is still not the minister's fault, and there is a waiting list for the waiting list. If you get a referral to a specialist, you get a letter saying you are on a waiting list to get an appointment. Then you get a second letter sometimes reminding you that you are on a waiting list but you will not actually go on a waiting list for an appointment yet. Then you get a letter saying you are on the waiting list and should have an appointment in four to six weeks, but that could take six months. Then they will send you an appointment. I know people are not exaggerating when they tell me this has happened to them because it has happened to me, it has happened to members of my family and to people I know very well.

On mental health, patients with serious issues are forced to wait as many as seven days in ED, or worse, they are sent home because there are no beds. There are people pushed to the brink, their conditions often deteriorating quickly without appropriate care. The AMA and emergency registrars have begged the Government to act. The minister continues to do nothing. Expert advice from doctors, nurses and health professionals continues to show a health system in a catastrophic state. Community members continue to tell horror stories of their engagement with the health system despite the desperate commitment of staff. Even the Government's own reporter told them in black and white that there is a \$100 million funding black hole in the Tasmanian health system each year.

What is the response? The Government Revised Estimates report confirms that forecasting to spend \$15 million less on health next year. Yet we know the need for health increases every year.

For years Labor has called on the minister to admit that there is a crisis and invest properly in our health system. The Leader wrote to the Premier six months ago with 10 policy proposals that could alleviate this crisis. What did the Premier and the minister do? Nothing. When the parliament passed the Labor motion calling on the Government to hold crisis round table discussions with health professionals, community leaders and all sides of politics, what did the Government do? Nothing to date.

We do not take this action lightly. A no-confidence motion is a big step for the parliament but we cannot let this continue when people are dying unnecessarily. The minister is not listening. He will never give our hospitals a health system they need sufficiently to take care of the community without pressure. Parliament must have the courage to send a message that this is not good enough.

[9.01 p.m.]

**Mr JAENSCH** (Braddon - Minister for Human Services) - Madam Speaker, like the Premier and all my colleagues who have spoken so far, I am here to affirm my support and confidence and

respect for our Minister for Health, Michael Ferguson, his record of achievement in his role as minister and his personal abilities to meet the real challenges that still face his portfolio: our health system, running it and making it work while at the same time, rebuilding it, all under increasing pressure and demand and political attack passed off as scrutiny and accountability.

I extend my confidence and gratitude also to the many skilled, experienced and hardworking personnel in our health and hospital system who face these same challenges personally and professionally daily. They continue to contribute to short- and long-term solutions at the same time as providing care for Tasmanians, whilst enduring their work and reputations being politicised in debates like this one. Their achievements are denigrated when the system is referred to as broken and our health system referred to as third world, as it is far too often and ridiculously.

In my contribution I do need to, alongside my colleagues, put on the record achievements, efforts, investments and progress made by this minister and his departments over the last five years. In this stupid wasteful debate today, we have heard again and again claims that nothing is being done, that not enough investment has been made, that the minister is not listening, that he has been sitting on his hands and no action has been taken.

**Mr Bacon** - You guys need to get a roster together.

**Madam SPEAKER** - Order, please.

**Mr JAENSCH** - I believe we need to move beyond taking complex, important, sensitive issues like this and dumbing them down and making them into blunt political weapons.

We get a day like today where in the name of seeking bipartisan solutions, a party can come in here and call for the scalp of a minister; all the yelling and name calling that goes on here in the name of scrutiny and accountability.

We have had a day of government business held over in order to have something which we are calling a debate, which is not a debate. There is no new information coming to light; there is no new agreement going to be reached. None of the people whose tragic personal stories have been relayed here today are going to be helped by this debate having happened.

This is not part of what our community expects us to be spending our resources on. Scrutiny and laying up issues around a minister is one thing. I understand the need for people in this place to be able to express confidence or otherwise. If people listened to the debate that has gone on today and the quality of the contributions in large part and the name calling and the yelling, whilst the media loves this sort of thing, our clinicians are telling us to stop it. They are telling us it is not helping. The public would be dismayed at the resources that are being burned up on a day like today for colour and light and movement in the name of our health system and the quality of services that are being provided to Tasmanians.

Frankly, a matter like health deserves better than this. There are other ways to do it. We have to find them to move the debate forward and to give people confidence that we as their parliament and their elected representatives are up to the task of dealing with the full complexity of the issues that we are talking about here. Most people on the other side of the Chamber understand. Some of them have been ministers before. They know things are not as simple as they are making out.

**Mr O'Byrne** - That is why after five years, after example, after example, after example we come to this point. He is not a shiny bum.

**Mr JAENSCH** - Calling for bipartisanship on one hand and then calling for the scalp of a minister on the other cancels itself out and negates the value of a day like today.

I will record some more of the achievements, the investments and the progress that has been made under this minister and by his department over the last five years. They are worth noting and putting on the record to offset some of the claims of inaction and the assertions being made about the motivations and capabilities around the minister.

The Hodgman Liberal Government is focused on building a better health system for Tasmanians. We never want to see Tasmanians waiting too long for care. Our \$125 million plan will boost ambulance services; more paramedics in rural and regional areas; a dedicated aeromedical service; and improved demand diversion initiatives. In total our plan means more than 50 FTE additional paramedics in the ambulance service on top of new paramedics that we have already recruited since 2014.

We know there is currently demand pressure on Ambulance Tasmania. We acknowledge that ramping occurs. We have never said that it does not occur but we are committed to work constructively with staff and health stakeholders to fix it. This is why the Government has been investing in ambulance services across the state since 2014. We recruited 12 new paramedics in the north-west in 2016, delivered the first new ambulance crews in years for Hobart and Launceston in 2017 and funded 11 new positions to support the statewide operations centre. Our 42 rural and regional paramedics program will see so many communities enjoying paramedics stationed locally over the next 12 months for the very first time in Wynyard, St Helens, Bicheno, Deloraine and Dodges Ferry. Importantly, we are investing \$10 million a year to fund the state's first-ever dedicated aeromedical service.

We have already doubled the state's contracted helicopter capacity from one to two on standby. We are employing dedicated flight paramedics and specialist retrieval doctors as part of this life-saving service, which will also include dedicated resources based at Hobart airport. This allows quicker response times and ensures patients receive high-acuity care from the moment the helicopter lands, rather than having to wait until they arrive at hospital. Having dedicated flight paramedics will also mean an ambulance crew will no longer be taken off the road when the emergency helicopter is called out because they are on site with the helicopter ready to go. This aeromedical retrieval system will dramatically improve response times, with an expected median activation time of 10 minutes for high priority search and rescue and for medical responses an expected improvement of 42 minutes compared to the current service.

Staffing for the full service will include 14 additional full-time paramedics, 5.5 FTE specialist retrieval doctors dedicated to the service, 5 FTE flight crew members, 5.7 FTE in nurses and 4.5 FTE paediatric registrar doctors. Further, patients needing critical care will soon have access to a dedicated helipad at the Royal Hobart Hospital's new K Block and at the Mersey Community Hospital in the north-west of Tasmania, in addition to the North West Regional Hospital which was completed a couple of years ago. This means that all four hospitals will be connected with helipads which significantly reduces transport times and saves lives. The addition of helipads where they were not previously included in the redevelopment of Royal Hobart, North West Regional Hospital and Mersey in particular, sends a very powerful message that we have now got a joined-up hospital system in our state for the first time. People in Braddon, where I live, are within an emergency

flight's time only from the Royal Hobart Hospital emergency department and the specialist services that are only offered there in our state as part of a joined up statewide health service. We are seeing that for the first time.

We are also delivering 90 brand-new defibrillators that are being rolled out to community groups right now under the first round of the \$540 000 Community Defibrillator Fund project. Another 90 will be distributed later this year following an application process.

We have been investing in significant capital upgrades: \$12 million for new ambulance stations at Burnie and Glenorchy, \$3 million for the Campbell Town ambulance station, \$850 000 for capital upgrades at the main Launceston ambulance station, and the list goes on. The \$1.8 million Latrobe ambulance upgrade has been completed, delivering a new facility adjoining the garage, including a new large lounge area with bathrooms for paramedic crews as well as office space, a training facility and multipurpose rooms for the paramedic crews to rest and recline as well as extra bathrooms. Most importantly, it has increased capacity from holding two ambulances to four ambulances and one non-emergency transport vehicle. This has all been made possible under our strong \$125 million plan to build a better ambulance service in Tasmania. We will always support our hardworking and dedicated staff to deliver the best possible care.

On the Royal Hobart Hospital emergency department, it is no secret that demand is increasing. Everyone here has spoken about it today. There has been a 21 per cent rise in demand at the Royal Hobart ED alone over the past three years. The Hodgman Liberal Government is listening to the experts. We have responded, and we are responding.

Patients First One in April 2016 focused on managing demand and improving whole-of-hospital patient flow at the Royal Hobart Hospital and the Launceston General Hospital. Patients First Two, in February 2017 provided an additional 50 hospital beds across the state, taking further pressure off emergency departments and providing better patient access. In 2017-18 an electronic information system designed to enhance visibility of hospital capacity and demand, a patient flow manager, was introduced. This system enables better management of patients from admission to discharge and it supports quality care outcomes. The integrated operation centres in the major hospitals commenced under the 2017-18 budget, supporting improved communication and safe, efficient and effective bed management on a 24-hour seven day-a-week basis.

Last year, the Government delivered the \$1.5 million ED support package, developed by the secretary of the Department of Health, which included more nurses, streamlined admission processes, extended hours for pathology and resourcing to boost bed management and turnover. Most importantly for the Royal, an immediate boost of \$5 million per annum was delivered in December to enable the ED to recruit new staff. These new positions are supporting our dedicated staff and patients in the face of growing demand.

There is clearly more work to do and demand is continuing to grow beyond what has been anticipated. It is plainly wrong and deliberately misleading to say this minister and this Government have not been investing in improvements in ambulance and emergency services, in the Royal Hobart and around the state. I need to put this on the record because so many of the contributions so far would have the casual reader believe there has been absolutely nothing done by this minister and his department, our Government and our budget.

From a personal and north-west perspective, from the vantage point of my electorate of Braddon I have been observing and using the health and hospital system for 19 years. I have been

involved in many of the discussions around the future of planning for health and decisions around health investment in our region, I have to say that Tasmania's hospital system for our region has changed dramatically in the last five years that Mr Ferguson has been our Health minister.

For starters, we now have a single statewide hospital system - less duplication and parochial competition between the north, south and north-west, a massive cultural and political change in the health landscape for our region. This is most clearly on display coming into a federal election, as we are now. This is one of the very few elections in the last two decades where the future of the Mersey Community Hospital has not been a major political issue. It is a hospital that sits in the heart of our community that people rely on. It has been hanging by a thread for nearly the two decades I have been around until a few short years ago when this minister and this government brought in the deal that secured the Mersey Community Hospital, brought it back into state ownership and control after Labor sold it for a dollar. We have made it truly an integral part of our statewide health and hospital system for the first time.

That relationship between that hospital, the North West Regional Hospital, Launceston and Hobart, is cemented with the establishment of the helipads on each of those campuses that join them together. This shows people in our part of Tasmania that they are part of the Tasmanian health and hospital system and that they have access to all the services available right across that network of hospitals. All the hospitals in our region and across Tasmania are in the process of major upgrades that are either completed or still underway. There is massive investment not only in individual areas of the service, but in the system, the network as a whole - all the facilities that are in it and the systems that join it together.

I am now a customer of our cancer centre on the north-west coast - or my family is - which is making a huge difference to people's lives. The cancer centre was there before we were in Government but it did not have staff. It is now going to get a second linear accelerator and it is going to expand. It has to because it is full. It is servicing a community that was underserved before and our Government has found the resources and made it a priority to deliver that. It makes a big difference to the lives of families in the north-west of the state.

These changes have all happened in the last five years. In my region, and in my newspaper in my part of Tasmania, there is no longer this continuous angst about where the hospital should be located. Should it be on that nice vacant bit of land that Mike Downie pointed to at Ulverstone, or should the North West Regional Hospital be wound up and a new site found? Or is the Mersey Community Hospital going to have future? That is gone. We now have a system which is working well for people. It is part of a statewide system that people take confidence in, that can get them to the help they need in Tasmania when they need it, thanks to the sorts of resources I have been putting on the record. Our ambulance system, our enhanced retrieval, our aero-medical services and the feeling of the north-west coast is that they are part of a health and hospital system that is working as it should be for the first time.

It is under enormous pressure. We are making these changes and we are rebuilding this system while we are operating it and while it is facing unprecedented demand. This is a degree of difficulty that we have never seen before in working with our health system. We are not just working with the traditional challenges that Tasmania has always had because we have a population the size of Geelong, trying to run a fully-operating statewide hospital system; not because we are spread out across such a large area and there is no critical mass in any one place; and not just because we are all grown up, expecting that we are going to have a full service hospital that we can see from the

end of our street in order to feel safe. We have all those challenges, those geographical, health economic challenges to overcome as well. We are trying to do all this.

The work that has been done in the last five years by this minister is astounding. To make a single statewide health and hospital system, to be investing in major upgrades of all those major facilities, to introduce an entirely new aero-retrieval system which joins it all together and to deliver the level and range of services that we can now do sustainably is a remarkable achievement in only five years. There is a lot of work to be done and I do not deny any of the pressures or statistics that have been raised here today, but I fundamentally challenge the assertions that this excellent minister, Michael Ferguson, has somehow been asleep at the wheel, that he does not care, he is not listening, he is not working hard, that this Government is not committed and we have not put the right resources in place. All of those things are true and this big complex health issue is bigger than us and we have to keep chipping away at it.

We are going to need the support of our excellent clinical staff, our health service and hopefully our parliament, our Opposition and all our members of parliament who were voted into this place to solve these problems, not to yell at each other and call names, attack people and assign personal motivations to the failings they see are happening. They did not elect us to come to this place to lay the deaths of people at the feet of a minister who is responsible for the system ultimately. He takes responsibility and he takes his role seriously. He has a phenomenal work ethic and personal integrity. It is unfortunate in the extreme when, under the guise of parliamentary scrutiny, people come in, name-call and make personal attacks on someone like Michael Ferguson who has done an extraordinary job in the last five years and has such a challenge ahead of him. He is the man for the job and he has my full support and the full confidence of this side of the House.

[9.21 p.m.]

**Ms DOW** (Braddon) - Madam Speaker, I am disappointed that it has come to this and that the parliament is discussing this today and has spent a long time doing so, but for members on the other side to say that time is wasted, I disagree with that completely. As others have highlighted, it has been brought to our attention by physicians at the Royal Hobart Hospital and others in the community - a general consensus - that there is a failing on behalf of government and the responsible minister for the provision of health services and a healthy functioning health system in Tasmania.

I will stand up here every day in this parliament and talk about health. Health is what people expect their parliamentarians to be talking about. It is the number-one issue that is raised in my constituent inquiries in my office in Burnie. It is also the number-one issue that people talk about when you knock on their door. I have been out door knocking with Justine Keay, our federal member and our outstanding candidate for Montgomery, Michelle Rippon, out and around the electorates of Montgomery and Braddon, and the number-one issue is health. That is what people want to talk about and what people want to see improvements in.

I am not happy to be standing here talking about this because it should not get to this point, particularly when our Leader has written to the minister offering to work in a bipartisan approach to this issue. We have presented alternative policies around the health system in Tasmania and they are very good and comprehensive policies that were presented at the last election. We have reiterated those in correspondence to the minister which I will talk about later, so it is not true to say that we do not have a good policy position and it is not important for us to be talking about health in this place.

The motion that has been moved today, as others have said, has 17 points or paragraphs. I will go over a couple of those because in the debate sometimes the intent has got lost, particularly in the contributions of those from the other side of the House. The first point is about the lack of confidence in the Minister for Health, Michael Ferguson. It talks about the budget cuts this Government took of \$210 million when they first came to government and the fact that they will be spending less next year on Health in the budget in the forward Estimates.

It notes that this minister and this Government have been in government and responsible for health in Tasmania for five years and it is about time they started taking responsibility for that. It also acknowledges that we have had feedback from doctors within the Tasmanian health system who have collectively, over a sustained period of time, raised concerns about unsafe work environments, their concerns with the functionality of their work spaces and the pressures on those who work within our health system.

It also highlights the unsafe levels of ambulance ramping. As others have said, we have seen that at all sites around the state. There are also issues around the servicing of ambulance crews as well, particularly in our rural and remote communities where we rely heavily on a volunteer base to do that, and that often can lead to what should be avoidable delays for people getting access to ambulance services.

It also acknowledges a couple of incidents and sad occasions of things that have happened in Accident and Emergency, particularly at the Royal Hobart Hospital. It talks about the importance of mental health support and the failures of the interventions of the minister in the past, particularly around placing patients in storage rooms and handing out beds rather than dedicated hospital beds. It also reminds us that ministerial responsibility is a fundamental tenet of Westminster democracy. That means that ministers must take ultimate responsibility for failures in their portfolios.

I want to move now to a definition of health. Far too often in this state, and it is quite the case also with the provision of education, we talk about buildings, when really health is much more than bricks and mortar. Health is about your physical and your mental wellbeing and that is critical to everything. It is critical to your functioning in society, it is critical to your ability to gain employment and it is critical to your making informed decisions about your lifestyle choices.

I want to emphasise that people underestimate the value of primary healthcare or have a good understanding of community-based care. Yes, preventative healthcare is very important but so too is primary healthcare, which is the provision of community-based services which are aimed at early intervention but are also aimed at supporting people in their homes to live well and to be well supported. They are aimed at managing chronic disease which we know that we have high incidences of right across Tasmania and which are high in comparison to other states around the country.

Particularly at times where we are looking at construction projects like the Royal Hobart Hospital where we know that there will be deficiencies in the availability of services that can be practically provided, we need to invest more in community-based services so that people are not presenting to the Accident and Emergency Department in the first instance. You would think that the Government would look strategically at what it had to provide, look at the demographics, look at what they should be expecting in presentations to the hospital and reorienting that funding into community-based services so that in fact you are not getting the bed blocking and all of the increased pressure that is on the emergency departments.

There is a ministerial charter which is part of the Tasmanian Health Service Act and that outlines the expectations that the minister sets out for the Tasmanian Health Service and the secretary of the department. I want to read those out because they are very important but they are also priorities and responsibilities of the minister. They are that:

- Planning, purchasing and resource allocation will focus on providing safe, sustainable and efficient services with equitable access for Tasmanians on the basis of need, regardless of location and the ability to pay.
- Consumers, carers, their families and the broader Tasmanian community will be engaged in the development and delivery of services through participation at all levels of service delivery, planning and through processes of monitoring and improvement.
- A whole of system approach to care planning and delivery will be maintained, including strategies to improve coordination and integration of primary and community care services with hospital services and supporting individuals to stay well in their homes and communities.
- Strong partnerships will be maintained and developed with consumers, carers and their families, Primary Health Tasmania, University of Tasmania, private providers, research bodies and other partners to improve coordination of care outcomes and experience.
- A robust and integrated culture of research, innovation, high performance and excellence will be fostered to ensure the Tasmanian health system is able to adapt to changing health workforce models, service needs and advances in technology.

All these things get lost in the current space. These things are so important if we are looking at an innovative health system being provided in Tasmania, and we cannot provide things the way that we always have. As others have said, it is quite plain and simple that our demands on our system are changing and ever-increasing. Right now, we need to be thinking differently about the way we provide health services in Tasmania and it does not mean just building the tallest building in Hobart to accommodate those needs, which is what we hear so very often in this place - that this is the tallest building on the skyline and we are rebuilding the Royal Hobart Hospital. There is much more to the health and wellbeing of the Tasmanian community than the tallest building in Hobart.

We need to go back to look at that increased demand more closely. We need to look at the changing demographics in Tasmania, particularly in transitions in economy. We look to people living in Tasmania who are experiencing intergenerational poverty. That is evident right across our state and that is adding to the pressures of our health system. Under-employment, chronic disease and low levels of education all contribute to your health status. We need new and innovative initiatives aimed at inclusion and assisting Tasmanians into work, training and education and that is desperately needed in Tasmania. The current system is failing Tasmanians.

In the Premier's Address he spoke a lot about the importance of strategic growth which really is about the fact that many in Tasmania continue to be left behind. It is important that there is inclusive growth in and around Tasmania. It is also important to note that this intergenerational inequity takes time to address and it takes long-term investment. It presents a special case for

Tasmania. The projections are that our GST revenue will decrease. Whilst our economic indicators might be going very well, which has impacted on GST revenue, our social economic indicators are not. They are still some of the poorest from around the country and that really does need to be addressed.

In the upcoming state budget, I will be calling on the Government to start looking at addressing some of this inequality in and around Tasmania, particularly in regional Tasmania and the need for greater investment in innovative programs. It is only through greater access to education and employment that we will see health status improving in Tasmania, well-functioning communities and better health and wellbeing outcomes for our people.

This socioeconomic profile also highlights the importance of investment in preventative care and primary and community care, particularly in our outlying communities where access to a tertiary hospital or even an acute facility is less easily accessible than for those living in our metropolitan centres. Tasmania is uniquely positioned to trial projects around primary health care. The federal and state governments have not worked very well in partnership to provide opportunities for Tasmania to do just that.

There are a number of chronic diseases that are particular to Tasmania and would provide a great context for research and innovation in service delivery. That could be trialled at a national level. In the past, I have been involved in projects requiring research and worked with general practice around the provision of education and training to GPs in palliative care. There is great potential for us to do that in and around regional Tasmania and to work collaboratively and strategically with the University of Tasmania to try to improve some of the health outcomes of our people.

We look at the Royal Hobart Hospital and its role as a tertiary organisation and we look at the Hobart City Deal. City deals in other countries around the world and other states have focus around essential service delivery, particularly health infrastructure and skills and training and workforce preparation for growth industries, such as the health and social services sector. We are not seeing any real targeted investment in the health and social service sector industry in Tasmania. We know it is an opportunity for incredible growth and employment opportunities across regional Tasmania and it also offers the opportunity to improve the health and wellbeing status of our people. It is a double benefit for Tasmanians if we grow our health, human and social services sector. There was an opportunity for negotiation between the federal and state governments around health also through a city deal.

The Government has gone back in time a lot. They have deflected their responsibilities back to our time in government. I want to go back to 2014 and the release of that green paper because I was involved in the consultation that occurred on the north-west coast. I was the mayor of Burnie, with a group of other mayors in our local community, when the changes to services at the Mersey Community Hospital and also to the North West Regional Hospital were proposed. A number of promises were made around improved services at the Mersey - palliative care services, geriatric services, rehabilitation. There were also the changes around maternity services at the North West Private Hospital as well.

It is always good to evaluate change and I would be very interested to better understand the success of that transition and the consolidation of maternity services at Burnie, to see whether that has improved patient outcomes and whether there is adequate space for service provision and for the increased staff workload. I would appreciate that information and I know a review was mooted.

I am not sure what the findings were because it was never publicly released but I would be interested to have a better understanding of the success of that project.

**Mr Ferguson** - It has been publicly released. I will get you a copy.

**Ms DOW** - Thank you, minister. I think back to that. There was a very large forum held at the Burnie Arts and Function Centre around the original changes to the Tasmanian health system. Some of the things I raised at that meeting related to the importance of health to the local economy, the importance of attracting specialists to our region, and of not seeing a decrease in the number of health professionals living and working across our region or in the level of service provided.

The other thing that was spoken about was the fit-for-purpose buildings. There were many changes and increases to patient loads with the transfer and consolidation of services to the North West Regional Hospital. However, with the configuration at that hospital and the space, the provision of beds and all of those changes that occurred, has that been successful? Has that put increased pressure on the hospital service and the staff that work there? Has it been effective? What needs to be improved?

We had a lot of talk at the start of the process but as time has gone on and I understand that the nature of things at the Royal Hobart Hospital and the crises that occur there day to day draws a lot of media attention and a lot of energy and attention from the Government. It is very important that we still look back to those changes that have occurred and evaluate their effectiveness and always look to continue to improve the services that have been provided as part of that change.

The other real issue across our electorate is the provision of mental health services with the Spencer Unit at the North West Regional Hospital. This is at capacity at most times and there is a lack of health services around the provision of youth mental health. That is a real area of need for the electorate of Braddon and perhaps that is about reinvestment back into the community for community-based mental health services, the mental health team. It is an unaddressed need that does need attention from the Government.

Like others, I had my own experience of the health system over the Easter break and I want to share a couple of my observations about things that I heard or witnessed as part of that process. One of those was a very long wait for an ambulance, which was incredibly distressing. At all times the staff showed utmost professionalism and were doing their darndest to provide the highest level of service possible in often compromised and very busy situations. As others have highlighted - and I know from when I used to work in the health system - if you are compromised, if you are really busy, things do get missed. That is just what happens. People become overburdened with their workload: the number of patients that they have to look after. That is unfortunate and it can have dire consequences.

I also witnessed good discharge planning. When there is a great need for beds there is great push to get patients home and out of the hospital as soon as possible. On the north-west coast where I live, there is a statistic of the highest number of elderly people living alone in their homes who require support. There needs to be a considered approach to discharge planning at our hospitals when we are sending people to their home environment. There needs to be occupational therapy, referrals done, and all these supports put in place to support that successful transition to home and to prevent people from bouncing back into the acute system, or becoming reliant upon another part of our health system, our aged care providers and the burden of care that is evident within that sector.

The fact that the My Aged Care packages have come in place, it is convoluted the way people access community-based services, particularly those who are elderly within our community. The fact that they have to ring up and refer themselves can be quite daunting and hard for people to navigate that process themselves. I believe there needs to be greater coordination across the federal and state level around the provision of care packages and making sure that people have good access to those and community-based services in their home to enable them to live comfortably and be well supported.

There has been much discussion about us not having any alternatives or being willing to work in a bipartisan way. That is not true. As I said before, our Leader, Rebecca White, wrote to the Premier. We have had discussions and agreement in this place around the importance of round tables and to date they have not happened. You would think the Government would want to be working across all the stakeholders in the health system, including us, to look at constructive solutions. In the correspondence that Rebecca White sent to the Premier, it outlined a number of initiatives. I am not going to go through them again because others have done that but they are there quite clearly in black and white about the things that we think could help some of that pressure on our health system. The second letter was about the fact that it is so important for stakeholders to come together to work through the solutions and for that to be inclusive.

People's health needs are complex. I come from a background in health where we talk about a multidisciplinary approach where not one key service provider can meet the needs of that patient. There has to be a multidisciplinary approach to that. That is another reason the provision and funding of community-based services is so important. There has to be collaboration.

I talked a little about the electorate before and the fact that health is the number-one issue that people talk to you about when doorknocking or through our electorate offices. Some of the key health issues that are raised with me time and time again are about access to health services and podiatry for diabetic patients in our regional communities. We know that as part of good chronic disease management, access to podiatry care for diabetics is absolutely essential and it has to be affordable and accessible to those people. More and more people in our community are being required to apply for access to home care packages and find navigating the system really difficult, so we have provided a lot of support out of our office around that as well.

Labor took an action plan to the last state election. We have a very comprehensive policy that we took to the last election around the health system in Tasmania. It is comprehensive in that it has a preventative health component, a primary and community-based service component and an acute care component.

Part of this policy platform I would like to talk about is access to transport services for people, particularly in rural and regional areas. One of our priority commitments at the last state election was the provision of an out-of-hours transport system for people being discharged late at night from the hospital and having to travel home to rural and remote areas. I ask the Government to consider funding an initiative such as this. When patients find themselves discharged late at night and they have no-one to come and get them and no way of getting of home, where do they go and what do they do? There needs to be some type of service, whether that be a flexible service or even the provision of a community car after hours that is available to get people back to their place of residence. Some of these people have to travel for up to two hours to get to the hospital. As I have been in and around the west coast community, it is still an area of great need for that community and one that they have raised with me time and time again.

Let us look at our plan. Our staged plan would have been rolled out over six years. Stage 1 was about reducing waiting times in emergency departments and clearing the backlog of patients waiting to see a specialist for an appointment or to have their elective surgery. That is a really important point in that, particularly in regional Tasmania, access to medical specialists is very difficult. I know my colleague, Justine Keay, has advocated very strongly for the reintroduction of the TAZREACH program which was all about having access to specialists on the north-west coast in the areas of need that had not been available. That means people have to travel to Hobart or even to Melbourne in some instances to seek the specialist care they provide. For the people in those regional communities, it is a really high priority for them to have access to medical specialists.

Stage 2 was about recruiting more staff to the health and hospital system. I have talked a lot about workforce development and the importance of that in Tasmania, particularly when we have registrars at the Royal Hobart Hospital speaking out about the pressures they face each and every day. These are practitioners we should be supporting and trying to retain in Tasmania to take on areas of medical specialty and continue to provide services in and around Tasmania for years to come. This should not be the environment that they find themselves in before even having had the opportunity to think about staying on in Tasmania and working in different areas of specialty need.

Stage 3 is about investing in health infrastructure to meet future demands. Stage 4 is about continuous improvement to make Tasmania's health system the best performing in the country and a model employer for health professionals. Stage 5 is about improving the health of our community and keeping people out of hospital.

Many people have talked about the great demand that is on the Health minister in this portfolio space, that there are a number of competing demands and perhaps there is not the time to give all of the attention that is required to primary health care or to preventative health care. My question to the Government is surely health should be a whole-of-government responsibility, surely there should be components of health that are incorporated in each and every minister's shadow portfolio responsibilities? Has the Premier not considered the fact that perhaps it is time to split up the Health portfolio and have different areas of responsibility across the Cabinet to ensure the health system is looked at in its entire complexity and that the health and wellbeing of all Tasmanians, not just those in bricks and mortar in hospitals, is given the due attention and investment it deserves?

Perhaps that makes it easier to lobby federal governments or even work in partnership with the community service providers to improve the services that are provided through the auspice of community care or primary care as well.

I wanted to touch on the fact that we see programs come and go, and the same can be said in the social services sector. The periods of time under election cycles we have - one example was the Tas Medicare locals and the significant change that occurred with those programs in regional and rural Tasmania. I am pleased to say that the services provided by Rural Health have been very well-received, particularly in the communities of the west coast, Smithton and Wynyard, but at the time there were concerns around what those service changes to primary health would mean for those communities. They were reasonable concerns. There is always that inconsistency of service provision across communities. They get used to one service provider and there is a change of government, a change of ideology or change of funding agreements, which means that those programs no longer exist although that need is still very real in those communities. The need to push outside those electoral boundaries, and to assess each of those programs on their merits is something else we, as community leaders, should be cognisant of. We need to advocate strongly

to our federal colleagues the importance of some of these programs so that Tasmania is looked upon to trial some of these innovative primary health service programs.

**Time expired.**

[9.51 p.m.]

**Mrs RYLAH** (Braddon) - Madam Speaker, I welcome the opportunity to support our Health minister. He is a clever, caring and hardworking minister, a person of integrity. I look forward to highlighting the record of this Health minister. We, the Hodgman Liberal Government and Mr Ferguson, have delivered. We have delivered record funding, more doctors, more nurses, more paramedics, more beds, more surgeries and more patient days.

No member or minister dismisses any concerns from a constituent about receiving timely and appropriate care. We have been committed since day one to rebuilding our health system. The only tertiary hospital in Tasmania is a yesterday's hospital, as we heard earlier today. Today's demand needs a redeveloped hospital. Why is it that it is not built now? We need go no further than the other side. There was not one brick, no demolition, not even complete plans when we came to government in 2014. Mr Ferguson is a health minister of the highest calibre. He is committed, conscientious, has integrity and a passion to deliver for all Tasmanians. I respect this very capable colleague. He is committed to the job and, importantly, he cares. He listens to clinicians and he acts on their advice at an unprecedented level.

What we have heard from Labor today are lies, lies and more lies, mistruths and distortions of the significant demand increases which characterises health today, nationally and in Tasmania. We recognise that our demographic profile makes Health even more demanding, as does our socio-economic profile. Health is a demanding portfolio.

Here are some facts; strong, concrete real examples of Mr Ferguson's achievements in delivering improved health services, particularly in the north-west. He has kept his eye firmly on the health needs of all Tasmanians in every part of the state. This is despite the enormous task that has been recovering the Royal Hobart Hospital mess. The Royal Hobart Hospital redevelopment is a massive undertaking but he has and he is also committed strongly to the north-west and to the people in my electorate of Braddon. This issue, after all, is about people, patients, staff, vulnerable Tasmanians, unwell people, paramedics, practitioners, all Tasmanians. This minister is absolutely committed to helping people.

I will give you some examples. Just this year we have seen eight new beds opened in the new North West Regional Acute Medical Unit and 26 full-time staff, a boost in capacity that will see more people get help that they need sooner and in their region. That is in addition to four ED beds and four surgical beds opened in the north-west in 2017. This minister did not close beds or sack nurses in the north-west. He did the opposite; 16 more beds, 26 more staff. The \$1.8 million Latrobe ambulance station upgrade has just recently been completed, delivering a new adjoining garage, a new large lounge area with bathrooms for paramedic crews as well as office space, a training facility and multi-purposes rooms for the paramedic crews to rest in and recline, as well as extra bathrooms. Most importantly, it has increased capacity from holding two ambulances to four ambulances and one non-emergency transporter vehicle. This has all been made possible under our strong \$125 million plan to build a better ambulance service.

On top of the 12 new paramedics recruited in the north-west in 2016, three new paramedics will be stationed at Wynyard this year. The first is under our \$14.9 million strategy to progressively

recruit 42 paramedics in rural and regional areas to reduce fatigue and improve response times even further. Ambulance services will be further boosted the following year when new training facilities in Smithton are completed. In 2021 the \$6 million Burnie ambulance station will be opened.

After a successful trial in Launceston, Community Rapid Response Hospital in the Home will be launched in the north-west this year. This will ease pressure on hospital presentations, providing care which can be safely delivered in the community or in the home especially for those who have chronic and complex diseases who are frequently in hospital or the emergency department.

Seventeen extra drug and alcohol rehabilitation beds have opened at Ulverstone and Serenity House at Sulphur Creek under our \$6 million investment over three years to boost services to Tasmanians battling alcohol and drug addiction. These services are very much appreciated by their families. Other improvements to occur next year include the opening of a \$2 million purpose-built maternity service clinic at the North West Regional Hospital.

The much-anticipated redevelopment of the Mersey Hospital will be completed the following year at a cost of \$35 million. This project will see upgraded surgical theatres and dedicated palliative care rooms as well as improved rehabilitation and other outpatient services.

It is a far cry from the dark days of the Labor-Greens government. They downgraded the Mersey so badly that then prime minister, John Howard, had to intervene. We secured the future of this critical infrastructure with a 10-year \$730 million deal. The Mersey Hospital upgrade of \$35 million includes: a new 12-bed dedicated rehabilitation ward; dedicated palliative care beds; upgrades to the surgical theatres and recovery areas; upgrades to the air-conditioning; new hospital-wide nurse call duress systems, replacing three aging systems; improved outpatient areas to support a wider range of visiting specialists; and a redeveloped medical ward with improvements for specialist geriatric care.

In his excellent five-year tenure as Minister for Health, Mr Ferguson has established a safe maternity service in the north-west. This was modelled on expert advice to improve safety for mothers and babies. It has resulted in permanent staff and less reliance of locums. He has completed the North West Cancer Centre and, very importantly, funded its operation. This means cancer treatment can be delivered for the first time in the North West Regional Hospital, resulting in more than 7000 fewer trips to Launceston each year for routine radiology. It is important to note that Labor failed to deliver the North West Cancer Centre on time and did not budget for its operation. This was a huge risk to the local community.

We have delivered a refurbished emergency department in Burnie with significant capital works to extend and upgrade it. We have delivered \$720 000 in the North West Regional Hospital pre-admission clinic to help patient flow and increase efficiency at the hospital. It sees more than 50 patients per week or 2400 people extra per year. It consists of five consulting rooms, three dedicated offices, a reception and waiting room and replaced the hospital's old main entrance and reception area.

Telehealth has been a success story for regional and rural areas. This minister has rolled 15 telehealth units statewide as part of the telehealth expansion project, and 65 new units, cameras and microphones have also been installed in outpatient clinic consulting rooms in the Royal Hobart Hospital, the North-west Regional Hospital, the Launceston General Hospital and the Mersey Community Hospital to facilitate the introduction of telehealth as an option. In just two telehealth appointments a patient from Smithton has avoided more than 1600 kilometres and 20 hours of travel

time to get to their health professional in Hobart. It is this type of activity that has a real benefit to Tasmanian patients in their time of need.

Mr Ferguson has a strong record. He has overseen and over the next five years we will see the finish of the Royal Hobart, the LGH and the Mersey redevelopments. We will open 300 new hospital beds, recruit another 1000 new staff to our health system and finally have acute mental health facilities for young Tasmanians. We will have built 27 new community-based mental health beds in modern facilities, recruited over 50 new paramedics in our ambulance service and have a comprehensive and up-to-date master plan in place for all four major hospitals.

This Government has never said there is no problem. We know there is much more that needs to be done. We actively working with health experts, medical colleges and clinical leaders on solutions. I know this minister will continue to adapt, modify, innovate and find solutions. I congratulate the minister on his enormous achievements in his period as minister and on his work done so far.

[10.02 p.m.]

**Ms BUTLER** (Lyons) - Madam Speaker, I support the motion of no confidence and express my lack of confidence in the Health minister and the Government overall. I speak for the people from the electorate of Lyons this evening and the people who have lost confidence in the health system and in this Government to represent their interests. This is not a stunt, and I find it very patronising that the word has been used today. It is not a stunt. This is a very serious event and it is a pity that we have to get to this.

Out of respect for the people who have endured unnecessary pain and suffering or have died waiting for health services in our state, I pledge to keep fighting to have their voice heard. We as elected members are all accountable. I am confident that the Labor team who stand with me is dedicated to being a better government than this Government. It is time to be honest to look at the problems in front of us. Today I heard the Government refer to the people of Tasmania as whingers. I have never seen a Tasmanian government like you. The lack of transparency and the inability to listen to people in your communities is outstanding. Let me just state that I am reflecting the experience of the people, not the experience of whingers.

You people need to stop the ridiculous spin and unethical communication with the public. It is frankly offensive and Trump-esque. I do not know if there is such a word; maybe I have just coined it. It patronising to the people of Tasmania and I implore you please to stop the propaganda. Just for the record, I would like to visit the term 'propaganda'. The definition of propaganda is a set of messages intended to influence opinions of the masses, not giving the opponents any opportunity to rebut the idea. Instead of telling people the truth, propaganda often aims at manipulation of ideas to influence the behaviour of a large number of people. It presents ideas selectively. Propaganda is related to advertising where it is about promoting a product. Your product is the Liberal Party.

This is what this Government is doing to the people of Tasmania at the moment. This Government is promoting the perks of the golden age of Tasmania when the reality is that Tasmanians do not know whether they will be okay if they become ill. Despite the propaganda from the Government, the people of Tasmania are coming out in droves to state the truth. That is what we do in our communities. When it comes to an issue as serious as this, when people's lives are compromised, we come out and tell people the truth. We know that there are fatalities - avoidable deaths, minister. This is very serious.

I will give you an example of this propaganda and spin. Ramping is a really good example of the Government's spin machine and propaganda associated with this very real problem. I will go back to some media from 6 November 2014. This was from Michael Ferguson, Minister for Health:

Ramping at the Royal Hobart Hospital has reduced significantly since the election of the Liberal Government. In October 2014, we have seen a drop in the number of ambulances ramped per day from 10 to two compared to the same time last year.

We said before the election we would look at reopening a four-bed unit, closed down by Labor, to address long-standing ramping issues which the former government did nothing about. Since reopening this unit in September we have freed up beds in the emergency department and freed up ambulances to get back on the road.

While we know there is still a lot of work to be done and two ambulances ramped per day is still too many, we welcome the reduction in ramping and the benefits it will have for our patients.

From 4 March 2015 -

86 per cent drop in ambulance ramping at the RHH.

Ambulance ramping at the RHH has become an increasing problem after the shambolic state in which the Labor-Greens government left the hospital, and indeed entire the entire health system.

This is you back in March 2015 saying the same things you are saying now. Propaganda. It continues:

I am very pleased to report that this has resulted in an 86 per cent drop in total ramping at the Royal Hobart Hospital ... This means that the Government has overseen the greatest sustained reduction in ramping since statistics began being gathered.

Nothing has changed though, has it, minister? Actually, it has got worse. This was in March 2015 -

The direction to open the four additional beds, establishing the first handover area in the RHH, is allowing our paramedics to get back to the road and our community as quickly as possible.

We have more propaganda. Here we go. From 12 April 2016 -

Ambulance ramping reduces under Hodgman Liberal Government.

The Hodgman Liberal Government recognises that ramping is a longstanding issue for all health systems, which is why since coming to government we have worked with our health professionals to reduce ambulance ramping to the lowest level in many years.

In the last calendar year (2015) there were almost 1400 fewer ambulances ramped at the RHH compared to 2013 ...

This propaganda keeps continuing. I actually think you believe your own truth and that is quite sad.

At the LGH, the first quarter of 2016 (January to March) has seen the lowest number of ramped ambulances in at least the past four years, with 19 fewer than the same period in 2015 ...

That was 2016. Let us go to 17 November 2016 -

There has been a 60 per cent reduction in ramping under the Hodgman Government.

Ambulance ramping hours at the Royal Hobart Hospital are down by 60 per cent under the Hodgman Liberal Government. The Tasmanian Health Service also advised that the average waiting time at the RHH Emergency Department for attendances was lower in August/September and October than 12 months ago. And elective surgery waiting lists are also the shortest on record.

This is all propaganda, is it not, minister? Was there ever any truth in this? You have not solved any problems. It is a lot worse. How many ambulances are ramped right now in Launceston?

**Mr Ferguson** - I am not helping you with the speech.

**Ms BUTLER** - Hobart is having a bad day, but Launceston had a particularly bad day today. That is okay because I am sure you will put out some propaganda tomorrow saying everything is fine. Let us not be mistaken.

Health is the most important issue. It is the most important aspect of all of our lives. Despite your propaganda, the reality is that more people die in our hospitals from avoidable deaths than on our roads. The community has lost confidence in the health system and they have lost confidence in you. The style of the minister is that of a thespian, all propaganda and learnt lines, like a Shakespearian actor performing at the Globe; all the world is a stage.

The people of Tasmania need a health minister, not a propaganda-monger. This Government is caught up in propaganda and keeping up appearances, assuring the public that we are in a golden era. As I suggested in my state-of-the-state response, the mantra from a child's movie, 'everything is awesome' when we know that for many of our community everything is not awesome.

The inequity which we see emerging in our beautiful state is growing at an alarming rate. The health system reflects the truth. It echoes the reality of the direction of our state. The gap is widening. In short, the health system is representative of our growing inequality. We need strong leaders. We need people like Jo Seijka, member for Pembroke. We need strong, real leaders who are not obsessed with propaganda and self-promotion.

The public has lost confidence in you because you have failed to understand the plight of the people. It is an integral part of your party philosophy to focus on the individual, to reward the wealthy, those who can afford private health. The Tasmanian health budget takes up 29.8 per cent

of the overall Tasmanian Budget. We know that the Government is anticipating spending \$15 million less on Health in the next Budget. We do not understand why with the increase in presentations and the documented avoidable deaths.

We know that 2017-18 health budget was 29.6 per cent of the overall Tasmanian budget. That represents a decline in funding in a sector that was already struggling. There is limited investment in preventative health. As a few people have done today, I would like to refer to the Royal Hobart Hospital emergency department registrars. They said:

Extreme access block and ramping are having a devastating effect on our patients. We have done everything possible as individuals and a department to buffer patient impact.

System failures are also causing severe moral injury, physical exhaustion, emotional depletion, and psychological trauma among our registrar group.

As employees, we are entitled to safe work conditions under Australian law. We are currently working beyond our scope of practice, experience and skill-set.

We will no longer be silently complicit in sub-standard patient care and an unsafe work environment.

Mental health patients are remaining in the Emergency Department for up to 7 days due to access block. These patients are denied dignity, efficacious therapy and a safe environment.

The registrars also said the entire southern ambulance fleet was often ramped at the hospital, leaving up to 13 triple-0 cases unresponded, including heart attack calls. Hobart GP, John Saul, said:

... every facet of the medical community was feeling the flow-on effects. We are looking after people and emergencies we've never looked after because the ambulances can't attend in a timely fashion.

It is the same message we have been saying for decades and it is escalating. Things seem to be getting worse. We just need urgent support.

We are seeing patients dying in the corridors of the hospitals. The tragic case of a woman suffering a miscarriage in the chair of the waiting room and I can only imagine the horror of that person desperately waiting for help feeling compromised, exposed, devastated. Severe mental health patients are trapped in ED because there are no psychiatric ward beds: the most dangerous place for them to be - and it is not appropriate as well that the new St Helens Hospital does not have an independent mental health intake emergency section. You still have people from the highest mental health statistics in Australia still having to enter a new hospital in an emergency section. It is completely inappropriate. I do not understand why you would put in that amount of investment into a community without tailoring the hospital to meet the community needs.

In fact, the minister blamed health service staff in 2015 for a poor situation of the health service. I am going to read you a quote here. It was quite disgusting really. This was when your propaganda was about blaming the service workers.

Health Minister Michael Ferguson has called for compliance and leadership from staff of the state's health system following a number of high-profile incidents he has labelled unacceptable.

Health unions say the Royal Hobart Hospital and Launceston General Hospital have descended into chaos due to a lack of beds and staff.

A 91-year-old waited two days for surgery on his almost-severed fingers at the LGH and unions say a woman recently miscarried on a chair in the RHH emergency department because no beds were available.

Mr Ferguson has demanded that Tasmanian Health Service leadership provide him with a written report on the current situation within 24 hours.

'While we are currently experiencing a period of high and unscheduled demand, the system's overall response has simply not been good enough to meet community expectations', Mr Ferguson said.

'While some will undoubtedly say that the solution is more money, at this point in time what we need to see is a higher level of compliance with existing rules and the leadership to drive it. '

Australian Nursing and Midwifery Federation state secretary Neroli Ellis accused Mr Ferguson of not taking accountability and called for stronger resourcing in hospitals.

It was a plea echoed by Australian Medical Association state president Tim Greenaway: 'This is, frankly, a typical reaction from a politician to try and divert attention from the fact we don't have enough beds or staff.'

What that really means is more spin, more propaganda, minister.

Once more the propaganda of the Government is expressed and finding solutions for the problem is not forthcoming. This is why we have moved a motion of no confidence in the Minister for Health.

I would like to discuss examples from Tasmanians that I have met with in relation to mental health issues. Underfunded and largely ignored mental health services delivery priorities are incorrect in this state. There is a seven day wait for beds upon admission at the reception quite often. We have some of the highest rates of people self-harming and taking their lives in the country yet we have third world mental health services in our state.

It has been five years and this is just one example. A constituent who I know quite well, a fabulous person, who was taken by ambulance to the Royal Hobart Hospital from a regional area after experiencing difficulties with medication, had bipolar disorder for many years, and was quite sure that her medication was not quite right. She had taken some other medication and it had compromised her existing medication. She called an ambulance and the ambulance did arrive at the RHH. She was ramped for a small amount of time and then the constituent sat overnight in the emergency section of the hospital waiting to be seen. She sat in a chair in the waiting room. At 7 a.m. the constituent asked again knowing that the time frame had passed for her to be able to resolve

her medication issues and she asked when she would be able to see a doctor or a psychiatrist. She actually admits that she was becoming quite agitated towards the staff member at the reception and they advised that she would have to wait. She kicked a chair and went downstairs to get herself a coffee and to calm down. She knew that she was unravelling and she was doing the best that she could to keep herself in the right frame of mind. Upon returning to the waiting area, the constituent was met by security officers who then took her across the road to the police station. The constituent was placed in an outdoor caged area where her husband was called and she was charged with disorderly conduct and resisting arrest. This is not the fault of Tasmania Police.

The constituent's husband said he was happy to drive for one-and-a-half hours to collect his wife when he was called by Tasmania Police to then walk her across the road to the hospital to get the care that she needed 18 hours earlier before any of this had happened. The husband then called the constituent's treating psychiatrist who organised the care requirement for the constituent. The constituent was escorted across the road where she spent the next three weeks recovering from this unnecessary event. She subsequently missed her daughter's wedding.

If she had been seen by a psychiatrist, if her medication issue had been averted, she would not have been arrested, the staff member at the RHH would not have felt intimidated, and there would have been no need for security to intervene, and the constituent would not have had to suffer the indignity of being locked in an outdoor cage.

I have also previously spoken about a young lass who travelled by ambulance to a hospital after her third overdose. After having her stomach pumped, she was advised that there were no beds and asked if anyone from home could come and get her. When she said that nobody had a car, she was asked to catch the first bus home. After a third attempt at her own life, a 19-year-old then waited in a bus mall for the first bus to arrive and finally made it home an hour-and-a-half later. Nobody rang to see if she had made it home on the bus. There were no referrals. These are the consequences of not having enough mental health beds. This is another example of frontline staff at our hospitals being placed in terrible positions due to poor policy, inadequate resourcing and unfair work conditions. The mental health of workers is being compromised every day.

Recent data shows the number of patients waiting for elective surgery has grown by nearly 3000 to more than 9000 in 12 months. There are 31 000 patients currently waiting for an appointment with a specialist. If you can imagine double the people in the Aurora Stadium on Sunday when Hawthorn played Carlton - that is what 31 000 people looks like. You need to start looking at them as individual people, minister - not numbers, not figures.

Patients are having to wait longer, with the clinically-recommended time frame falling to 64 per cent statewide. I met with a constituent last month who is now terminally ill after waiting months for a colonoscopy. If she had undergone the colonoscopy when her GP requested it, she may have received treatment in time to save her life. After months of waiting she has advised me that she is now, quote, 'riddled with it'.

Just today, a constituent sent me this note which reads:

I have included an x-ray of my grandson's shoulder fracture from falling off his bed on the weekend. My grandson is only seven. He slipped off his bed at home on Saturday night.

When the ambulance arrived, they did not want to take him to the Royal because they did not want to get ramped. Instead he was eased into the family car and the family were asked to drive him.

He was in intense pain with no relief, making his own way to hospital and then he sat in the ER for five-and-a-half hours before he was seen.

That was one this morning. I get these every day and I am sure most people here would also get these messages every day.

Another couple attended a hospital with their two-day-old baby. A doctor quickly examined the baby and briefly stated they could go home as the baby just had a cold. The mother insisted on a paediatrician being called in straight away and they waited and waited for a paediatrician. When the paediatrician arrived and the baby was examined, their baby was put straight into ICU with a very severe respiratory virus. That baby would have died if it had gone home. If the parents had not argued, their child would have died. Another avoidable death, minister.

It is not acceptable to rely on arguments of denial and pointing the finger at a Labor government of five years ago for your terrible management of the health portfolio, minister. As at December 2017, 45.6 per cent of Australians have private health insurance and cover in terms of policy covering hospital treatment. Of this per cent, 44 per cent of Tasmanians have taken out health insurance covering hospital treatment. This means that more than 50 per cent of Tasmanians are completely reliant on the public health system. This speaks in spades about the state of the Tasmanian community and the inequality that is becoming further exaggerated, minister. To me, the health system is very much a reflection of the inequality in our community.

We are witnessing a different style of government to those previously seen. It is a secretive and propaganda-led government. Anything for a vote is often what I think. What does your party stand for? What do Liberals stand for? I do not understand the philosophy, which is probably why I am a member of the Labor Party. Why have you taken service away from regional health? Why are ambulance drivers replaced with private providers? There is so much you are doing in regional areas that I do not understand.

I have written to you about this without an answer. I will ask you the question here because it seems to be the only way I can get any answers. In case I am going over my time, for the record I also advise the House that it has been eight months now since I asked 372 questions on notice to this Government in relation to expenses and uses of public money. None of them have been answered. Not one question has been answered.

When the parliament was prorogued, all of the questions disappeared. I will resubmit them as I know your departments were working on those questions. That was something we always did when we were in government. We answered your questions. You hauled us over the coals for a lot of the answers a lot of times, but we were not secretive. We did share that information. We were transparent. We respected the fact that if a member of parliament asked another member of parliament legitimate questions about government expenses, the least you could do was be respectful to the people of Lyons who elected that member and answer their question. It is manners, minister, and behaviour was something you kept talking about today. Your behaviour from what I see, is not only very patronising but extremely derogatory of other members, especially people who do not agree with you.

This came from Campbell Town where local paramedics were not being used or ambulances were not being used. It was being outsourced to private patient transport instead and having ambulance drivers sitting with not that much to do. I will read you the question in case you missed it with those other 372 questions as well that were missed. It can happen, I am sure. Maybe not under our watch, but certainly under your watch with the propaganda machine working very hard.

In relation to the Department of Health, I ask the member Michael Ferguson MP, the following questions:

**Non-urgent/emergency patient passenger transport in rural centres.**

The number of non-urgent/emergency patient passenger transport undertaken by Ambulance Tasmania in the financial year 2017/18.

The number of non-urgent/emergency patient passenger transport undertaken by Ambulance Tasmania from July 2018 to current?

The number of non-urgent/emergency passenger transport undertaken by Ambulance Tasmania in the financial year 2017-18.

The number of non-urgent/patient passenger transport undertaken by a private provider from July 2018 to current.

What was the cost of non-urgent/emergency patient passenger transport undertaken by a private provider in the financial year 2017-18.

The number of non-urgent/emergency patient passenger transport undertaken by a private provider from July 2018 to current, and

What was the cost of non-urgent/emergency patient passenger transport undertaken by a private provider from July 2018 to current?

I also go into asking questions about regional centres of non-urgent/emergency patient passenger transport in Tasmania, the number of non-urgent/emergency patient passenger transport undertaken by Ambulance Tasmania in regional centres in the year 2017-18, the number of non-urgent/emergency patient passenger transport undertaken by Ambulance Tasmania in regional centres from July 2018 to current, regional centres non-urgent/emergency patient passenger transport private providers, and the number of non-emergency patient transport undertaken in regional centres by private providers in the financial year 2017-18, and the number of non-emergency patient transport undertaken in regional centres by private provider from July 2018 to current. What were the costs?

Urban centre non-urgent/emergency patient passenger transport Ambulance Tasmania, the number of non-urgent/emergency patient transport undertaken by Ambulance Tasmania in urban centres in the year 2017-18, and the number of non-urgent/emergency patient transport undertaken by Ambulance Tasmania in urban centres from July 2018 to current. What were the costs? I did not receive any answers to any of those questions.

I also have another account here from a volunteer ambulance driver who advises that paramedics in Lyons are spread far too thin, with sometimes one paramedic to cover Bicheno to Fingal. The first hour is critical in stroke heart attacks.

**Time expired.**

[10.32 p.m.]

**Mr SHELTON** (Lyons) -Madam Speaker, I offer every confidence to the minister and thank him for his very hard work and achievements in the health space, particularly in regional communities. Regional communities are different to city communities. They are further away from our major hospitals and therefore health and wellbeing is absolutely vital. In regions, having a hospital close would be fantastic but in many areas in Lyons residents do not. Therefore they rely on the ambulance system as their first responders.

This year we will have more paramedics on the ground. They are being put on in Wynyard, in Dodges Ferry, and the member who just resumed her seat was talking about the east coast. There have been paramedics put on in St Helens and Bicheno so the commitment by this minister to the regions is fantastic and appreciated by those communities. What I find interesting is that the member who just resumed her seat went on for half an hour talking about health and never once mentioned the \$12.1 million build on a new hospital in her own patch in St Helens. To say that this is not a stunt; it is a political stunt.

**Ms BUTLER** - Point of order, Madam Speaker. I have been misrepresented there. I did state that there had been a new hospital built in St Helens but that the mental health intake was not appropriate.

**Madam SPEAKER** - It is not a point of order. It is a point of clarification.

**Mr SHELTON** - I congratulate the minister for the fact that there has been a \$12.1 million build on a new hospital in St Helens. It is not quite open yet but I am sure my colleague in Lyons will have more to say about the St Helens Hospital later on.

It is also important that we go to the point of this political stunt. It was mentioned in a contribution not so far back about the local elections coming up this weekend and we also have a federal election. We understand that they want to raise the issue of health. If you look at the timetable we only have these three days of this sitting week, and the elections for the upper House are on this weekend and the federal election in a few weeks time. The reality is our next sitting here prior to the Budget we will be beyond that point and post the Budget session, post the long break, we will be getting to a stage where the Royal will be close to opening. From a Labor point of view it will be pointless bringing up anything to do with health issues because there will be some positive stories about that. This timing shows it is a political stunt. You also have to be aware of the fact that there was a censure motion on this same issue not that long ago.

Getting back to the fantastic efforts of this minister, we have all the confidence in the world in this minister, his dedication and work ethic and commitment to the communities right around Tasmania. I appreciate and want to thank him for that. It is important that I go through the policies that the Government took to the election last year.

Around health there is \$15 million for capital improvements over three years at Tasmania's rural and regional hospitals. That has to be appreciated. There is \$2.5 million for a major upgrade

of the Midlands Multipurpose Centre at Oatlands and I know the Oatlands community is very appreciative of that commitment by this Government to upgrade those facilities. There is a \$500 000 commitment to provide better accommodation for health professionals on Flinders Island, another regional area that has to deal with their own health issues to a degree, and that \$500 000 in the context of the Health budget is only fairly small but very much appreciated by the Flinders Island community.

Then there is the \$10.5 million to build the next stage of the King Island Hospital redevelopment. These significant works will include palliative care and associated family rooms, acute care and observation areas, improved emergency and after-hours access and kitchen upgrades. When they were in government Labor downgraded the hospital at Ouse and at Rosebery - I have heard health issues talked about on the west coast - and of course at the Mersey hospital. Things were so bad at the Mersey that John Howard, and it has already been stated, had to intervene in that issue.

Providing health services in our rural and regional communities is a key priority of this Tasmanian Government. The Tasmanian Health Service is continuously improving services to benefit these communities and to engage with key stakeholders. That is why our Government has been taking action and delivering on our commitments. We are committed to rural health and this is demonstrated by our record investment into health right across the state. We have delivered Rural Alive and Well with extra funding of \$1.84 million over two years on top of the previous investment. This funding will assist RAW to provide better outreach support including a specific focus on older Tasmanians who are experiencing mental health concerns in regional areas.

New funding for medical, nursing and allied health staff at the New Norfolk Hospital has enabled the hospital to on average accept an additional seven geriatric patients from the Royal. This of course is assisting the patient flow out of the Royal.

The minister has indicated that there are issues. We are working on those continually. Everybody appreciates the health issue is always an ongoing commitment that is needed to improve our health system across Tasmania.

In regional communities there are still the challenges of the four regional communities and the recruitment of GPs to these areas. We are not immune in Tasmania. This is an Australia-wide issue. We will continue to support rural initiatives and services that reduce the strain on communities and ensure that normal service provision remains where possible. The Tasmanian Government will continue the good progress it has been making around Tasmania. With all of our vital investments we will enhance service provision in the rural and regional areas. Under this minister the Tasmanian Government's plan to build a better health system is all about providing the right care in the right place at the right time. To ensure we achieve this, it is vital that we continue to consult with experts and health stakeholders on how we best deliver this. That is exactly what we have been doing and will continue to do.

We undertook the most thorough consultation on the health system ever when we came into government in 2014, complete with the public forums right across the state. We also took detailed submissions from customers, key groups and individual health professionals, including doctors, nurses, allied health staff, kitchen staff, cleaners and all who work in the hospitals. Since being re-elected, the minister has met regularly with a number of stakeholders to continue the conversations about our health system, including the staff of our hospitals, professional groups,

colleagues and, importantly, members of the Tasmanian community. Put simply, we must not stop listening. This minister is listening.

In our first term of government our focus was on rebuilding the health system after decades of under-investment and budget cuts. We re-opened all wards previously closed, delivered more than 120 new beds, hired more than 600 FTE frontline health staff and reduced elective surgery waiting times. There is more to be done. That is why we are investing \$757 million of additional funding over the next five-and-a-half years to open nearly 300 new hospital beds, deliver new services and hire more than 1300 frontline staff state-wide.

It is well known that there are demographic challenges in Tasmania and the demand pressures of the health system right across Australia at the moment. It is vital that we continue the good work in delivering what we can deliver. Through great economics and driving the economy we have more money to invest in our health system. That is exactly what we have been doing.

As was stated earlier, Dr Nicklason's comments about the 2011-12 budget cuts: he suggested it would take 10 years for the health system to get over the cuts of the Labor-Greens government. We are working on getting over those issues and building the health system that the Tasmanian community desires. We are working hard to achieve that.

I commend the minister on the work he has been doing and the work that is in front of him. The first stage of the Royal Hobart Hospital rebuild is due for completion in the latter half of this year. I know that the minister has acknowledged there is more work to be done because of the strains on the system. Stage 2 has been announced. The issue, as has been mentioned previously in this debate, is that we are a long way behind the eight ball because of the procrastination of the Labor government and their ineffectiveness of bringing the hospital system up to scratch in that area. Now it has been handed to us to overcome and we are working on those issues.

I had an interjection from the member for Clark. I recall her talking about the concerns that she had for the paramedics. I remind Labor that before we came to government in 2014, the Labor-Greens government was in dispute with the paramedics over a pay issue. This is how concerned the Labor-Greens government was about paramedics. They had spent \$1 million on court costs fighting the paramedics on their pay dispute. It took this minister when he took on the role to resolve that issue. That is what this minister has been doing.

I have every confidence that this minister will continue to work solidly for the Tasmanian community. He has the best interests of everybody at heart. He is a dedicated worker and contributes well to the Tasmanian community. I appreciate every single bit of work that he has done in the health system. I have thorough the confidence in the minister.

[10.46 p.m.]

**Mr TUCKER** (Lyons) - Wake up, wake up. Yes, you have missed the bus. Let me tell you, the health bus is now travelling up the highway.

**Members** interjecting.

**Madam SPEAKER** - Order. Could I ask for a bit of respect on this side, please?

**Mr TUCKER** - Madam Speaker, this fine Tasmanian is one of the best health ministers Tasmania has ever produced. He has his hands firmly on the steering wheel. Meanwhile the

Opposition sleep in the bus shelter. Labor is all about politics of Health but they do not have a single policy to make Tasmanians' lives better. Labor is not interested in solutions. There is nothing new in their calls for this sacking. Instead what we are seeing is a party looking to maximise political damage in the lead-up to the Legislative Council elections.

They say they want bipartisanship and a seat at the table for the Government's Access Solutions meeting but in the same breath we see calls for the minister to be sacked. This Government has never said there is no problem. We know there is more to be done.

At the start of this month we welcomed the community in for a sneak peak of the brand new \$12.1 million St Helens District Hospital. The purpose-built facility on the new site in Annie Street has been built in line with contemporary health facility standards, with the capacity to cater for the current and future needs of St Helens and the Greater East Coast community. It is an outstanding piece of health infrastructure and proves that this minister and this Government cares about health services on the east coast. Importantly, the new hospital provides greater security of access to health care services by eliminating the risks of flooding events that have been experienced on the current hospital site.

The new hospital features 10 in-patient beds, four emergency bays, four consultation rooms, two physio rooms and three separate rooms to provide education and training, community nursing and treatment, and community activities. There will also be a range of new facilities to provide diabetics care, radiology and oral health. The east coast will also benefit from three new full-time equivalent paramedics this year as part of the minister's commitment to recruit an additional 42 rural and regional paramedics across the state.

More Tasmanians are able to access their health appointments locally with last year's roll out of video-enabled computers on wheels. Telehealth enables patients to take less time off work or caring responsibilities. There are less travel and accommodation costs and less time spent travelling. As part of the Telehealth Expansion Project, the Tasmanian Government is rolling out 15 Telehealth units statewide, including the St Marys District Hospital, the Swansea Community Health Centre, the Triabunna Community Health Centre, Campbell Town Multi-Purpose Centre and Oatlands Multi-Purpose Centre.

I would like to finish with a statement. The Opposition needs to stop playing politics with our health system. Their Mediscare tactics are not helping anyone and are only serving to frighten vulnerable people.

[10.50 p.m.]

**Ms WHITE** (Lyons - Leader of the Opposition) - Madam Speaker, I am very disappointed after such a long debate that we finish on that. I cannot let it rest and have to sum up. This has been a serious debate about a want of confidence in the Minister for Health. The stories that have been shared tonight demonstrate very clearly to anybody who has been listening that there is a health crisis in Tasmania. It is not only in the south of the state, it is statewide. It is on the east coast, the middle of Tasmania, on the west coast, in the north and the south and it has been getting worse year by year.

This minister has been the Health minister for five years, half a decade, and the data that is very clear for us all to see, whether it be on the dashboard, the annual reports or what has been reported by clinicians, tells us that things are getting worse.

Ambulance ramping increased by 500 per cent in the last three years and we know the longer patients are ramped, the longer they are waiting to get access to the hospital, the higher the risk for them of mortality and morbidity. Elective surgery waiting lists have blown out by 3000 in the last 12 months to over 9000 people now waiting for elective surgery procedures in Tasmania.

Emergency department waiting times at the Launceston General Hospital are ranked the worst in the country. That is an absolute disgrace. Right now, my understanding is that at the Royal Hobart Hospital there are more than 50 patients waiting in the ED and six of the 10 urban ambulances are ramped at the hospital. That means that communities in southern Tasmania do not have coverage and there are paramedics ramped at the hospital with patients who are waiting for a bed and cannot get one. That means there are 60 individuals plus their loved ones wondering whether or not they will access the care they need tonight. That is how serious this motion is. This is the health system under Michael Ferguson, the minister.

The most alarming thing for us has been the revelations from clinicians that the number of people who are dying unnecessarily in this state is greater than the road toll. Avoidable deaths and the risk of avoidable deaths is increased because of bed block, ambulance ramping and the pressures we are seeing in the emergency department. If nothing else, this alone should prompt us to take action and call on this minister to resign and step aside so that somebody else can take the responsibility of working with clinicians, listening to clinicians, advocating on behalf of patients and ensuring the health system is appropriately resourced and funded and we do not see more people die who should not die in our hospitals or in our health system.

Besides the problems we are seeing with the redevelopment, the minister glossed over the actual date when patients will be able to get a bed in the new K Block. It has been hampered by a delay that he instigated for 12 months, asbestos, mould, workers being ripped off working on that site, and the date for practical completion has continued to be pushed out. Commissioning is expected to begin toward the end of this year but the minister has not been able to tell the people of Tasmania when the first bed will open, how he will staff it, when recruitment will begin and how he will fund the operation of those 250 beds he has promised.

He has cut the number of mental health beds in Tasmania's mental health system. The acute mental health beds at the Royal Hobart Hospital have been reduced by you, minister. The Coroner, the AMA and registrars in the emergency department have all asked for those beds to be increased and you have done nothing. You have that before you as evidence for three years.

**Mr Ferguson** - That is dishonest again.

**Ms WHITE** - The Coroner's report in 2016 clearly said, minister, that had those beds been available that gentleman may not have died. What more evidence do you require? The Australian Medical Association's Dr Richard Benjamin came out quite clearly and called for those beds to be reopened and that a commitment be given for you to work in good faith with the profession and ensure that the mental health ward in K Block be designed to replace the beds you cut. The five-page letter from the emergency registrars leaked one of the recommendations to you to help ease the pressure to replace the beds that were cut. I do not know how many more times you can be told something and not hear it, and this is the problem. There are so many good people working incredibly hard, doing the best they can to provide safe care to patients, and they are raising with you solutions they have identified that will help provide better and safer care for patients and make their work environment safer too. You again by interjection tell me that I have got it wrong. Tell me which part is wrong.

**Mr Ferguson** - We are working with them. That is the part that is wrong. We are committed to working with them not just today but all the time.

**Ms WHITE** - Three years ago, why did you cut the beds in the first place against clinical advice?

**Madam SPEAKER** - Through the Chair, please.

**Ms WHITE** - The Royal Hobart Hospital lost accreditation. The Launceston General Hospital lost accreditation. We lost good staff because of that.

We have had registrars writing to you saying that we are about to lose the next generation of FACEMs in this state if you do not take action, minister. This is serious. They do not speak out willingly. Very rarely do you hear clinicians and doctors speak out like this. You never get a doctor like Dr O'Keefe at a press conference ask his own questions of the minister. Journalists do that but guests who have been invited to come along and participate in a media event like that, doctors like Dr O'Keefe, do not ask questions unless they are concerned.

Right now we know that this Government does not have a strategy to deal with the pressures in the health system. They have not released the flu plan. It is May tomorrow. How much longer do we need to wait? Winter is not a surprise when it comes around. We know what month of the year winter starts and already this year we have had more flu cases in Tasmania than we had for all of last year. The minister says that the flu plan will be released imminently and yet it is still unavailable. Tomorrow is the first of May.

**Mr Ferguson** - It is being written by experts. They advise government. That is important.

**Ms WHITE** - I would have hoped, given the pressures on the emergency department and the problems we have seen in the health system, that the minister would show leadership here and work with his department to provide clarity to the people of Tasmania and an assurance sooner than now about things as straightforward as a winter flu plan and a winter bed strategy.

The biggest concern of all is that despite all the evidence we have heard today in this debate and the very clear indications from members across this Chamber that we share concerns about the welfare of patients in Tasmania and support the staff and want to see them resourced to do their job, next year there is less money in the Health budget that has been spent this year. What does that say about priorities of this Government and this health minister and his ability to advocate for patients and staff in the health system? It tells us that he is failing.

**Mr Ferguson** - You know the Budget is next month. For goodness sake.

**Ms WHITE** - So we should not believe what was in the Budget last year, or what was in the revised Estimates report in January?

The minister has failed. He has failed patients, he has failed staff, he has failed to provide an adequate budget. The Treasurer has continually been able to chronically underfund the budget for Health with the permission, presumably, of the Minister for Health to prop up the budget line and make things look better, but it comes at the expense of the misery of patients who are waiting to access care and are in pain. It comes at the expense of those people who have died and who should not have died. There cannot be anything more serious than this. For half a decade this minister has

been responsible for this portfolio which has solely been his responsibility. He is not fit to continue in the role. I urge members to support this motion.

**The House divided.**

AYES 11

Mr Bacon  
Dr Broad  
Ms Butler  
Ms Dow  
Ms Haddad (Teller)  
Ms Houston  
Mr O'Byrne  
Ms O'Byrne  
Ms Standen  
Ms White  
Dr Woodruff

NOES 11

Ms Archer  
Mr Barnett  
Ms Courtney  
Mr Ferguson  
Mr Gutwein  
Mr Hodgman  
Mr Jaensch  
Mrs Petrusma  
Mr Rockliff  
Mrs Rylah  
Mr Shelton (Teller)

PAIR

Ms O'Connor

Mr Tucker

**Madam SPEAKER** - Honourable members, given my unique position in this parliament I will always explain my decisions on my casting votes.

When I was elected Speaker of this House I gave a commitment for supporting confidence and supply in the Government. As an impartial Speaker I believe in good governance and I am very glad that the gag motion on this debate did not proceed. This is the second motion of no confidence in the minister following a censure motion in just eight months.

Taking out the politics of this discussion the debate today has allowed the voices of the public who voted either for the Government, for the Opposition or for the Greens to have a say on how they see this state of affairs. This debate was needed because of the growing concerns from the community and most importantly from clinicians, registrars, GPs, nurses, paramedics and other medical personnel regarding the dire state of the health system.

It was good to be reassured of some of the great efforts of the Government and the minister and what they have delivered in this space, but I also hope that they will take on board the serious accusations and desperate pleas for improvements that we have heard today. I, too, was deeply distressed to receive the letter from the registrars of the Royal Hobart Hospital which stated, 'We will no longer be silently complicit in sub-standard patient care and an unsafe work environment'.

I am justifying this decision to support the minister and the Government because it is on the basis that I want stability in government for the whole state which may be threatened should I not support the minister in this instance.

I also want to put on record that I recognise the enormous difficulties of this particular portfolio and the fact that it is not the only portfolio the minister has to manage.

Please make no mistake, this is not an unqualified show of support and that I expect today's debate to bring greater attention to the need for urgent improvements and greater consultation with our medical experts, as acknowledged by our Premier.

I, therefore, in this instance will follow convention and use my standing order 167 to cast my vote with the Noes.

**Motion negatived.**

**The House adjourned at 11.08 p.m.**