



Hansard

LEGISLATIVE ASSEMBLY

60th Parliament

Thursday 6 March 2025

Office-holders of the Legislative Assembly

60th Parliament

Speaker

Maree Edwards

Deputy Speaker

Matt Fregon

Acting Speakers

Juliana Addison, Jordan Crugnale, Daniela De Martino, Paul Edbrooke,
Wayne Farnham, Paul Hamer, Lauren Kathage, Nathan Lambert, Alison Marchant,
Paul Mercurio, John Mullahy, Kim O’Keeffe, Meng Heang Tak, Jackson Taylor and Iwan Walters

Leader of the Parliamentary Labor Party and Premier

Jacinta Allan (from 27 September 2023)

Daniel Andrews (to 27 September 2023)

Deputy Leader of the Parliamentary Labor Party and Deputy Premier

Ben Carroll (from 28 September 2023)

Jacinta Allan (to 27 September 2023)

Leader of the Parliamentary Liberal Party and Leader of the Opposition

Brad Battin (from 27 December 2024)

John Pesutto (to 27 December 2024)

Deputy Leader of the Parliamentary Liberal Party and Deputy Leader of the Opposition

Sam Groth (from 27 December 2024)

David Southwick (to 27 December 2024)

Leader of the Nationals

Danny O’Brien (from 26 November 2024)

Peter Walsh (to 26 November 2024)

Deputy Leader of the Nationals

Emma Kealy

Leader of the House

Mary-Anne Thomas

Manager of Opposition Business

Bridget Vallence (from 7 January 2025)

James Newbury (to 7 January 2025)

Members of the Legislative Assembly

60th Parliament

Member	District	Party	Member	District	Party
Addison, Juliana	Wendouree	ALP	Lister, John ⁷	Werribee	ALP
Allan, Jacinta	Bendigo East	ALP	Maas, Gary	Narre Warren South	ALP
Andrews, Daniel ¹	Mulgrave	ALP	McCurdy, Tim	Ovens Valley	Nat
Battin, Brad	Berwick	Lib	McGhie, Steve	Melton	ALP
Benham, Jade	Mildura	Nat	McLeish, Cindy	Eildon	Lib
Britnell, Roma	South-West Coast	Lib	Marchant, Alison	Bellarine	ALP
Brooks, Colin	Bundoora	ALP	Matthews-Ward, Kathleen	Broadmeadows	ALP
Bull, Josh	Sunbury	ALP	Mercurio, Paul	Hastings	ALP
Bull, Tim	Gippsland East	Nat	Mullahy, John	Glen Waverley	ALP
Cameron, Martin	Morwell	Nat	Newbury, James	Brighton	Lib
Carbines, Anthony	Ivanhoe	ALP	O'Brien, Danny	Gippsland South	Nat
Carroll, Ben	Niddrie	ALP	O'Brien, Michael	Malvern	Lib
Cheeseman, Darren ²	South Barwon	Ind	O'Keeffe, Kim	Shepparton	Nat
Cianflone, Anthony	Pascoe Vale	ALP	Pallas, Tim ⁸	Werribee	ALP
Cleeland, Annabelle	Euroa	Nat	Pearson, Danny	Essendon	ALP
Connolly, Sarah	Laverton	ALP	Pesutto, John	Hawthorn	Lib
Couzens, Christine	Geelong	ALP	Read, Tim	Brunswick	Greens
Crewther, Chris	Mornington	Lib	Richards, Pauline	Cranbourne	ALP
Crugnale, Jordan	Bass	ALP	Richardson, Tim	Mordialloc	ALP
D'Ambrosio, Liliana	Mill Park	ALP	Riordan, Richard	Polwarth	Lib
De Martino, Daniela	Monbulk	ALP	Rowswell, Brad	Sandringham	Lib
de Vietri, Gabrielle	Richmond	Greens	Sandell, Ellen	Melbourne	Greens
Dimopoulos, Steve	Oakleigh	ALP	Settle, Michaela	Eureka	ALP
Edbrooke, Paul	Frankston	ALP	Smith, Ryan ⁹	Warrandyte	Lib
Edwards, Maree	Bendigo West	ALP	Southwick, David	Caulfield	Lib
Farnham, Wayne	Narracan	Lib	Spence, Ros	Kalkallo	ALP
Foster, Eden ³	Mulgrave	ALP	Staikos, Nick	Bentleigh	ALP
Fowles, Will ⁴	Ringwood	Ind	Suleyman, Natalie	St Albans	ALP
Fregon, Matt	Ashwood	ALP	Tak, Meng Heang	Clarinda	ALP
George, Ella	Lara	ALP	Taylor, Jackson	Bayswater	ALP
Grigorovitch, Luba	Kororoit	ALP	Taylor, Nina	Albert Park	ALP
Groth, Sam	Nepean	Lib	Theophanous, Kat	Northcote	ALP
Guy, Matthew	Bulleen	Lib	Thomas, Mary-Anne	Macedon	ALP
Halfpenny, Bronwyn	Thomastown	ALP	Tilley, Bill	Benambra	Lib
Hall, Katie	Footscray	ALP	Vallence, Bridget	Evelyn	Lib
Hamer, Paul	Box Hill	ALP	Vulin, Emma	Pakenham	ALP
Haylett, Martha	Ripon	ALP	Walsh, Peter	Murray Plains	Nat
Hibbins, Sam ^{5,6}	Prahran	Ind	Walters, Iwan	Greenvale	ALP
Hilakari, Mathew	Point Cook	ALP	Ward, Vicki	Eltham	ALP
Hodgett, David	Croydon	Lib	Wells, Kim	Rowville	Lib
Horne, Melissa	Williamstown	ALP	Werner, Nicole ¹⁰	Warrandyte	Lib
Hutchins, Natalie	Sydenham	ALP	Westaway, Rachel ¹¹	Prahran	Lib
Kathage, Lauren	Yan Yean	ALP	Wight, Dylan	Tarneit	ALP
Kealy, Emma	Lowan	Nat	Williams, Gabrielle	Dandenong	ALP
Kilkenny, Sonya	Carrum	ALP	Wilson, Belinda	Narre Warren North	ALP
Lambert, Nathan	Preston	ALP	Wilson, Jess	Kew	Lib

¹ Resigned 27 September 2023

² ALP until 29 April 2024

³ Sworn in 6 February 2024

⁴ ALP until 5 August 2023

⁵ Greens until 1 November 2024

⁶ Resigned 23 November 2024

⁷ Sworn in 4 March 2025

⁸ Resigned 6 January 2025

⁹ Resigned 7 July 2023

¹⁰ Sworn in 3 October 2023

¹¹ Sworn in 4 March 2025

Party abbreviations

ALP – Australian Labor Party, Greens – Australian Greens,
Ind – Independent, Lib – Liberal Party of Australia, Nat – National Party of Australia

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Thursday 6 March 2025

The SPEAKER (Maree Edwards) took the chair at 9:33 am, read the prayer and made an acknowledgement of country.

Members

Member for Bentleigh

Personal explanation

Nick STAIKOS (Bentleigh – Minister for Consumer Affairs, Minister for Local Government) (09:33): I wish to make a brief clarifying statement to the chamber following on from the second reading of the Building Legislation Amendment (Buyer Protections) Bill 2025 yesterday. There is an inconsistency between the second-reading speech and the body of the bill regarding the developer bond scheme, which is the result of a drafting error. The second-reading speech states that the percentage of the bond will be 2 per cent whereas the body of the bill says 3 per cent. The percentage in the second-reading speech is the correct figure, and the government will be looking to move a house amendment to correct the figure in the body of the bill when it returns for debate.

Members interjecting.

The SPEAKER: There can be no debate entered into on a personal explanation. I will take a point of order, but it will not be ruled as a point of order if it is on the personal explanation.

James Newbury: On a point of order, Speaker, just for clarification, the Premier also made statements on this issue, and I am seeking to understand whether the Premier is going to seek an opportunity to make a personal explanation as well to the chamber.

The SPEAKER: That is not a point of order.

Business of the house

Notices of motion and orders of the day

Notice given.

The SPEAKER (09:35): General business, notices of motion 34 to 60 and orders of the day 6 and 7, will be removed from the notice paper unless members wishing their matter to remain advise the Clerk in writing before 2 pm today.

Petitions

V/Line services

Martin CAMERON (Morwell) presented a petition bearing 27 signatures:

Issue:

This petition of residents in Victoria draws to the attention of the Legislative Assembly the need for V/line to restore locomotive hauled services. The signatories of this petition question the over reliance on the current rail fleet at V/line's disposal. With the recent decommissioning of V/line's N-Class locomotives on almost all lines, a gap in services has been noticed across the network and shows that a train that is comfortable, quiet, well maintained and flexible in its operational capacity, even with the sacrifice of speed, is needed more than ever by regional Victorian commuters. Without the support of other locomotive types, that can operate in long distance service, V/line could become stagnant and lose its potential in the distant rural regions of Victoria, both reducing gains made by regional rail in these areas and the distrust of a network that cannot provide for its effected commuters.

Action:

The petitioners therefore request that the Legislative Assembly provide V/line the ability to restore locomotive hauled services by;

1. Increasing funding for V/line that is dedicated to begin procurement of a new long haul locomotive and its carriages.
2. The resulting locomotive being of 'bi-modal' design, This will allow V/line to utilize the overhead power lines within the suburban area to provide power to this new locomotive, while also retaining its diesel engine. Resulting in less emissions while still maintaining its long haul capability.
3. Allow construction of these new units to be in Victoria, increasing local jobs and economy.
4. Continue development of the infrastructure required to facilitate the new locomotive's entry to service.

Ordered that petition be considered tomorrow.

Birregurra Community Health Centre

Richard RIORDAN (Polwarth) presented a petition bearing 539 signatures:

This petition is to draw to the attention of the Legislative Assembly the decision from the **Victorian State Government to remove the Rural and Remote Health Grant from the Birregurra Community Health Centre**. Birregurra Community Health Centre provides a range of tailored services that are vital to the well-being of the Birregurra community.

Action: The petitioners therefore request that the Legislative Assembly of Victoria call on the Government to continue its support of the Birregurra Community Health Centre and reinstate this critical funding. Restoring this funding will be essential to maintaining vital health services provided to the Birregurra Community.

Ordered that petition be considered tomorrow.

Documents

Documents

Incorporated list as follows:

DOCUMENTS TABLED UNDER ACTS OF PARLIAMENT – The Clerk tabled:

Duties Act 2000:

Report 2023–24 of corporate reconstruction and consolidation concessions and exemptions under s 250B

Report 2023–24 of Foreign Purchaser Additional Duty Exemptions under s 3E

Major Events Act 2009 – Amendment of Major Sporting Event Order for the 2023 to 2025 Formula 1 Australian Grand Prix

Parliamentary Committees Act 2003 – Government response to the Public Accounts and Estimates Committee's Report on the Inquiry into vaping and tobacco controls

Remembrance Parks Central Victoria – Report 2022–23

Remembrance Parks Central Victoria – Report 2023–24

Water Efficiency Labelling and Standards Act 2005 – Water Efficiency Labelling and Standards scheme – Report 2023–24.

DOCUMENT TABLED UNDER STANDING ORDERS – The Clerk tabled:

Government response to the Economy and Infrastructure Standing Committee's Report on the Inquiry into the impact of road safety behaviours on vulnerable road users.

*Motions***Motions by leave**

Sam GROTH (Nepean) (09:38): I move, by leave:

That this house notes that when asked, ‘Is the government doing enough to protect people in their homes?’ the Labor member for Bass responded with, ‘Just leave me alone.’

Leave refused.

David SOUTHWICK (Caulfield) (09:38): I move, by leave:

That this house condemns the member for Richmond for compromising community safety by warning her Facebook followers of a weapons search police operation in Richmond and Collingwood, further demonstrating that the Greens are more interested in extreme protests and violence rather than keeping Victorians safe.

Leave refused.

David SOUTHWICK: I move, by leave:

That this house condemns the member for Richmond for hateful, hurtful attacks on the Jewish community and reminds the member of the Prahran by-election result, which should be a wake-up call to the Greens that hate has no place in this state.

Leave refused.

*Business of the house***Adjournment**

Mary-Anne THOMAS (Macedon – Leader of the House, Minister for Health, Minister for Ambulance Services) (09:39): I move:

That the house, at its rising, adjourns until 18 March 2025.

Motion agreed to.

*Members statements***Keilor Basketball Netball Stadium**

Ben CARROLL (Niddrie – Minister for Education, Minister for WorkSafe and the TAC) (09:40): It was a special day on Sunday 23 February when I made my way down to the Keilor Park basketball netball stadium for their very special photo day. The Keilor Basketball Netball Stadium, home to Keilor Thunder, now boasts more than 10,000 members, and for the first time in a decade they had a special photo shoot with all the members of the junior clubs coming along for this special day.

They have been an incredible pillar of the local community out at Keilor since 1986, when the Keilor Thunder started playing, and in 2015 with the support of our Labor government expanded the facility from three to six courts, adding an additional three netball courts, four badminton courts, two volleyball courts and a 200-seat grandstand. They also play host. I must say, to have NBA player Ben Simmons, who currently plays for the LA Clippers, start his basketball career at Keilor Thunder just shows you what a special club they are. Even more special – later this year they going to start an all-abilities program, which I really do congratulate them on.

I thank everyone for the warm reception that occurred on 23 February. I look forward to getting back to seeing that large, very special photo adorning the walls. Thank you to the committee of management – Jackson Taylor, Brent West, Daniel Smith, Jodee Gregory and Greg Bindokas – for putting on such a great event, and very best wishes to Keilor Thunder for the years to come.

Government performance

Sam GROTH (Nepean) (09:41): The next Premier of this state should be chosen by the people of Victoria and not the Labor caucus. We know there is absolute division on that side and this state is being ruined by the choices of this government. We had just yesterday reports that wholesale energy prices in this state are going to put more pressure on the gas bills and the energy bills of families – 140 per cent they are going to rise by. We have got a Premier and a Deputy Premier at odds with each other over whether high-risk youth offenders should be put with ankle bracelets into our government schools. We have got roads with potholes riddling this state and \$50 billion in major project blowouts. The Victorian people need a clear alternative when it comes to this state – people with vision.

We have got people in their houses laying awake at night in fear that someone is going to come through the door with a machete, attack their family and steal their car. The Allan Labor government has done nothing to protect these families. They continue to say they are going to bring forward more options. They are the ones that changed the bail laws that put these families at risk. Only a Battin Liberal government will deliver for Victorians.

Mill Park electorate community safety

Lily D'AMBROSIO (Mill Park – Minister for Climate Action, Minister for Energy and Resources, Minister for the State Electricity Commission) (09:42): I rise today to talk about the very important neighbourhood policing forum held in my electorate last week. This was organised by Victoria Police and provided valuable insights into how Victoria Police serve our local community and also received community's feedback.

Family violence is still a scourge in our community, and the challenges we face as a society are still significant. That is why it was great to hear that the family violence investigation unit implemented by the Allan Labor government after the Royal Commission into Family Violence has been of great assistance. Officers shared that this new unit provides them with better resources to achieve improved outcomes for victims. While family violence crimes are on the rise, the positive is that more women are finding the courage to report these crimes and seek help.

The rise in youth crime was another area of concern. The police reassured the public that they have been proactive, running educational programs in schools and other social settings, helping young people understand the consequences of their actions.

Road safety was an issue raised by the local community, but it was good to hear our northern suburbs have the lowest incidence of road safety issues in comparison to other council areas. It was also encouraging to hear local police are achieving strong outcomes on tracking drug trafficking in our community.

BAPS Swaminarayan Sanstha

Lily D'AMBROSIO (Mill Park – Minister for Climate Action, Minister for Energy and Resources, Minister for the State Electricity Commission) (09:44): I would like to also give a mention to the Celebrate Peace festival organised by the BAPS community. The 20-day festival honoured His Holiness Mahant Swami Maharaj's visit to Victoria and was organised by dedicated BAPS volunteers.

Camping regulation

Tim BULL (Gippsland East) (09:44): Over the Christmas school holidays the free camping policy of this government resulted in a disastrous situation. We had ghost camping at a very high level. Half the sites booked at some of the popular locations were not occupied at all at Christmas time. If nothing is done, we will have a repeat of this over the Easter school holiday period, and that will have even more impacts on our local economy and the economies of other areas of regional Victoria. The minister has been silent on this, and I want to know what he is going to put in place to alter this policy to ensure that we do not have a repeat.

Land tax

Tim BULL (Gippsland East) (09:45): Land tax is an issue I have raised in this house several times, but this one takes the cake, and it is good that the Minister for Health is here at the table. Orbost hospital, which has been asked to find savings in its budget, has been hit with a land tax bill on the parcel of land it provides free of charge to the Orbost Men's Shed. We thought this must have been a mistake, but it is not. Surely a regional hospital offering land to a community group free of charge should not be hit with a land tax bill. I ask the Treasurer to rewrite this policy and please fix it.

Bairnsdale train services

Tim BULL (Gippsland East) (09:45): A number of times I have asked for an additional morning train service to Bairnsdale and I have been told continually it will be considered. I now seek an update from the minister on any timelines around the introduction of this additional service.

Barry Elliott

Mary-Anne THOMAS (Macedon – Leader of the House, Minister for Health, Minister for Ambulance Services) (09:45): I rise to honour the life of Barry Elliott, a dedicated member of the Australian Labor Party and a beloved figure in the Trentham community. Born on 5 May 1940, Barry passed away on 14 February 2025 leaving behind a legacy of service, commitment and kindness. Barry was a passionate advocate for Labor values and served for many years as president of the Trentham branch. His leadership and dedication strengthened our movement and inspired those around him.

Barry was a highly respected teacher at both Bendigo and Eaglehawk high schools. I first connected with Barry through our mutual friend the late Lynne Kosky and later at the Kyneton gym, where we talked education policy between reps. In the community Barry was the inaugural president of Trentham Landcare, the president of the Trentham public reserves committee of management, a member of Friends of Trentham Creeks and Reserves and a hardworking farmer. He was always contributing to the place that he loved.

He was a dear friend to former federal member for Bendigo David Kennedy. In his later years Barry lived with dementia, a challenge he faced with resilience and the support of his devoted family and his care team, which included local Labor members. He was dearly loved by his wife the indefatigable Gael and family members Heather, Bruce, Jenny and Alisha and all in the community of Trentham. Now at rest, Barry will be deeply missed, but his legacy will endure in the lives he touched and the community he helped shape. Solidarity forever. Vale, Barry Elliott.

Homelessness

Will FOWLES (Ringwood) (09:47): I rise today to deliver a home truth to the Victorian government. In March 2021 the inquiry into homelessness in Victoria made 51 recommendations. One of the most critical was the call to enshrine the right to housing in the Charter of Human Rights and Responsibilities Act 2006. The government's response, coming as it did years later, was just that it was under review. Four years on from this inquiry, the crisis has only deepened. Victoria's public housing waitlist had ballooned to 63,803 households as of September last year. Over 36,000 are priority cases. The average wait time for priority applications has stretched to 20 months, nearly double the government's own target. These figures are staggering, and the government continues to drag its feet. The latest Productivity Commission report on government services shows that public and community housing residents make up just 2.8 per cent of Victoria's households. This is the lowest percentage in Australia, while the national average stands at 4.1 per cent.

Homelessness services across the state are buckling under pressure. Many have been forced to close their doors because of a lack of funding. The government says it is focused on improving the enforceability of the charter before considering a right to housing. The reality is homelessness is spiralling, housing affordability is out of reach for many and our support services are overwhelmed. Housing is a human right – not an investment and not a privilege. The government had the chance to

make it one. Instead, they chose more delays, more bureaucracy and more people sleeping rough. That is the reality. That is the home truth.

Victoria Police

Anthony CARBINES (Ivanhoe – Minister for Police, Minister for Community Safety, Minister for Victims, Minister for Racing) (09:48): Police members and PSOs have always deserved a pay rise and conditions that reflect the challenging work they do every day, and I am pleased that members endorsed a pay deal last week. Some 91 per cent of police members and PSOs voted in that EBA deal, and that is the most significant number that we have seen. I want to thank the Police Association Victoria and also Victoria Police for what they have done in reaching this point, and I thank members for the work that they have done right through this process. The new enterprise bargaining agreement endorsed by members includes a significant uplift in wages and allowances, with all members receiving an annual 4.5 per cent increase, an additional 0.5 per cent annual allowance for general duties uniformed members and a minimum of 10 correspondence shifts to be rostered for full-time general duties members at 24-hour stations to deal with paperwork, one shift to be rostered each month. An equalised clothing allowance for detectives will see males receive the same payment amount as females, and there is a new disturbance allowance for special operations group members due to the significant frequency of roster changes. The deal will now go to the Fair Work Commission for formal approval.

We will keep working with the acting Chief Commissioner of Police and of course the police association to support our hardworking police officers and PSOs to address their concerns and ensure they have everything they need to keep Victorians safe. But it starts with recognising their work and ensuring they get the pay deal that they deserve. They backed that in last week. The government will continue to back them, and we look forward to these matters being resolved at the Fair Work Commission to make sure the police get the rewards that they deserve, and they will continue to have the support of this Parliament.

Brighton Secondary College

James NEWBURY (Brighton) (09:50): With 1000 students, Brighton Secondary College is a significant school in Bayside. Celebrating its 70th anniversary this year, the school has also welcomed its new principal Peter Langham. As Peter said:

In 2025 our college is looking to the future and reimagining the potential and possibilities for our students, our staff and our families.

Best wishes to Peter on his new role.

Hampton Primary School

James NEWBURY (Brighton) (09:50): The grade 6 children from Hampton Primary School were bursting with questions on a recent visit. After a recent visit to Parliament the children were ready to talk through everything they had seen and especially to ask why the Speaker had recently suspended me from the chamber, and of course I shared in their disbelief. Thank you to the wonderful students and teacher Anne Hostein.

Brighton electorate kindergartens

James NEWBURY (Brighton) (09:51): With a genesis in Bayside kindergartens facing an uncertain future, our community kindergartens now meet at a community kindergarten summit. The summit is an opportunity for kindergartens, local members of Parliament and council to discuss challenges and opportunities the sector faces. The chief issue for most inner-city providers is the unsustainable free kinder funding model. Thank you to all involved in our second summit.

Brighton Grammar School

James NEWBURY (Brighton) (09:51): Built to provide cutting-edge learning spaces for science, creativity and entrepreneurship, Brighton Grammar School recently opened their new Duigan Centre. The centre is a collaboration between the school, St Andrews parish and the archdiocese and is named after old boy John Robertson Duigan, an Australian aviation pioneer who built and flew the first Australian-made aircraft. Congratulations to school council president Peter Ickeringill and headmaster Ross Featherston.

Janet Peggy Winnett

Danny PEARSON (Essendon – Minister for Economic Growth and Jobs, Minister for Finance) (09:51): I rise to remember a remarkable woman, Janet Peggy Winnett. I had the privilege of knowing Jan for over 30 years, and she was just such a lovely, warm, kind and generous woman. Jan was a proud mum to Jamie and Taryn and a very proud grandmother to Edie, Arlo and Banjo. Jan was a woman of exceptional grace and strength. She had the remarkable ability to make everyone feel valued and cherished, always putting the needs of others before her own. Her generosity of giving was infectious, and her smile could simply light up any room. She had an innate talent for finding beauty in the simplest of things and taught us all to appreciate the little moments that make life so precious. Her love for her family was boundless. She was the heart and soul of the family home, creating a sanctuary filled with warmth, love and endless support. Her dedication to her children was unwavering. She was always there to offer a comforting word, a helping hand or a shoulder to lean on. She instilled in them the values of kindness, compassion and resilience, and her legacy will live on through them.

Jan was not only a loving wife and mother but also a cherished friend to many. She had a way of making everyone feel special and understood, always ready with a listening ear and wise counsel. Her friendships were a testament to her generous spirit and her ability to touch the lives of those around her. Jan's love, wisdom and kindness will forever remain etched in our hearts. I will remember the joy she brought into our lives and the love she gave so freely. Let us strive to live with the same grace, compassion and love that Jan embodied. Though she may not be with us in person, her spirit will forever be a guiding light in our lives. Rest in peace, Jan. You will be forever missed but never forgotten.

North End Bakehouse

Kim O'KEEFFE (Shepparton) (09:53): People are coming from wide and far to get their hands on Australia's best vanilla slice and Australia's best hot cross bun. A big congratulations to Matt and his team at North End Bakehouse Shepparton and Mooroopna, who have done it again, taking the two titles at the 2025 Baking Association of Australia awards for two consecutive years. Well done.

Shepparton electorate schools

Kim O'KEEFFE (Shepparton) (09:53): I had the absolute pleasure of recently visiting Mooroopna Primary School, Shepparton East Primary School, St Francis Primary School Nathalia and Bouchier Street Primary School in Shepparton to present school badges and certificates. It is always such a proud day, with some of the families, friends and carers in attendance. I also had the opportunity to spend some time with the students, teaching them about the three tiers of government and my role as their local MP. We also talked about the many opportunities of being a leader and the important role they have to contribute to their school and the broader community. The students had great questions, and it is really great that the students are becoming more aware of their local leaders. Our future is looking very bright with such wonderful, enthusiastic student leaders, and I wish them a great year ahead.

Monsignor Peter Jeffrey

Kim O'KEEFFE (Shepparton) (09:54): I wish to thank Father Monsignor Peter Jeffrey for his dedication and service. He recently retired after serving as a Catholic priest for 61 years. Monsignor is loved by all of the community and has helped so many people within the community, regardless of their faith or circumstances. I also want to acknowledge the work he has done for the homeless, the disadvantaged and those with addiction. He has been instrumental in supporting drug rehabilitation programs, changing the lives of many. Thank you, Monsignor, for your service, and enjoy your well-earned retirement.

Jayne Dicketts OAM

Colin BROOKS (Bundoorra – Minister for Industry and Advanced Manufacturing, Minister for Creative Industries) (09:54): I rise today to congratulate Jayne Dicketts, a nurse and Bundoorra local who received an Order of Australia in the general division in the Australia Day honours for her decades of exceptional service to health care. Jayne has been a registered nurse since 2004, working to serve the local community through Hospital in the Home across the Austin and Northern Health networks. Jayne is also a proud Australian Nursing and Midwifery Federation member and a workplace job representative supporting fellow nurses, and she is also currently studying a masters degree in wound care. Jayne's time in nursing has not just been in the professional world, though, having spent many years selflessly volunteering her time and her skills for the sake of helping others. Jayne began volunteering with St John Ambulance back in 2005 and has been a member ever since, serving as the Moreland divisional manager since 2010. More recently Jayne has also volunteered with the Red Cross. Her time volunteering has seen her attend the Black Saturday bushfires and brought her to work in the field of psychological first aid, frequently offering some of the first support that people receive after tragedy strikes. As part of this work Jayne was deployed to support victims of the 2022 floods. Through this she has provided support to communities affected in the flood plains along both the Goulburn and Maribyrnong rivers. Jayne epitomises the great Australian tradition of volunteering and service. On behalf of my local community, I thank and congratulate Jayne Dicketts OAM.

Windbreak 3690

Bill TILLEY (Benambra) (09:56): Junction Support Services is a Wodonga-based not-for-profit. It runs several programs, but I want to turn the spotlight on one that receives no government support whatsoever. Windbreak 3690 offers young people aged between 12 and 24 a safe and inclusive place twice a week. It is where they can enjoy meals, participate in activities and develop social connections, all free of charge. More than 40 kids attend each evening. Last year they served about 800 meals and had 3500 people through their front door. Many programs are self-generated. A blackboard for ideas takes pride of place at Windbreak. This is a virtual community initiative combating social isolation, which affects nearly 60 per cent of all year 7 and year 9 students in Wodonga. The success stories are inspiring. A 17-year-old boy whose anxiety had left him stuck in the family home for two years now has mates. A 15-year-old girl who kept to herself playing video games finally opened up to workers about the help that she needs. At a time of rising youth crime across the state, Windbreak gives young people a community and purpose. It runs off the smell of an oily rag, generously supported by the community and local businesses, but without Windbreak there is no dedicated youth place in Wodonga.

Williamstown electorate schools

Melissa HORNE (Williamstown – Minister for Ports and Freight, Minister for Roads and Road Safety, Minister for Health Infrastructure) (09:57): There is so much happening across all the schools in my electorate. Just a couple of weeks ago I was delighted to go down to Wembley Primary School to celebrate the opening of their brand new building. This building was originally built in 1958, but now it has got state-of-the-art classrooms thanks to a \$10.2 million investment. That includes flexible learning places, dedicated areas for music, art, STEM and Spanish plus a fabulous new playground. Great schools, though, also support great teachers, and Principal Vassie, Acting Principal Katie and

all the teaching staff now have great offices, a staffroom and conference rooms, really helping them to provide great education. But beyond Wembley I was delighted this morning to ring Gino Catalano, the executive principal of Williamstown High, to let him know that he will be receiving \$2.5 million to repair the Q-block at the Pasco campus. This is a historic building, so being able to upgrade that is fantastic. That adds to the modernised year 12 study centre and a new performing arts centre. Bayside college has got a new STEM facility as part of a \$6.7 million upgrade, works are underway at Seaholme Primary School for an inclusive playground and at Altona Primary School a builder has just been appointed to put in new fencing, landscaping and play equipment. There is not a school across the Williamstown district that has not benefited from the Andrews Labor government.

Police resources

Kim WELLS (Rowville) (09:59): This statement condemns the Allan Labor government for continuing to falsely state that the Liberal–Nationals coalition never funded a single additional police officer during its period in government of 2010–14. The claims made by Labor are blatantly wrong. The facts are undeniable. At the 2010 state election the Liberal–Nationals committed to 1700 police numbers and funding along with 940 PSOs. By the time the Liberal–Nationals coalition came to government in December 2010 and the lead-up to the first budget, the budget funding envelope supposedly left by the previous Labor government within its forward estimates had all but evaporated as part of the fiscal mess left by Labor. It needs to be highlighted that it was a bigger financial hit than what occurred following the 2008 global financial crisis. This comprised around \$6.1 billion in GST and state distribution share writedowns and \$1.5 billion from reductions in state-owned revenue sources. Despite the fiscal challenges, the Liberal–Nationals coalition succeeded in building the required new budget capacity to fund and eventually overdeliver on its police promises. By December 2014 we had delivered 1975 police and 1020 PSOs – that is, 80 more than promised.

Father Peter Carrucan and Father John O'Reilly

Natalie SULEYMAN (St Albans – Minister for Veterans, Minister for Small Business and Employment, Minister for Youth) (10:00): I rise today to honour Father Peter Carrucan, who passed away peacefully on Thursday 27 February 2025 at the age of 93. In 1996 Father Peter founded the Holy Eucharist Loaves and Fishes foodbank to assist those in need. This service continues to grow, feeding the most vulnerable in our community. I also would like to acknowledge the passing of Father John O'Reilly. Father John served as the parish priest for over 50 years at Sacred Heart in St Albans. The legacies of Father John and Father Peter live on, and we are grateful for their contributions to our community. May they rest in peace.

Deniz Daymen

Natalie SULEYMAN (St Albans – Minister for Veterans, Minister for Small Business and Employment, Minister for Youth) (10:01): On another matter, I would like to acknowledge Deniz Daymen from St Albans Secondary College. Deniz achieved an exceptional ATAR score of 99.65, placing him among the top VCE performers in the state. Thanks to this remarkable effort, Deniz has secured the prestigious Hansen Scholarship at Melbourne University for 2025, where he will pursue his passion for science and engineering. This scholarship was made possible through the nomination from his year 11 chemistry teacher and the generous support of Western Chances, an organisation dedicated to supporting young people in Melbourne's west to overcome financial barriers. I congratulate Deniz for his achievement and wish him the very best as he continues to excel. And thank you very much to St Albans Secondary College.

Eltham electorate bowls challenge

Vicki WARD (Eltham – Minister for Emergency Services, Minister for Natural Disaster Recovery, Minister for Equality) (10:02): This year I again hosted my four fabulous bowls clubs from the Eltham electorate, Heidelberg Golf Club bowling club, Eltham Bowling Club, Diamond Creek Bowling Club and Montmorency Bowling Club, for my annual parliamentary bowls challenge 2025 edition. It was

a fun day filled with good humour, even in the face of the slowness of the green here at Parliament. The event is just one way we celebrate and highlight the important work community sporting clubs do in creating connections and opportunities for their members. The community spirit and culture that is built through clubs like these is so vital to our healthy bodies and minds. I also thank the Minister for Community Sport for joining me and the clubs over the lunch break to congratulate the teams and players. Congratulations go to Eltham Bowling Club for taking out the trophy on 63 points and the runners-up Montmorency on 52 points. You will not be surprised to know that this is a highly competitive event, so it is great to see a different team other than Monty taking the trophy.

State Emergency Service

Vicki WARD (Eltham – Minister for Emergency Services, Minister for Natural Disaster Recovery, Minister for Equality) (10:03): I also want to send my congratulations and thankyou to VICSES on the celebration of their 50 years of service. 5 March marks the 50th anniversary of the inception of VICSES, coming out of the civil defence organisation. I thank them for their extraordinary work, and I want to give just one example of the crazy work that SES have to do. I have got a local story. Two members of my Nillumbik SES unit were in the Yarra Valley for something, and they heard the call for help on the radio to extract an injured person hiking in the Cathedral Ranges. Without a moment's thought, off they went, climbing in their heavy workboots over difficult terrain to help this person out and bring them to safety.

St Peter's School, Bentleigh East

Nick STAIKOS (Bentleigh – Minister for Consumer Affairs, Minister for Local Government) (10:03): 2025 marks the 160th anniversary of St Peter's primary school in East Bentleigh, which happens to be where I went to school. The school was formed by a group of local market gardeners. In fact legend has it that it was named after Peter Brady, on whose land the original school was built, and not St Peter. Given the school existed well before the parish, this could well be true. The school was originally located directly opposite the site that later became Moorabbin Hospital, before moving many years later to its present location. When I was a student at St Peter's, Des Dalton was principal, before being succeeded by Lorraine Francis, after whom I have dedicated an award that I present to students throughout my electorate. As the member for Bentleigh it has been a pleasure to work with principals Michael Juliff, Michael Hanney and now Jane Ward.

I was pleased a few years back to deliver funding for an upgrade of the classrooms in the school's main building, which is serving the students very well. Today a new school oval is about to open, thanks to the tireless work of many families who raised funds, fete after fete after fete after fete for many, many years. I also pay tribute to the three Michaels – principals Juliff and Hanney as well as Father Michael Sierakowski. Without the three Michaels this simply would not be happening. Today St Peter's is in better shape than ever, largely thanks to the people whom I have named in this statement. It is an outstanding school with a proud history and a bright future.

Dingley Reserve

Meng Heang TAK (Clarinda) (10:05): I was delighted to represent the Minister for Community Sport last week to officially open the new Dingley Reserve pavilion, made possible by a Victorian government investment of \$4.5 million. It was fantastic news for local footy, netball and cricket in Dingley Village, and it was great to share a moment with leaders and members of the Dingley Junior Football Club and Dingley Football Netball Club. Sport is the lifeblood of local communities like Dingley, and up until recently the more than 900 members of the Dingoes club were struggling to host training and games due to cramped and ageing clubrooms. However, the project was delivered with a new two-storey pavilion and player and umpire change rooms, all suitable for women and girls. It also has a new multipurpose community room, kitchen, kiosk and first-aid room and new public toilets, providing a boost for local clubs and their players. It is an amazing facility for members, fans, local businesses and community organisations to host events of all kinds.

Kindy Patch Clarinda

Meng Heang TAK (Clarinda) (10:06): Finally, congratulations to Kindy Patch Clarinda on the opening of their children's atelier last week. It was great to meet with the community there – kids, families, staff and centre manager Pavi De Alwis. Best wishes to all.

Werribee electorate community safety

John LISTER (Werribee) (10:06): Community safety is a priority for me, and for my first members statement I rise to acknowledge the hardworking police members in my electorate of Werribee. Our police are on the front line of this issue. Whether it be working with our local principals – and I met with them the other day – conducting proactive patrols around our river path or the train stations or checking in with vulnerable individuals, our police are out there every day. Last week I met with police in Watton Street, who spoke to me about the complexities and challenges of their jobs. I also met them at their Coffee with a Cop meet-up at Little Growling Cafe, a fantastic way to meet with local residents. The Allan Labor government will continue to work with our police so that they can have the powers and resources they need to keep our communities safe.

MacKillop Catholic Regional College, Werribee South

John LISTER (Werribee) (10:07): I want to finish my first members statement by congratulating MacKillop College on the opening of the St Mary's campus in Werribee South. As a former student, it was an honour to share in this moment, and I thank the St Mary's students for showing us around this beautiful campus, which will continue to serve the people of Werribee.

Deb Weber and Olinka Edwards

Daniela DE MARTINO (Monbulk) (10:08): This Saturday 8 March is International Women's Day, and I have two exceptional first responders joining me here today, captain Deb Weber of Olinda CFA brigade and deputy controller of Emerald SES unit Olinka Edwards.

Deb Weber joined the Kalorama Mount Dandenong Fire Brigade auxiliary in 1998. Her children were at juniors and she assisted with fundraising and meals for the firefighters. In 2004 she qualified as a firefighter. In 2009 Deb fought the Black Saturday fires and was awarded the National Emergency Medal. She has attended several more significant fires, including the Grampians ones just last month. Deb officially joined the Olinda brigade in 2019, becoming a lieutenant in 2021, and last year she was promoted to captain and is now one of only two female captains in Monbulk out of 20 brigades.

Deputy controller Olinka Edwards was an SES mum for four years and then joined Emerald SES in 2020. She is a unit duty officer and is responsible for business and community education. Olinka pioneered and manages the unit's over-the-counter container deposit scheme, raising \$61,000 for Emerald SES unit since 1 November 2023. Emerald SES unit is the busiest unit in the state, attending 1820 jobs last year, and Olinka was there at many of them.

Both women are wonderful volunteers who turn up every day to support their communities. From attending fires to road accidents, fallen trees and beyond, they give up their time to help others. On behalf of the people of Monbulk I want to say a huge thankyou. What great women they are.

Point Cook police station

Mathew HILAKARI (Point Cook) (10:09): Community safety is a very important issue in the community that I represent of Point Cook. I am very proud to say that we have started the dig on the Point Cook police station. That building has started up, and police could not be prouder of the design. They have been intricately involved in it. It is alongside the new SES facility that we have opened there – an amazing facility. It is just down the road from the Point Cook Road and Sneydes Road intersection, where the lights are on. There is a lot going on in the south of Point Cook. There is more to tell, but I am out of time.

*Rulings from the Chair***Unparliamentary language**

The DEPUTY SPEAKER (10:10): Before we move on, the Speaker asked me to remind the house that the words ‘lied’ or ‘lying’ in regard to a member are unparliamentary. So just to remind the house, an accusation that a member has lied or is lying is an imputation of improper motive and a contravention of the standing orders. That was Speaker Maddigan. Further to that, I would say a member is in order to say that another member misled the house, but ‘deliberately misled’ the house is an allegation of breach of privilege and therefore can only be dealt with by way of a substantive motion. That was Speaker Delzoppo. I draw the parallel between the two of those in that to imply that a member has lied, in my mind, is to imply that the member knew that what they were saying was misleading the house. Therefore that would be a matter for the Privileges Committee or by way of substantive motion and is not in order or a matter for debate.

*Bills***Fire Services Property Amendment (Emergency Services and Volunteers Fund) Bill 2025***Statement of compatibility*

Danny PEARSON (Essendon – Minister for Economic Growth and Jobs, Minister for Finance) (10:11): In accordance with the Charter of Human Rights and Responsibilities Act 2006, I table a statement of compatibility in relation to the Fire Services Property Amendment (Emergency Services and Volunteers Fund) Bill 2025:

In accordance with section 28 of the *Charter of Human Rights and Responsibilities Act 2006* (**Charter**), I make this Statement of Compatibility with respect to the Fire Services Property Amendment (Emergency Services and Volunteers Fund) Bill 2025 (**Bill**).

In my opinion, the Bill, as introduced to the Legislative Assembly, is compatible with the human rights as set out in the Charter. I base my opinion on the reasons outlined in this statement.

Overview

The Bill amends the *Fire Services Property Levy Act 2012* (**Principal Act**) to expand the fire services property levy to fund a broader range of emergency services and consequently amends other Acts including the *Taxation Administration Act 1997* (**TA Act**).

Many provisions of the Bill do not engage the human rights listed in the Charter because they either do not affect natural persons, or they operate beneficially in relation to natural persons.

Human rights issues

The human rights protected by the Charter that are relevant to the Bill are the right to privacy, the right to property and the right to a fair hearing.

Privacy: section 13(a)

Section 13(a) of the Charter provides that every person has the right to enjoy their private life, free from interference. This right applies to the collection of personal information by public authorities. An unlawful or arbitrary interference to an individual’s privacy will limit this right.

The right to privacy may be engaged to the extent that the Bill extends the concessions available under the Principal Act and introduces an offset of the leviable amount for eligible volunteers of certain emergency service providers. Natural persons may be required to provide personal information to enable the concession or offset to be applied.

To the extent that the collection of any personal information from a natural person in relation to these concession or offset applications may result in interference with a natural person’s privacy, any such interference will be lawful and not arbitrary as these provisions do not require that a person’s personal information be published. Further, these provisions only require the provision of information necessary to achieve the purpose of determining eligibility for the concession or offset which is exclusively in the person’s possession. Therefore, there are no other reasonable means available to achieve this purpose.

Further, consequential amendments to section 92(1) of the TA Act pursuant to clause 22 of the Bill will permit disclosures of information obtained under or in relation to a taxation law to a Council for the purpose of administering the Principal Act.

The types of information that may be disclosed include, but are not limited to, information regarding land ownership, tax liabilities and payments by taxpayers, taxation defaults by taxpayers, and applications for objection, appeal and review under Part 10 of the TA Act by taxpayers.

Permitted disclosures are strictly confined to their legitimate purposes and are subject to considerable legislative safeguards. In particular, section 94 of the TA Act prohibits 'secondary disclosure', that is, on-disclosure of any information provided by a tax officer under section 92, unless it is for specific purposes (for example, the purpose of enforcing a law, protecting public revenue, where the Commissioner has consented, or a disclosure has been made with the consent of the person to whom the information relates). Further, section 95 provides that an authorised officer is not required to disclose or produce in court any such information unless it is necessary for the purposes of the administration of a taxation law, or to enable a person to exercise a function imposed on the person by law.

The amendments to section 92(1) of the TA Act ensure that the Commissioner and municipal councils can exercise their respective regulatory and administrative functions in accordance with legislation.

Accordingly, to the extent that these provisions could interfere with a person's privacy, any interference would not constitute an unlawful or arbitrary interference.

Right to property: section 20

Section 20 of the Charter provides that a person must not be deprived of his or her property other than in accordance with law. This right is not limited where there is a law that authorises a deprivation of property, and that law is adequately accessible, clear and certain and sufficiently precise to enable a person to regulate their conduct.

The Bill may engage the right to property to the extent that a natural person may become liable to pay the levy or an increased amount of the levy. However, the imposition of the levy is not arbitrary because it is precisely formulated under Part 2 of the Principal Act and administered as provided under Parts 3 and 4 of the Principal Act. The Bill and the Principal Act are adequately accessible, clear and certain, and sufficiently precise to enable affected persons to inform themselves of their legal obligations. Furthermore, levy payers have the protections under both Division 2 of Part 3 of the Principal Act, and Part III of the *Valuation of Land Act 1960* in respect of rights of objection, review, appeal and recovery.

Right to fair hearing: section 24(1)

The right to a fair hearing is protected under section 24 of the Charter which provides that a person charged with a criminal offence or a party to a civil proceeding has the right to a fair hearing. The right to a fair hearing applies to both courts and tribunals, such as the Victorian Civil and Administrative Tribunal.

Generally, the right to a fair hearing is concerned with procedural fairness and access to a court or tribunal, rather than the substantive fairness of a decision of a court or tribunal determined on the merits of a case.

The right to a fair hearing under section 24 of the Charter may be engaged by the Bill. The Bill provides for a concession from the levy in respect of a person's principal place of residence (PPR), expanding the concession available under the Principal Act for holders of certain concessions. The Bill also provides for an offset of the levy for eligible volunteers of certain emergency service providers. However, the Bill does not set out a right of review of a decision regarding a natural person's eligibility for the PPR concession or offset.

Limited statutory review rights for the offset and PPR concession are required to reduce the administrative burden on councils of administering the Levy and on the responsible entity for the administration of the offset, thereby promoting the efficient determination and collection of government revenue. Importantly, however, a person seeking to challenge a decision in relation to the PPR concession or offset remains entitled to seek judicial review by the Supreme Court consistent with administrative law principles.

Clause 19 of the Bill amends section 84 of the Principal Act to state that it is the intention of sections 5, 12, 15 and 37 to alter or vary section 85 of the *Constitution Act 1975* as they apply on and after the commencement of the proposed Act. This amendment is being inserted to ensure that the jurisdiction of the Supreme Court is limited in relation to certain non-reviewable decisions under the Principal Act as originally intended. The reasons for designating these decisions as non-reviewable and their compatibility with the right to a fair hearing have been previously addressed in the Statement of Compatibility which accompanied the Fire Services Levy Bill 2012.

To the extent that limiting the jurisdiction of the Supreme Court may limit a natural person's fair hearing rights as protected under section 24(1) of the Charter, any such limit would be demonstrably justified. The classification of certain decisions under the Principal Act as 'non-reviewable' is directly related to the particular statutory purpose and context of those decisions.

Conclusion

For the reasons given in this statement, I consider that the Bill is compatible with the *Charter of Human Rights and Responsibilities Act 2006*.

THE HON DANNY PEARSON MP

Minister for Finance

Second reading

Danny PEARSON (Essendon – Minister for Economic Growth and Jobs, Minister for Finance)
(10:12): I move:

That this bill be now read a second time.

I ask that my second-reading speech, except for the section 85 statement, be incorporated into *Hansard*.

Incorporated speech as follows, except for statement under section 85(5) of the Constitution Act 1975:

This Bill amends the *Fire Services Property Levy Act 2012* (Principal Act) to replace the Fire Services Property Levy (FSPL) with the Emergency Services and Volunteers Funding Levy (ESVF) to enable it to fund a broader range of emergency services. To reflect this broader purpose, the Bill renames the Principal Act the *Emergency Services and Volunteers Fund Act 2012*.

From 1 July 2025, the ESVF will make sure Victoria's hardworking emergency services – including Fire Rescue Victoria (FRV), the Country Fire Authority (CFA), Victoria State Emergency Service (VICSES), Triple Zero Victoria, Emergency Management Victoria, the State Control Centre, Forest Fire Management Victoria and our recovery agencies – have the resources they need to keep Victorians safe and help them recover from natural disasters. It will also bring Victoria's funding arrangements for emergency services into line with other Australian States and Territories.

The ESVF is expected to raise \$610.9 million more in 2025–26, and \$765 million more in 2026–27 and 2027–28, when fully implemented. Every dollar raised will go towards vital life-saving equipment, vehicles, staff, training for volunteers, community education, and recovery support for when Victorians need it most.

In December last year, the Government announced its intention to provide more than \$250 million in additional support for CFA and VICSES volunteers across the state. This additional support will be funded by the ESVF and is conditional on the passage of this Bill.

Fire Services Property Levy

Since 2013 the FSPL has ensured that all Victorians contribute to funding Victoria's fire services: the CFA and FRV. The property-based levy system is a fair, equitable and sustainable way to distribute the burden of funding fire services.

FSPL applies to all land, including non-rateable land, and is collected by councils through rates notices or separate notices for non-rateable land. FSPL liability consists of a fixed charge, which is higher for non-residential than residential properties, and a variable rate that depends on the land's capital improved value and its land use classification such as whether it is residential or commercial land.

The State Revenue Office (SRO) provides oversight of the FSPL and its collection by councils.

ESVF

The Bill replaces the FSPL with the ESVF to fund several additional fire and emergency services authorities from the 2025–26 financial year. The Treasurer will determine and publish the ESVF rates in May each year, through a process similar to the FSPL. Councils will be notified of the new 2025–26 rates through this rate-setting process.

The ESVF will fund up to 95% of the annual budgets for VICSES, Triple Zero Victoria, Emergency Management Victoria and Forest Fire Management Victoria. These entities complement the activities of fire services agencies, including responding to flood, storm, and other emergencies. The proportion of entities' budgets funded through the ESVF can be reduced if that is appropriate.

The Bill further amends the *Country Fire Authority 1958* and *Fire Rescue Victoria Act 1958* to allow the ESVF to more flexibly fund the CFA's and FRV's operating budgets. The FSPL currently funds a fixed 87.5% of FRV's annual budget and a fixed 77.5% of the CFA's annual budget. From 1 July 2025 the ESVF will be able to fund variable proportions of up to 95% of the CFA's budget, and up to 87.5% of FRV's budget.

Existing FSPL concessions and exemptions will continue to apply to assist home and farm owners. This includes the \$50 concession for pensioners and veterans holding a pensioner concession card or Department of Veterans' Affairs gold card, on their principal place of residence. The single farm enterprise exemption will also continue to apply to assist farmers with multiple properties. This exemption allows farm owners to pay a single fixed charge for multiple properties that operate as a single enterprise.

Offset for volunteers

Our emergency service volunteers give so much for Victorians, making immense contributions to protect our community from the threat posed by fires and other emergencies. To recognise volunteers who give up significant time and resources to serve the community, from 1 July 2025 eligible CFA and VICSES volunteers will be able to apply for a payment to offset the levy on their principal place of residence or farmland that they own (including where the farmland is owned by a trust or a company and the volunteer has an indirect ownership interest).

The Treasurer will declare the specific eligibility criteria for volunteers in consultation with the Minister for Emergency Services, by notice published in the Government Gazette. The Treasurer, in consultation with the Minister for Emergency Services, will also be able to declare further emergency volunteer-based organisations whose volunteers can access this offset. The maximum offset available in respect of farmland will be capped based on a certain land value, as declared by the Treasurer. This measure will ensure that the offset is only used to support our hard-working volunteers and will safeguard against the scope of potential avoidance of the ESVF given the broad eligibility criteria for the offset.

The government recognises this Bill represents a significant change to the administration of the FSPL by local government collection agencies. To reduce the administrative burden on councils, the offset scheme will be administered by a responsible entity declared by the Treasurer in a notice published in the Government Gazette. The entity responsible for administering the offset scheme is intended to be a State Government public service body or body head, entity or official with statutory responsibilities.

Vacant land changes

As part of the introduction of the ESVF, the existing FSPL category for vacant non-residential land will be abolished from 1 July 2025. Vacant land will be allocated to the land use classification closest to its intended use. For example, vacant industrial land under the FSPL will be reclassified as industrial land under the ESVF from 1 July 2025.

Residential land changes

From 1 July 2026, the Bill increases the fixed charge for residential land to match the higher fixed charge that applies to non-residential land. However, principal place of residence land will become eligible for a 50% fixed charge concession meaning owner-occupiers will continue to pay the lower fixed charge.

The Bill amends the *Taxation Administration Act 1997* to authorise the SRO to share appropriate data with councils on the principal place of residence status of different properties to facilitate administration, under the safeguards provided by that Act's secrecy provisions, such as the strict requirements prohibiting secondary disclosure.

Jurisdiction of the Supreme Court of Victoria

I draw the members' attention specifically to clause 19 of the Bill. This clause of the Bill proposes to limit the jurisdiction of the Supreme Court to ensure the determination of ESVF rates each year is non-reviewable. Accordingly, I provide a statement under section 85(5) of the *Constitution Act 1975* of the reasons for altering or varying that section by this Bill.

The Bill implements a sustainable model for the long-term funding of emergency services, using one of Victoria's fairest levies to support an essential public service.

Fire, floods and storms are becoming increasingly common and we have seen the lasting devastation they bring. The ESVF will provide dedicated funding ensuring our emergency services have the tools and resources they need to keep Victorians safe and help them recover from natural disasters.

I commend the Bill to the house.

Section 85(5) of the Constitution Act 1975

Danny PEARSON: I wish to make a statement under section 85(5) of the Constitution Act 1975 of the reasons for altering or varying that section by the Fire Services Property Amendment (Emergency Services and Volunteers Fund) Bill 2025.

The Fire Services Property Levy Act 2012 is proposed to be renamed the Emergency Services and Volunteers Fund Act 2012 by the bill. Clause 19 of the bill amends section 84 of the principal act to provide that it is the intention of sections 5, 12, 15 and 37 of the principal act, as they apply after the commencement of the bill, to alter or vary section 85 of the Constitution Act 1975. These provisions preclude the Supreme Court from entertaining proceedings to which they apply, except as provided in the provisions.

Section 5 of the principal act defines the meaning of ‘non-reviewable’ in relation to the principal act. ‘Non-reviewable’ is referred to in sections 12, 15 and 37 of the principal act. If a determination or decision is non-reviewable, no court, including the Supreme Court, has jurisdiction or power to entertain any question as to the validity or correctness of the determination or decision.

The reason for limiting the jurisdiction of the Supreme Court in relation to the determination of the levy rates under section 12 of the principal act is that the levy rates will be determined by the minister each year having regard to the funding requirements of the emergency services funding recipients defined in section 3 of the principal act as inserted by clause 6 of the bill, the administrative costs of councils as collection agencies and other relevant matters. This section limits the jurisdiction of the court in order to provide for the efficient determination and collection of government revenue to fund Victoria’s emergency services, which would not be achieved if the minister’s decision was reviewable.

The reason for limiting the jurisdiction of the Supreme Court in relation to the determination of the land use classification under section 15 of the principal act is that the determination is based on the allocation of the Australian valuation property classification codes, or AVPCC, to all parcels of land by the valuer-general under the Valuation of Land Act 1960. Part III of the VLA permits a person aggrieved by the allocation of an AVPCC to make an objection. This section limits the jurisdiction of the Supreme Court to review the land use classification determination to prevent unnecessary proceedings and overlap with the review and appeal procedures under the VLA in respect of the allocation of the AVPCC.

The reason for limiting the jurisdiction of the Supreme Court in relation to levy amounts and levy interest collected by the collection agency to be kept in a dedicated account (under section 37 of the principal act) is that the commissioner may require interest earned by a collection agency on levy amounts and levy interest to be paid to the commissioner if they determine that a collection agency has failed to perform its duties or is in breach of its obligations under the principal act. This section is intended to encourage compliance and penalise collection agencies that fail to perform their duties under the principal act. This is important because breach of a collection agency’s obligations may compromise the funding of Victoria’s emergency services. This section limits the jurisdiction of the court in order to ensure the effectiveness of this provision as a penalty and deterrent in order to preserve the integrity of Victoria’s new emergency services funding model.

I commend the bill to the house.

Roma BRITNELL (South-West Coast) (10:16): I move:

That the debate be adjourned.

Motion agreed to and debate adjourned.

Ordered that debate be adjourned for two weeks. Debate adjourned until Thursday 20 March.

Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025*Second reading***Debate resumed on motion of Mary-Anne Thomas:**

That this bill be now read a second time.

Roma BRITNELL (South-West Coast) (10:16): I rise to speak on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025, but can I just take leave for a minute to wish everyone, particularly the women of the state of Victoria and South-West Coast, a happy International Women's Day and shout out to all of the women, particularly in South-West Coast, who contribute to our community, to our businesses and to our families for all the wonderful work that women do. I am honoured to host Annette Hart and Alison Shawyer, two women who served as ambulance officers, in our Parliament today. We honour the good work that emergency services and particularly the women in emergency services do. Happy International Women's Day.

I would also like to start the debate today by commenting on the wonderful work that our healthcare workers do. Having been a nurse for 30 years in the system, I know all too well how committed our nursing staff, our allied health staff and our medical staff are and just how hard they are working, particularly at the moment. There is no doubt that we have in Victoria a health crisis, and that means and I see that these wonderfully committed, hardworking, caring people are working harder than they ever have before. Not for one minute would I ever say anything to the contrary to that, having been at the coalface myself and knowing just how difficult it is to hold the hand of a dying patient knowing that you have got other patients requiring your attention at the same time or to get a patient quickly up to the theatre to have an operation or an X-ray when someone is in pain and about to faint on you. I know exactly how hard that is, so I would like to pay credit to all those people who dedicate their lives to the health system.

I stood here nearly 10 years ago in this role – I always like to see credit given where credit is due – and I remember saying with the first bill I ever spoke on, which was the medicinal cannabis bill, that we are very privileged in Victoria to have a wonderful health system. Sadly, 10 years on I genuinely cannot say that. I genuinely do not feel that the system is working. Once again, the people within the system are doing an extraordinary job in extraordinary circumstances. But to prove my point, never before have I seen doctors speaking out like they are at the moment. I had a rally in Portland a few years ago due to the cuts and the services that were being diminished in that hospital and the services that they were struggling to deliver. Doctors are speaking out and attending rallies. We saw last year Mansfield had doctors, nurses and health staff rallying in the streets, pushing against the government's cuts and amalgamations and merger discussions. Right around South-West Coast we have had meetings where all the health system people were coming in and saying that this is not to be tolerated. Just yesterday in the Parliament we saw the people of Wodonga and, again, doctors speaking out loudly because they are so desperate to look after their patients and speak up about how the crisis that they are working within is really happening.

The challenge we have is health is a really complex system, and it is very overwhelming for patients. When you are diagnosed with something significant – I know from experience – even with a health background, you really do struggle to absorb everything and it is really complex. The excuses given for why you cannot have a certain treatment or why you cannot have a certain test are often not the right reasons. You are not going to tell your patients it is because of cuts and because you do not have enough money, but we are seeing that.

For a bit of background, the reason I am talking about the crisis is that this is legislation that the government announced in 2015. It was the Andrews Labor government that introduced the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Bill 2015. There have been a couple of amendments since then – in 2019 and 2020 – and now, again, in 2025. This is a bill to enshrine in law

the minimum staffing levels for nurses and midwives in the Victorian public health system. These ratios were previously part of the nurses and midwives enterprise agreement.

What this is supposed to achieve is better patient outcomes and better health outcomes by making sure there is the right amount of nurses to patients in certain circumstances. Previous amendments over the last five years have included increased ratios in specific settings, such as stroke, haematology and oncology wards and in palliative care, aged care, birthing suites and emergency departments. This bill is the third phase, which was promised by the government as an election commitment in 2022. It introduces higher minimum staffing levels in intensive care units, high-dependency units, coronary care units and emergency departments.

The bill seeks to improve patient care and patient safety through legislative requirements with more nurses and midwives across the public health system. It makes changes to level 1 and level 2 ICUs, where a one-to-one nurse–patient ratio will be required for occupied ICU beds. That is actually something we had 30 years ago. We always had one nurse to one ICU patient. You never had an intubated patient without a nurse beside the bed 24 hours a day. Some of these things have been done by nurses and health staff for a long time. It is formalising a longstanding, accepted rostering practice, and that is a good thing.

New requirements are introduced for a team leader, a liaison nurse and a charge nurse of a unit in level 1 and level 2 ICUs; a one-to-one nurse–patient ratio for a resuscitation cubicle in an emergency department – again, I do not think I have ever seen anyone be on their own in a resuscitation cubicle – so the morning shift will be in line with the afternoon and night shifts; a one-to-four nurse–patient ratio for night shift on postnatal and antenatal wards – currently it is one to six – and for level 4 services that are part of a larger metropolitan service and level 5 and level 6 services under the maternity capability framework; and an in-charge nurse on night shifts in standalone high-dependency units and coronary care units. The bill also updates the lists of hospitals in the schedules of the act to reflect changes to the names of some services. The new ratios will be phased in over three stages to give health services time to implement staff changes. Hospitals must have the 25 per cent additional staff requirements in place from the day after royal assent, 75 per cent from 1 December 2025 and 100 per cent from 1 July 2026.

We do not oppose this bill. I understand the importance of having the right amount of staff for patients. I am very, very clear that that is an important role for hospitals to carry out. But I do have concerns about how hospitals will meet these ratios and how they will actually deliver on the ground. The funding the government gave to implement the increased staffing levels was \$101.3 million. However, we have not had the detail of this allocation provided in the budget papers. That leaves an area of concern for me; I cannot understand how it will actually be implemented.

Let us remember that when the government was really pushed last year with the health communities coming out very vocally and saying, ‘You’re just pushing us too hard,’ the government backflipped and put a sweetener in the mix of \$1.5 billion. But look at just one example. It might sound grand to say \$1.5 billion, but the increased WorkCover cost that hospitals have to find and meet for the year ahead of them is \$85 million. We are seeing hospitals having to find 100 per cent extra on what they found the previous year for the WorkCover costs that have increased. We know that health services are already under enormous financial strain. We have seen many articles coming out in the paper about how several major hospitals are operating in deficit and are struggling to pay staff and bills on time, and these are very concerning articles. They are very concerning facts – that the hospitals cannot pay their bills.

It is unclear if the allocated funding will be sufficient to meet the higher costs of employing more casual agency nurses. If a hospital is unable to recruit the permanent staff, what are they supposed to do? Use agency. What does agency do? It increases the cost. They only get a global budget; they do not get a specific amount allocated for this. Well, they do, but my point is, because we cannot get the detail, will it be enough? Given the financial pressures throughout Victoria’s health system, the new

nursing ratios could lead to further budget constraints elsewhere, such as planned surgery. Will they have to cut surgeries? Will they have to shut beds? If you cannot meet the legislative requirement of the ratios and there just is not the workforce available, what is the hospital supposed to do? And remember what I said earlier: these are very committed health people. The managers, the CEOs and the boards take their role incredibly seriously and very personally, and they feel very much that they are letting their communities down if they cannot meet the requirements. So it is a very challenging space for these people to be in, having these requirements and not having the backing from a government that says, 'This is how we'll implement it.'

In the bill briefing, when asked if modelling was actually done regarding the impact of the broader health workforce, especially given that existing nurse shortages exist, the Department of Health representatives said it will be left to the health services to review their operational capacity. In other words, the homework has not been done. It is a wonderful announcement; it is fantastic. Every nurse would say, 'Good. I want to make sure I can give my patient the best care I can possibly give them and not feel like I've got five other patients that are desperately needing me right now when I can't meet their needs.' But if it means we are going to steal from somewhere else and leave some other nurse or patient in a compromised position, are we really actually addressing the problem or is it an announcement without the homework and resources behind it that will actually deliver better patient outcomes and better patient care?

I thank the minister for the briefing to give us the information to understand how this bill will work, but when we asked the department in the briefing which hospitals have not been able to meet existing ratios, it was actually taken on notice. At the time of me preparing for this bill, we had not received a response. So that tells us they do not know how the previous amendment was delivered. Have we actually achieved this, or are hospitals not able to achieve it because there just is not the workforce available? When asked also about the extent of the additional workforce required – so the question was how many more nurses this will need – the department was unable to provide a figure. I mean, if that does not tell you that this was an announcement – 'We're going to do some great things,' the Labor government said at election time, 'We're going to put more nurses on so you'll get better patient outcomes and better health outcomes.' They have not done the work to say where they are getting the additional workforce from or how many they will need. How can we believe that this will work effectively and not just put more pressure on nurses and more pressure on the wonderful management and staff that are doing their damndest to make their hospitals the best they can be? In short, there was no modelling done.

Another aspect of the bill shows that nurses in ICU can care for up to two patients if they are not critically ill, so probably two cardiac patients versus two intubated patients, but in the bill we could not get a definition of what that means. I am saying 'probably' from experience, but I do not know. Things have changed, and there will be so much more pressure. What does 'critically ill' or 'not critically ill' mean?

In short, this is really rushed legislation. That election was over two years ago, and so when I say it is rushed, they have had two years. The Allan Labor government have had two years and are trying to deliver a promise made before an election, but they have not put any grunt behind the work to figure out how this will be delivered. Unfortunately, no modelling has been done on how it will affect hospitals. How will we know if we need more nurses in ICU, and where are they coming from? There is no modelling. What if the hospital cannot recruit or find more nurses? What if Portland hospital cannot attract more nurses? What if there are just not nurses in Victoria? And that is what we have been finding – nurses are so burnt out, they are working so hard and they take it personally. I know this for a fact. I speak to them daily. Will they simply have to redeploy nurses from another area of the hospital, perhaps from the surgical theatres or other wards? Will it just become robbing Peter to pay Paul? And what happens to those surgical wards or theatres now? Do they close? Do we see beds closed? Do we see that these arbitrary ratios maybe just cannot be met?

This is a smoke-and-mirrors announcement. The government have not done their homework. Whilst trying to improve patient ratios in intensive care, high-dependency units, coronary care units and emergency departments is all very noble, the problem is: what will it do to other areas? It is very prescriptive, enshrining in legislation ratios that will provide less flexibility for hospital management to manage their staffing in its entirety and understand what is going on at the coalface in their areas and their regions. I think it might lead to hospitals losing services, and that will give the government justification to be able to implement the cuts they have been trying to implement anyway. As I said, health being so complex, I am pretty sure that they will probably pull the wool over many people's eyes and the patient outcomes will not be better.

I just want to give a bit of a reality check here, because I am hearing, as the rest of the state is, that this is COVID's fault: 'We've got a health crisis because we had an infectious disease called COVID.' Can I just say that the COVID-specific debt is \$40 billion. Victoria's debt is \$188 billion. The reality is the Allan Labor government have a track record of 'borrow and binge' – borrow money, binge on large infrastructure projects that have cut essential health services. Labor are picking on health so they can do these big, big builds in the city and not actually deliver to the health sector or do the basics of governing a state. It is wrong, and I am absolutely devastated by what I see.

I had my father die last year in the health system. I walked that journey with him for three months, and I cannot compliment the staff more. They were amazing, wonderful, committed people. But as a nurse who knows the system well, I saw over and over again that system was broken, and so many times he fell through those cracks. If both of his daughters were not nurses, I am horrified at what would have happened, because the system is broken, not the wonderful staff.

These recent announcements by the government to amalgamate our health services are nothing short of a government realising they are out of money. Luckily, in South-West Coast, we did not get swallowed up by Geelong. That is a great outcome, and I compliment the managers. We have some fantastic managers. We have got a new CEO appointed to Portland hospital, Karena Prevett, and I wish her well in that role. I hope she is well supported by the government, because Portland hospital is an incredibly important hospital that serves a busy port and busy industrial businesses. We need urgent care, and we need to be able to have babies in Portland, because it is a long way from Portland to Melbourne or Adelaide. And we have got wonderful staff and managers at Heywood, Port Fairy, Terang and Warrnambool. They are absolutely working together and doing such a great job of building the health service. But let us remember they are having to do what the government tells them to do. They are actually getting directives from the minister to find ways of cutting the businesses so that they can bring back savings to meet the government's debt – a debt created by mismanagement, not by COVID.

Over the last few years medical staff keep speaking to me about what is really going on, because when the government wanted to see these health cuts – and we saw the amalgamation discussions – they bullied the CEOs into silence, and we all knew that; we all read about it, we all saw it. Many of us had our CEOs and boards telling us they were too scared to speak because they were told they would lose their jobs, but my experience is they are still doing this. When I raise issues here in the Parliament, naturally not identifying who people are – like our theatres not being used to full capacity – the Minister for Health works with the Department of Health and the intimidation comes down the line to try and silence health workers.

As I said, I worked for 30 years in the public system. I know the system, and I will not shut up. I will not be silenced. I will speak up for my community. I do not want to see people worrying about their health and thinking it is hysteria, but I am also not going to let them believe that it is good when they need to speak up as a community. The government are so nervous about this dissent, and they want to quash criticism. They do not want to either be accountable or transparent. It is our health system, it is our taxes, it is our future and it is our children's health and our parents' health, but the government want to keep a facade, the smoke and mirrors, even if it involves intimidating staff at the coalface,

which I have actually been told my friends are experiencing. I am absolutely shocked by it, but if that is how the government want to behave, they will not silence me.

We see examples of wonderful announcements like this one with no homework behind them. The solar announcements – hospitals were all told they had to put solar panels on the roof. Did they actually get any extra money for that? No. So where does that money come from? Cuts to services. We have got a waitlist for elective surgery at 62,800. Sorry, COVID started five years ago. If there is a crisis in a family, parents work out how they are going to work out a solution going forward. You do not just keep making excuses, you deal with the problem.

I sat on a perinatal inquiry in 2016, with others beside me and from across the chamber – the member for Frankston was the chair of that committee – and we made recommendations, bipartisan recommendations, that we needed to recognise that in five years time, if the Labor government did not incentivise, plan, attract and encourage a full complement of medical staff and allied health services, then we would find ourselves without enough people to deliver the services, and that is exactly where we are now. We have got birthing services being cut, we have got ophthalmology being cut and we have got people not being able to see a urologist in the south-west area. On these cuts the government says, ‘Oh, it’s because we haven’t got enough staff. It’s not our fault.’ Well, I am sorry, the role of a government is to plan and is to make sure they foresee, and that is why the inquiry occurred and that is why the recommendations were made. Not one recommendation has been delivered upon, and that is why we do not have a full complement to be able to operate surgeries, that is why we are short of anaesthetists, that is why general surgeons are not able to be found and that is why there is no urologist in South-West Coast.

That is why when I asked about a neurological psych assessment that I needed to get done for my mother I was told that we do not have that service anymore in South-West Coast. Guess what, we have got to go to Geelong. Hang on a minute, isn’t what we were told when we were not getting swallowed up by Geelong that we would not lose services? Well, I am watching very carefully, because we are losing services. We used to always be able to do neuro-psych assessments. Most people would not know what that is, and most people would go, ‘Oh, okay, that makes sense, I suppose. If we can’t do it here, we’ll go to Geelong.’ No, we always had the ability to do neuro-psych assessments in Warrnambool. There are private ones, so they are there. Why is the government not doing their job to attract, plan, encourage and incentivise these people to be servicing our communities?

Why is the Portland helipad still closed? Why isn’t the government saying, ‘Okay, we’ve changed some rules.’ Maybe there is some regulation. They will not tell us; we do not know. But if there is more security that needs to be in place because they are worried about someone driving through the yellow flashing lights or something and we need more security guards, put them on. Do not risk people’s lives by keeping a helipad that the community begged for, paid for and fundraised for shut. Do what needs to be done.

There are people like Bridget and Sandy Robinson, who are from Purnim, and their child Sidney, who has Hirschsprung disease. He has been supported at the Royal Children’s Hospital at the colorectal and pelvic reconstruction service unit. That is actually being cut, and this little boy who lives in Purnim will not have the support that his family needs to help him with his disease management. These cuts are real. The government keeps saying, ‘Oh, no, there’s nothing to see here.’

Very, very disturbingly, I had a conversation with a GP the other day, a GP with 40 years experience who I have known and worked with for many years. He told me that he cannot recommend a patient to go for a colonoscopy. One of his patients had rectal bleeding, a clear sign of cancer. We should always screen for these things, but he had to go through a process where the physician who was employed by the hospital had to tick certain boxes. Because the patient was bleeding, he was obviously going to administer treatment to stop the bleeding because a patient could die from that. Once the bleeding had stopped, they could no longer tick the box that there was rectum bleeding – it is a bit more complicated than that; I am trying to make it simpler for people – and that patient could not have

a colonoscopy. If that patient in four years time is diagnosed with a stage 4 cancer, they will die. That is how that works. If that person has a colonoscopy now, they are more than likely going to live much, much longer – 20, 30 years. They will actually be able to cure that or prevent it from progressing. I think – and this is my suspicion – that with 62,800 people on the waitlist the government want to get it down, and one way to get it down is to not let people go on the waitlist, because if you are waiting for a colonoscopy, you are a figure. You are a statistic on that list. That was the most shocking story. I spoke to the doctor and said, ‘You’ve got to help me. You’ve got to speak up.’ And he said no. It is so complex that they will say, ‘Well, it doesn’t fit the criteria,’ and it does not. But a man with 40 years experience, a very capable doctor, is being ignored because there is a tick-box exercise and the flow chart goes one way.

I strongly suspect that we will also see in the next short while activity funding. This is a word that I am sure most people will not know, but the way we fund hospitals these days is we have activity funding. I reckon they are going to cut activity funding. Everyone will go, ‘Oh, that doesn’t mean anything. What does that mean?’ But what it means is to receive extra funding you have to fill out lots of forms and you have to provide what activity you are doing. Patients result in higher activity payments. This is a primary method of funding public hospitals. Hospitals are not given a fixed amount. It is based on the activity that they do. For an appendix, someone might go to hospital for a day, and they get so much activity funding; if they are in there for five days, they still only get a certain amount, and they lose money.

It is complex, but I think hospitals like Portland, Heywood and the smaller hospitals will see a cut to activity funding. The government should not be cutting services. Just because health is complex and difficult to understand, it should not mean that lower ratios in one area are requiring more staff and you have to increase funding in other areas. Low volume of activity should not mean we have to cut services. Just because a town, for example, has two babies delivered a week does not mean that local hospital does not need maternity services. It means there is just a lower level of activity and they need to still get that activity.

I look at things that the government are saying they are going to deliver – again promises that are not delivered. During the 2022 election they did not only announce the nurse–patient ratio, they also announced that a re-elected Andrews Labor government at the time, now Allan government, would give \$44 million to deliver eight new PET scanners across the state, ensuring regional communities like Warrnambool would have access to life-saving diagnostic imaging – that is, a PET scanner. However, despite this commitment, the Warrnambool community still remain without their PET scanner. This is 2025, so this is forcing patients to go to Geelong, Ballarat or even Melbourne or Adelaide.

Warrnambool has two local providers, Lake Imaging, a private provider, and Lumus Imaging, also a private provider, who could actually deliver this. Lake Imaging have actually secured the necessary space, developed plans, engaged a fit-out company and sourced the required equipment and have the staff and community support in place. Lake Imaging can offer these services by bulk-billing, which I am pretty sure Lumus can as well, so there is no cost to the patient. So there is actually no difference between Lake Imaging providing the service and Lumus doing it. However, Lumus operate within South West Healthcare, and South West Healthcare are supposedly getting a \$384 million hospital by 2027 – that is the ‘supposedly’ bit. We are certainly getting a new hospital, but we were supposed to get it in 2026. It is now meant to be 2027. There is no update other than the government saying, ‘Yes, of course, it will be on time.’ I strongly doubt that. When I look at the hospital right now, knowing how long things take to build, I cannot see it being built by 2027. I think that would be a reasonable thing to say. So here we are with, last year, Lake Imaging saying, ‘We can have this ready in 16 weeks.’ That has well and truly passed, so patients are still waiting and going to Melbourne or going to other places when we could have this in place. Why should people have to wait? It makes no difference whether we have it at with one private company or another. The Epping hospital have just announced that they have had theirs for six months now.

The other issue that I think is worth raising is these cuts that the government are obviously facilitating. We are now seeing Deakin University in Warrnambool talking about cutting back the medical students program and making Warrnambool just a training hub. We have amazing doctor training in Warrnambool, which grew out of need. After the perinatal inquiry it was quite clear we needed to do something ourselves. So two very capable people, Associate Professor Barry Morphett, director of clinical studies at Warrnambool Rural Clinical School, and Dr Brendan Condon, deputy director of clinical studies – and I have known Barry since I started my training 40 years ago – who have given their heart and soul to our community, saw a need and saw the government were not going to do it, so they got in, advocated and set up a doctor training school.

Deakin have been spruiking that they understand the struggle that regions have and they want to actually provide an opportunity for locals to study medicine at home, and this medical school has an incredible reputation for fantastic doctors being produced. We have got 10 doctors – I was looking through the list – that have come through that school still in Warrnambool, so it is working. It has attracted other medicos. It assimilates the students into the community, and they stay. It is a roaring success. But last week Associate Professor Barry Morphett and Dr Brendan Condon abruptly received notification they were no longer required. The town is in shock and the town is angry. When something has been working really well, why would Deakin come in and cut it? I strongly urge Deakin to reconsider. I suspect that this culture of cuts that the Labor government have got in place is giving opportunity to Deakin, and seeing as the announcement was made last week in Warrnambool at the hospital you would only imagine that the health department, through the minister, are part of this decision as well. I am pretty confident that Deakin will see a massive rebellion if they continue.

If the government were serious about health, we would not be seeing hospitals getting cuts. They have said they care about people. Let me tell you now, the only way to care about people is to actually fund the services properly and give the people on the ground the tools they need. This bill does not do that.

Paul EDBROOKE (Frankston) (10:46): I rise to speak on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. I thank the member for South-West Coast for her contribution and her service as well. We work very well together on inquiries. However, I am going to have to take us down into a little bit of historical context.

It is great to hear that the opposition are supporting this bill today, it really is, but there was a time in the 58th Parliament when I sat in the upper house and watched in the last session of that Parliament 20 Victorian Liberal opposition members and some independent members of that time filibustering. Timing was very tight to get that bill through, and we heard opposition MPs drawing out speeches and filibustering in excess of 200 minutes to get to midnight so we had to pass the bill in and it would not pass. They were talking about the Melbourne Cup, they were talking about country race meetings, they were talking about bookies and they were talking about European cars – not the bill to employ an additional 611 nurses and midwives to improve patient care. I encourage those opposite who were not in Parliament at that time to read the *Hansard* of the day. You might find yourself asking some of your colleagues some very, very serious questions. It was a real stain on this Parliament, I believe. I am sorry people had to sit through that and sorry Australian Nursing and Midwifery Federation members had to sit through that as well.

Today I will just say to everyone in this house: do not bite the hand that heals you. Hold that hand, grab that hand and accompany our nurses through their journey of caring for us, because we would not be here without nurses. None of us would be here without nurses. In the past couple of years – without trying to offend anyone – I have seen too many nurses. From being blown up, from being in a plane accident and from a cancer scare, it was not a place I wanted to be, but without nurses I would be absolutely six feet under. So let me reframe this argument. Let me reframe this debate appropriately for those of us who are not satisfied with that kind of iconoclastic argument those opposite are offering. I am so proud to be standing here today once again supporting our Victorian nurses, because they support us. They support every Victorian.

Everyone in this house, including those of us with new bubs that are actually visiting the house at times – which is so good; I love that – has seen a loved one who is sick, someone who we are unable to make feel better. It could be they are dehydrated, it could be they are in pain, or it could be a chronic illness or an acute illness. The feelings that we feel when we are incapable of helping our child or helping a loved one, the thoughts that go through our head about what do we do and where it is going to lead, evidently make us want to go and get help. The people that help us are the people we need, and they are our nurses.

The issue that we have heard a lot about is what has been happening in regional areas, which I think has very, very little to do with the bill. Those on this side of the house will be absolutely pleased that at the 2022 election it was a Labor government that decided to further protect and strengthen the ratios of our nurses and increase the safety of our community. We committed to that because it was what our nurses and midwives told us they wanted us to do. We have had a great relationship with our nurses and midwives, and our healthcare workers know that Labor, and only Labor, has their backs. I remember a very infamous time in history when a Liberal Party member gave the finger to nurses who were protesting back in 2012, and it still shocks me. That was around the time when we had people in the upper house doing that filibustering, so today to come in here with that wonderful change of heart that they will be supporting this bill is quite amazing. I just hope that opposition members who speak on this bill have actually read the bill and they know the historical context and their party's history and they can touch on that. Maybe they can give us confidence that they really feel like they need to support our nurses.

In 2015 under a state Labor government Victoria became the first state in Australia to enshrine nurse-to-patient and midwife-to-patient ratios in law, and now the Allan Labor government is building on this by introducing stronger and safer nurse-to-patient ratios. The new ratios are the result of extensive consultation with health services and will be set in stone. The one-to-one nurse to occupied bed ratio in ICUs on all shifts for all level 1 and level 2 hospitals means that every occupied ICU bed has a dedicated nurse assigned to it at all times. ICUs will also require a team leader and a liaison nurse for the very first time. It includes improved staffing ratios in resuscitation cubicles in EDs on morning shifts, bringing morning shifts in line with afternoon and night shifts. It includes one-to-four midwife-to-patient ratios in postnatal and antenatal wards on night shifts, down from one to six. It includes an in-charge nurse on night shifts in standalone high-dependency units and coronary care wards as well.

To ensure that health services are adequately supported and prepared to action these changes, the amendments will be rolled out in a staged approach, with 25 per cent of the additional staffing implemented the day after royal assent, 75 per cent from 1 December 2025 – this year – and 100 per cent from 1 July 2026. These new ratios build on the Labor government's 28.4 per cent pay increase for our hardworking nurses and midwives, helping to retain and recruit more nurses so more Victorians can get the very best care. As the son of two former nurses –

Belinda Wilson interjected.

Paul EDBROOKE: yes, I am absolutely very proud of that – and with a daughter who is doing a nursing degree and has just changed to start studying paramedicine, it is a very, very proud heritage in our family of people who work in hospitals and work in health care to help people. It is something that I hold very close to my heart, and I am very proud of that fact in my family. That is why I have always been passionate that we should be ensuring that we pay nurses appropriately for what they do, because it is a tough job, especially with what our nursing and healthcare heroes went through during the global COVID pandemic. We asked a lot of them, and they delivered in spades – they really did. There was no whingeing and there was no stepping down; it was stepping up to meet the demand of our community.

Through this historic deal we are also recognising the historic undervaluing of this workforce, and I think that is an important step towards gender wage equity in Victoria. I think it is the first time we have seen that pragmatic approach happen and an actual result in that area, so that is very, very

impressive. Again, those opposite possibly need to turn around and meet some nurses and have a chat about this highly feminised workforce and see some of those peculiarities that have not been acknowledged before that we are acknowledging now.

Since we have come to government we have grown our healthcare workforce by 50 per cent. We have grown healthcare staff by 40,000 nurses, midwives, doctors, allied health professionals and other hospital staff in the state's health services. Almost one in four of these new roles has been created in rural and regional Victoria, and there are now 45 per cent more nurses and midwives and 78 per cent more doctors in our hospitals than when we came to office. In fact last year was the biggest yearly growth in Victoria's history, with our workforce growing 6.7 per cent in one year. That is quite amazing.

Again, I would take those opposite who are going to speak on this bill back to 2018. You can stand here now and you can talk about how you are supporting a bill. Just have a look at the historical context, though, and maybe even stand up and apologise for what happened in 2018, when we saw a new government in the dawn of the 59th Parliament actually pass this legislation, because in the 58th Parliament, on the very last day, at dusk, we had people filibustering about racing and horses when they could have passed a bill which was the predecessor to this one, which would have employed 611 new nurses. To them I would say: do not bite the hand that heals you. Hold that hand, grab that hand and go on that journey with our nurses, go on that journey with our healthcare heroes, because you would not be here without them – I would not be here without them – and you will need them some time. It might be tomorrow; it might be the next day. One of your family might need them. But you will need them, and you will be glad; you will be proud. Whatever creed your politics is, you will be proud that you stood here and you supported them when you are lying in a hospital bed getting help from them. With that I commend this bill to the house.

Brad ROWSWELL (Sandringham) (10:56): I also rise to contribute on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. In doing so I acknowledge my colleague and friend, a member from the other place, Ms Crozier, for her contribution as Shadow Minister for Health in preparing the opposition's response to this bill and the work that she has undertaken in order to assist her colleagues and mine with understanding the circumstance of the proposed law before the chamber this morning.

In 2015 the then Andrews government introduced the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 to enshrine in law the minimum staffing levels for nurses and midwives in the Victorian public health system. These ratios were previously part of the nurses and midwives enterprise agreement. Since then there have been two phases of amendments to ratio requirements, in 2019 and 2020. This bill, as has been noted by an earlier government speaker, is the third phase, which was promised by the government as an election commitment in 2022. As the member for South-West Coast stated earlier, the Liberals and Nationals do not oppose this bill and its intent to improve safety and achieve better health outcomes for patients, as well as more support for nurses and midwives.

The government has allocated some \$101.3 million to implement the increased staffing levels. However, in our view, it has not been able to provide the details of this allocation in the budget papers. I know that my colleagues who attended the government's bill briefing specifically asked this question. It is one thing to make a legislative change to increase the ratio levels within the health system; it is another thing to be able to identify precisely where the cash is coming from and where it has been allocated. To this point, the government, although it has allocated \$101.3 million, has not been able to provide the details of this allocation in the budget papers, which is of concern to us. It is unclear if the allocated funding will be sufficient to meet the higher costs of employing more casual agency nurses if hospitals are unable to recruit permanent staff. Given the financial pressures throughout Victoria's health system, the new nursing ratios could lead to further budget constraints elsewhere, such as planned surgery capacity.

Health services are already, as many members in this place know, under enormous financial strain. The latest health service annual reports reveal cumulative operating losses across 68 health services exceeding more than \$1 billion. The Peter MacCallum Cancer Centre has 0.48 days of available cash in the bank, a significant way off its target of 14 days. Peninsula Health has no days of available cash, and some services have negative days of cash on hand and available. Last year major hospitals implemented hiring freezes after being asked to cut costs by the government, and who could forget the leaked email from the then CEO of Alfred Health, who said that the budget was so dire that there was a suggestion made that staff cut costs by turning lights off when they leave a room.

Belinda Wilson interjected.

Brad ROWSWELL: Member for Narre Warren North, it is not a bad point at all, but it actually demonstrates the desperation of the government's budgetary position that you have got the CEO of a major health network suggesting the lights be switched off in order to save a bit of coin. That is indeed a desperate circumstance. Before the government stepped in –

A member interjected.

Brad ROWSWELL: Acting Speaker, I promise I will no longer take interjections from government members. Before the government stepped in with an emergency –

A member interjected.

Brad ROWSWELL: Well, better than lights on and no-one home on that side of the chamber, isn't it? Whistleblowers revealed that the following health services were on the cutting table: closing special care cots needed to treat sick kids, bed closures escalating to full ward closures, cutting BreastScreen services, closing satellite dialysis units despite record demand et cetera. And we do have legitimate concerns over workforce demand. Australia is facing a shortage of more than 70,000 nurses by 2035 according to national projections revealed in the Commonwealth's 2024 nursing supply and demand study. In the bill briefing the Department of Health was asked about the extent of the additional workforce required. They were unable to provide a figure, which is deeply concerning indeed. The department was also asked in the briefing which hospitals had not been able to meet the existing ratios. This was taken on notice, but to date no response has been received. Additionally, when asked if modelling on the impact on the broader health workforce of this bill was carried out, especially given existing nurse shortages, the Department of Health said that they 'left it to health services to review their operational capacity'. That sounds to me like that is an absolute and utter casebook definition of passing the buck, which demonstrates in my view that the Minister for Health and her department have decided to press ahead with this bill with an incredibly poor understanding of the facts on the ground and the consequences of their actions.

As I said earlier, we support the bill. We support the intent of the bill. We want the intent of the bill to succeed in Victoria's health system, because if it does, then Victorians in theory at this point do get a better health service, but it is important to do your homework beforehand and not just pass the buck to bureaucrats when it comes to questions about the financing of these new capacity requirements and the staffing of them as well.

In the time I have remaining I do wish to draw upon my own local hospital, Sandringham Hospital, which I have spoken about quite fondly in this place over many years now. Sandringham's emergency department treats more than 50,000 patients every year, with around 20 per cent of those patients being children, who commonly present with broken or fractured bones. I am pleased to inform the house that the federal government has recently granted Alfred Health an MRI licence for Sandringham Hospital, and this MRI licence if brought into reality will actually assist with the diagnosis of patients and be able to get them better care and quicker care at Sandringham Hospital itself. There is no MRI there at the minute, and that is of deep concern to me.

I do know that the former federal member for Goldstein, who just happens to be the Liberal candidate for Goldstein at this federal election, Tim Wilson, wrote to the then health minister in December 2018 saying, 'Health Minister, we desperately need an MRI licence for Alfred Health at Sandringham Hospital.' So the story of this advocacy has been very, very long, and I give credit to the former Liberal member for Goldstein Tim Wilson in his advocacy dating back to 2018. There is a demand for it, and clearly the current federal government have acknowledged that there is demand for it, because they have now granted that licence. I was informed by the current member for Goldstein of that circumstance only recently.

The only thing standing in the way of a new MRI facility becoming a reality at Sandringham Hospital is the state government, because the federal government provides the funding for the licence and the ability for their MRI services to be bulk-billed. It does not pay for the engineering and it does not pay for the infrastructure, nor the MRI machine itself. That is a state government responsibility. So I use this opportunity, speaking on the safe patient care bill 2025, to say to the government and to say to the health minister: please, please – this federal government funding is available from 1 July this year – on behalf of my community, I plead with you to do everything within your power to provide, in May's state budget this year, the \$3.5 million of state government funding that is required to make that MRI machine at Sandringham Hospital operational as soon as it possibly can be. It is the right thing to do. The federal government have acknowledged that there is a need for it, because I think there is around \$16 million in funding which they will provide as of 1 July this year. We are simply asking for \$3.5 million from the state government.

I had a very brief conversation with the health minister about this just the other day. I am aware that she is aware of the request. She knows about it. That is a really good start, and it provides a level of confidence for me and my community. But what we really need is for the state government to provide that \$3.5 million to get this Sandringham Hospital MRI operational as soon as we possibly can, because that licence kicks in on 1 July this year. My community only deserves the best.

Chris COUZENS (Geelong) (11:06): I am very proud to rise to contribute to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025, and I want to start by thanking the Minister for Health for her work on this significant bill. It is so important that we continue to provide the best possible areas for our nursing and midwifery community. I do want to thank and acknowledge the nurses and midwives right across this state for the work that they do. We know our health system is built on the skill, dedication and compassion of Victoria's nurses and midwives. We also know that nursing and midwifery is a female-dominated workforce. As we lead into International Women's Day, I want to celebrate our nurses and midwives and acknowledge the essential role that they play in our community whilst also juggling the many other expectations of women in our community. I wish them a very happy International Women's Day on Saturday.

I also take the opportunity to acknowledge and thank the nurses and midwives at Barwon Health University Hospital in Geelong. Barwon Health has over 8500 staff, with many who are nurses and midwives working in maternity, mental health, aged care, cancer services, community health, palliative care, hospital services and so much more. They work hard for us every single day. The new ratios will see improvement in ICU, resuscitation and midwifery at Barwon Health. I also want to acknowledge and thank Barwon Health's Aboriginal health unit, headed up by Renee Owen and her amazing team.

As we know, it was particularly true during the pandemic that our nurses and midwives not only worked very hard but put their own health at risk to ensure that every Victorian got the health care that they needed. They did work incredibly hard to keep us all safe, and they were putting their own health at risk, as I have said, and that of their families. Going in to work every day, they risked their own health and that of their families by working long hours and caring for very unwell people with COVID as well as dealing with the usual everyday demands of the health system. That is why at the 2022 election the Labor government committed to further protect and strengthen the ratios. We committed to this because it is what our nurses and midwives told us they wanted and needed. With this bill we

are delivering on those commitments. Our healthcare workers know only Labor has their backs. We are proudly the party of nurse-to-patient ratios.

In terms of the bill, the nurse- and midwife-to-patient ratios were first introduced in 2000, but the former Liberal government tried to force nurses to trade them away as part of their enterprise agreement negotiations. This is why in 2015 under the Labor government Victoria became the first state in Australia to enshrine nurse-to-patient and midwife-to-patient ratios into law. The new ratios are the result of extensive consultation with nurses and midwives, the Australian Nursing and Midwifery Federation and health services and will be set in stone. The one-to-one nurse-to-occupied-bed ratio in ICUs on all shifts for all level 1 and level 2 hospitals mean that every occupied ICU bed will have a dedicated nurse assigned to it at all times. ICUs will also require a team leader and liaison nurse for the very first time and improved staffing ratios in resuscitation cubicles in EDs on morning shifts, bringing more shifts in line with afternoon and night shifts; a one-to-four midwife-to-patient ratio in postnatal and antenatal wards on night shift, down from one to six; and an in-charge nurse on night shifts in standalone high-dependency units and coronary care units. To ensure the health services are adequately supported and prepared to action these changes, the amendments will be rolled out in a staged approach, with 25 per cent of the additional staffing implemented the day after royal assent, 75 per cent from 1 December 2025 and 100 per cent from 1 July 2026.

Our government committed \$101.3 million in the 2023–24 budget to support the implementation of the new ratios. The new ratios build on the Labor government's 28.4 per cent pay rise for our hardworking nurses and midwives, helping to retain and recruit more nurses so more Victorians can get the best care. Through this historic deal we are also recognising the historic undervaluing of this highly feminised workforce – an important step towards gender wage equity in Victoria.

In addition to the wage increase, the new agreement backs our existing workforce and encourages a new generation of nurses and midwives by delivering preserved longstanding career structures and opportunities for progression. It incentivises permanent work through a new change-of-ward allowance, which will compensate nurses and midwives when they are moved from their base ward; improves night shift penalties for permanent nurses and midwives and includes a right-to-disconnect clause; improves access to flexible working arrangements, recognising that nurses are available 24/7; and reduces the qualifying period for parental leave from six months to zero in recognition of the service of interstate public service nurses and midwives who have relocated to Victoria. Of course we want Victorians to choose nursing and midwifery as a career. We need them. But we must look after them as well, and that is what this bill does.

In Geelong we have the new women's and children's hospital currently underway, and this is a real game changer in my community of Geelong. The community is very excited about that. We turned the sod only a couple of weeks ago, and it has now commenced. But we need nurses and midwives working in there, and I think this gives them great confidence to take up roles in things like this new hospital, thanks to the Allan Labor government. We have also invested in the new children's emergency department at Geelong hospital. I recently opened the drug and alcohol mental health hub in central Geelong. We have opened the acute mental health facility. We are about to open youth mental health beds that are currently under construction – a first in Geelong. Currently young people are sent to Melbourne, so this is a real game changer for our community. Of course there is also the early parenting centre that recently opened.

All those areas require nurses and, in some cases, midwives. This bill is encouraging people to go into a nursing or midwifery career. It gives them confidence that they will be earning the right wages but also receiving the conditions they need to be able to deliver the best possible health care in our community. What has been delivered in Geelong is unprecedented in terms of health. I am very proud of that and as a government we should be very proud of that. But we must also remember that it is the people in those buildings doing the hard work. They need our support, which is, again, what I said. This bill gives them confidence that we do respect the work they do and we do care about the very important role that they play in our community.

Since coming to government we have grown our healthcare workforce by nearly 50 per cent, and some of that is in my community of Geelong. There are an additional 40,000 nurses, midwives, doctors, allied health professionals and other hospital staff in the state's health services. Almost one in four of these new roles have been created in rural and regional Victoria. As I said, many of those are in my community, and there will be many more to come once the women's and children's hospital is ready to open. 2028–29 is the expected completion date, and we need to have those nurses and midwives in that hospital ready to go at that time.

Almost one in four of the new roles have been created in regional and rural Victoria, and that is really significant. We hear those opposite complain that they do not think they are getting enough in particularly regional and rural areas, but the proof is in the pudding. The data is there to indicate that we are doing these things right across regional and rural Victoria. There are now 45 per cent more nurses and midwives in – *(Time expired)*

Wayne FARNHAM (Narracan) (11:16): I am pleased to rise today to contribute on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. I am very pleased to follow the member for Geelong, because I just might correct her on a couple of things. But I will go into the bill first. We do not have an opposed position. Come back, member for Geelong. Do not run away. We have not got an opposed position on this bill, and we will not oppose anything when we are talking about patient care.

We are not going to oppose anything to do with patient care, but we do have concerns around the funding. We saw that with funding just last year, when health care needed another \$1.5 billion pumped into it, and I am pretty sure the minister went begging to the Treasurer at the time to ask for that money. It seems to be that funding is becoming very problematic in our healthcare industry. We see that with WorkCover premiums, for example, and I will reference the West Gippsland Hospital on this. That WorkCover premium was raised 100 per cent. That could have employed another four nurses, that uplift – probably more, actually. It was nearly \$900,000 their WorkCover premium went up. I am assuming that probably seven extra nurses could have been employed with that amount of funding.

We just heard from the member from Geelong. She talked about regional health care. It is interesting. I do get really sick and tired in this place when I hear about the constant pork-barrelling from this government. It gets me quite angry. I have heard the member for Geelong just now talk about how great it is her hospital is being built. That is fantastic. We will probably hear from the member for Footscray later. She will say how great the investment in their hospital is – fantastic. The member for Frankston will mention it as well, and the member for Melton will mention it. The thing is: they are all Labor seats.

Members interjecting.

Wayne FARNHAM: Members on that side can shout at me all they want; I do not mind. My point to this is: why are the people in West Gippsland and Narracan less important than people in Footscray, Frankston and Geelong? Why are they less important?

Vicki Ward interjected.

Wayne FARNHAM: The minister is sledging, and I am very happy to take her up on her interjection, because facts matter. For the people of West Gippsland this government committed to building a hospital and to start the construction in 2024. It is now 2025. No early works have been done. We are talking about a hospital that was built in 1939. Why are the people of West Gippsland any less important than anyone else in this chamber?

A member interjected.

Wayne FARNHAM: They are not. The minister just said they are not, and I agree 100 per cent.

A member interjected.

Wayne FARNHAM: Someone said they are not. Do not worry; I heard it. I heard it from somewhere. It might not have been the minister; it might have been from somewhere else. But my point is: this government did say they would govern for all Victorians, so why wasn't my hospital started when the government said it was going to start? This hospital, again, was built in 1939. Yet there seems to be a priority for hospitals in Labor seats rather than coalition seats. There seems to be a priority for hospitals in Labor seats now. My community has been the fastest growing community in Australia over the last decade. It has had a population increase of 48 per cent over the last decade. It has been reported quite widely as the fastest growing community in Australia, so why is the government continuing to delay the delivery of this hospital? This bill is about patient care.

Members interjecting.

Wayne FARNHAM: Those opposite that are sledging me, I doubt they have walked into West Gippsland Hospital, let alone driven past it. To be perfectly honest, unless you have been there, unless you have talked to the staff, do not interject, because you do not know the condition of the hospital. Not one person over there would know the condition of West Gippsland Hospital.

A member interjected.

Wayne FARNHAM: Have you been there?

A member interjected.

Wayne FARNHAM: Yes? Good. You probably drove past it on the way to Lakes Entrance. That would be my guess. This government, to get back to the promises, were saying, 'We deliver for all Victorians. We're going to start building this hospital in 2024.' There was no uplift in last year's budget, so nothing has happened. I doubt very much that there will be uplift in this budget to start the construction of the West Gippsland Hospital. I doubt it very much. When is it going to start? I asked in an adjournment in last November for the Minister for Health: when will the hospital start? It is a very, very simple question. That still has not been responded to. Just be honest with the community of West Gippsland. That is all I am asking. Be honest: when will the hospital start? Surely this government that has been in government for longer than a decade has a plan for this hospital. Surely the minister can tell me when it is going to start. Is there going to be an uplift in the 2025–26 budget to start construction? It is a simple question: yes or no? If there is not an uplift in that budget, then it is not going to start till 2026. That is two years behind the commitment. This hospital is probably one of the greatest needs in Victoria.

When we talk about nurse-to-patient ratios, they cannot achieve that at the moment. No matter what you say, no matter what you do, no matter what bill you put in, no matter what bill you pass through this Parliament, if you do not invest in the infrastructure, particularly for West Gippsland Hospital, how are you going to achieve the targets? It is a commonsense question; it is a commonsense statement. It is what I am asking the government. We have had a litany of broken promises from this government when it comes to health care, no more so than when we talk about the big announcement in April 2020 when they were going to deliver another 4000 ICU beds. The Premier at the time, Daniel Andrews, got up there and said, 'We will deliver 4000 ICU beds.' Seventeen months later they walked back that promise. That did not happen. It was never mentioned again after September 2021, and actually the minister at the time, poor Minister Mikakos, got thrown under the bus by the Premier. This government has history on breaking promises and no more so than in the health industry.

We do not oppose this bill, and as I said, we do not oppose anything when it comes to patient care. But for goodness sake at least deliver on what you said you were going to do. For my community at the moment the hospital is in such poor condition, but this government continues to delay it. I do not think that is fair for West Gippsland, and I will keep shouting at this government to deliver it. Last November I talked about my experience in that hospital when my father died. It was a very traumatic experience for my family, and I know other constituents in my electorate will have to go through the same thing. I will say to the government what I said back then: keep your integrity intact and build the

hospital. It is not hard. Get the cows off the site, get the excavators on the site and start the early works, whether that is bringing in the sewer main or whether that is bringing the water across the road. The services are there; the works just need to be done. Bring an uplift in this year's budget to fund the West Gippsland Hospital. It is really simple. You have got a community now where it is the number one issue. I do not think the people in West Gippsland should be treated any differently from anyone else in this state. The government just has to keep its promise. That is all I am asking.

If the government keeps its promise and builds the West Gippsland Hospital and wins the seat of Narracan because they did that, power to them. Good on them; they kept a commitment. But my community is not seeing it. Here is a challenge for the government: put your political capital against mine. Build West Gippsland Hospital. Give something to the people of Narracan they can actually cheer for. Get the excavators onsite and start the construction. My community deserves to be treated better than what it is at the moment. Every election commitment they came forward with in 2022 they have broken. Do not break this one. Deliver the hospital. Put your political capital against mine and see how we go in 2026.

Eden FOSTER (Mulgrave) (11:26): I am pleased to rise today in support of the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025, and I thank the Minister for Health for her hard work on this bill as well as all other members of the government who have contributed to the development of this legislation.

Following on from the member for Narracan, I like to see his passion for his community, but I also remind those opposite that if you just do a quick Google search on nurse-to-patient ratios under the Kennett government you will see that they were decimated. You will see that in the 1990s the nursing force was decimated. It just goes to show that perhaps there are cuts in their DNA. It might have been the last millennium, but that is because the Victorian people want to vote for a Labor government because we actually act on health. I know when I was younger and my mum needed to go to hospital for treatment the wards were closed because of the Kennett government. So if you talk about caring for patients, we are doing something about it. I get that those opposite care about their communities, but I just want to remind them that previous governments did not feel the same way and we are acting on that.

Victoria's public health system is one of the strongest in the world because of a Labor government. We have the interests of patients and professionals at heart. This bill seeks to create a better state of affairs for both of those groups – the carers and those they care for – by delivering on a commitment this government has been championing since day one. By strengthening and protecting nurse-to-patient and midwife-to-patient ratios, this government will reduce the stress, workload and toll on our healthcare professionals. At the same time, patients will get more time and attention from their carers, thus increasing the standards of safety and quality in patient care that Victorians can expect and deserve the next time they find themselves requiring hospital care.

Nurses and midwives are the backbone of our healthcare system. In Victoria 50,000 professionals work day in and day out to provide for our sick and ailing, caring for our ill, our elderly and our youngest, bringing new life into the world. They are patient focused, empathetic, tenacious and constantly dedicated to providing individualised care which is right for their patients, because no two Victorians are exactly the same. I should know, having undergone treatment for lymphoma and receiving the best care from the nurses at Peter Mac. I want to give a big shout-out to the nurses in our healthcare systems across our state. They do a fantastic job, and I received their fantastic care. They are patient and they are understanding. We know that they are overworked, and that is why this nurse-to-patient ratio that we are working on will help them. Striking the balance between empathy and professionalism is incredibly challenging, yet the remarkable work of these professionals has earned them the distinction of being the most trusted professionals in Australia. I bring these facts to the attention of the house because they demonstrate the strong case for providing the best possible working conditions for all nurses and midwives in whatever capacity or discipline they practise. This bill will do just that.

The Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 has been successfully improving the state of care in Victoria for nearly a decade now. Our wards and care units are safer, more supportive and more productive than they were before this act, and this improvement has only been strengthened as further phases in the Andrews–Allan plan to build better patient care in Victoria have been enacted. In addition to the original act's minimum workload protections, changes in 2019 and 2020 led to an additional 1100 nurses and midwives being employed in a range of general and specialist disciplines.

This proposed amendment presents a further third phase of improvements aimed at better staffing ratios in some of the most intense and important departments in health care. To avoid doubt, we are talking about intensive care units, coronary care units, high dependency units (HDUs) and emergency departments. At the risk of stating the obvious, these are places where nobody wants to be. Having said that, in the unfortunate event we do find ourselves in these wards, we want the reassurance that there are enough professionals on hand to give us the time and care we need to get back to as normal as possible as quickly as possible. As someone who was involved in health care myself, like I said, both as a patient at Peter Mac but also as a past employee at Monash Health, I know better than most about having more staff, more professionals to share the load. It is crucial in ensuring that the best quality of care is given to those who need it most, and this bill is a material step in that direction.

To talk specifics for a little bit, I applaud the commitment that this bill will introduce staffing ratios of one to one – that is, one patient to one nurse in intensive care units at levels 1 and 2. This means that those with the most critical conditions will not be left unattended or without the necessary care that will give them the best possible chance of recovery. Similarly, the commitment to improving staffing ratios in postnatal and antenatal wards by entrenching a one-to-four night shift ratio is a great step forward and ensures all Victorians have the best possible support on hand for the birth of their children no matter what time of day. Finally, the fact that these changes and many more besides, as featured in this legislation, are to be 100 per cent implemented in less than 18 months is a remarkable effort which demonstrates this government's wholehearted commitment to providing and maintaining the best healthcare system it possibly can.

As I have been considering this bill and the impact it will have on Victorians from all corners of our great state, I have been drawn to the new and growing families in my electorate of Mulgrave. I have met families who are excitedly awaiting the arrival of new children, and, as is always the case, that excitement is coupled with nervousness as they look toward the big day. Will it be a healthy child? Will the birth be complicated? What if I do not have the care I need? The idea that, because of the support this bill provides and the votes we cast in favour of it, those constituents and all those like them across the state will have easier access to quicker care and with fewer other patients competing for their assistance is genuinely exciting and fulfilling for me as a legislator. The same applies to the ill and the ailing in ICUs, CCUs and HDUs. The fact that lives will be saved or at least made more comfortable by the staffing changes this bill will bring to our hospitals is equally edifying.

Furthermore, it is genuinely nice to know that should any family member or friend end up in these wards fighting for their lives, they will have the care and attention that we would want them to have and that they deserve. It is reassuring for us as Victorians to know we have a strong healthcare system to fall back on should things go wrong, and with these amendments that reassurance will only grow. More professionals means better care, more immediate attention and more positive outcomes.

While those on the other side have a history of cuts to health care and nurse-to-patient ratios, we in the Allan Labor government support our nurses, support our midwives, support our patients and support our Victorians. I commend this bill to the house.

Danny O'BRIEN (Gippsland South) (11:35): I am pleased to rise to speak on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. Like previous speakers, I would like to acknowledge, firstly, that we are coming up to International Women's Day. Though this legislation is not specifically about women, clearly most of our nurses and midwives are women, and

I acknowledge the work that they do, including those in my family. Members of my extended family are nurses and midwives, including a number of my aunts and cousins, who the minister at the table, the Minister for Emergency Services, will be pleased to know are members of the Australian Nursing and Midwifery Federation. Some of them are quite strong members of the ANMF and give me a bit of grief on social media from time to time. I am talking to you, Aunty T and Nicky. I acknowledge all of those in the health services for the work that they do and thank them for the care that they provide to all of us each and every day. I acknowledge too that they have had a pretty rough time of it over the last five or six years and even prior to COVID, but through the pandemic times things were particularly tough.

I want to just take up the last point the member for Mulgrave was finishing on and highlight not just the member for Mulgrave but many members. I see the member for Pascoe Vale is here as well, so I will give him a shout-out too, given his commentary on the matter of public importance yesterday. There has been a lot –

Katie Hall interjected.

Danny O'BRIEN: The member for Footscray is desperately asking to be referred to. She knows that the Nat vote carries a fair bit of weight in Footscray and she likes me to give her a mention. Those opposite this week have often been talking about cuts and saying it is only the coalition that cuts. I have been quite astounded. Did they not see the CPSU on the steps of Parliament this week? Have they not seen the Treasurer's announcement of 3000 jobs to go? Now, I am not arguing against necessarily some efficiency in the public service, but the hypocrisy of those opposite! Ask the fisheries department how they are going with cuts at the moment. Half of the fisheries officers in the state have been sacked in the last week or so by this Labor government, so it is a bit rich to come in here and say, 'We build up our health services. We build up our public services. They only ever cut.' You are the ones cutting right now. They have completely lost control of the budget because Labor cannot manage money, and that goes to an important point about this legislation on the nurse-to-patient and midwife-to-patient ratios.

We are not opposing this bill, as we have not opposed previous bills with respect to the ratios, because we certainly support trying to improve the level of care that is provided to Victorians and at the same time reduce the burden and the stress on healthcare workers, particularly nurses in our hospitals. The concern that we always have, which the government never seems to actually address, is the impact of that on hospitals and whether that is funded. It is all well and good to go and stand next to the ANMF and say you are introducing these ratios, but if you do not then fund them properly, what does that do to patient care throughout the hospital? What happens if the hospital goes broke? That is seriously one of our concerns.

This legislation is the third phase of the nurse-to-patient ratios promised by the government as an election commitment in 2022. We acknowledge that. It introduces higher minimum staffing levels in intensive care units, in high-dependency units, in coronary care units and in emergency departments at varying levels depending on level 1 and 2 hospitals. Again, this gets to the crux of what government is all about. It is about making decisions. We would all like to have our roads perfectly manicured and maintained. We acknowledge we cannot have that perfection. We would all like to have every kid achieving at the highest level in education, and so we put more money into teachers and into schools. We would all like to have no bad outcomes happen in hospitals – of course they do happen from time to time as a natural factor – but we have seen recently some significant issues, particularly in my neck of the woods at Latrobe Regional Hospital, with sentinel events that have been quite frankly out of proportion and a concern. The point I am getting to is: you could put the entire budget into some of these areas and that would lead to unintended consequences elsewhere, and so it is with this legislation. It is important that the government understands that if it is going to do this it needs to actually fund the hospitals to pay for it, because ultimately the hospitals have to be financially solvent, and it is a concern to us over time. I am sure if members of the government have talked to their hospital executives at any

stage, they will have heard the concern about this in the past with previous ratios that have been introduced.

The government has suggested that it has allocated \$101.3 million to implement the increased staffing levels, but it has not been able to provide where that is in the budget. I am reminded of a previous minister in one of my first Public Accounts and Estimates Committee attempts. The Minister for Emergency Services at the table might even remember, because she was there too. I asked where this commitment, which in fact was on roads, was: 'Minister, where's this commitment on roads?' He said, 'It's in the budget.' I said, 'Whereabouts?' 'It's in the budget, Mr O'Brien.' I said, 'Yes, but what specific line item? What section? What output is it in?' He said, 'It's in the budget, Mr O'Brien,' and we are sort of getting the same answer on this one. This money is in the budget but there is no line item for it, there is no detail, and that is the concern – that while it is absolutely great, and patients and nurses will welcome having more resources, it does need to be funded, and that needs to be provided.

We know that our health services are already under significant strain. We saw that last year. We saw the government have had to commit an extra \$1.5 billion to keep the system operating. We know that many of our major hospitals and indeed some of our smaller ones are operating in deficit and struggling to pay staff and bills on time. So it is unclear to us whether the government is providing enough.

The second question with this is the workforce capacity. Anyone in the health system will tell you – particularly those nurses – that it is a struggle to keep them in the system and a struggle to attract them. I know the government likes to talk about how many nurses and medical professionals it has employed, but it is interesting. I last year did a little bit of research after the minister told us that there has been a 50 per cent increase, I think the figure was, in nurses under this government. That is nice to know. What I then had a look at is the Department of Health annual reports, and since this government came to power there has been an increase in the total workforce in the health department of 152 per cent and an increase in the budget for the health department of 74 per cent, but there has been an increase in senior executives of 425 per cent. I do not know whether that is executives who have got to calculate whether the nurse-to-patient ratios have been delivered or not, but if you wanted to know –

Vicki Ward: How many people? How many actual people?

Danny O'BRIEN: Well, it is a significant number. I can tell you that if I have got it here. It has gone from 39.5 full-time equivalent to 207.4, so it is a significant increase. If we were interested in actually delivering frontline services on the ground, we would be putting those sorts of resources into the nurses and into the doctors and health professionals in our system. And I would hope that perhaps the CPSU might be complaining and saying to the Treasurer that some of those executives should be on the chopping block early on before anyone at the front line is as well, because that is the sort of waste and mismanagement that I think we have seen under this government. As I said, the workforce capacity issues are still there, particularly for nurses and for midwives as well. Again, if you talk to your hospital CEOs and executives – and I know I do fairly regularly – it is always a challenge finding them. Particularly in rural areas it can be very difficult. But it is a challenge, and it is up to the government to answer that.

The shadow minister in the other place Ms Crozier actually asked in the departmental briefing which hospitals have not been able to meet the existing ratios, and that was taken on notice and we have not got an answer to it. We are still asking if there has been modelling done on what the impact on the broader health workforce will be of this initiative. Again, it is all well and good to say you are going to introduce these ratios; you have actually got to have the nurses and midwives to fill those positions. I am very happy to accept that there will be aspirations, but this is actually putting it in law, this is not an aspirational target.

Again I would like to thank all our nurses and midwives for all the work they do in keeping us safe and well and treating us in our time of need. But I do caution that this government have form on not actually funding these reforms properly, and I am concerned that they will do so again.

Josh BULL (Sunbury) (11:45): I am pleased to have the opportunity to make a contribution on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. There seems to be an unusual pattern over the last few sitting weeks where I follow the Leader of the Nationals and you, Acting Speaker Mercurio, are in the chair. I do not know why that continues to happen, but there you go. As I said, I am pleased to have the opportunity to make a contribution to what is a very important piece of legislation when it comes to health care in our state and of course to stand, as we continually do, with those incredible nurses and midwives who make such an important contribution to health care right across the great state of Victoria. We know and understand that working with those that support us in our greatest time of need is indeed something that is critical to the work of this state, to the fabric of our community and indeed to the power of work that gets done no matter where you live right across our state.

There have been significant investments made by this government over the past decade. I just want to reference some of those before outlining some of the changes that are contained within the mechanics of this bill that go to ratios. What we know and understand is that with a growing population, with investments such as in Footscray and in the new hospital in Melton, the investments at the Austin and the investments that are going to be made in the Northern Hospital, these are of course going to be supporting growing communities and better health care and supporting our nurses and our midwives and the entire healthcare system, which, Acting Speaker, as you know and all members know, has of course since 2020 and 2021 been under immense pressure due to a global pandemic.

Certainly, in making some reflections on those times, what I know I am particularly proud of as a member of this government is that each and every day through some of those darkest times and toughest hours we on this side of the house always stood by those who stood by us and indeed followed the science, listened to the science and listened to the experts. Unfortunately, we have a show over on the other side of the chamber that just seems to have put those matters aside, and they certainly come into this place and often provide interesting lectures and look back through a different lens on those times. But I think the vast majority of people in this state, the vast majority of Victorians, know and understand the importance of science, the importance of investment and the importance of listening to people that have spent their entire lives studying and working hard in what is a very complex profession.

This bill builds on work that was done in 2015 around ratios and indeed goes to making sure that we are continuing to deliver on the commitments made in 2022 to further protect and strengthen such ratios. We know that the nurse-to-patient and midwife-to-patient ratios were first introduced in – I mentioned the date – 2015, making sure that we enshrined the nurse- and midwife-to-patient ratios into law. I was here at the time. It was indeed a very important step, and this next step of course builds on that, introducing stronger and safer ratios and ensuring the very best care for Victorian patients and their families.

The new ratios are a result of extensive consultation with nurses, midwives, the Australian Nursing and Midwifery Federation and health services to set in stone one-to-one nurse to occupied bed ratios in ICUs on all shifts for level 1 and level 2 hospitals, meaning that every occupied ICU bed has a dedicated nurse assigned to it at all times; ICUs require a team leader and liaison nurse for the very first time; improved staff ratios for resuscitation cubicles in EDs on morning shifts, bringing morning shifts into line with afternoon and night shifts; a one-to-four midwife-to-patient ratio in postnatal and antenatal wards on night shifts, down from one to six; and in addition to that, an in-charge nurse on night shifts in standalone high-dependency units and coronary care units. To ensure that health services are adequately supported through such changes, the amendments are to be rolled out in a staged approach, with 25 per cent of additional funding implemented the day after royal assent, 75 per cent from 1 December 2025 and 100 per cent from 1 July 2026. There is some detail in those changes, but this essentially goes to building on the work that was done in 2015 and building on the investments that have been made in health care to provide for the very best of care.

I am taking the opportunity, as others have done, in the 3-odd minutes that are remaining to thank the wonderful healthcare workers within our communities right across the state, particularly within my electorate. Having the opportunity, as I am sure all members do, to speak to our healthcare workers and to understand the importance of the work that they do and to put on the record an acknowledgement of and a thankyou for the wonderful work that is done is something that I wish to do. Having, as I am sure others do, a number of nurses within my own family – my sister being one of those – I take the opportunity to thank her and extended members of the family for the incredible work that is done.

Making sure that we are providing the infrastructure within growing communities, within regional communities, right here in town and right across the state is something that is incredibly valued by and important to this government. Making sure that we are investing in staff through both legislation such as this and other programs and initiatives is a very important matter. Buildings and space and modern facilities are terrific and are very important to the healthcare system, but every member of this house should know that the healthcare system is made up of the incredibly hardworking men and women who go to work every day to support those who need health care. It is something that we should constantly keep at the forefront of our minds. Constantly reminding ourselves of the night shifts for ambos and their time on the road and of those that work right through, 24/7, 365 days a year, to support us and our loved ones is something that is very important. Building on those ratios, making sure that we are supporting the science, the investment and the research, is something that is really important. There is a large array of programs and initiatives both in medical research and in broader investments across the healthcare system that we have made.

But as I say often, member for Footscray, the work is not done. It continues every single day. The healthcare system faces challenges. There are a whole range of challenges within every hospital setting every single day, and I know that the Minister for Health, the minister for medical research and the entire team are working incredibly hard with the department. But I go back to where I started: at the very centre of this, at the very core of this debate, is the recognition that our nurses and midwives do incredibly important work within our community. Having this debate in the Parliament today further builds on that work and that recognition. Making sure we are supporting those people to do the very best work is something that this government is proud of. With those comments I commend the bill to the house.

Annabelle CLEELAND (Euroa) (11:55): I rise today to speak on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. It is a bill that we do not oppose. The bill starts the third phase of legislation initially introduced by the Andrews government back in 2015 that established minimum staffing levels for both nurses and midwives within the Victorian public health system. Since then there have been two phases of amendments to ratio requirements – first in 2019 and again in 2020. Previous amendments over the last five years include increasing patient ratios in specific settings, including stroke, haematology and oncology wards; palliative care; aged care; and birthing and emergency departments.

The changes to the current ratios include the following. In level 1 and level 2 ICUs a one-to-one nurse-to-patient ratio will be mandated for all occupied ICU beds on every shift. ICUs will now require team leaders, liaison nurses and a nurse in charge of the unit. Each resuscitation cubicle in emergency departments will need a one-to-one nurse-to-patient ratio, which is an improvement on the current one-to-three ratio. In level 4 services that are part of a larger metro hospital and in levels 5 and 6 services under the maternity capability framework a one-to-four midwife-to-patient ratio will be implemented on night shifts in postnatal and antenatal wards, improving on the current one-to-six ratio. An in-charge nurse will be added to night shifts in standalone high-dependency units and coronary care units.

Today's legislation establishes high minimum staffing levels once again, with new ratios set to be introduced in emergency departments, intensive care units, high-dependency units and coronary care units. The changes aim to improve both patient care and safety by creating legislative requirements

for more nurses and midwives across our health system – and we agree. While this bill has the right intent, I have to ask: what good are mandated ratios when the hospitals they apply to are crumbling under the weight of a broken system? What good are promises of better care, when patients are left suffering and, in tragic cases, losing their lives due to the failures of this government? What good are mandated ratios when we do not have the workforce to fill them?

Just this week we were confronted with yet another devastating loss in regional Victoria. A man lost his life after waiting for 5 agonising hours in a ramped ambulance at Albury Wodonga Health. This is not an isolated incident. This is the grim reality of health care in regional Victoria under the Allan Labor government. Statewide ambulance transfer performance for October to December 2024 remained stagnant at under 70 per cent – far short of Labor’s promised 90 per cent target. Instead of fixing the root causes in our health system, the government’s response has been to punish hospitals already struggling under immense pressure. With inadequate resourcing, forced hospital amalgamations, service cuts and overworked paramedics, the Minister for Health has chosen to shift blame rather than implement real solutions. Without systemic reform, expanding hospital capacity, improving staffing levels and streamlining emergency department processes, these failures will continue. This is what happens when a government prioritises spin over substance, bureaucracy over patient outcomes and neglect and ignorance over action.

Let us be clear: the people of north-east Victoria – the people of regional Victoria – are not staying silent. They are not accepting these failures. This week 300 people travelled from across our region, representing councils and communities, to demand better investment in Albury Wodonga Health. They are fighting for a new purpose-built hospital on a greenfield site, a project that would save lives and improve health care for generations. But what do they get from the government? Gaslighting, lies and deflection. The Minister for Health refuses to listen to or even meet with these people. When challenged in the chambers about this, those on the other side were quick to blame members, such as me, with baseless accusations in order to ignore the main issue. The minister refuses to support the project and has been nothing but dishonest. How can you be listening to the needs of the community when most of those in it have been protesting these very decisions? The hypocrisy is staggering. The minister refuses to take responsibility while our health system collapses around her.

Labor once again stands here touting supposed improvements to patient care while simultaneously cutting funding, gutting services and leaving regional Victorians behind. Just this week in the Legislative Council Georgie Crozier asked the Treasurer a simple question: could she guarantee that there would be no funding or services cut at smaller regional hospitals? The response? Silence – a full 20 seconds before the Treasurer sat down without an answer. That silence speaks volumes.

This government is gutting regional health care. It has allowed maternity services to close in Benalla, forcing expectant mothers to travel hours for care. It has driven Kilmore’s maternity health services into restricted operating hours, leaving women without local options. It has overseen hiring freezes and funding cuts that have stripped Wangaratta of midwives and gutted the midwifery group practice program despite an increase in demand. What kind of a government is this? What kind of a government looks a pregnant woman in the eye and tells her to drive several hours in labour because local hospitals cannot care for her? It is not just maternity care; it is every aspect of regional health care.

The Allan government’s so-called *Health Services Plan* is set to centralise our hospitals, stripping local facilities of autonomy, reducing services and forcing patients to travel further for care. This is not a plan to improve health care; this is a plan to abandon regional Victoria. I think of people like Allan, a Benalla resident who needed transport to Melbourne for an appointment regarding his pacemaker. No patient transport was available. His only option was a taxi for several hundreds of dollars. How many people can afford that at the moment? How many are suffering in silence because this government refuses to provide even the most basic healthcare infrastructure?

These issues cannot be blamed on a lack of trying by our local health services providers. For example, the Royal Flying Doctor Service, a community patient transport team, have been requesting crucial

funding – they run out in June – making excellent proposals based on volunteers. It is not a lot of money. Despite incredibly modest requests, the government has again failed to listen to them and provide this critical funding.

I want to do a quick stocktake of what the current state of our health system is under Labor, just to explain how our communities and I are viewing the work this government does. Labor has forced our hospitals to merge. Labor has stripped local voices away from our services. Labor has made regional patients travel further from home to access these services. Labor has left our regional maternity units at bare bones with a hunting licence on those remaining services called the regional maternity taskforce. Labor has failed to support patient transport services while forcing dialysis patients to find their own way to care. Labor has left our ambulance and 000 systems in shambles as pay disputes, missed targets and a lack of resources continue. Labor has left people in pain as surgery waitlists skyrocket. Labor continues to gaslight and lie to our healthcare providers and our communities. I am sure there are many more examples I could think of, because the damage is ongoing, and they are not over.

We do not oppose this bill, but we do oppose the situation this government has created. We support measures that strengthen our health system, but this bill is nothing but a bandaid on a gaping wound. Regional Victorians deserve better than being left on stretchers in ambulance bays for 5 hours. They deserve better than being forced to travel for maternity care, cardiac care and cancer treatment. They deserve better than being ignored by a government that refuses to listen to them. Labor has failed, and the consequences of that failure are being felt in our hospitals and our communities and in the devastating loss of life across the state. Enough is enough. It is time for a government that listens, it is time for a government that acts and it is time for a government that puts regional Victorians first. This is not just policy or legislation, this is life or death now, and we will not stop fighting on this side of the house until every Victorian gets the health care they deserve.

To finish, to the healthcare workers that have to work in these conditions I want to say thank you. So many of you I speak to often, but you are the real backbone of our healthcare system. Thank you for comfort in the toughest of moments. You are the real heroes at the moment.

John LISTER (Werribee) (12:05): I am pleased to rise to make a contribution on this bill, because, as we know, Labor is the party of supporting healthcare workers. I could not think of a more important bill to make my first contribution on. Labor knows our health system is built on the skill, dedication and compassion of our nurses and midwives. At the 2022 election the government committed to further strengthening and protecting ratios. We committed to this because it is what our nurses and midwives told us they wanted.

With this bill we are delivering on that commitment. Our healthcare workers know that Labor has their backs. We are proudly the party of nurse-to-patient ratios, because enshrining ratios into law means they become the standard. We know our healthcare workers are some of the most skilled and professional in the world, and ratios are the best practice for safe patient care. It is why in 2015, under a Labor government, Victoria became the first state to enshrine these ratios into law, and now the Allan Labor government is building on this by introducing stronger and safer nurse- and midwife-to-patient ratios, ensuring the best care for Victorian patients and their families. The new ratios are the result of extensive consultation with nurses and midwives, their union the Australian Nursing and Midwifery Federation (ANMF) and health services, and they will set in stone one-to-one, one nurse to one occupied bed, ratios in intensive care units at level 1 and 2 hospitals; improved staffing ratios in resuscitation cubicles on morning shifts, bringing morning shifts in line with afternoon and night shifts; one-to-four midwife-to-patient ratios in postnatal and antenatal wards on night shifts, down from one to six; and an in-charge nurse on night shifts in a standalone high-dependency unit.

To ensure health services are adequately supported and prepared to action these changes, these have been rolled out in a staged approach. Only the Allan Labor government will continue to support and invest in our dedicated workforce, because we know how important they are to delivering world-class

care for all Victorians. The government committed \$101.3 million in the 2023–24 budget to support the implementation of these new ratios. The new ratios build on the Labor government's 28.4 per cent increase for our hardworking nurses and midwives, helping to retain and recruit more nurses so more Victorians can get the very best care.

During the campaign it was my honour to join nurses from Werribee hospital and the Premier to talk about their excellent work. Meeting these two proud ANMF union members, I learned about the benefits of having set standards for patient ratios. Before I started my contribution today I sent a text to one of those nurses, Melanie, and assured her that I have their back. I would like to pay tribute to these nurses and their colleagues at the Werribee hospital for all the work they do for our growing community. This legislation comes as demand at our hospital grows. These laws and the investment that goes with them are important to make sure that, as our community grows and demand grows, we maintain a safe ratio of these professionals to their patients.

Not only are we supporting the people that work within those walls, we are building a new emergency department to support this growth at the Werribee hospital. This project will see treatment spaces expanded from 33 to 67 and deliver four new resuscitation bays – which will have these ratios that we are putting into law today – 16 short-stay beds and 36 emergency care cubicles as well as a behavioural assessment room. It was a pleasure last week to join the Minister for Health Infrastructure and my neighbours the member for Tarneit and the member for Laverton to see the slab being poured at the project site and talk to the people there about how they had redesigned the emergency department to make it easier and more efficient to get people through. This project comes on top of our state-of-the-art critical care unit project. The \$120 million project has expanded the hospital upwards, forever changing the skyline of the Princes Highway. We know that Labor is the only party that delivers this level of health investment in Werribee. When those opposite had the chance, they cut funding to our hospital. Not only do our nurses remember this, but also those patients who had to endure this lack of investment still remember how they neglected our western suburbs.

In my family you are either a teacher or a nurse. Last night two of my aunts came to see my inaugural speech. Ros worked for decades as a midwife at the Mildura base hospital and Annie has worked in emergency and other wards across south-west Victoria and back in Melbourne. I asked them about this bill and the ratios and what it means for them, and Ros replied, 'Johnno, you need to make sure this is law, because I have experienced what it's like to be run off my feet. We don't want to go back to the bad old days.'

You see, we are doing this because there is always the risk that parties of a more conservative persuasion will take any opportunity to cut vital services in the western suburbs. I may be young, but I remember those opposite's sneaky plan to cut hundreds of nurses and get the nurse-to-patient ratios out when they were last in government. When we first enshrined nurse-to-patient ratios into law all those opposite cared about – including the then leader the member for Bulleen – was the cost. I say to whichever number leader the Liberal Party is up to: the cost is deteriorating patient care. Only the Liberal and National parties cut, close and privatise health care in our western suburbs. With ratios being enshrined in law we need to make sure that staffing levels are boosted.

Relatively recently I was working with young people who were choosing what career to do. We would sit down and go through the surveys that they did and talk about what local opportunities there were in Werribee, and I was proud to see so many of those year 10s looking to become nurses in our hospitals. We worked hard to get them work experience in those healthcare settings, whether it was down at the Mercy or at Western general or down at the old folks homes nearby. Many of our young Karen students want to become nurses because they value service to the community that has helped raise them. They have seen their cousins or their aunts or their uncles go into nursing and have seen the benefit that has provided to not only their community but also the wider community in the western suburbs.

I look forward to working in my electorate to support these students in their endeavours, because this government continues to invest in the people delivering these critical life-saving health services, including with sign-on bonuses and supports to train and upskill, making it free to study nursing and midwifery, speech pathology grants and delivering our first paramedic practitioners. We have delivered training and recruitment programs, including the \$270 million Making It Free to Study Nursing and Midwifery initiative to build the supply, capacity and quality of the nursing and midwifery workforce. The 2024–25 state budget invests a further \$183 million in workforce initiatives, including an extra \$28 million to support our health services, boost our workforce capacity and continue our successful registered undergraduate students of nursing or midwifery positions.

I have to say – because I am speaking quicker than I thought; first time, guys – that last week when I was out at the Mercy hospital and I got a chance to meet with the management there, they told me how significant it was to see all that investment that we have put in, not only to the buildings, the concrete and bricks and mortar, but also to the people there at the Mercy. We have been running training programs through there, linking in with local universities to make sure that we have got a pipeline of people to work in this hospital in our growing community. I was also really happy when I was having a chat to the CEO of Mercy there and got in his ear to ask if we could get some more work experience positions for these students out there, not only from my school but from all the other high schools in the area. I think it is really important to make sure that young people can see that not only are we giving them opportunities to do this training through that investment that I outlined but also we are making sure that they can see that we are taking it seriously and putting into law their rights at work.

There are a lot of western suburbs hospitals that are receiving these better ratios, like the Mercy and like Western general. But what I would say is that this legislation is important to me for all the reasons that I have highlighted – those reasons like making sure that we are the best in the world when it comes to our patient care and making sure that we make it very hard for people to wind these nurse-to-patient ratios back. Most importantly, it is important to me because it is for those students that I have seen heading into the workforce, whether it is through the initiatives that I have outlined or through things like free TAFE. It is important because they need to have their right to ratios protected. It is my honour to keep working with our ANMF nurses out at Werribee Mercy, making sure that we are listening to them and acting in their best interests, and I will be out there as often as I can. I think they really enjoyed last time I was out there with the Premier. I think I am one of the first members of Parliament to ever take in boxes of chocolates and biscuits to the tearoom. As a fellow public service worker I know that one of the best things is making sure that we have got good things in the tearoom for our break. Thank you to everyone for their patience. It is my honour to commend this bill to the house.

John PESUTTO (Hawthorn) (12:15): I rise to speak on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. Who does not love our nurses? We all rely on them, we cherish them and they are an important part of our lives. When we are at our most vulnerable and when we are most susceptible to health challenges, fear and insecurity, it is nurses who, among our many health workers, walk us through some of the most challenging and at times some of the darkest moments in our lives. And we have all experienced this. I think we all have someone in our lives who is a nurse or who works in that noble profession. I certainly have a family where that is the case. We love what they do, and we cherish what they do. We rely on them heavily. That is why we are not opposing this bill. We certainly are going to allow this bill to proceed, but that is not my main concern about this bill.

I enjoyed the member for Werribee's speech last night. I cannot say I agreed with his speech just now. I think what we need to recognise is that this Labor government is very good at making commitments but it is not very good at fulfilling those commitments. Often its commitments are wrong, but those that it makes it does not even bother to fulfil. The question we have got as an opposition and as an alternative government is: just how does the government propose to fulfil this commitment? The member for Werribee and a number of his colleagues have said, 'There's some money in the budget.' There was some money in the 2023–24 budget, but it was not directly linked to ratios, so we do not

know how much of that money will actually go to supporting health services. What none of those opposite have said in any of the contributions up to this point is: has this government assured every health service in Victoria of the amount of money it is going to get to support these nurse-to-patient and midwife-to-patient ratios? They have received nothing.

We have heard these health promises before. Let us remember that in the last financial year alone our health services, which support our nurses, our allied health workers and our doctors – everybody who works in this important sector – clocked up over \$1 billion of operating deficits. What does that tell you – a billion dollars-plus of operating deficits in 2023–24? It tells you that this Labor government cannot plan for our health system. It cannot deliver for our health system. We had health services scrambling to deliver basic services that in a First World country we should be able to expect without hesitation. They are doing their best. We have the best health workers, we have the best nurses and we have the best midwives; we just have the worst government in this country overseeing our health system. Over a billion dollars in operating deficits – what a cataclysmic failure by a government to get it so wrong on health funding.

Not only that, we have had other instances when health services have had to operate with cash reserves that are negative. They did not have enough money to meet daily expenses and had to draw on funding in the form of temporary debt to fund the daily needs of most health services last financial year, and we are waiting to see the data for this year. They were operating with negative cash flow, and this government expects us all to believe that it is going to be able to fulfil the promises and the commitments made in this bill to fund ratios in this state. You have got to be kidding me.

We saw last year and in previous years under this government that because they cannot plan our health system they have used what we call Treasurer's advances – those advances that a Treasurer makes when unforeseen and urgent priorities arise. Those have gone from \$365 million a little over 10 years ago to a whopping \$12 billion now, and a lot of it is to meet daily expenses in our health system. Last year, would you believe, the Treasurer was ready to write a Treasurer's advance to fund wages. Can somebody please correct me: when did it become urgent and unforeseen to pay wages? Don't you plan for that? This government cannot even get provisions for wages in our health system right. So badly off the mark was it that it had to use Treasurer's advances, and it expects us to believe it will deliver on ratios. You have got to be kidding me.

For all those opposite, including our friend the new member for Werribee, remember that not more than 12 months ago this government was wielding a financial axe towards our health system and demanded a billion dollars in health cuts. Do you know what that did? Because this was over the change in financial year, this forced a number of our health services to cut staff. They had to cut services. They had to cut back on other priorities because the government was saying all 76 health services had to find cuts. At the end of the day they flipped and they said, 'No, we're not going to proceed with a billion dollars of cuts. We'll give the sector \$1.5 billion.' It did not say where that money was going. It just wanted to put out a fire it had lit because of its own complete financial incompetence. Do not believe anybody on the other side when they say they can deliver on these ratios. Neither this Labor government nor any previous Labor government could demonstrate that they could actually deliver on these things.

What about the litany of broken promises? Acting Speaker Farnham, you mentioned one before. I know you have campaigned passionately for the West Gippsland Hospital – a broken promise. The Melton hospital is a broken promise. The 4000 ICU beds are a broken promise. The 240,000 annual elective surgeries are a broken promise – slashed, cut, iced to 200,000. Our waiting lists across a range of different categories of surgery continue to grow. Against that backdrop, can we actually trust the Allan Labor government to deliver on the ratios they are committing to in this bill? We do not oppose the ratios; that is not the issue here. The issue is that the government wants brownie points for legislating them. Victorians want more than that. Victorians want this government to actually commit to running the books of this state competently, prudently and responsibly so it can fund our nurses, not

let them down. I say to every nurse in this state: the only thing that will bring this down is this Labor government, which cannot manage money, cannot manage the books. Victorians pay the price for that.

I just want to finish off on a broader exposé on themes of this government. We know that Victoria is growing, and I have spoken about this before. Even the government's own *Victoria in Future* population figures from last year show that our state is growing quickly, faster than any other state or territory in the country. When you look at the outer growth corridors taken collectively, we are looking at growth between now and 2041 of about 1.8 million people. In the inner ring of suburbs and closer to the CBD we are looking at a figure closer to 380,000. We know that our population is growing rapidly, at a very high rate, in the growth corridors, and eventually that will go over into the regions.

The government announced recently its local health networks plan. My concern with this is that the government is pursuing it for the wrong reasons. We all know that you should reduce duplication and unnecessary red tape. You should always do that. That is just core business. But what the government is doing is reducing the coverage of our health networks around the state simply to cover financial black holes. If you look at its *Plan for Victoria* released last week, the government finally cottoned on to what we have been saying. You cannot just jam all of the housing into a few municipalities. You have to have a broader statewide vision, which this government completely lacks. But they are trying to respond to our talking points on this and our narratives on this. If you go and read *Plan for Victoria* and then also compare that with the local health network plan, you will not find in there any correlation between the patterns of population growth in our state and provisions for health infrastructure and health services in the fastest growing areas of our state. There is a complete failure of leadership. This government makes a commitment on ratios, but when you look at the facts, when you look at the record and when you look at the broad sweep of failure of the most financially incompetent government in the country and in this state's history, no-one can believe they will deliver for our nurses as they should.

Juliana ADDISON (Wendouree) (12:25): I rise to talk about the bill, to actually talk about nurses and to talk about patient care, quality care and looking after all Victorians from the womb to the tomb. That is what I am going to be talking about in my contribution today, because we love our nurses, we support our nurses and we respect our nurses. That is what is at the heart of this bill – respect for nurses. I am so pleased to be able to speak on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025, which will safeguard working conditions for nurses and midwives as well as safety for patients by improving minimum staffing ratios in Victorian hospitals.

I must acknowledge the member for Werribee on his first contribution to this place. Well done. It was a cracking contribution after an excellent inaugural speech last night. What an asset you are to our caucus. To the people of Werribee, you have chosen well, so thank you and well done.

Thank you to the Minister for Health, her ministerial office and the Department of Health for their work in delivering this bill. In doing so, we are delivering on a commitment that this government has made to Victorians. The bill follows consultation with numerous stakeholders – and that is really important when we are talking about the health of all Victorians – particularly the Australian Nursing and Midwifery Federation, the ANMF, who are good friends of ours, and the Health Workers Union, the HWU, who do excellent work as well. I want to thank the state secretary Lisa Fitzpatrick AO and the leadership of the ANMF Victorian branch for their strong and unrelenting advocacy for their members; locally, our ANMF leadership in Ballarat, Cassia Drever-Smith and Stephanie Cooper; and all the ANMF members across Wendouree. Consultation on this bill also included our healthcare industry organisations the Victorian Healthcare Association and the Victorian Hospitals Industrial Association as well as Safer Care Victoria, the Department of Justice and Community Safety and of course the healthcare services right across our state.

I would like to recognise the many nurses in my community, particularly the nurses who work at our hospitals, our aged care facilities, the urgent care centre, medical clinics, the blood bank and our schools as well as our nursing students studying at the Australian Catholic University (ACU) and

Federation University. Thank you to Grampians Health chief nursing and midwifery officer Leanne Shea and the 1500 nurses who care for my community day in, day out. We have more than 200 presentations at Ballarat Base Hospital emergency department each day, and every patient is cared for by a nurse.

We also have our incredible midwives supporting expectant mothers and bringing our newest Victorians into the world. I had both my babies at Ballarat Base Hospital and am indebted to Tonya and all the midwives who cared for me and my two daughters. I would also like to shout out to the 65 new nursing graduates at Ballarat Base Hospital, and I hope that they are having a seamless transition from university to work practice. And we will never, ever forget – because they are far too important to forget – the incredible work of our nurses in residential aged care, who provide round-the-clock care for our oldest and most vulnerable community members.

I am proud that the Allan Labor government has funded a new education centre at the Ballarat Base Hospital, providing undergraduate placement training for ACU and Fed Uni students as well as providing a centre for ongoing postgraduate training for those nurses interested in advancing their careers. We know that our nurses have a lot to offer, so that ongoing professional development and the opportunity to grow and contribute more are so important. It is in my community that the Allan Labor government is investing \$655 million to redevelop the Ballarat Base Hospital, the largest investment in Ballarat's history, and we will truly overhaul the facilities available to our community and to our hardworking and committed hospital staff. Once completed, the Ballarat Base Hospital will have capacity for thousands more surgeries annually and tens of thousands more inpatient and emergency services. I am committed to delivering world-class quality health care locally in my electorate of Wendouree across Ballarat and western Victoria, and our government is committed to delivering the same world-class health care for all Victorians.

Investing in training and retaining our healthcare workforce has increased almost 50 per cent under our government. That is an extra 40,000 healthcare workers supporting our community, and a quarter of those are in regional and rural Victoria. In just the most recent budget we invested an additional \$183 million in healthcare workforce initiatives. We are committed to Victorian health care and respect our Victorian healthcare workers, and that is why the nurse-to-patient and midwife-to-patient ratios have been enshrined in law here with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015, a first for an Australian state. It is also why we delivered another tranche of improvements in 2019 and 2020 and have since committed to further strengthening ratios in Victorian emergency departments as well as intensive care, coronary care and high-dependency units. With this bill we are delivering on the promises now.

Enshrining stronger, safer specific patient ratios within law protects patients, but it also protects our healthcare workforce. Victorian nurses and midwives are skilled, hardworking and vital, and this has been brought to everyone's attention through their incredible work in the wake of the COVID pandemic. These workers prioritise patient safety, and we must make sure to prioritise them. They hold a range of advanced skills and safeguard a wealth of institutional knowledge which our healthcare system cannot afford to overlook. For these reasons and many, many more we are listening to our nurses and midwives when they call for further improvements to patient ratios.

This bill we are considering today will legislate support for closer nursing care within a range of specialised hospital areas. I want to talk about the ICU and I want to talk about the high-dependency units and coronary care units, but I am worried that I have just got so much to talk about on this bill that I am not going to get through it. But I really want to talk about the intensive care units, because, as the name suggests, it is intensive care for our sickest and most vulnerable patients in the system. Intensive care units are where critically ill patients, including the most acutely unwell and seriously injured, can be closely and thoroughly cared for. This bill reflects this in the definition it inserts within the act before it goes on to legislate for nursing ratios and additional nurse requirements that are specific to ICU.

First and foremost, these amendments introduce a requirement for one nurse per every ICU bed at each of the 23 level 1 or 2 hospitals across our state. Having spent more time than I would like in the Monash ICU with my daughter Johanna after a significant and frightening health episode, I know firsthand how important this level of care is. That is one dedicated ICU nurse for each critically ill patient and one dedicated ICU nurse for each patient on sustained organ support, and this bill will provide additional nursing care within intensive care units with a dedicated nurse in charge for every shift plus at least one team leader to deliver coordinated on-the-ground support for bedside staff. Liaison nurses will also be available during mornings and afternoons in level 2 hospital ICUs and around the clock in level 1, further ensuring that the needs of critically ill patients will be identified and then met.

In addition to the ICU-specific amendments, this bill seeks to reinforce the nursing requirements within other specialised hospital units. Standalone high-dependency units can facilitate close monitoring outside of the ICU for patients with appropriate levels of need, while coronary care units provide specialist care for serious cardiac arrest cases. HDUs and CCUs are already required to have a nurse in charge rostered for every morning and afternoon shift, and with this bill this requirement will be extended to pm shifts as well. Increasing staffing and supervision during nights in these critical units will only benefit these patients and their staff, and I fundamentally believe it will give a level of comfort to family and loved ones worried about their loved one in our hospitals. The bill's initial focus on critical patients also extends to emergency departments, which is so important, with improvements to existing staff ratios in resuscitation cubicles. The act already requires one nurse per resuscitation bed during afternoons and nights. However, in the broader ED the one-to-three ratios will apply during the morning shifts.

In closing I want to say that I am very pleased that we are going to be implementing this – 25 per cent initially then 75 per cent by 1 December and 100 per cent by 1 July 2026 for our nurses, for our patients, for all Victorians. I commend the bill to the house.

Tim READ (Brunswick) (12:36): Before I begin, I just signal to whoever is speaking next that I am making very brief comments on this bill, and I will not be using all of my time. With regard to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025 my comments on behalf of the Greens are that we welcome the bill before us, which proposes a number of improvements to patient ratios in hospital settings to strengthen the quality of patient care and support the wellbeing of our hardworking nurses and midwives. As we have already heard during today's debate, the bill proposes a phased approach to new minimum workload arrangements, specifically in intensive care, high dependency, primary care and emergency settings. The bill also introduces improved staffing ratios in postnatal and antenatal wards, and the Greens understand that these changes are supported by the Australian Nursing and Midwifery Federation along with many practitioners in the field, and so we will be supporting the bill before us today.

Victoria's nurses and midwives are critical to our health system, and we are proud to stand alongside them as they seek improved conditions – conditions which are inherently linked to better patient outcomes, a goal that I know they prioritise. Patients will also welcome these changes. How often have we heard a patient complain that they press the buzzer and no-one comes and complain of spending seemingly hours isolated in a bed alone with no-one coming to their aid? While these stories are common enough, it is largely due to the fact that there was someone else on the ward who was much sicker than they were who was demanding the staff time. Adequate nurse–patient ratios will mean this is less likely and that patients will get more attention.

Sadly, the bill before us today does not extend to mental health services, which also happens to be an overdue election promise of this Labor government. In 2018 the then Andrews government committed to legislating the 2016 mental health nurses enterprise agreement's staffing profiles in bed-based services, and seven years on many are still waiting for this change. This year mental health nurses are again engaging with the Victorian Hospitals Industrial Association to negotiate a new enterprise bargaining agreement. A key request has been the implementation of increased nurse–patient ratios,

so why not take the opportunity of the bill being considered in Parliament today to action this long-overdue promise? Many are scratching their heads.

The lack of legislated ratios or staffing profiles when many other nurses are provided with this protection inevitably leaves the mental health workforce feeling like they are not an equal and important specialty within the nursing profession, when we all know their role in our health system is essential. Evidence suggests that adequate nurse-to-patient ratios in mental health settings can reduce patient aggression and the need for restraint or seclusion. If we are serious about doing that, then we need sufficient staff on wards. Numbers, of course, are not the only thing we need. Experience is important too, and I have heard reports of very junior staff supervising difficult mental health wards.

It is important to remember that whilst we can legislate for improved ratios in public hospitals, the effective implementation of any legislative change requires proper resourcing, including the presence of the actual workforce numbers to fill these positions. I implore the government to not legislate these changes and then wipe their hands of this much-needed work. They must also commit to the proper support of our workforce and initiatives for new workforce to enter the field and, importantly, for the retention of existing staff.

Of course staff do not come cheap, and hospital care is the most expensive part of our healthcare system. For that reason it is important that the government redouble their efforts to adequately fund preventive health care. Primary prevention is far more cost-effective than funding hospital care once prevention has failed. So on that note the Greens look forward to a similar bill to this one, which will ensure sufficient staff on mental health wards. We look forward to an improvement in funding for preventive health care, and of course we support this bill.

Kat THEOPHANOUS (Northcote) (12:40): I am delighted to rise to speak in support of this wonderful, wonderful bill about nurse-to-patient and midwife-to-patient ratios. Nurses and midwives truly are the best of us. The knowledge and skill they bring to Victoria's healthcare system is a core part of what makes it world class – and make no mistake, it is world class. The contribution of this critical workforce extends well beyond the clinical. Our nurses and midwives embody that special relationship of trust that exists between patients and our health system. In moments of vulnerability Victorians rely on the care, dedication and expertise of these highly qualified professionals. It is a bond that demands our deep respect and understanding just as much as it demands our continued support to empower nurses and midwives to deliver the level of care they know their patients need. That is why, as a Labor government, we will always listen deeply to our nurses and midwives and why in 2022 we committed to further protecting and strengthening the nurse-to-patient ratios that we had embedded in our last term. We committed to this because nurses and midwives told us it is critical to improving patient outcomes and the wellbeing of the workforce. We know how much additional pressure has been put on our health system and health workers and the unprecedented demand that has flowed on from the acute phase of the pandemic. We also know that the research tells us that better ratios mean lower mortality rates, shorter stays, less readmissions and better outcomes for both patients and workers.

The logic and the benefits are crystal clear, which is why this bill sets in stone one-to-one ICU nurse ratios, meaning every occupied ICU bed in level 1 and 2 hospitals will have a dedicated nurse on shift, so there is always one-to-one care. Plus for the first time ICUs will require a team leader and a liaison nurse. The bill improves emergency department resuscitation staffing, so morning shifts in ED resuscitation cubicles will now have the same staffing levels as afternoon and night shifts, improving care around the clock. It improves midwife-to-patient ratios on night shifts. Midwives in postnatal and antenatal wards will care for a maximum of four patients each, down from six, giving new patients and babies more support. Standalone high-dependency units and coronary care units will now have an in-charge nurse on night shifts, ensuring strong leadership and oversight. These changes will help deliver safer, more consistent care across our hospitals and back our health workers to do what they do best – care for Victorians.

Almost 6 per cent of working residents in my electorate of Northcote are employed in hospitals. It is the single largest proportion of workers in any one industry in my patch. So these changes have deep, real-life impact for countless people in my community – not just for those individuals but for their families, their patients and the flow-on wellbeing to our community.

Nurse-to-patient ratios were of course introduced back in 2000, but they were almost lost when the former Liberal government tried to force our nurses and midwives to trade them away in enterprise agreement negotiations. That taught us a valuable lesson. These ratios must be protected, and Labor is the party that will protect them. It is why in 2015 we made Victoria the first state to enshrine the ratios into law and why we are here again making them stronger.

Importantly, this is not a standalone measure. Our work to support our health workforce and our health system goes well beyond ratios. Since coming into government Labor has expanded Victoria's healthcare workforce by nearly 50 per cent. That is an additional 40,000 nurses, midwives, doctors and allied health professionals on the ground delivering the care Victorians rely on. We have delivered a historic 28.4 per cent pay increase, helping to retain and recruit more nurses and midwives. The new agreement also embodies better opportunities for career progression, improved night shift penalties, more access to flexible work arrangements and the right-to-disconnect clause.

There is a reason health workers travel from across the world to be in our hospitals and our health services. They know we have backed our health workers every step of the way with better pay, better conditions and the resources they need to do their jobs to a world-class standard. In this year's budget alone we have invested an additional \$1.5 billion on top of the \$8.8 billion already committed, bringing total health funding to more than \$20 billion, making up over a quarter of Victoria's entire budget. We are not just funding services; we are building the future of health care, with \$15 million in health infrastructure projects. One of these critical projects is upgrading the emergency department at the Austin Hospital. This upgrade is so important to my community. As our suburbs continue to grow, it will enable the ED to treat an additional 30,000 patients each year.

In Northcote we also have a commitment to an early parenting centre, another fantastic service and initiative spearheaded by our Labor government. These centres are there to support families in those crucial early stages, providing wraparound and multidisciplinary support for both parents and children. The care team includes nurses, midwives, social workers and parenting practitioners. They are there for families when things get too overwhelming, and that so often happens when you have little babies. Families get support with sleep and settling, bonding and mental health in the safety and comfort of individual overnight rooms or through day-stay programs. It is an extraordinary public health service, one that speaks to the village of support that is needed in raising a child. None of these incredibly important services would be possible without the workforce that supports them, our healthcare workers, working within a strong, well-funded public health system.

Victoria is ultracompetitive when it comes to attracting a skilled health workforce. Under our Labor government we have supported countless initiatives like sign-on bonuses, making it free to study nursing and midwifery, delivering Australia's first paramedic practitioners and dedicated funding for women's health practitioners. As Parliamentary Secretary for Women's Health, I know we have also done some things that probably get a little less media attention but which are critically important – things like removing barriers that had prevented midwives from working to their full scope of practice, something that has now unlocked a whole world of accessible care, particularly for rural and regional communities.

Indeed the rollout of our historic women's health reforms has hugely benefited from the involvement of the Australian Nursing and Midwifery Federation, and in particular I would like to give a shout-out to assistant secretary Madeleine Harradence, who is on our Victorian Women's Health Advisory Council. Maddie does a superb job of flying the flag for nurses in the context of women's health, and we are working closely on the rollout of additional sexual and reproductive health hubs, our first dedicated women's health clinic, a mobile and virtual clinic and an Aboriginal women's health clinic.

This year we will also be launching the findings of our inquiry into women's pain as part of our holistic approach to improving care for Victorian women and girls.

Listening to and supporting our nurses and midwives is essential, not just to keep them engaged and employed in our health services but to inspire them to grow in their careers and mentor the next generation. It is about valuing their dedication and ensuring they remain on the front line, delivering the exceptional care our community relies on. It is an investment that pays off every single day, strengthening our health system and caring for those who need it most. I do want to mention that investing in this predominantly female workforce has another important element, and that is driving real change towards gender equality.

We have moved well beyond the outdated idea that those that dedicate their lives to caring for others should do it purely out of goodwill without fair pay. Not only do our nurses and midwives deserve our respect, they deserve the pay and conditions that match the vital role they play in our society. By valuing and fairly compensating those in this historically undervalued industry, we are taking meaningful steps to close the gender pay gap.

Before I finish I want to take a moment to thank the thousands of dedicated health workers in Northcote and more broadly in Victoria. As the member for Northcote and in my role as parliamentary secretary I have heard so many anecdotes from people who are deeply grateful for the care they have received in our health system. Despite the anguish that comes with any health crisis, what resonates, what people so often remember, is the nurse who sat by their side in the middle of the night, the paramedic who arrived in a moment of crisis and the doctor and midwife who guided them through the rollercoaster of childbirth. Health workers do not just treat illness and injury, they provide comfort and reassurance and strength when people need it most. They are there on our darkest days through uncertainty, pain and fear as well as in moments of joy, relief and the magic of life itself. It is not easy work. I do not want to romanticise it. There are long shifts and there is vicarious trauma; there is a toll that these roles take. That is why it is so important that we value this workforce, that we invest in them and that we give them the conditions that they deserve.

David SOUTHWICK (Caulfield) (12:50): I rise to make some comments on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. I will say from the outset that there have been a number of contributions today that have highlighted the great work that our nurses and midwives do in the healthcare sector, and I particularly want to put on record my thanks to the many nurses that go above and beyond and the great work that they do on the front line. They are frontline workers. They are those that meet patients right from the very beginning and take them through a journey that is not the easiest for the patient or for their families, and every single one of us would have a story to tell of an experience of a loved one that has had to go through that process.

We have recently had to experience that with my father-in-law, who just over a week ago had a stroke and unfortunately has lost movement in the left side of his body. It has been very harrowing for the family and a very difficult time. It is interesting watching that process and following that process and, as family members, always searching for 'What's the next stage? What's the next option?' We know that all healthcare workers do an amazing job and our doctors are truly amazing as well. But some doctors do not necessarily have the best bedside manner in terms of talking to patients and talking to family members at these difficult times. That was an experience that we certainly had, and it left the family, my wife and others quite traumatised. I know many people listening to this debate today would think of a similar situation. It was the nurses that were left to pick up the pieces and to provide that reassurance, provide the pathway and provide the options for the family in terms of what would come next.

I think of the work that healthcare workers do in our hospitals right across the board, and it is not necessarily a glamorous job that many of them have to do. For some of them it certainly is in terms of the care and the love and the work that they give and the admiration, but it involves all kinds of elements of the work at all ages in our hospitals. We must ensure that they are paid appropriately but

also that we have enough resources in our hospitals. Certainly the opposition has made that note today that we need to get the nurse–patient ratios right; we need to ensure that we also provide the resourcing and the funding necessary to do that. We know nurses are stretched, and that is something I have seen time and time again in our hospitals. Nurses are stretched. Ambulances are stretched. We still see ramping in our hospitals every single day, we still see it is very hard to get a bed in a hospital and we still see the constant movement of those people in terms of just trying to get health care. That is something that over the last decade we have seen deteriorate, unfortunately, here in Victoria. That is not the fault of our nurses, who do a fantastic job. It is not the fault of our healthcare workers. Unfortunately, it is the fault of the government not being able to provide the resourcing necessary.

We heard only late last year the former Treasurer having to give a cash advance to effectively pay the wages of our healthcare workers because the government was short on funds. That shows you just how desperate things have become in terms of government waste and mismanaging money. That is why it is important to bring this legislation into place – very, very important. But at the same time we need to understand how it is going to be funded, and it is very fair of an opposition to ask those questions of the government in terms of how it is going to be funded and how it is going to be implemented. We do not want to see nurses currently jeopardised and stretched as a result of that, because we are going to need more nurses. We are going to need more coming into the system, but at the same time we have got to ensure we can fund that. It is wonderful to stand up and say the government is going to do one thing, but they need the details of how that is going to be funded. Those are some of the questions that we have been asking in terms of this particular bill. It is about being able to ensure that there is proper resourcing and proper funding that is available right across the board.

I want to just refer to some of my hospital and healthcare workers, particularly at Caulfield Alfred Health. They do a wonderful job. If you walk about the facility at Caulfield Hospital, it is still so old and still so tired. We want to support our healthcare workers and we want to pay them, but we also want to provide an environment for them and also the patients that is conducive to working, and, quite frankly, it is not. It still has some of the old infrastructure that was there pre 1918 in war days. Some of that still has not been upgraded. Certainly at the last election we were talking about a rebuild of the hospital. I know funds are really tight, but there has got to be investment in our health care, in our hospitals and in our infrastructure to get that right. We have got to provide the nurses and the care, and we have got to provide the infrastructure as part of all of that.

If you look at the Prahran campus of Alfred, which is across the road from my electorate, you only have to go to some of those wards to see for yourself just how poor a state that they are in. I mentioned my father-in-law earlier when I started this contribution. My father-in-law was down in the stroke ward. It is terrible. It has great care – do not get me wrong – and great nurses, but it is a terrible old ward. It really is; it is pretty substandard. I see the difficulty in terms of that. Again, here is a hospital that is so revered, the Alfred, in terms of what it does, but it has not had the funding. I know that CEOs, including the previous CEO and the current CEO, have gone in time and time again and asked for funding for a massive rebuild in the Alfred hospital but have not received that funding. It is very, very important to have the funding that is necessary to ensure that patients are not treated in such a manner – more beds, because that is really, really important. There is a great opportunity to build more beds at the likes of the Alfred, which just needs to have the money – and the government needs to be able to provide the money – to provide the beds and to provide the upgrades.

This is all about good health care. This is all about good outcomes. It is all about, largely, an expectation that most Victorians would have, and we do not have that in Victoria. I remind people of what happened – I remember this; it was when I was first elected – back in 2010. The then Deputy Premier was from the National Party. I took the former Deputy Premier on a trade mission to Israel, and we looked at nurse–patient ratios in Israel. We looked at an industry that was booming over there called health tourism. What was happening with the hospitals there was that people who were coming there and getting specialised care – from Europe, Russia and other places – helped fund the hospitals.

We thought that would be a really good opportunity for Victoria, and Victoria was actually doing it. Even back then, between 2010 and 2014, there were people coming in –

Members interjecting.

David SOUTHWICK: The member for Wendouree was shaking her head. Let me remind the member for Wendouree that this is what was happening. It was happening back when Crown –

Juliana Addison interjected.

David SOUTHWICK: The member for Wendouree clearly has no idea about the history of work that was done in our healthcare system over the time. We had people at the likes of Crown Casino, and people were funding hip operations and speciality care. That was funding general care in our hospitals. It was done as part of a health tourism opportunity. The hospitals, including some of our big hospitals, were looking at being able to do that here. We cannot do that now, member for Wendouree, because we have a massive shortage of investment. The member for Wendouree would know that this government has not funded our health care in the way that it should and therefore patients are suffering.

Juliana Addison interjected.

David SOUTHWICK: The member for Wendouree can interject all she likes, but the member knows clearly that patients are being left in the dark simply because this government has failed to act. We see so many people who, when they call an ambulance, unfortunately cannot get one, or when they do get one, they are ramped outside a hospital because they cannot get a bed and they cannot get that service. This government can pat themselves on the back all they like, but this government have failed when it comes to health. We have a health crisis, we have had a health crisis, and it is very, very simple: if you do not fund health care, you get bad results. We have fantastic nurses and fantastic healthcare workers, but this government has failed to provide the money to ensure that patients can get the kind of quality care that they deserve. You know it. You can have your head in the dark. This government and the member for Wendouree can have their heads in the dark. But I will tell you what, she only needs to talk to some of her constituents in Wendouree to know that the Allan Labor government has failed them in delivering quality healthcare outcomes for Victoria and for Victorians.

Sitting suspended 1:00 pm until 2:01 pm.

Business interrupted under standing orders.

Questions without notice and ministers statements

Crime

Brad BATTIN (Berwick – Leader of the Opposition) (14:01): My question is to the Premier. Recently Bendigo woman Priya Naik was upstairs asleep with her two children when four people broke in. Priya said:

When is this going to stop? How serious does it need to [be] before we change the laws?

How many more of the Premier's constituents need to become victims of serious crime before the Premier changes the law?

Jacinta ALLAN (Bendigo East – Premier) (14:02): In acknowledging the Leader of the Opposition's question, at the outset can I convey that my thoughts are with Priya. I was able to speak to Priya following the awful incident that was referred to. I had a conversation with her in the days after that awful event, and we spoke about how no-one's home should be the scene of a crime like this. She shared with me her experience and that of her family. We also spoke about the work of Victoria Police. We also spoke about the need, yes, to change the laws. I shared with Priya, as I have shared with the house and the public more broadly, that that is my focus, that the work of the Attorney and the police minister is to recognise that the law has to be changed, that we are listening to victims of crime like Priya and her family and that we are acting – and we will act – to strengthen the law.

Brad BATTIN (Berwick – Leader of the Opposition) (14:03): Residents of a Bendigo street terrorised by break-ins and car thefts say they sleep with golf clubs and baseball bats in fear their homes will be targeted again. The Premier told this house yesterday:

We absolutely do need to do more. It is clear that the current laws need to be strengthened ...

When will the Premier do so?

Jacinta ALLAN (Bendigo East – Premier) (14:04): I say this in answering the Leader of the Opposition's question: my thoughts are with victims of crime, whether they be in Bendigo, in Brighton, in Berwick, in Broadmeadows or in any corner of this state. What we are seeing with this repeat pattern of behaviour is unacceptable. My government has identified it as unacceptable. It is why we made changes last year that those opposite opposed – changes that are making a difference.

Members interjecting.

The SPEAKER: Order! I will not tolerate interjections. Members will be removed without warning.

Bridget Vallence: On a point of order, Speaker, the Premier is debating the question. It is about when the laws be changed now.

The SPEAKER: I ask the Premier to come back to the question.

Jacinta ALLAN: I have been clear that our laws need to be changed, and we will change them. Work is happening with urgency right now, and we will have more to say very soon.

Members interjecting.

The SPEAKER: Member for Bulleen! Just because it is your birthday does not mean you will not be removed from the chamber.

Ministers statements: Victoria's Big Build

Gabrielle WILLIAMS (Dandenong – Minister for Transport Infrastructure, Minister for Public and Active Transport) (14:05): Happy birthday to the member for Bulleen, my shadow. I rise today to update the house on the enormous contribution that women are making to the Victorian Big Build program. We know the importance of ensuring that government investments create local jobs, training opportunities and new career pathways for those who might be looking to upskill, and we also know how important it is to pull every lever we have to ensure that women will share in the job creation and share in the opportunities that our projects create.

We have invested over \$120 billion in transport infrastructure to keep our state moving, and we have also introduced the *Building Equality Policy*, which has ensured that we have delivered training and employment opportunities for women in the construction sector in particular. This policy mandates that we grow women's representation in trade roles, in non-trade roles, in management roles and specialist roles and in apprenticeship roles as well. We know that women are too often overlooked for opportunities in male-dominated industries, and that is why we embed in every infrastructure project opportunities for women. For example, our Level Crossing Removal Project runs the women-in-transport mentoring program, the first of its kind in Australia, and our Sunbury Road upgrade is being delivered in partnership with Sheforce, Australia's first female-led recruitment and labour hire social enterprise. We are also building the city-shaping Suburban Rail Loop and will have the world's first all-women tunnel-boring machine crew as part of that.

And we are not stopping there. Each time we invest in a new project we are investing in more jobs and more opportunities for women. We have put gender equity at the heart of our Big Build program, and we have lived our values in doing that. When I look across the chamber and I see the dearth of women on opposition benches, I can see that the Liberal Party are living their values too.

Bridget Vallence: On a point of order, Speaker – on behalf of all Liberal women, I wish all women a happy International Women’s Day this weekend – ministers statements are not an opportunity to attack the opposition.

The SPEAKER: I ask you to resume your seat.

Bail laws

Michael O’Brien (Malvern) (14:08): My question is to the Attorney-General. Over a month ago the Premier announced a so-called urgent review into Victoria’s weak bail laws. Every day the government dithers, more Victorians are put at risk. On what date exactly will the Attorney-General introduce legislation to strengthen Victoria’s bail laws?

Sonya KILKENNY (Carrum – Attorney-General, Minister for Planning) (14:08): I thank the member for Malvern for his question. Let us recognise that we know every Victorian has the right to live and work safely in this state. We also know that if anyone inhibits or impinges upon that right they should feel the full consequences of that. We also know that many Victorians do not feel safe, and as the member has highlighted, the Premier has asked me and the police minister to conduct a review of our laws, including our bail laws. It is important that we do this. It is important because we are listening to Victorians, and we want to respond to Victorians and ensure that they can live and work safely in this state.

Bridget Vallence: On a point of order, Speaker, on relevance, this was a very narrow question, and I ask you to ask the Attorney to come back to that very narrow question: on exactly what date?

Mary-Anne Thomas: Speaker, on the point of order, the minister was asked about the review that she has been commissioned to deliver by the Premier as part of the question. She is discussing that, and I ask that you rule the point of order out of order.

The SPEAKER: The Attorney was being relevant to the question that was asked. I cannot direct the Attorney how to answer the question.

Sonya KILKENNY: It is important that the police minister and I continue with that work and continue with a sense of urgency. As I have said, this is a matter of priority for me. It is a matter of priority for the police minister, for our Premier and for this government. It is important that Victorians feel safe where they work and where they live. We will conduct that work, and we will have more to say very, very soon.

Michael O’Brien (Malvern) (14:10): Last year youth offenders breached bail conditions at a rate of one every 3 hours. Following Labor’s weakening of Victoria’s bail laws, it is now no longer an offence for a person on bail to breach a condition of bail. Will the Attorney-General at least guarantee to Victorians that the government will reverse this weakening of bail laws and ensure the conditions on bail will once again mean something?

Sonya KILKENNY (Carrum – Attorney-General, Minister for Planning) (14:11): What I will guarantee is this: that we are conducting a review of our justice laws, including our bail laws, because we are listening to our community. We understand our community are feeling unsafe in their homes and in their workplaces, and we are responding to that. The member mentioned laws last year, and as the member well knows, we strengthened bail laws last year. In December those opposite voted against those laws.

Michael O’Brien: On a point of order, Speaker, on the basis that standing orders require ministers’ answers to be factual, the fact is that the government changed the laws to make breaching bail no longer an offence and weakened bail laws.

The SPEAKER: There is no point of order.

Sonya KILKENNY: As I was saying, last year we introduced reforms to our bail laws to toughen and strengthen our bail laws – laws that those opposite opposed. We have made sure that bail decision makers must take into account many matters in deciding whether to grant or refuse bail. It is also why we will be introducing the pilot – *(Time expired)*

Ministers statements: women's health

Mary-Anne THOMAS (Macedon – Leader of the House, Minister for Health, Minister for Ambulance Services) (14:13): This year's International Women's Day theme is 'Moving forward', and that is exactly what the Allan Labor government is doing when it comes to delivering health care for women right across our state. On top of the 20 new women's health clinics that are being rolled out across the state, I am thrilled that this year alone we have launched three new innovative models of care to support women no matter where they live.

We are delivering Victoria's first-ever virtual women's health clinic in partnership with EACH. There are so many reasons why women may not be able to attend a clinic in person, be that cost, transport, mobility or family circumstances. I recently joined the member for Thomastown at the launch of a new dedicated culturally safe women's health clinic delivered by First Peoples' Health and Wellbeing at sites in Epping and Frankston. Last Friday I had the absolute pleasure of visiting our first-ever mobile women's health clinic in Daylesford in my own electorate. BreastScreen Victoria has partnered with us so that their breast bus Nina now also has a women's health clinic within it. Nina has already been to Mount Beauty and Edenhope and is currently at the Bendigo and District Aboriginal Co-op before heading to Echuca, St Arnaud, Birchip, Warracknabeal and Nhill. I want to give a particular shout-out to our dynamic mobile clinic nurse practitioner Louise Holland, who jumped at the chance to deliver care to women wherever they live. Be it menopause, endometriosis, prolapse or incontinence, Louise is there to meet women where they are at and help address their needs.

This is of course in contrast to those on the other side. We will always move forward with women. We will not be sacking our only woman leader.

Youth justice system

Jess WILSON (Kew) (14:15): My question is to the Minister for Education. Yesterday the Minister for Youth Justice stated that in relation to the placement of high-risk youth offenders in Victorian schools his:

... department undertook consultation – meaningful consultation, serious consultation – with the Department of Education, educators and principals.

Given the minister said he learned about this program for the first time on Saturday morning, did the Minister for Youth Justice fail to consult the Minister for Education?

Ben CARROLL (Niddrie – Minister for Education, Minister for WorkSafe and the TAC) (14:16): I made it very clear, and it is my firm expectation, that young people that are wearing ankle bracelets or GPS monitoring devices are not suitable to be in the mainstream education setting. I made what I considered a commonsense call to put a stop to that idea, which was an internal idea from a department. I know mainstream schools are not appropriate. That is why the Minister for Youth Justice is leading this review and is leading this work on electronic bail, and I support the good work that he is doing, as is the Attorney-General.

Jess WILSON (Kew) (14:17): Minister, how many high-risk youth offenders on bail are currently in mainstream Victorian schools?

Ben CARROLL (Niddrie – Minister for Education, Minister for WorkSafe and the TAC) (14:17): On this side of the chamber we are for giving people second chances, and we will always be the party

of education and giving people second chances. We are making sure that young people get every opportunity. I have a document here from James Cook University which says flexible learning options:

... reduce social and educational inequality and enable the educational ‘re-engagement’ of marginalised young ...

people.

Bridget Vallence: On a point of order, Speaker, on relevance, the minister needs to come back to answering the very narrow question of how many high-risk youth offenders are in Victorian schools.

Mary-Anne Thomas: On the point of order, Speaker, the Manager of Opposition Business should know by now that points of order are not an opportunity to re-ask the question. I ask that you rule her out of order and ask her to stop doing this every time she jumps up on her feet.

The SPEAKER: It was a very narrow question, and I ask the Minister for Education to be relevant to the question.

Ben CARROLL: It is my firm expectation that young people, as part of this electronic monitoring of bail, will not be in mainstream schools. But I can say we will do everything we can to make sure that they live a life of purpose and get every opportunity to re-engage in education.

Bridget Vallence: Speaker, I renew my point of order on relevance because the question asks for a number and the minister has gone nowhere to answering that question in the time so far.

The SPEAKER: I ruled on the point of order and I reminded the minister. The minister has concluded his answer.

Ministers statements: Victorian Honour Roll of Women

Natalie HUTCHINS (Sydenham – Minister for Government Services, Minister for Treaty and First Peoples, Minister for Prevention of Family Violence, Minister for Women) (14:19): With International Women’s Day 2025 happening this Saturday, we recognise the efforts of women in this state and the continued fight towards gender equality. We are moving forward, making sure women’s contributions are acknowledged and elevated as part of our ongoing program. This government does just that.

In Victoria every year we celebrate the achievements of women through the Victorian honour roll. More than 750 women have been inducted over the past 25 years – hundreds of outstanding women, from the amazing Stella Young, who was an activist and comedian who changed the way Australians view disability, to Auntie Merle Miller, a Yorta Yorta woman who helped establish the Dunguludja Dana Youth Group in Shepparton and to Margaret Connor, who was inducted after her passing, who joined Victoria Police as a female agent in 1917 but had no uniform and no powers of arrest and only made half the wages of her male colleagues. Many women over that side would know all about that, being overlooked and undervalued by their colleagues.

The late Joan Kirner, Victoria’s first woman Premier, created the honour roll to formally acknowledge women for their achievements and encourage other women to follow in their footsteps. Whilst the opposition’s federal counterparts think the best that women can hope for is a bit of a job-sharing arrangement, we know that on this side we want to inspire the next generation of leaders. Ahead of International Women’s Day I urge members of this house to nominate an outstanding woman for the honour roll before the nominations close on 16 March.

Roma Britnell interjected.

The SPEAKER: Member for South-West Coast, you can leave the chamber for half an hour.

Member for South-West Coast withdrew from chamber.

Western Grassland Reserve

Tim READ (Brunswick) (14:21): My question is for the environment minister. Victoria has already lost 99 per cent of volcanic plains grasslands, habitat for endangered species like the legless lizard and the earless dragon. Labor promised to buy 15,000 hectares by 2020 but only bought 10 per cent. Since 2021 developers have ripped up around 60 hectares of diminishing grasslands earmarked for the Western Grassland Reserve. The developers either do not think they will be caught or are happy to cop a few-hundred-thousand-dollar fine knowing they will make millions down the track. Five years after missing their deadline, how could Labor have let this happen to the Western Grassland Reserve?

Steve DIMOPOULOS (Oakleigh – Minister for Environment, Minister for Tourism, Sport and Major Events, Minister for Outdoor Recreation) (14:22): I may be wrong, but I do not think I am. I think this is the first time the Greens political party has asked the Minister for Environment a question in this Parliament. They are too busy going on about Gaza and Israel to worry about the environment. The true environment party is the Australian Labor Party. But it is an important question. We are really proud of the work around the MSA, and that was effectively a decision made well before this government but that this government has continued to implement, which is effectively allowing the growth of Melbourne through a federal agreement, through protecting a large parcel of important land called the Melbourne strategic assessment.

The member raises an issue about the progress towards that purchase. We are doing it yearly. When the opportunity arises we are doing it yearly, and that is effectively what the public would expect. It is incremental. It is a long-term plan. We are absolutely committed to implementing it, and we are committed to the protection of the volcanic plain grasslands and every other special part of this beautiful land, including the outrageous, egregious example the other day at Olivers Hill, in which the member for Frankston was fantastic in putting public pressure on that individual, because we made it very clear through the member for Frankston that there was no chance that public beaches will be privatised no matter how much money you have. The same applies for anyone who damages public land and does not completely observe all the special requirements that we have around protecting that.

The issue, though, for the member for Brunswick is that our plan is a long-term plan. I do not think you can make an assessment on it year to year. You can over a longer period. We have invested in excess of \$600 million for biodiversity protection right around Victoria through pest and weed control, through maintaining Crown land and coastal land and through maintaining the very land that the member is talking about, and we will continue to do that.

Tim READ (Brunswick) (14:25): I thank the minister for his answer. Given what has happened recently with developers destroying some of that land, clearly our laws are failing to protect these endangered ecosystems. For three years Labor has sat on both the independent review of the Wildlife Act and the parliamentary inquiry into ecosystem decline without doing anything. We know that the Wildlife Act and the related Flora and Fauna Guarantee Act need to be totally updated. If we had good laws, we would not have just lost 60 hectares of critically endangered grasslands. Will Labor urgently update our biodiversity laws to protect threatened wildlife and habitat?

The SPEAKER: I ask the member for Brunswick to rephrase his question to make it about government administration.

Tim READ: Will the Labor government urgently update our biodiversity laws to protect threatened wildlife and habitat?

Steve DIMOPOULOS (Oakleigh – Minister for Environment, Minister for Tourism, Sport and Major Events, Minister for Outdoor Recreation) (14:26): I thank the member for his question, and I do recognise that it comes from a good place, but it is actually incorrect. The assessment he draws between what happened and the laws is incorrect. There are very strong laws already. We are still investigating that example that transpired over the last fortnight, but I do not think you can make an assessment, member for Brunswick, of the laws that exist. We are in the process of forming the

government's response to the Wildlife Act review, but we have not sat on our hands. As I said, we have had in excess of \$600 million of investment in biodiversity protection right through the Victorian landscape over the last 10 years and we are doing work every single day. We are working to a cause, whether it be biodiversity protection or climate change mitigation measures that protect the environment. We look for opportunities to strengthen the laws. We have strengthened the EPA and the general environmental duty right across Victoria. We have got more work to do; I accept that.

Ministers statements: women in business

Natalie SULEYMAN (St Albans – Minister for Veterans, Minister for Small Business and Employment, Minister for Youth) (14:27): International Women's Day is a day to celebrate the incredible contributions made by women in every part of our community. This past week the celebrations kickstarted when businesswoman Pooja Gupta won the Woman of the Year Award on Saturday. I recently joined the member for Kororoit to celebrate women in business, and tomorrow I will be in my home of St Albans to host my annual International Women's Day forum, with guest speaker Dr Preeti Khillan talking about woman's health. I am proud to be a member of this government, a government that works hard to support women everywhere.

Let us not forget the powerhouse multicultural women in business, who fight twice as hard to succeed and yet, despite the odds, are breaking barriers, leading industries and proving every day that they can do it. As the Minister for Small Business, I have the privilege of hearing firsthand from women in business of their powerful stories of resilience. So to all women out there paving their own way, running and operating their own business, my message is this: congratulate yourself. Give yourself the credit you deserve every single day, because for us women we know it is our resilience, our determination and our unwavering spirit that drive us forward. You are not just building a business, you are shaping society, creating opportunities and inspiring future generations of women to dream bigger and aim higher.

This government is making record investments in our multicultural business communities all across Victoria. Actions speak louder than words, and on this side of the house we are proud to have women from all backgrounds in leadership roles, leading our state and making a difference. Victorian women know which party has their back, the party that actually trusts women to make decisions. Happy International Women's Day.

Emergency Services and Volunteers Fund

Danny O'BRIEN (Gippsland South) (14:29): My question is to the Premier. The government's budget update shows that during a cost-of-living crisis Labor's new fire levy tax increase will rip an additional \$2.1 billion out of the pockets of Victorians over the next three years. Last year Fire Rescue Victoria received a budget increase of \$192 million, or 22 per cent, after spending \$31 million on consultants and \$125 million on overtime. At the same time, the CFA budget was cut. How much more will Victorians have to pay for the money pit that is FRV?

The SPEAKER: I just remind the Premier to not anticipate debate.

Jacinta ALLAN (Bendigo East – Premier) (14:30): Thank you, Speaker, for that advice. In answering the member for Gippsland South's question, there is only one show in this house that cuts funding to the CFA, and that is the Liberal and National parties – when the member for Rowville was in government, when the member for Malvern was the Treasurer. There is only one show that cuts funding to the CFA. What we will do –

Members interjecting.

The SPEAKER: Order! Member for Tarneit, you can leave the chamber for an hour.

Member for Tarneit withdrew from chamber.

Danny O'Brien: On a point of order, Speaker, standing orders require the Premier to be factual. If she does not believe there was a funding cut, she needs to go back and look at the CFA's annual report.

The SPEAKER: There is no point of order.

Jacinta ALLAN: We are proud to support our hardworking firefighters and the volunteers across both the Fire Rescue Victoria service and the CFA. I note one of the observations, that the FRV's budget was going to overtime. I reckon firefighters who work overtime deserve to get paid for it. I think firefighters deserve better than they are getting from the member for Gippsland South, although it is entirely consistent with what they have got from the member for Berwick on previous occasions in this place, who does not support firefighters in this state.

Bridget Vallence: On a point of order, Speaker, the Premier is debating the question.

The SPEAKER: I ask the Premier to come back to the question.

Jacinta ALLAN: Without wanting to anticipate debate, and taking on board your advice, I say this: we have just celebrated and had a fabulous event, thanks to our wonderful Presiding Officers, in Queen's Hall, where we honoured the women of our CFA, of our fire services, of our ambulance services and from our SES services as well. This year is the 50th anniversary of the State Emergency Service, and we think they deserve our support as well.

Bridget Vallence: On a point of order, we equally wholeheartedly support the work of our emergency services volunteers, but, Speaker –

The SPEAKER: Order! I ask you to be succinct in your point of order, Manager of Opposition Business. It is not an opportunity to make a statement.

Bridget Vallence: The Premier is defying your ruling.

The SPEAKER: The Premier was being relevant to the question that was asked.

Jacinta ALLAN: I appreciate the member for Evelyn's intervention in this debate, because I look forward to her support for the bill that I am not allowed to anticipate the debate of. If the member for Evelyn genuinely wholeheartedly supports the State Emergency Service, then come on board and support measures that will provide the funding that they need. The member for Gippsland South referred to the pressures on families. One of the pressures on families in an emergency is having trees through their roofs or trees falling on cars. That does come at great cost. Do you know who turns up? The SES volunteers turn up, and we reckon they deserve our support. The member for Evelyn reckons they deserve our support, and I hope those opposite support us in these measures.

Members interjecting.

The SPEAKER: The member for Geelong can leave the chamber for half an hour.

Member for Geelong withdrew from chamber.

Danny O'BRIEN (Gippsland South) (14:34): Trent is a farmer from Gippsland and a CFA volunteer. Under Labor's punitive new Emergency Services and Volunteers Fund tax grab, Trent's fire services bill will rise by a whopping 180 per cent. Why do Trent and many Victorians like him have to pay a 180 per cent increase in their fire levy because Labor cannot manage money?

Mary-Anne Thomas: On a point of order, Speaker, one would expect that the Leader of the Nationals should know that it is not appropriate to ask a question that anticipates debate about a bill that has been introduced into this chamber.

Danny O'BRIEN: On the point of order, Speaker, page 30 of *Rulings from the Chair* has a ruling from Speaker Maddigan twice and Speaker Brooks, which states that questions and responses –

Members interjecting.

Danny O'BRIEN: Are you okay? You really do not want to talk about tax increases, do you?

The SPEAKER: Leader of the Nationals, through the Chair, or I will sit you down.

Danny O'BRIEN: It states:

... questions and responses may canvass broad policy issues but cannot refer to the detail of the bill.

The question did not refer to any detail of the bill. This detail is already on the government's website.

The SPEAKER: I will allow the question. I remind the Premier in her answer not to anticipate debate.

Jacinta ALLAN (Bendigo East – Premier) (14:36): Given the question was rather specific, I will do my best to be consistent with *Rulings from the Chair* regarding speaking generally in terms of the issue that has been raised. In speaking generally about the issue that has been raised by the member for Gippsland South, the member for Gippsland South, I would assume, understands that CFA volunteers are being exempt from these arrangements. Of course I cannot go into specific terms, member for Gippsland South, because I would be offending the Speaker's ruling. In terms of being relevant –

Danny O'Brien: On a point of order, Speaker, on the question of debating – and I am only here to assist you and the Premier in answering –

The SPEAKER: I appreciate your assistance, Leader of the Nationals, but if you have a point of order, state your point of order succinctly.

Danny O'Brien: The point of order is that in the budget update there is a \$611 million increase and \$6 million for the exemption for CFA volunteers.

The SPEAKER: That is not a point of order, Leader of the Nationals.

Jacinta ALLAN: We are proud to be supporting our emergency services, our volunteers, and we want to do that. The member for Evelyn wants to join us in this effort as well. Whether the member for Gippsland South does will be a matter for him when this bill does come before the house for debate.

Bridget Vallance: On a point of order, Speaker, the Premier is debating the question. It is very narrow, asking why a CFA volunteer would have to pay a 100 per cent increase in their fire services levy.

The SPEAKER: I ask the Manager of Opposition Business not to repeat the question in her points of order. The Premier was being relevant to the question. Without anticipating debate, the Premier to continue.

Jacinta ALLAN: Speaker, I will follow your advice to speak generally on a bill that is about supporting our fire services and our emergency services volunteers, who support us in some of the most difficult sets of circumstances.

Ministers statements: women's health

Jacinta ALLAN (Bendigo East – Premier) (14:38): Last week in the media we heard some disgraceful, dismissive commentary about women's pain – comments that, sadly, many women in this house and many women around the state would know all too well – that their pain is not real, that their pain is not valid and that their health care matters less. As someone who has had the experience of endometriosis and the pain that goes with it, I know that these comments could not be further from the truth. It is not just me. I want to thank the thousands of women on TikTok who responded to my story last week and in turn shared their own deeply personal and powerful experiences, which I want to share with the house today.

There were women like Ash, who fought for over eight years to get an endometriosis diagnosis; Grace, whose pain stops her from getting out of bed in the morning; Kimberly, who has had four surgeries in 10 years; Rachel, who was told that the pain was all in her head; and KJ, who has had 30 operations to treat her endo. There are literally thousands and thousands of stories like these, but still there are some out there who think that they have the right to tell these women and to tell women like those of us here in the house today that we are wrong.

That is why we have established 20 women's health clinics to treat women with endopelvic pain, perimenopause and menopause and why we have funded 150 women's health scholarships to give nurses and doctors the skills that they need to treat these conditions and \$65 million to fund over 10,000 additional laparoscopies and over \$120 million to help families with the cost of their fertility care. We are doing this because in our government, my government, we believe women, we respect women and we support women. We know that women's pain is real, and we are making sure that their care cannot be dismissed or overlooked anymore.

Constituency questions

Evelyn electorate

Bridget VALLENCE (Evelyn) (14:41): (1030) Warburton Highway in Seville East is notoriously dangerous, particularly in the vicinity of Douthie and Sunnyside roads to Peters Road. Despite years of our community advocating for road safety upgrades and me raising this in Parliament consistently for six years now since 2019, this Labor government and its transport department continue to fail to invest in vital structural upgrades at Warburton Highway, Seville East, to make it safer for local residents, motorists, pedestrians and tourist traffic. My question is to the Minister for Roads and Road Safety on behalf of residents of Seville, Seville East, Gruyere, Wandin and Woori Yallock: how much funding will be allocated in the upcoming state budget to fixing the dangerous stretch of Warburton Highway, Seville East, with structural safety upgrades, including turning lanes that our community needs? Despite VicRoads undertaking a review in 2019, nothing has changed and the road remains dangerous. Thank you to our first responders at Seville CFA and Wandin CFA fire brigades and Yarra Ranges police. Also thanks to Joel, Claire and many other residents for their advocacy. Together, we will never give up fighting for road safety upgrades.

Box Hill electorate

Paul HAMER (Box Hill) (14:42): (1031) My question is for the Minister for Roads and Road Safety. When will the 40-kilometre-an-hour school zone on Canterbury Road be implemented? Over the last few months I have been in regular discussion with local residents and representatives from the Surrey Hills Primary School community and the Florence Road Preschool community about the need for a 40-kilometre school zone in this section of Canterbury Road. This stretch of road experiences heavy traffic, particularly around school pick-up and drop-off times, and the Surrey Hills community is keen to see this measure put in place to improve safety for students and families. Last month I was pleased to learn that following an investigation by her department the minister has agreed to implement a 40-k-per-hour school speed zone, and I am keen to let our community know when this safety measure will be implemented. I look forward to the minister's response.

Gippsland South electorate

Danny O'BRIEN (Gippsland South) (14:43): (1032) My question is to the Minister for Public and Active Transport, and the information I seek is on the government's plans for South Gippsland coach services to Melbourne, specifically the Yarram and Leongatha lines, although I anticipate the member for Bass would also be interested in the Inverloch, Wonthaggi and Phillip Island services as well. The minister had previously indicated that there were plans for these services to be diverted to Pakenham East station and that passengers would have to get off the bus or the coach and transfer to a train. I understand that the minister has given the member for Bass an assurance this week that that will not be occurring, but it is important to get this on the parliamentary record as well. I would like the minister

to provide the information that passengers on the South Gippsland line would like to hear, and that is that there will be no transfers to trains and that the current coach service will continue from Koo Wee Rup and beyond to Southern Cross station.

The SPEAKER: I ask the Leader of the Nationals to ask a question, not for an action.

Danny O'BRIEN: I asked for information on the government's plans.

The SPEAKER: That is asking for an action; 'provide information' is an action.

Danny O'BRIEN: How do I ask for information without asking for information, Speaker?

The SPEAKER: I can review your constituency question, Leader of the Nationals. I gave you an opportunity to rephrase.

Pascoe Vale electorate

Anthony CIANFLONE (Pascoe Vale) (14:44): (1033) My constituency question is for the Minister for Roads and Road Safety. How can the Department of Transport and Planning work to help make the Sydney Road and Bakers Road intersection in North Coburg safer? The Sydney Road and Bakers Road intersection facilitates thousands of freight motor vehicle commuter movements every day, including high volumes of vulnerable road user movements, especially by pedestrians and Mercy College students. However, the intersection is also one of the most dangerous and hazardous across Merri-bek, especially for pedestrians, as conveyed by Walk on Merri-bek. Its road crash database shows 10 pedestrian casualties between 2012 and 2024, two fatalities, five serious injuries requiring admission to hospital and three other injuries. Seniors are overwhelmingly over-represented in the stats, and there are far too many accidents and close calls too often. I have been approached by many residents calling for measures to fix the intersection, including Donna Cully of O'Gorman's window furnishings, a business that has been on the intersection there since the 1950s. I have written to the minister to convey a number of local upgrade options, including the urgent repair or replacement of the damaged Armco road safety barrier, extending the Mercy College speed zone, a 50-kilometre reduced speed standard and other measures too.

Benambra electorate

Bill TILLEY (Benambra) (14:45): (1034) My question is to the Minister for Mental Health. The information I seek is the number of admissions to the adolescent mental health unit at Box Hill from the Benambra electorate district in the 2024 calendar year. There are no adolescent mental health units in regional Victoria. Young people in the 15 to 24 age bracket have to travel to Melbourne for admission. For us that is Box Hill. They are generally very unwell, and the transport needs to be secure – either ambulance or divvy van – further adding to their anxiety. They are away from family, friends and support networks and the cost is horrendous, the emotional toll obvious and the financial impost on health services and family significant. That is not to mention the morality of having that young person sitting in emergency at Albury Wodonga Health during an acute episode sometimes for hours on end.

Greenvale electorate

Iwan WALTERS (Greenvale) (14:46): (1035) My question is for the Minister for Community Sport and relates to the \$1 million investment that this Allan Labor government is making to ensure that the Roxburgh Park Football Netball Club has the quality facilities it deserves at Lakeside Drive Reserve. Can I please ask the minister how this important project being delivered in partnership with Hume City Council is progressing so that I can keep my community informed, especially the outstanding committee members, coaches, players and volunteers at the mighty Roxburgh Park Magpies as well as the Roxburgh Park Broadmeadows Cricket Club, who use these facilities in the summer months. The clubs are very excited about the prospect of new changing rooms being

delivered, and I know that this project will provide a major benefit to community sport in Roxburgh Park. Any information the minister can share with me would be greatly appreciated.

Richmond electorate

Gabrielle DE VIETRI (Richmond) (14:47): (1036) My question is for the Attorney-General. Everyone should have the right to share their own stories, but people in my electorate under guardianship orders are afraid to speak out. In fact current laws make it unlawful for people under financial administration, state care or guardianship – predominately disabled people – to speak out publicly about their experiences, whether it is on social media, podcasts or documentaries or even at a royal commission hearing. If they do, they can be taken to court like disability advocate Uli Cartwright was, even fined or imprisoned. These laws are deeply disempowering, and findings from the disability royal commission, from the Office of the Public Advocate and from the Victorian Law Reform Commission all point to the need to reform these gag laws. Will the government change the Victorian Civil and Administrative Tribunal Act 1998 so that people with disabilities have the right to tell their own stories?

Broadmeadows electorate

Kathleen MATTHEWS-WARD (Broadmeadows) (14:48): (1037) My constituency question is for the Minister for Transport Infrastructure and Minister for Public and Active Transport, and I ask: what can the government do to improve safety and amenity at the pedestrian rail crossing near Upfield station? Tragically, a life was recently lost at the crossing, and I am told other serious incidents have occurred at this location. I understand the crossing has a pedestrian maze but not a gate, bells or signals. I thank local resident Reyhan Kirca for raising this issue with me. I also thank the minister for her strong advocacy on safety and public and active transport and hope that safety at this crossing can be improved. The minister is also aware of my strong advocacy for the duplication and extension of the Upfield line, for additional services and for additional level crossing removals along the line, such as those at Coburg, with beautiful walking tracks, bike tracks and recreational areas which are being enjoyed and utilised by the community. I am very proud of Labor's record of delivering level crossing removals, which has made such a huge difference for our community.

Rowville electorate

Kim WELLS (Rowville) (14:49): (1038) My question is to the Minister for Public and Active Transport. When will the Allan Labor government provide an extension to the FlexiRide bus route zoning in Rowville to meet the public transport needs of my long-suffering and increasingly frustrated constituents of the Timbertop estate in Rowville, who currently miss out on the FlexiRide bus service? The residents of Timbertop in my electorate of Rowville have simply had enough of the poor public transport options currently available to them. A number of residents have complained recently to my office that the local FlexiRide service that covers most parts of Rowville does not cover the Timbertop estate, which is outside the current service zone. For residents in the Timbertop estate the nearest bus stop is up to 1.5 kilometres away, and this seriously impedes the use of public transport for many, particularly local school students and the elderly.

Kororoit electorate

Luba GRIGOROVITCH (Kororoit) (14:50): (1039) My question is for the Minister for Education. How is the government providing new schools in Kororoit with adequate educational facilities in the STEAM field so that children have greater opportunities? As we celebrate International Women's Day today, I acknowledge the significant strides that we are making to provide equal opportunity for all students – regardless of postcode, regardless of gender – and to encourage more women and girls to pursue careers in fields traditionally dominated by men, such as science, technology, engineering, arts and mathematics. In my electorate the opening of new schools in Aintree, such as Yarrabing Secondary College, marks a key milestone in ensuring that local students, including young women, have access to modern, state-of-the-art educational facilities that will foster innovation

and creativity. Introducing STEAM programs in schools is crucial for equipping students with the skills for the future that they need. Enrolments for girls in STEM subjects in secondary education is still lagging compared to boys, which highlights the need for such facilities.

Cindy McLeish: On a point of order, Speaker, I seek your guidance. I have three matters that remain unanswered that were due at the end of November last year: two to the Attorney-General and one to the prevention of family violence ministers. Since that time –

The SPEAKER: Order! A point of order is to tell us which questions are not answered.

Cindy McLeish: It is a little bit more complicated than that, Speaker, on 1830, 1831 and 1832. My point of order is that the ministers have changed portfolios, and the three that I am raising have all been as a result of changed portfolios.

The SPEAKER: We will follow them up.

Bridget Vallence: On a point of order, Speaker, on unanswered questions to the Minister for Finance and Minister for Economic Growth and Jobs, there are seven unanswered questions that date back to August 2024. They are questions on notice 1621, 1622, 1623, 1763, 1897, 1932 and 1935. That is seven unanswered questions for the Minister for Finance and Minister for Economic Growth and Jobs, back to August 2024. There are two questions outstanding from the Minister for Water, and I have raised this point of order many times. They are constituency question 942 and question on notice 1930, which my local residents would really like an answer to.

The SPEAKER: Give the list to the clerks to follow up.

Bills

Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025

Second reading

Debate resumed.

Bronwyn HALFPENNY (Thomastown) (14:53): I am very pleased to be making a contribution in support of the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. I hope that this is a further demonstration of the Allan Labor government's commitment to nurses, medical staff, hospital workers and all those connected to our Victorian health system, as well as of course to the best patient care that is possible.

This legislation builds on previous commitments and enactment of legislation around nurse-to-patient ratios. In fact, as I recall, the need for such legislation and previous election commitments around this from the Labor government was all due to the Kennett Liberal government referring industrial law matters to the Commonwealth, which then meant that enterprise agreements were not able to contain things around workforce in the state of Victoria. And of course we also know the terrible state that the Kennett Liberal government left the Victorian health system in. It has been a long and ongoing commitment by Labor governments to build, strengthen and support our health system. We know that there is always lots to be done. There is always more that can be done, but we are ensuring that the health system in Victoria is a really world-class one.

I look at the northern suburbs, and most of the health system really revolves around Northern Health, which is the Northern Hospital, but of course there are also upcoming community hospitals in places like Craigieburn and Mernda. There are also investments in the women's health clinic, which is also at the Northern Hospital, and the mental health hospital that is now also being built. All of these are things that are being built and funded under first the Andrews Labor government and now the Allan Labor government, and really the place has been transformed. When I first became an MP most non-locals would have thought that the education and research building was the actual Northern Hospital building, not the hospital, because it was all just full of portables and all over the place, and it really

was nothing compared to what it is today. I really want to give a shout-out to all of the staff – medical and other workers and allied health workers – who are at Northern Health and the Northern Hospital. I have got to know many of them because I have made many, many visits to the hospital and the other surrounding services because we really have made so many announcements in the last few years.

The Minister for Health today was also talking about the women's health clinic that we have also provided funding for and the First Peoples' Health and Wellbeing centre in order to provide women's health care to Aboriginal women in the area. They do provide an incredibly great service. I have always heard really great feedback from patients and those that they care for.

Getting back to the bill, this bill is all about, as I said, continuing on from our commitments to nurses and midwives to ensure from the point of view both of patients as well as of nurses or midwives that there are proper ratios in order to have the best care for patients and of course the best circumstances for nurses and midwives in order to do their jobs. It builds on what we have previously done, but this legislation is around ratios in specific areas of patient care. For example, some of the further ratios that we are looking at that are contained in this bill are in intensive care units, so that the ratios in intensive care units will see a one-to-one ratio for nurses to occupied beds for both level 1 and level 2 hospitals, and therefore all occupied ICU beds will have their own dedicated nurse assigned to them at all times. Of course we know that this is the area of care, this critical care end, where we really want to make sure patients have absolutely the best care in order to get through the critical health problems that they have. Also – and I know that this will be something that residents of Thomastown and surrounding areas will be very happy to hear – there will be an increase in ratios in emergency departments, because of course they are so busy. In particular Northern Health is the busiest emergency department in the state, so there will be more staff there to support those people that come in through emergency. When there are often very time-critical issues and diagnoses that need to be made quickly, there will be extra staff there to do that.

Also it is really great to have been to the hospital just recently to look at the first stage of the second redevelopment of the hospital, which will include increasing the emergency department by something like 40 per cent as well as providing a children's emergency department, a special area for those affected by drugs and alcohol and a drug and alcohol hub in order to provide extra support and services for those coming through the emergency department affected by drugs or alcohol.

It is also great that this legislation will see changes to the midwife-to-patient ratios in both the postnatal and antenatal wards. It will go from having one midwife or nurse per six babies or mothers to one to four. This again is a very significant and positive change that will see greater support for mothers during and shortly after their pregnancy. We all know how many questions mothers, especially first-time mothers, have. There will be extra time that nurses or midwives can spend with the mother in order to answer some of those questions and assist in the various requirements, whether it is around breastfeeding, handling the baby or just concerns about the health of the child, because there will be those extra staff there to support the mother and baby.

Also, there will be an in-charge nurse on all night shifts, specifically for high-dependency units and coronary care, so that there is the same level of care of patients whether it is during the day shift, the afternoon shift or the night shift. Things that affect people's health are not just happening in the day, in the evening or at night; they are happening 24/7, at all times, and we need to have staff there to support and care for patients at those times.

Again, I would like to give a shout-out to all the nurses and staff at the Northern Hospital, who do such an incredibly good job. We are really proud of the work that is done. It is such an innovative hub. The virtual emergency department was created through the Northern Hospital and staff there in partnership with some of the universities, and also we have one of the women's health clinics and also the public fertility clinic, so people are not required to pay exorbitant prices for fertility treatments. They can apply to go to the Northern Health fertility clinics and get those services there. We all know that the

money that you have to pay for fertility treatment should not be the barrier between whether you have or do not have children.

The safe patient care legislation builds on previous legislation and previous commitments. This really has addressed many aspects of the hospital and healthcare system to ensure that there are the right number of nurses and midwives to ensure maximum care for patients. I know that the residents of Thomastown will be really happy to see this very important step in further helping them get the right care and the best care when they need it.

Kim O'KEEFFE (Shepparton) (15:03): I rise to make a contribution on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. The bill seeks to improve patient care and safety with legislated requirements for more nurses and midwives across the public hospital system. We do not oppose the bill and its intent to improve health outcomes for patients as well as provide more support for their amazing nurses and midwives. I want to acknowledge the incredible dedication of our health workers, and I am so grateful for all that they do for their patients and the hard work that they provide. They are appreciated, admired and truly valued.

We all want to see better patient and health outcomes for our hardworking, dedicated health workers, who turn up every single day to look after their patients. Over the years I have had close contact with many of my local nurses and health workers through my business and also when I have needed medical care. I also saw firsthand the dedicated midwifery staff when I had my first daughter, who was born premature. That is quite some time ago, but you never forget when you and your child are supported and provided with the medical care and support that you need.

During COVID it was an incredibly tough time for the hospitals and their staff. Everyone was trying to work through the pandemic and the impact on both staff and patients. I was mayor at the time, and it really was a time that I will always reflect on. We saw the incredible dedication of our healthcare workers at the most difficult of times and the historic challenges that they faced. We absolutely must ensure that the best of care and support are provided to our health workers and to our patients.

However, concerns remain about our health services' ability to meet the new requirements given the current workforce shortage, the numbers of additional staff that will be required for compliance with the legislation and the budgetary constraints with this bill. The bill introduces staffing ratios into ICUs, establishes a one-to-one ratio for ICUs on all shifts in level 1 and level 2 ICUs, increases staffing ratios in resuscitation bays at level 1 hospitals with emergency departments, requires one nurse for each resuscitation cubicle on morning shifts at specific hospitals, increases staffing ratios in postnatal and antenatal wards, requires one-to-four midwifery ratios on night shifts in prescribed health services, introduces in-charge roles for night shifts in standalone high-dependency units and coronary care units and adds an in-charge nurse team leader and a liaison nurse to ratios at level 1 and level 2 ICUs. The bill also seeks to provide an in-charge nurse, a team leader and a liaison nurse, who will be introduced in addition to the specified ratios on shifts in level 1 and level 2 ICUs to provide essential support to staff, patients and their families.

There are valid concerns about how hospitals will manage these changes. Given the challenges we are facing in our region with chronic staffing shortages and severe budgetary constraints, hospitals are already struggling. We already have a severe healthcare worker shortage at Goulburn Valley Health, and staff are already being pushed to the limits. We need real solutions that will address the current issues. What is proposed in this bill does not align with the current critical staff shortages, issues and budgetary restraints that hospitals are experiencing, particularly in my electorate. I met with Matt Sharp, CEO of GV Health, last week, and he said he did not have a lot of detail on how this would work. So the CEO does not have the details on how this will be managed. As noted in the bill, essentially it is up to the local provider to interpret the bill and how it will work within their hospital and overall organisational setting.

During the bill briefing we asked if modelling was done regarding the impact on the broader health workforce, especially given existing nurse shortages. The Department of Health representatives said it is left to the health services to review their operational capacity. This rings alarm bells, as we are very aware of the current challenges, as I mentioned, at GV Health. Basically our hospitals are told, 'You go and work it out.' The department was also asked in the briefing which hospitals had not been able to meet the existing ratios. This was taken on notice, and as yet we have not had a response. There is also a lack of deliberation and direction as to how it will impact a hospital's budget and what the ramifications are if it does not meet the enshrined ratios. These are some of the sensible questions. It is not about not supporting the intent of the bill; it is the practical reality of meeting the criteria.

The government has allocated \$101.3 million to implement and increase staffing levels; however, it has not been able to provide the detail of this allocation in the budget papers. It is unclear if the allocated funding will be sufficient to meet the higher costs of employing more casual agency nurses if hospitals are unable to recruit permanent staff. That is the exact issue that GV Health will face. Staffing within GV Health is a major issue, as I have mentioned. CEO Matt Sharp has been quite upfront about the staffing difficulties and challenges of his hospital. The current staff shortages at GV Health are around 450. Despite their best efforts GV Health had only 45 new nurses start between July and November of last year, and only one of these nurses was from Australia. The rest were nurses from overseas. There have been significant challenges in the health sector, and we all want to see improvement and support for our hardworking, dedicated health workers. Staff shortages are a critical issue, and patient care is being impacted.

GV Health has experienced ongoing ramping, and medical staff are speaking out. I was contacted by a very distressed emergency department nurse who raised serious concerns about the severe staff shortages, which force beds to close and some nurses to work additional 10-hour shifts after completing their initial afternoon shift. She said staff are overwhelmed and overtired. She said the conditions are unsustainable and have led to staff burnout, resignations and further strain on the health system.

Health services are also already under enormous financial strain. There are valid budgetary concerns within my electorate about the proposed increased ratios and the impact on staffing levels and costs. Goulburn Valley Health's most recent annual report showed an operating deficit of more than \$40 million for the 2023–24 financial year – in fact the worst in the state – and a hugely concerning negative seven days of cash at its disposal, so they do not have enough funds to meet their expenses. That figure – think about it, a \$40 million deficit. How on earth will this hospital be able to add additional staff to meet the criteria outlined in this bill? This government obviously is so out of touch with what hospitals are actually facing. This government is asking for further hospital cuts. I found it astounding that my local hospital is in this position.

The Allan Labor government is neglecting hospitals, health workers and the health care of patients. As noted in GV Health's report, GV Health's operating result was impacted by the ongoing increasing costs of replacing vacant positions with contract staff and a reduction in operating revenue. We are seeing more and more reliance on temporary contract staff at GV Health, and it is struggling to secure more permanent staff. It is a significant extra cost to have temporary staff ongoing.

The negative seven-day cash balance held by GV Health really shows the crippled financial position they are in through trying to plug workforce shortages, pay bills on time and pay staff. Yet hospitals are being asked to reduce their expenses, affecting jobs and service delivery, and the amalgamations will only put more pressure on hospitals and their delivery, significantly impacting regional patients. It is difficult to see how the already struggling health sector will be able to meet these criteria to increase staff ratios and meet the additional costs. The bill suggests a staged implementation process, which suggests that it will enable health services to plan and prepare for these improvements. This is suggested in the 25 per cent of additional staffing being implemented from the day after royal assent, 75 per cent from 1 December 2025 and 100 per cent from July 2026. They have this suggested staged approach but no understanding of the current significant pressures hospitals are already facing to

actually recruit those numbers. The bill does not factor in the vastly different circumstances and challenges of regional health care. Attracting healthcare workers is no easy task, particularly in regional Victoria. You also need to house the workers should they relocate and then hope that they do settle and stay in the region.

Last week I got to welcome some of the new medical students and interns at GV Health. I really enjoyed hearing about their backgrounds and their future aspirations. These medical students are just beginning their journeys, and they gave me so much hope for the future. Most have come from different origins and from a variety of cultures, and living in regional Victoria can be a very new experience for them. I got to give my spiel on the great life that you can have living in my electorate, hoping to retain such important medical staff, but the reality is many will move on once their required training is completed, so we desperately need to attract and keep healthcare workers in regional Victoria. We also need to have adequate facilities, and the lack of infrastructure investment is also impacting on our health sector. GV Health has only had 50 per cent of its redevelopment funded and completed. Stage 2 of the hospital needs to be completed, including radiotherapy. Having treatments close to home is critical for both the patient and their families.

Yesterday we had community from Albury–Wodonga hospital protesting on the steps of Parliament, literally begging for their hospital development. Their frustration was also experienced in the chamber. It is wrong when communities have to go to this level to have their voices heard. The government must prioritise health in regional communities. We cannot comprehend that city-centric projects with billion-dollar cost blowouts are being prioritised and pushed ahead above hospital upgrades and people's health. This government have their priorities all wrong.

I wish to acknowledge again all of our dedicated health workers and the service they provide to the community, and we must continue, as I said, to support them in every way possible, but regional communities and regional hospitals desperately need more support with this significant staff shortage that we are experiencing, which is impacting on staff and patient care.

Luba GRIGOROVITCH (Kororoit) (15:12): It is my pleasure to make a contribution to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. I do so because Labor knows that our health system is built on the skill, the dedication and the compassion of Victoria's nurses and midwives, and we all salute them. We know that this was particularly true during the pandemic, where our nurses and midwives worked incredibly hard to keep Victorians safe while responding to unprecedented demands on our health system. I have got to say, on listening to the contributions from those opposite, I am really pleased to hear that they will not be opposing this bill today.

I am also very pleased to make mention of my good friends from the Woodlea Seniors Association, who join us here today. This group I have met with on a number of occasions, as I know the member for Melton also has. Both of us are very pleased that they were able to join us here today. On meeting with them in the electorate I have spoken to them about a range of issues from public transport and toilets in parks to roads, Leakes Road, gyms and of course – you can guess it – health, because health matters to everybody. As we all know, it is an important issue and one that we all need, because if we are not healthy then we are not alive. If we do not have nurses, it is a similar story. In 2022 at the election the Labor government committed to further protecting and strengthening ratios. We committed to this because it is what our nurses and our midwives told us that they wanted. With this bill, we are delivering on those commitments. Our healthcare workers know that only Labor have their backs, and we always will. Our health workforce knows that Labor listens and it implements ideas that are good for our communities.

We are proudly the party of nurse-to-patient ratios. Nurse-to-patient and midwife-to-patient ratios were first introduced in the year 2000 under former Premier Steve Bracks. That was a Labor government. But the former Liberal government under Ted Baillieu tried to force nurses to trade them away as part of their enterprise agreement negotiations. It is why in 2015 under a Labor government

Victoria became the first state in Australia to enshrine the nurse- and midwife-to-patient ratios in law. Now the Allan Labor government is building on this by introducing stronger and safer nurse- and midwife-to-patient ratios, ensuring the very best care for Victorian patients and their families. The new ratios are the result of extensive consultation with nurses and midwives and of course their mighty union, the Australian Nursing and Midwifery Federation, and health services. These ratios will set in stone one-on-one nurse to occupied bed ratios in ICUs on all shifts for level 1 and level 2 hospitals, meaning that every occupied ICU bed has a dedicated nurse assigned to it at all times. ICUs will also require a team leader and liaison nurse for the very first time. There will be improved staffing ratios in resuscitation cubicles in emergency departments on morning shifts, bringing morning shifts in line with afternoon and night shifts; one-to-four midwife-to-patient ratios in postnatal and antenatal wards on night shifts, down from one to six; and an in-charge nurse on night shifts in standalone high-dependency units and coronary care units.

Only an Allan Labor government will continue to support and invest in our dedicated health workforce, because we know how important it is to deliver world-class care for all Victorians. Since we came to government in 2014 Labor has grown our healthcare workforce by nearly 50 per cent. That is an additional 40,000 nurses, midwives, doctors, allied health professionals and other hospital staff in the state's health services – an additional 40,000. That is huge and something that this government should be commended on. Almost one in four of these new roles have been created in rural and regional Victoria. There are now 45 per cent more nurses and midwives and 78 per cent more doctors in our hospitals than when we first came to office. In fact last year saw the biggest yearly growth in Victoria's history, with our workforce growing by 6.7 per cent in just one year.

Our on-road paramedic workforce has also increased by over 50 per cent, with 2200 more paramedics on our roads since we came to government. The Allan Labor government continues to invest in the people delivering critical life-saving health services to the Victorian community, supporting initiatives that help to train, attract and retain staff. This includes sign-on bonuses and supports to train and upskill our nurses and midwives, making it free to study nursing and midwifery, speech pathology grants and delivering Australia's first paramedic practitioners. We have also delivered training and recruitment programs, including the \$270 million Making It Free to Study Nursing and Midwifery initiative to build the supply, capacity and quality of our nurses and midwifery workforce.

The 2024–25 state budget invests a further \$183 million in workforce initiatives. The new ratios build on the Labor government's 28.4 per cent pay increase for our hardworking nurses and midwives, helping to retain and recruit more nurses so more Victorians can get the very best care. Through this historic deal we are also recognising and rectifying the historic undervaluing of this highly feminised workforce, an important step towards gender wage equality in Victoria. In addition to the wage increases, the new agreement backs our existing workforce and encourages a new generation of nurses and midwives by delivering preserved longstanding career structures and opportunity for progression; incentivised permanent work through a new change-of-ward allowance, which will compensate nurses and midwives when they are moved from their base ward; improved night shift penalties for permanent nurses and midwives; a right-to-disconnect clause; improved access to flexible working arrangements, recognising that nurses are available 24/7; reducing the qualifying period for parental leave from six months to zero; and recognition of service for interstate public sector nurses and midwives who have relocated to Victoria.

Year on year this Labor government has continued to increase funding to our health services, because we know that that is what matters. The Allan Labor government is investing record funding into Victoria's world-class public health system. This includes an uplift in the price that we pay all hospitals for the care that they deliver. We are investing an additional \$1.5 billion on top of the more than \$8.8 billion invested in this year's budget, bringing our health funding up to more than \$20 billion and more than 25 per cent of Victoria's entire budget expenditure. This is on top of \$15 billion in funded health infrastructure projects that are under construction and on the way, like the new Melton hospital

and of course the Footscray Hospital. We always will support our hospitals, because that is what Labor does.

Contrast the Labor government record of achievement, listening to and working with our healthcare workers, with that of the Liberals and Nationals, and the difference simply could not be starker. We all remember the Liberal and National parties' secret plan to cut hundreds of nurses and get rid of the nurse-to-patient ratios when they were last in government. We remember when they tried to undercut ratios to save \$104 million when negotiating with our hardworking nurses and midwives. We also remember when the health minister David Davis and his department drew up the contingency plan to replace the thousands of nurses who were concerned that they would have to resign because they could not safely care for patients.

When last in government the Liberals and Nationals also went to war with our paramedics for two years, attacking our paramedics and running a smear campaign against them. Can you believe it – a smear campaign against paramedics. The Allan Labor government will not be accusing paramedics of staging photos at an emergency department or of writing fake letters. We will not be calling paramedics who are members of their union 'hardline' or 'stooges'. That is not something we would ever do.

We remember when we first enshrined nurse-to-patient ratios into law and all of those opposite, including the then Leader of the Opposition, the member for Bulleen – all he cared about was the cost. We all remember during the 2022 election campaign how the member for Bulleen openly bragged about not consulting with healthcare workers or unions on policy, dismissively telling them to 'get used to it' if a Liberal government were in power. It is no wonder our healthcare workers refused to stand with the Liberals at the last election when they were treated with such contempt. We remember how you guys privatised hospitals in Traralgon and Mildura. We remember that. I want to thank our dedicated healthcare workers for the incredible work that they do in delivering world-class health care despite record demand. These are the ones who drive health care here in Victoria, and the Allan Labor government will always, always back them in. I am proud that this side of the house will always back them in. Nurses are salt of the earth individuals who we owe many thanks to, and it gives me great pleasure to commend this bill.

Cindy McLEISH (Eildon) (15:22): I too rise to make a contribution on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. And I just want to point out to the member previously on her feet that in my time in Parliament we have had three nurses as MPs, and we still do. I am so pleased that you have described them as the salt of the earth, because the shadow health minister Georgie Crozier in the other place is exactly that: an experienced nurse and midwife bringing so much experience and understanding of the health system to our side of politics. As I said, in my time in Parliament we have had three nurses standing shoulder to shoulder with us as Liberal Party members.

This is the third go that the government have had trying to get this right. It was in 2015 that the Andrews government introduced the first Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act, and that set minimum staffing for nurses and midwives in the Victorian public hospital system. There have been two goes since that; this is the third. We have had changes to the ratios in specific settings – stroke, haematology and oncology wards and palliative care, aged care, birthing suites and emergency departments – and this goes a little bit further. Here we go now with the latest lot, which is intensive care, high-dependency units, coronary care units and emergency departments.

The Liberals and Nationals are not opposing this bill. We do have some unanswered questions, though, from the bill briefing. I attended the bill briefing. I thank the minister for making that available – and the department – but it is disappointing when we do not get responses to questions. We have particular questions that were raised at that bill briefing, and we have not had the courtesy of having a response. We had questions around modelling, and we noticed that the heart hospital has also been left off this.

We had questions about why that was so and whether it was an oversight or if it was coming a bit later, and we have had nothing about that.

I also want to highlight the incredible strain our hospitals have been working under in the last few years. We know that to put these ratios in place they are going to have to have more staff, and in the meantime there will be a lot of pressure on the workforce, because there are not enough people out there. There are not enough nurses out there at the moment – many of them are leaving – and the hospitals are really struggling with the financial strain. I think it was only in November last year that it was reported through the annual report – this is not me making stuff up; this is real stuff, through the annual report – that there were operating deficits across the board of about a billion dollars. It is extraordinary how the government expects the hospitals to get their way out of that. A number of other things were happening at that time, and the government was looking at amalgamations of hospitals as a way to try and get around that.

I want to talk about some of the deficits. Monash Health had a \$321 million deficit; Northern Health, \$115 million; Western Health, \$102 million; Eastern Health, \$100 million; Peninsula Health at Frankston, \$59 million; and Albury Wodonga Health, \$52 million. These are significant sums of money. To implement the safe patient care ratios the government are going to have to put more nurses on – fine; they are going to have to find them – but they are also going to have to fully fund the hospitals so that they can actually manage it. The workforce issue is significant, and I get very worried that the government underplay this completely.

Not only have the hospitals been operating in deficit, but there was an alarming increase across the board of about 50 per cent in WorkCover premiums. The Alfred – this, again, is from the annual report – had a 60 per cent increase, and that meant they needed to find an additional \$5 million just in WorkCover payments. The Austin needed to find \$6.8 million. This is all through the annual reports. This is not stuff that I am making up; this is directly verifiable. All up there was something like \$90 million in additional funding that the health workforce had to find just to pay the WorkCover bills, because the government could not manage their own finances and could not manage the WorkCover portfolio. They had to increase the premiums so that they did not have to keep subsidising them, like they had been doing – to I think about \$1.3 billion, which the government had to fork out, of taxpayer funds – when they should not have been having to do that. For Northern Health it was almost \$9 million in WorkCover payments that they needed to make; Peninsula Health, again in WorkCover premiums, an extra \$2 million; Bass Coast Health, \$784,000 – that was a 96 per cent increase in the WorkCover premium. For smaller hospitals like at Bass Coast it is extremely difficult for them to be able to find that sort of money. It goes on, and I could go on, because the hospitals are under enormous strain.

In country areas it is very difficult to find the additional workforce. We hear that all the time. We hear of the reliance on agency nursing to fill some of the gaps, and the cost of agency nursing is something that really blows the budget and leads to those deficits. I would really like the minister in the next budget to show where they are providing the additional funding so that hospitals can implement these ratios in the intensive care units, in the high-dependency or coronary care units and in emergency departments. I think it is important. They cannot do it alone.

We saw the government only last year looking at forced amalgamations of hospitals. We had enormous rallies, certainly in my electorate. We had 2000 people turn up one Saturday morning in Mansfield. Gosh, easily a quarter of the population turned up because they were worried about the future of their hospital. Now they are going to have to find – because they have maternity services and they have an emergency department – additional funding to make it work, and the government needs to make that funding available to them. We had a petition from Mansfield. I think it was signed by everyone in the town; it had over 8000 signatures. Yea and Alexandra had enormous petitions as well. We ended up tabling petitions with more than 15,000 signatures, which shows how important local health services and hospitals are.

We all value the staff at the hospitals. We value the nurses, the doctors and all the ancillary staff that make our health services good, but they need supporting, and when you see the conditions that they are operating in and the deficits that they are expected to try and somehow cover, it is really embarrassing for the minister to say to the hospital services, 'You need to cut out your overseas trips.' Well, I can tell you that in all of the hospitals in my electorate nobody ever has overseas trips or has an extensive marketing budget. It was embarrassing that that was even suggested for those health services.

The minister says amalgamations are off, but that is possibly happening by stealth with the networks and block funding that comes in. If block funding comes in, it is going to change a whole lot of the dynamics within the hospital system, and we may see hospitals close, which would be devastating because that is a loss of local jobs. That is a loss of jobs for the local nurses and midwives in those areas.

Nothing has been greater than yesterday when we had many people come from Albury–Wodonga on the train down to the steps of Parliament – that is a full day out for them – and there were doctors and nurses, people from the hospital very concerned about the future of their health care and what is going to happen in that area. They need a new hospital. They want it on a greenfield site. The minister is very determined not to meet the community need in that way, so I think that there is still a lot more that needs to be done here.

I said earlier that we on this side of the house are not opposing these nurse-to-patient and midwife ratios at all, but what needs to happen is we need to increase the workforce because people are leaving and people are going to agencies. We need to make sure there is that funding so that hospitals do not have to be running at a deficit, do not have to be amalgamated and do not have to rely on agencies, which makes it more and more difficult for them all of the time.

I certainly commend the services of our health workers in my electorate. I have Eastern Health hospitals and I have Mansfield, Yea and Alexandra, while Seymour is close by and Kilmore is not too bad, where women go for birthing, and of course we are on the fringe with the Northern, Austin and Mercy women's at Heidelberg. They all do a terrific job but need to be supported so that the morale is strengthened, not weakened, and we do not have people walking away from those professions.

Jordan CRUGNALE (Bass) (15:32): I just want to start at the outset by saying that the announcement just recently of Bass Coast Health and Gippsland Southern Health Service having officially joined the health network in partnership with Kooweerup Regional Health Service, which is also in my electorate, and Peninsula Health and Alfred Health to form Bayside Health, a working title, is something we are really thrilled about. The strong links are there. It makes sense. It is logical. It is our natural pathway for health care and complex and specialised needs. It builds on and strengthens the existing MOUs already in place. Importantly also for our healthcare workers, it means more opportunities to develop their careers and gain experience working across the network.

It is important to emphasise, unlike what those were saying opposite, that this does not mean each service loses its identity, which I know is deeply treasured in my electorate. It is valued and embedded in our community. We have got a strong local history spanning a century with our health services, especially Kooweerup and also Bass Coast Health, and we see this time and time again with, for example, the collective outpouring of support via the many fundraisers organised by auxiliaries, local businesses and even the visual representations as you walk through the buildings themselves. So I just want to thank the respective boards and CEOs from across the five health services and also the community and health workers for being very active in advocating for this group. I will note that New South Wales has 15 local area health networks and WA has nine, and we have over 70, so we are very pleased that we have Bayside Health formalised now.

I rise today to make a contribution on the Allan Labor government's commitment to introducing stronger and safer nurse-to-patient and midwife-to-patient ratios through the Safe Patient Care (Nurse

to Patient and Midwife to Patient Ratios) Amendment Bill 2025. Anyone who has had a personal or family experience in a hospital or simply visited knows just how important nurses and midwives are. They are there for some of life's happier moments and in some of life's most difficult moments – as the member for Wendouree in her contribution was talking about, from the womb to the tomb – and we are grateful for the care, compassion and dedication that they provide.

This amendment to the legislation means better support for nurses and midwives and better care for Victorians. The bill, as we have heard, introduces more nurses and midwives on the shifts at all hours of the day across our busiest intensive care units, EDs and high-dependency and coronary care units as well as more midwives in maternity wards. Nurses and midwives are there for many of us in that time of need, and our government is here for them. This bill is good for nurses and midwives, as it prevents strain and improves retention of our hardworking health workforce through improvements to minimum nursing and midwifery staffing ratios. It also ensures safe and high-quality health care in a range of clinical settings by making sure the workforce is supported to provide the best possible care to patients.

Nurse-to-patient ratios, as we have also heard in the chamber, were first introduced in the year 2000, this century. However, there were many attempts by the former Liberal government to remove or reduce these ratios during their negotiations with nurses. It was not until 2015, under a Labor government, that Victoria became the first state in Australia to enshrine nurse and midwife ratios into law. In 2018 we introduced landmark legislation to strengthen these laws for nurse-to-patient and midwife-to-patient ratios, which in turn increased the number of nurses and midwives caring for Victorians in settings including palliative care, birthing suites and special care nurseries as well as during peak times in EDs. The number of nurses and midwives on a variety of shifts was rounded up, not down, ensuring Victorians had the best care. Victorians suffering from stroke, blood disease and cancer had more nurses to care for them with those ratios in acute stroke units, haematology wards and acute inpatient oncology.

Unsurprisingly, the former opposition leader did not consult with healthcare workers or the Australian Nursing and Midwifery Federation on policy during his campaign, and healthcare workers refused to stand with them at the last election. In contrast, this legislation shows that our government is listening to the workforce, the ANMF and health services. The Allan Labor government are building on this important legacy by introducing stronger and safer ratios that will ensure the very best care for Victorian patients. There will now be one-to-one nurse-to-patient ratios at ICUs at level 1 and level 2 hospitals. This means that every occupied ICU bed will have a dedicated nurse assigned to it at all times. We are also introducing the position of team leader and liaison nurse in these units for the first time and improving the ratios in resus cubicles in EDs on the morning shifts, and this brings the staffing levels in line with those on afternoon and night shifts. We are also improving the ratio in postnatal and antenatal wards on night shifts from one-to-six to one-to-four, and we are introducing an in-charge nurse on night shifts in standalone high-dependency units. These changes were made after extensive consultation with nurses, midwives, the Australian Nursing and Midwifery Federation and health services. We are taking a measured approach to rolling out these changes to ensure that health services are adequately supported and these new ratios are properly implemented. The rollout will be phased over several years, starting with 25 per cent of the additional staffing immediately after the bill becomes law, 75 per cent by December 2025 and full implementation by July 2026.

The Labor government has backed the implementation of improved nurse- and midwife-to-patient ratios through a \$101.3 million investment to support health services with hiring or rostering additional nurses and midwives. We are making it free to study nursing and midwifery. This initiative will also support the implementation of amendments to the act and support attraction, retention, training and development to meet the additional workforce demand. This builds on our government's 28.4 per cent pay increase for nurses and midwives announced just last year. Last year I also met with ANMF delegates Kate, Mim and Nicole from the Bass Coast in my electorate, who told me about the need for

this increase and the positive impact it will have, and I thank them and delegates across the state for their continued advocacy.

Locally, amendments to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 will see an increase of nurse-to-patient and midwife-to-patient ratios at Casey Hospital, Dandenong Hospital, Frankston Hospital and Monash Children's Hospital. These hospitals service the health needs of my community in Bass and the south-east. Improvements to ratios will ensure nurses and midwives are supported to continue giving the best care to locals, and alongside this we are also investing in the healthcare system and infrastructure that ensures Victorians have world-class public health care into the future. I know the Casey Hospital expansion completed in 2020 has made a huge difference to the fast-growing south-east community. Stage 1 of Wonthaggi Hospital, completed last year or the year before, now has a new ED, three theatres, inpatient beds and a new surgical ward, and we are powering on with stage 2, with designs and planning underway, which will provide a new birthing complex, two new wards with up to 64 beds, a new outpatient clinic and some more car parking as well.

We are also investing an additional \$1.5 billion on top of more than \$8.8 billion invested in this year's budget, and this brings our health funding up to more than \$20 billion, which is more than 25 per cent of Victoria's entire budget expenditure. This is in addition to \$15 billion in funded health infrastructure projects that are under construction or on the way.

In conclusion, in the time I have, I do just want to thank everyone who has contributed to the amendment of this legislation: the minister and her team and the department, the union, the health services and all the health workers in my electorate as well. This bill is just one part of our ongoing commitment to ensuring that all Victorians have access to safe, high-quality health care. The Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025 is an important step, as I have mentioned, in strengthening the care that we provide to our community, and by supporting our nurses and midwives, improving staffing ratios and continuing to invest in our healthcare system we are building a healthier future for all Victorians.

Jade BENHAM (Mildura) (15:42): I do seize every opportunity I get in this place to speak on behalf of my community about rural and regional health care, and I think it is important. Everyone in this place talks about how every Victorian should be able to access health care, and while the Nationals do not oppose the intent of this bill to improve safety and have better health outcomes – of course we would be in support of that – there are concerns, particularly around workforce retention in regional areas and the ability for our health services to actually meet the requirements of these new ratios, particularly given the challenges that we already have in our healthcare workforce at the moment.

Before I start, though, I must recognise the midwife that I had in Mildura. Sally Barker is her name. I am sure she will not mind me recognising her. She is still working. She still comments on my socials every time the kids have a birthday. She was brilliant with the prenatal care, the postnatal care. And I recognise Vicki Broad as well, who is the midwife – and in fact she has been named Midwife of the Year – from Robinvale District Health Services, which is the multipurpose service that I will protect until my dying day to make sure that it remains an independent multipurpose service, because the service that midwives like Vicki and Sally provide for the people of that community is exceptional. To win Midwife of the Year a couple of years ago was an exceptional achievement.

I have several hospitals and several healthcare services throughout my electorate, and I just want to illustrate where the challenges come from to retain workforce, to attract workforce and to support not only the nurses and midwives in isolated areas but also the people that they care for. Geographical isolation is a real issue for the prospects for professional development. In Mildura we are very, very fortunate to have La Trobe University and their nursing program. The Dr Deb Neal Wing opened late last year, a state-of-the-art wing to train more nurses, which is absolutely phenomenal. The trouble is we have a housing crisis and accommodation issues. To attract people there to take up a course so they can train on the ground, what we actually really need and what would be a solution, which we have

been working on for a little while, is end-to-end training for GPs and nurses using the Monash School of Rural Health as well. We are very fortunate to have them based in Mildura. They also do an exceptional job.

However, that is Mildura, which is at the very top of my electorate. My electorate spans over 37,500 square kilometres, which is about 16 per cent of the state, and in that I have five different healthcare services with nine different campuses around there. The most remote is Murrayville. If you can imagine, Mildura is up right on the New South Wales–South Australian border. Murrayville is not on a direct line either; you have to go out and around because there are national parks to get around. It is 2 hours south of Mildura and 2 hours from the Murray River, so it is remote. It is the most remote town in Victoria. The closest town is actually Pinnaroo in South Australia. Murrayville has a bush nursing hospital. This bush nursing hospital, utilising Mallee Track Health and Community Service, is able to provide a really comprehensive range of essential medical and allied healthcare services. They do acute care, they do urgent care, they do community and district nursing, they do residential aged care and they do allied health. They will have visiting midwives. They do an incredible amount at this bush nursing hospital in Murrayville, which was established by a volunteer panel in the 1980s.

It has not had an upgrade since. They are in desperate need now of a new roof. When you have a facility that is literally falling down and leaky, it is really hard to attract healthcare professionals, much less retain them. It is only \$200,000 to replace that roof. We are not talking millions or billions; we are talking about \$200,000 to fix the roof of the only healthcare facility in the most remote part of this state. You know what, they are Victorians too. Don't they also deserve the very best of health care? I think they do. The community there certainly think they do. This is a farming community, and as all Mallee families know, you learn to do things for yourself otherwise you do not get anything done. They need some help now. They only need \$200,000 to fix a roof. It is a pittance, really. When we are talking about budget blowouts, this infuriates me. We hear about budget blowouts on major projects, and we have got a bush nursing hospital providing health care for communities growing food for the rest of the world – \$200,000, and they cannot get that. Maybe upgrading that facility would attract more nurses, more midwives and more allied health staff to service this community in the most remote part of this state. They are Victorians too, and they matter just as much as someone that is 100 metres from the Epworth hospital in Richmond, don't they?

We have quite a few issues. I mean, it is a complicated beast. When you have such a vast expanse of the state where people live right throughout and you do not have all the required health services, travel is also an issue. We do not have a train. We have a plane, but flights are expensive and you have still got to get to Mildura to get there. A lot of people may travel to Adelaide, but of course the public transport now to get to Adelaide is very, very difficult. Getting to Melbourne is difficult, and it is expensive. In a cost-of-living crisis more and more people are using the Victorian patient transport assistance scheme. The trouble is the reimbursements from that scheme, VPTAS, are now taking up to seven months to come through, leaving individuals and organisations that utilise that service, like Sunraysia Information & Referral Service and Sunraysia Cancer Resources. I got a letter from SIRS last week saying that they are still owed over \$218,000 from claims that were put in from October last year. That is insane. If they are referred another patient who is a category 1 patient, for example, who needs urgent care in Melbourne, with no operating capital in the bank, how do they buy flights and get that patient the care that they need if they cannot get it locally? They cannot. It is putting lives at risk. As the member for Euroa said earlier today, it is now a life-and-death situation in regional, rural and remote Victoria, and it is costing lives.

Here is another example. Darren is 59. He did the at-home bowel scan in September last year, which we are all encouraged to do. Be aware of your conditions and do the bowel scans; it is treatable if it is found early. He returned a positive test in October. He was told it would be three months for an appointment. He was still waiting in February – not for a colonoscopy, just for a consult – because of the public surgery waitlists. He is a category 1 patient with a positive result. I would not be able to sleep at night if that was me, not knowing if I had bowel cancer or not.

I am just befuddled when I hear members opposite say that every Victorian has access to equal health care regardless of where they live. That is absolute rot. There are people out in regional, rural and remote Victoria that cannot get an appointment, cannot get a bed and cannot get treated. But we thank our nurses, our doctors and our allied health staff, who are working but are so frustrated with the system that it is hard to retain them in regional Victoria. We do not oppose this bill, but we do oppose being neglected by this government and the health system in this state.

Pauline RICHARDS (Cranbourne) (15:52): I am so very pleased to have the opportunity to speak on this extraordinarily important Labor legislation. I do say it is Labor legislation because it is actually a piece of legislation that is typical of this government and the Labor governments that have been making sure that we support our workforce. Not by clapping, as Boris Johnson used to do. I think it was Boris Johnson that used to clap the healthcare workers as some sort of acknowledgement of how hard they were working during the pandemic but who then forgot to back up that clapping and that acclamation by making sure that their healthcare services were well funded and that their nurses and midwives were treated properly.

I am very pleased to have the opportunity to speak on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. I do take the opportunity to thank the Minister for Health for the hard work that brought this legislation here. I am going to take a little bit of a journey back in time as well to acknowledge not just the Minister for Health now but previous ministers for health who made sure that this legislation was brought here and then built on and strengthened. This was always done as an act of collaboration with our nursing workforce, because we do not just clap our nurses, we make sure that our nurses are supported with extraordinarily important reforms like nurse-to-patient and midwife-to-patient ratios.

This legislation introduces staffing ratios for intensive care units through the introduction of a one-to-one ratio for ICUs on all shifts in ICUs in level 1 and level 2 hospitals, improves staffing ratios in resuscitation cubicles at emergency departments on morning shifts by prescribing one nurse for each resuscitation cubicle in hospitals that are specified in the schedule of the act, improves ratios in postnatal and antenatal wards by enshrining a one-to-four midwifery ratio on night shift in prescribed health services and introduces an in-charge nurse, a team leader, a resource nurse and a nurse liaison in addition to the prescribed ratios for shifts in level 1 and level 2 ICUs. This will improve ratios in high-dependency units and coronary care units and introduce an additional nurse in charge on night shifts in standalone HDUs and CCUs. It is really important to get these facts into *Hansard* to acknowledge what is actually done when we do legislation that acknowledges the work of our nurses and does not just acknowledge them but puts our workforce at the centre of our legislation.

I am going to take the opportunity to thank some of the nurses in my life. I am going to start closest to home with my brother; my sister; my sister-in-law; my beloved mother-in-law, who has passed away; my gorgeous niece; my aunty, who is well into her 90s now; and my cousin Jenny, who have all been extraordinary in supporting our community and working professionally – because this is a professional outfit – as nurses in some really high-powered and extraordinary workforce situations. And I am going to take some time to talk about the nurses from the community that I serve, nurses in the community of Cranbourne.

But just for a moment we are going to take a journey back in time. I am not just referring to Uncle Baillieu, who I think put the finger up at nurses, and the member for Frankston spoke about some of the behaviour of those opposite in previous parliaments. We were doing a little bit of research, the member for Frankston and I, and reflecting back on a missive that was sent by Lisa Fitzpatrick, who is the secretary of the Australian Nursing and Midwifery Federation (ANMF) and a great stalwart of one of the largest unions in Victoria and certainly one of the strongest unions in Victoria. On 2 October 2018 Ms Fitzpatrick wrote:

The unwillingness of 20 Victorian Liberal and some independent upper house members to work past midnight on a September evening meant the Safe Patient Care Amendment Bill was not passed.

Ms Fitzpatrick went on to say:

The legislative process will have to start again when the 59th Victorian Parliament commences.

And of course that did happen.

The Andrews Government's Safe Patient Care Act Amendment Bill passed the lower house on 6 September ...

But it needed to pass the upper house, and timing was tight. Of course Mr Davis was the key to the activities back in 2018. It goes on:

Opposition MPs' –

Brad Rowswell: Acting Speaker, I draw your attention to the state of the house.

Quorum formed.

Pauline RICHARDS: Back to 2018 and Ms Fitzpatrick's update to the members of the ANMF, which continues:

Opposition MPs' drawn-out speeches in excess of 200 minutes about champion Melbourne Cup winners, country race meets, and bookies' ability to buy expensive European cars took precedence over debating a Bill to employ an additional 611 nurses and midwives ...

So here we are. This is a really important piece of legislation, and I am so pleased that those opposite are not opposing this bill. Perhaps there has been an evolution in thinking; perhaps they have had a road to Damascus conversion, and I was pleased to hear in the contributions earlier that those opposite are not opposing this bill. But I did hear some rather unusual reflections on ratios and the importance of them from the member for South-West Coast.

I am going to take a moment to thank – and despite the quorum call, I have got enough time – the nurses and midwives of Cranbourne and in particular many of the nurses and midwives who have fought for a long time to make sure that the legislation we bring in here today recognises and acknowledges our workforce as being at the centre of everything we do and recognises and acknowledges that midwives and nurses making sure that our hospitals are staffed properly are at the centre of the way we fund our hospitals. I do take the opportunity to thank Hannah Spanswick, recognising that Hannah is here today and has been one of the early fighters for absolutely making sure that nurses and midwives are not just rewarded as they ought to be but acknowledged for the work that they do in making sure that this type of legislation, after many, many years of fighting, is brought here and strengthened. I also acknowledge Liz Barton, one of the very early fighters for nurse-to-patient ratios. She is somebody who worked very hard at Frankston Hospital, including in palliative care. I also want to acknowledge Thelma Stratov. Thelma is an amazing constituent of mine who was a member of the ANMF and has been fighting so hard for the type of resourcing and the type of acknowledgement that nurses and midwives deserve.

This legislation was formed because of the early battles of our union movement. It was not something that was given as an act of benevolence by Mr Davis in the other place. In fact when Mr Davis had the opportunity he sought to unwind all of the hard work that the ANMF did over many, many years. I particularly acknowledge my diaspora communities and the many nurses from Zimbabwe, from India and particularly from Kerala state and from the Philippines, who are the people that I serve as well, for the work that they do. Now with our new diaspora, the Dari speakers and the Hazara speakers, who work as a professional workforce, and especially the nurses at Frankston Hospital, those that will be staffing the Cranbourne community hospital and our Monash Health staff – they are topnotch professional nurses. This legislation is a credit to that workforce. It is a credit to the union.

Martin CAMERON (Morwell) (16:02): I rise to make a contribution to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. As has been alluded to throughout our contributions on this side and has been noted on the other side, we do not oppose the bill here that we are talking about or anything that we can do to make sure that our hospitals and our

healthcare system are running properly and have the right ratios of nursing staff to the incredible amount of patients that actually move through our hospital system. I give a big shout-out to our nurses, because they are the ones that are at the coalface of when people are at their most vulnerable. When you are going to hospital, whether you are going through childbirth, whether you are middle-aged or whether you are in your later stages of life, it can be a stressful time. Our nurses and doctors get to see the very best and also the very worst of people that are having issues.

The bill seeks to improve patient care and safety with legislated requirements for more nurses and midwives across the hospital system. In level 1 and level 2 ICUs a one-to-one nurse–patient ratio will be required for occupied ICU beds on all shifts, making sure that we have got the correct ratios there in our critical care units. We have also alluded to having better patient ratios with our newborns, so that is great.

One of the issues that we have with the bill not here but in regional Victoria and especially down in the Latrobe Valley – we are very lucky that we have a state-of-the-art new hospital, which is absolutely fantastic – is the trouble that we have, and I think everywhere has, with making sure that we can staff things adequately. For the government to make sure that we can have these ratios and actually be able to staff all levels of our hospitals moving forward is a great thing. One of the issues that we have down there is attracting doctors and nursing staff to the area. We have our locals that move through our hospitals, but we are very, very reliant on doctors and nurses from Melbourne, interstate and also at the moment from overseas. The main issue that we have in being able to attract them is being able to house them in the community. As we know, we have a housing crisis, so we need to free up housing there. But then also they bring their families with them, so we need to make sure that we have got adequate access to schools, kinders and day care centres. It is a huge area in the health space, and I think that anywhere you look around regional Victoria they would all be on the same page about this being the main issue.

As I said, the facility down in the Latrobe Valley is state of the art, but the hospital is not running at its full capacity at the moment because of the issue of attracting doctors and nurses, but also proper physicians coming in. Attracting anaesthetists has been a huge issue, but the hospital is starting to sort that out. It just makes our waitlists a little longer. We would love the hospital to be running at its full capacity so it would not be so underutilised as we move through. As I said, we all need the security of a great health service from when we are young to when we are older. You do have, and you see it all the time, people taking liberties. As a former plumber, one of the things I used to see with our elderly fraternity was them trying to climb up ladders to clear gutters and stand on the roof. They would fall off and break hips, arms and legs, and they would be required to spend a lot of time in our hospital system. If it was not for our wonderful nurses doing what they do best and looking after everybody that goes through there, we would be in a much worse position. So we thank them all the time.

One of the other places that works in conjunction with our Latrobe Regional Health hospital down there in Gippsland is the Latrobe Urgent Care Clinic service. This is a wonderful service that we do have. It is situated in Moe, and what that service does is actually relieve the pressure on the actual hospitals and the emergency services. I was lucky enough last week to actually go out there and visit the CEO –

Members interjecting.

The ACTING SPEAKER (Nathan Lambert): Order! There is a little bit too much chatter in the chamber. Perhaps if the members for Sandringham and Bentleigh want to have a long chat, they can do so outside the chamber.

Martin CAMERON: As I was saying, I went out to visit the Latrobe Urgent Care Clinic. I met with the hierarchy out there, the doctors and the nurses, and listened to them talk about the amount of work that they are taking on, and they are getting busier and busier all the time. They have a dental part to the urgent care clinic, and that is at capacity too. They are running some great stuff out of there.

In talking with them, walking through the facility and seeing what they do and how important this particular clinic is to the make-up of the Latrobe Valley and what relief they do give to the hospital, they were telling me that when they actually get their allocation of money to run the services and attract the doctors and the staff, it is only for a 12-month contract. That causes issues for them to be able to attract these doctors and medical staff to come down and help. I hope at some stage with the urgent care clinics they can actually have a discussion about expanding that 12-month period to two, three or four years so they have got some certainty when they go out and target doctors and nurses. That is a big issue at the moment, because we are so light on with these practitioners in regional Victoria. Other hospitals sometimes jump in and cherry-pick the best staff. That goes on everywhere; it does not matter whether it is in health or in business in general.

It was great to get out there and visit the urgent care clinic in Moe. As I said, the staff there work long, hard hours. They do see a lot of different people that come through their doors. They were telling me that football season is very much going to be upon us, and their weekends seem to jump up with people coming in with dislocations and fingers looking the wrong way. We need to make sure that they are well and truly funded. On the flipside, in our hospitals our emergency departments will also have a big uptick with sporting people that come in with breaks and need X-rays and need to have stitches and so forth.

As I said, we do not oppose in any way this bill going through today. We would just like to see with the nurse–patient ratios that they are fully funded and that they are right across Victoria and the people in the regions with their health care are getting adequate access to doctors and nurses and they are not just reliant on a Melbourne-centric situation – even right into far East Gippsland with other hospitals out there. The further doctors and nurses have to travel, the harder it is to attract them to stay. They will come and visit for a day, but we would like to keep them in the region full time. Kudos to all our wonderful medical staff. This is a good bill making our ratios better, and as I said, we are not opposing this bill today.

Martha HAYLETT (Ripon) (16:12): I rise today to speak on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. This is a bill that is very close to my heart. It is all about creating the best healthcare system possible in our great state of Victoria. It will set in stone one-to-one nurse to occupied bed ratios in intensive care units on all shifts for all levels 1 and 2 hospitals. It will mean that every occupied ICU bed has a dedicated nurse always assigned to it. It will also improve staffing ratios in resuscitation cubicles in emergency departments on morning shifts, bringing morning shifts into line with afternoon and night shifts. It will establish one-to-four midwife-to-patient ratios in postnatal and antenatal wards on night shifts, down from one to six. It will also introduce an in-charge nurse on night shifts in standalone high-dependency units and coronary care units.

These are the types of laws that only Labor governments introduce. We improved ratios after the 2018 state election, and now we are protecting and strengthening them even more. The bill will benefit not only the lives of nurses and midwives but also the lives of so many Victorian patients. It is laws like this that made me want to run for politics, as I am someone who had benefited from our public healthcare system as a little girl and who would not be here without it. I saw our nurse-to-patient ratios in action six months ago when I was admitted to hospital with skyrocketing blood pressure before my son was born. The nurses and midwives were real-life superheroes, caring for me with such kindness and expertise and putting my family at ease when they feared the worst. Their skill, dedication and passion blew me away, and it was comforting to know that they could focus on a smaller number of patients rather than having to juggle so much more. This is exactly what nurses and midwives have told us that they wanted. We listened, and we are now acting so that they can be even more supported in our healthcare system.

We know that those opposite do not believe in nurse-to-patient ratios. They tried to claw them back after the first ratios were introduced by the Bracks Labor government in 2000. They treated nurses terribly, and they tried to force them to trade their ratios away as part of their enterprise agreement

negotiations. Many nurses across the Ripon electorate remind me of this regularly. It was outrageous, and it is exactly why we enshrined nurse- and midwife-to-patient ratios into law back in 2015. Now we are building on this to ensure the very best care for Victorian patients and their families. These changes are backed by \$101.3 million in the 2023–24 budget and build on our government's 28.4 per cent pay rise for our hardworking nurses and midwives. It will not only help retain current nurses and midwives but also encourage a new generation of them to take up a career in health care.

Since we came to government we have grown our healthcare workforce by nearly 50 per cent, which is truly incredible. There are an additional 40,000 nurses, midwives, doctors, allied health professionals and other hospital staff in the state's health services. Almost one in four of these roles has been created in rural and regional Victoria, including our amazing health services across Ripon.

I want to give a particular shout-out to the hardworking staff at East Grampians Health Service in Ararat, East Wimmera Health Service in St Arnaud, Central Highlands Rural Health in Creswick and Clunes, Grampians Health in Ballarat, Inglewood and Districts Health Service, Maryborough District Health Service, Beaufort and Skipton Health Service and the Elmhurst Bush Nursing Centre. They do incredible work to deliver world-class health care in our rural and regional communities despite growing demand. They have benefited from our Labor government, with more funding, upgrades and support than ever before, and now we are protecting and strengthening their patient ratios.

We have also made nursing and midwifery degrees free to grow the workforce of the future, with so many of my constituents taking up this opportunity, and this is in stark contrast to those opposite. We all remember when they were in power and they went to war with our nurses, our midwives and our paramedics and when the former health minister in the other place David Davis had his department draw up contingency plans to replace thousands of nurses who were concerned that they would have to resign because they could not safely care for patients. They called our paramedics 'stooges' and tried to undercut nurse-to-patient ratios. They continue to treat healthcare workers with contempt, and that is why Victorians continue to not vote for them.

While we are redeveloping hospitals and urgent care units in Maryborough, Ararat, Ballarat and Inglewood, they are thinking about how they can cut, close and privatise our healthcare system into the future. Labor will always back our nurses and midwives, and that is exactly what this bill does. It is the least we can do for those who save lives every single day, including mine and my son's. I commend the bill to the house.

Paul MERCURIO (Hastings) (16:17): I rise to give my contribution on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. I have been listening to the debates today, and I was a little bit disappointed that the debates on that side were very much not on the bill but really an opportunity to sort of whinge and complain about maybe not having a hospital or not having some money for funding. It was just disappointing, because we actually all agree that this bill is a terrific bill and agree that we are going to support it. I guess the politics of it is that you take the opportunity to have a go at the opposition. I am a little bit tired of the glass being empty on that side and the glass being full on this side. Anyway, that is just a personal observation of mine.

I was thinking about this bill, and I have got notes which I might get to. If someone jumped on *Hansard* and had a look at this bill debate, read it or even listened to it, I am wondering what they would think of it. There has been a lot said on this side about the mechanics of the bill and what it does and the nurse-to-patient ratios, but I thought, 'What does this bill actually do for someone like me or someone that has just looked at *Hansard*?' It is pretty interesting, because on Monday I took my favourite middle daughter to hospital yet again. She is going in for pain treatment for the severe pain that she experiences because of her Ehlers–Danlos syndrome, her endometriosis, her adenomyosis and her postural orthostatic tachycardia syndrome. It is never easy taking your child into hospital, and I say I had to – I did have to; I did not want to. It is never easy standing up after you have sat with them waiting for them to go in and then walking away from the hospital. It does not matter that my favourite middle daughter is now 33, I think – 34 this year. It never gets easy. But the one thing that helps is the

nurse that comes out and talks to her. The one thing that helps is that peace of mind that she is going to be cared for by someone that legitimately, genuinely cares – by someone who loves their job, even though it is incredibly gruelling and hard and they have sacrificed so much over the last six or seven years in a very extraordinary time. It gives me some peace of mind that I can go home without being a mess in the car and I can sit at home wondering how my daughter is going, knowing that 24 hours a day there is a nurse coming in to look after her, to talk to her and to make sure she is doing okay. And when she is not doing okay, they are there to help her get through that.

That is what this bill does. It is not an opportunity to complain about not getting a hospital or not getting funding. This bill is not just about supporting the patient's health and wellbeing and care but also about supporting me and everyone else here that has had to take their kid to hospital, or their parent or brother. That is what this bill is. It also is about caring for the nurses and the midwives and making sure that they are getting the support that they need for their physical wellbeing and for their mental wellbeing. I am going to talk about the boring bits and whatever; actually I have spent that much time, I might not. But that is what the bill is.

It is something that I am trying to work on in this place, really understanding what the bills do for people out of this place, so that they understand the work we are doing but, better still, they understand the work that the nurses, the midwives and the rest are doing in regard to this bill. I think it is really important that we try and maintain that understanding that we are here to represent our community, and they do not necessarily want to hear us bickering about a bunch of stuff that we do. They do not necessarily understand things like the one-to-one nurse-to-occupied bed ratio, the changes in shifts and the one-to-six or one-to-four at antenatal and postnatal wards. They do not get that. I think it is important that we try and explain it in a different manner.

I am not going to go and do that. Instead what I also want to talk about is the idea that I spoke about in my inaugural. We often talk, and we talked in the royal commission a lot, about lived experience. People with lived experience especially in the health industry are so much better at giving what patients need.

I will just talk about one story quickly. When my wife and I had our first child – although my wife had it; I was just with her – it took 36 hours. The first labour was 36 hours. My favourite second daughter was born in 4 hours, but my favourite eldest daughter took 36 hours. She was hanging on. But in the time that we were there we went through three shifts of midwives and then they came back again. As two young, inexperienced, vulnerable people, which we all are when we take our kids to hospital or go into a birthing suite for the very first time, we were frightened. You are trying to have the courage and be brave, and you really rely on those people that stand opposite you that come into the room and go, 'Are you okay?' You go, 'Yes, I'm okay.' 'I'll be back in a minute.' 'Okay.' And they come back in a minute and you know you are safe. The 36 hours of our first daughter's birth was very long and very frightening, and we only survived it to a great extent because of the wonderful midwives. I believe one of them was pregnant. They were all terrific, but she was really terrific because she was pregnant so again there was that lived experience of knowing what is going to happen and whatnot. Anyway, my daughter was born. She is very loud and very opinionated. I love her very much, and she is terrific. Not long after that, I heard that the midwife that had been wonderful and was pregnant had her birth at the birthing centre where we were, but she lost her baby – really hard. She gave so much to us and to so many people, but I understand that after that she went back to work.

I just think that when we talk about people with lived experience and when we talk about our nurses and midwives and all those people, we must remember the courage that they have to turn up to work every day in the face of all sorts of issues and difficulties, and having to watch other people maybe lose their children or loved ones. They turn up day in and day out with their lived experience and still remain compassionate and have empathy and courage. I just think it is really extraordinary. I would like to think that this bill acknowledges that also, because, again, the more we can do to help and support our frontline people, the better. I am very, very happy as part of the Labor government that in

the enterprise bargaining agreement for nurses and midwives they got a 28 per cent pay rise. I do not think anyone that has actually been in hospital would begrudge them that.

The last time I went to hospital I had been to my doctor because I was a bit hot and I was not feeling too good. They decided to put me in an ambulance with lights and sirens, which was quite fun. I got to emergency and I was in a bit of a queue. I think my temperature was 42 or 43 – I was sweating. I am very grateful that they allowed me to jump the queue. I was in a little room waiting for treatment, and my doctor was very busy and could not help me, because in the cubicle across the way they were resuscitating someone, who died. I was lying there listening to it, and really it is quite horrific in that way. They were saying, ‘Do you want to go again?’ ‘No, we’ll leave it.’ Then my doctor came in with a smile on his face and the nurse came in, and I was thinking, ‘How on earth can you just go through what you went through and still come in and give me the time of day and be genuine and compassionate with me?’ They are extraordinary people, and I thank them from the very, very bottom of my heart. I commend this bill to the house.

John MULLAHY (Glen Waverley) (16:27): That is a hard act to follow. I must firstly acknowledge the member for Hastings and his wonderful, empathetic and caring contributions that he always gives in this chamber. He has certainly reminded me with regard to the new parent concerns that you have when you first turn up to the hospital. It was 6½ years ago now, with my partner Donna and Orla on the way, and I remember that worry and concern that you have when you go in there. As soon as you go in there you are surrounded by professionals who on a day-to-day basis know how to look after you and know how to make sure that you feel confident that you are going to be looked after and that you are going to be okay. As hour after hour after hour goes by – we got up to 25 hours – though you are still concerned and still worried about what is going to happen, you just have that confidence that our nurses, our midwives and our doctors are there to ensure that you get the best outcome. I would like to start by thanking the nurses and midwives that looked after us through some concerning times. We got there: we got our little bundle of joy at 11:38 pm after 26 hours of that ordeal. I thank them for what I have today.

It is a pleasure to rise in favour of the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. From the outset I would like to thank the Minister for Health and her team for their efforts in bringing this important legislation to the house. I trust these changes will have a positive impact for all Victorians. Back in 2015, just one year into the Andrews Labor government, a significant piece of legislation was introduced, one which would transform our healthcare system. It was nation-leading change that we proudly stand by and, more importantly, improve on today. That was the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Bill 2015. This was the first time that an Australian state enshrined nurse- and midwife-to-patient ratios into law.

I want to take a moment to quote a few lines from the then Minister for Health, the Honourable Jill Hennessy, because they are so relevant in today’s context:

This bill is an Australian first.

It will help nurses and midwives do what they do best, it will guarantee every Victorian patient the care they need and it will protect the integrity of our highly respected nursing profession in the future.

She went on to mention that:

There is evidence ... that if a nurse has more time to provide care to a patient, then the risk of that patient having an unintended complication or event – like falling or developing a pressure ulcer – is far less than if the patient was left unattended.

In essence she was highlighting the incredible work that our nurses and midwives do and how through appropriate legislative frameworks government can support the incredible contribution that they make to our state. Members may note the distinct similarity between the titles of that piece of legislation and the bill that we are debating in the house today, and that is because the Allan Labor government is building on the progress that has been made by ensuring stronger and safer ratios. We recognise there is always more to do to improve patient and carer safety and satisfaction, and it is critical that we

institute better nurse- and midwife-to-patient ratios to ensure the best possible care for Victorian patients and their families. We made commitments in 2014, and we delivered them through the legislation I began my contribution with. We also made those commitments again at the 2018 election and delivered them. Now we are once again delivering on our commitments made at the 2022 election. It is already our third round of improvements to legislated minimum nursing and midwifery staffing levels in public hospitals, a record we are very proud to stand on.

Part of our promise to improving the quality of our health services in Victoria was to deliver a broad package of additional care and support for patients. Through this we will deliver extra night duty staff in high dependency units and coronary care units, an additional 457 nurses and midwives into the health system, 30 more residential aged care nurses, the recruitment of 141 midwives and the trial of a neonatal support nurse in maternity wards. These are broad-ranging changes which in part have come about thanks to the continuing and ubiquitous advocacy of our nurses and midwives, and we are proud to stand alongside them because we have their backs.

I quote Lisa Fitzpatrick AO, secretary of the Australian Nursing and Midwifery Federation (ANMF):

... the ... Government has demonstrated once again it is really listening to nurses and midwives to recover from the pandemic and improve the system for all Victorians.

This government also understands that to deliver on these commitments, we need to recruit more nurses and midwives. As the demand for services gets higher, it is important that we address the pressure that is placed on the workforce. They are making an honourable and commendable decision choosing to serve public patients in public hospitals, and it is only right that we continue to encourage them in their career aspirations. Since we have come into government we have grown our healthcare workforce by nearly 50 per cent, with a 6.7 per cent increase just last year alone. In real numbers that is an additional 40,000 nurses, midwives, doctors and allied health professionals and other hospital staff. That is 45 per cent more nurses and midwives and 78 per cent more doctors serving in our public health system and, importantly, nearly a quarter of these new positions have been in rural and regional areas.

A \$270 million investment has been made for study in nursing and midwifery to be free, an incredible initiative to build the supply and capacity of our workforce. This stands alongside how at the last state election we promised a \$5000 sign-on bonus to those nurses and midwives who chose to enter Victoria's public health system, and I do go to a very close friend of mine who in her 30s decided to go back and study nursing. Unfortunately she started her course a year before she was able to actually get that sign-on bonus, but she is now looking after patients, working in our public health system, and I thank her for the work that she does as well. The 2024–25 budget increased its investment into building Victoria's public health workforce with an additional \$183 million, and there has been an over 50 per cent increase in the paramedic workforce since we came to government. Furthermore, Lisa Fitzpatrick of the ANMF also makes important notes about the fact that increasing the numerical number of staff alone is not good enough. There must be legislative action to address issues pertaining to staffing levels, rostering and workload management, and that is exactly what this bill goes through.

I want to make note of a few of the new ratios and regulations that will now be set in Victoria: one-to-one nurse-to-occupied-bed ratios in ICUs on all shifts; ICUs will be required to have a team leader and liaison nurse dedicated to them for the very first time; improved staffing ratios in resuscitation cubicles in EDs on morning shifts, down from one to six to one to four; midwife-to-patient ratios in postnatal and antenatal wards on night shift; and in-charge nurses on night shifts in standalone high-dependency units and coronary care units.

We are already seeing the benefits of this government's record investment in our healthcare system. Victoria is ahead of every other state in its planned surgery turnover rate, and we are the only jurisdiction that has performed planned surgeries within clinically recommended timeframes for all category 1 patients, category 1 patients being those that need immediate treatment.

I was delighted to join the member for Box Hill and the member for Ashwood in welcoming the Minister for Health to the Blackburn Public Hospital. For some context, in 2021 this government converted this site from a privately run operation into a publicly run facility now operated by Eastern Health. This year alone it will deliver around 4000 additional surgical procedures and 10,000 medical consultations. It is only through decisive and reforming government agendas such as this that we have seen the waitlist decrease almost 10 per cent compared to the same time last year, and that is partly thanks to our \$1.5 billion COVID catch-up plan for surgeries that were delayed. Almost 50,000 patients underwent planned surgery in the last quarter, resulting in the lowest level of Victorians waiting for planned surgery since the beginning of the pandemic. The median treatment time in emergency departments is down 8 minutes to 14 minutes, a significant improvement as a result of direct investment into this incredible healthcare workforce we have here in Victoria. I have so much more to talk about, but time is getting – an extension of time, member for Kew? No?

We know just how much of a difference these changes will make in supporting our incredible healthcare workforce to deliver safe and high-quality care for all patients in Victorian hospitals. I am proud of the work that the Allan Labor government is doing to protect and support Victoria's public healthcare system. I want to thank all the nurses and midwives for everything they do for the people of Victoria. I commend this bill to the house and wish it a speedy passage.

Nina TAYLOR (Albert Park) (16:37): This bill is really about backing in the nurses who do incredible work day in, day out to support the Victorian community. We are extremely proud of them and grateful for their dedication to us. I will, before I proceed, just do a little shout-out to my great-aunt Lois. She is in her 80s. She is incredibly resilient, mighty and amazing. She was a psychiatric nurse, so I want to commend her for her dedication to community as well.

Moving on, what I did want to say to start with as well is, thinking about some of the reflections that have been shared in the chamber, that there are so many qualities that nurses need. Fundamentally, when we are talking about health, it is such an incredibly vulnerable part of humanity, and that is why we are so reliant on a well-trained, highly skilled and compassionate workforce. That is why the least we can do is back them in, and this bill reflects listening to those people who do this hard work day in, day out for us and reflects the needs that they have genuinely shared with us. We are, after all, the party of nurse-to-patient ratios, but it is after listening to the nursing profession that we are bringing about what is actually an incremental set of really important reforms. I was even reflecting back on when my late father's illness was unfortunately not going well, back 30 years or so, and I was thinking about the vicissitude of emotions that nurses have to deal with. Obviously they get to at times deliver some really beautiful news, particularly when they are able to deliver a new baby and hopefully all is well. That is not always going to be the case, as has been shared in the chamber. But they also have to take the family on the journey.

What I remember of the nurses is how, in a very compassionate and caring but pragmatic way, they were able to ground us and to let us know that my late father's days were not going to continue, that there was an end point, that there was a failure of organs. It was certainly not the information I wanted to hear, but nevertheless it was necessary. Somebody had to share that, to ground us, to prime us and to prepare us so that we could at a certain point in time – and that is what grief is about – learn to cope with that. I am incredibly grateful, because imagine having to share that kind of information and to deal with that – and this is not just a one-off. Surely they are having to deal with these very awkward – 'awkward' is understating it – and these very emotive situations, and they are expected to handle it. I am incredibly grateful, because as I say, at the time when I heard the words 'Your dad has three days to live' I did not want to hear that. I was like, 'No, he doesn't! He is not going to – that's not what I want to hear.' I did not say that to them, but in my head I was thinking that was absolutely not the information I wanted to hear. But it is exactly what I needed to hear, and mainly for my mum at the time and my brother, so that we would be able to cope, because actually the thing that human beings find the most difficult – and this is perhaps the most striking thing about acute scenarios when you are talking about accidents et cetera – is surprises. We want to be able to deal with situations, and the best

way we can is if we have forewarning, if we have some way of planning ahead. Emotionally this is just the way human beings are, generally speaking. Some will adapt more quickly than others, but then there is having that courage – because I think it takes real courage – to be able to share with that kind of candour the information that people need to hear.

So when I was thinking and reflecting on this bill, I was reflecting on the dexterity that we expect of the nursing profession and are incredibly grateful for. They perhaps in many cases take that in their stride, because as I know the member for Hastings was saying, it is not like an incident has occurred and that is it, that everything else will be simple. It is continually challenging, and I think that really requires a certain disposition that is able to get up each day and to face the necessary fight that is required to keep human beings as healthy and happy as possible.

I did want to start on that premise because I think that fundamentally underpins the purpose for which we are passing these incredible reforms today. I am not saying ‘incredible’ in terms of ingratiating ourselves; I am saying they are incredible because of the very important purpose that they serve for the broader Victorian community, because they will ultimately benefit as a result of improved nurse-to-patient ratios. Fundamentally the nurses will too, because then, yes, it is great, we gift them these terrific skills and training. Well, they do the training, I should say. It is not that it is given. It is something that they do through their own hard work, endeavour and study, but ultimately if we then lean on them and say, ‘Okay, well, we expect you to deliver,’ then we need to back them in, right? That is what today is about. It is backing them in to do what they do so they can do it, because it is one thing to require certain outcomes, it is another thing to actually give them the pragmatic elements that enable them to attend to the requisite number of patients that are presented on any given day.

Therefore I think, further to some of the commentary regarding this hospital not getting this or that or the other, that of course you have always got to be advocating for your particular hospital or otherwise – granted – but that today this is about the nurses themselves and about saying, ‘Yes, we recognise wholeheartedly how hard your job is, how much each and every Victorian is vulnerable and requires that skill, dedication and compassion, and in return we want to make sure that you have the ratio requirements that enable you to meet the demands of your roles.’

I do want to say in terms of the investment, just to be sure that people are clear that we actually have backed them in properly, that the government committed \$101.3 million in the 2023–24 budget to support the implementation of these new ratios. The new ratios build on the Labor government’s 28.4 per cent pay increase for our hardworking nurses and midwives, helping to retain and recruit more nurses so more Victorians can get the very best care, which is what it is about.

We are also recognising through this deal the undervaluing of this highly feminised workforce. It is also an important step forward, and I think it is thematic today and this week as we are celebrating International Women’s Day – which is sort of International Women’s Week, which is quite right, or month, as is appropriate – to be able to encompass all the different aspects of what that means. It is an important step towards gender wage equity in Victoria, and that really counts for something, to say the least. So that is also a really important stride forward, and it is a commitment we made to the Victorian community. Because when we are talking about tackling equality, tackling fairness in the workplace and also tackling relationships and making sure that we have that respect, whether it be in our schools or whether it be in our homes, we also have to stump up and show it in our workplaces as well. This is just another way that our Victorian government is actually – it is beyond a signal, but let us say at a minimum – sending a strong signal of what we expect when it comes to quid pro quo, which is people putting in, we back them in too, but also we make sure that there is true equality between the males and the females in these circumstances as well.

I should say, further to the point about us backing them in, that since we came to government we have grown our healthcare workforce by nearly 50 per cent. That is an additional 40,000 nurses, midwives, doctors, allied health professionals and other hospital staff in our state’s health service. Almost one in four of these new roles has been created in rural and regional Victoria. I know that has been another

theme here today, and I want the chamber to be clear – and I think on this side we are clear, but just for the other side – that this is not just about metro Melbourne. The nearest hospital for my electorate is the Alfred, by the way. This is for the benefit of all Victorians; otherwise why would we be doing it?

There are now 45 per cent more nurses and midwives and 78 per cent more doctors in our hospitals than when we came to office. They are not subtle figures, and neither should they be. They are reflective of the needs of our population, but they also reflect the fact that this is not just lip-service and that we have taken real action, just as we are doing here today. It is truly an honour to be able to be part of a caucus that actually backs in our nurses.

Tim RICHARDSON (Mordialloc) (16:47): What better way to bring home the bills this week than to finish off on the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025. When we saw the government business program come out earlier in the week, I thought this would be one at the end – back into the program, the chamber would be up and about and we would have the speaking list just running down the street. But now we have seen that the part-timers on that side, the coalition, have just gone home. I do not know where they are around the precinct. The de facto leader of the Liberal Party over there, the member for Kew, is holding the fort and the new member for Prahran is doing the time, but I do not know where anyone else is. Where have they gone? This is such a significant bill to put forward in our state. Importantly, it is around the nurse-to-patient ratios and about safety and care for Victorians. I am just amazed at the contributions that have been made: the care, empathy and respect that have been shown to our nurses and the lived experience and the living experiences that people have shared – their most important moments – and how they have connected with our nurses and midwives over their journeys. I have said this before: they are truly the best Victorians in our state.

Recent times have seen such significant challenges. When we came to government it was the threat of further industrial action, the undermining of their ratios, having to fight with the former coalition government and knowing that they would never have a safe day under those opposite. When they strip away nurse-to-patient ratios, when they try to bring in health assistance and when they try to privatise elements of our health service, we see the impacts on patient safety. Then when we were at the absolutely critical juncture of a one-in-100-year pandemic, where it was shoulder to the wheel and lives were at risk left, right and centre, we saw nurses and midwives front up and answer the call in some of the most dangerous circumstances that we have seen and in uncertainty. Remember that when we had very little knowledge around what this pandemic would be it was nurses and midwives that ran to a crisis and risked their own health and wellbeing and safety, who fronted up in PPE and made sure that they were supporting our communities in the most vulnerable, difficult and dangerous times. At the same time in 2020 we had those opposite undermining health messages, undermining the safety of our health workforce like we have never seen before, peddling conspiracy theories and pandering to populist and far-right groups that were trying to undermine the work that they were doing. Yes, there were concerns and discussions around the pandemic and challenges during that time, but those that suffered most from some of the undermining of the chief health officer and the health messaging at the time were our health workers in that system. That shows that when the going gets tough those opposite will take the populist view rather than support the health and wellbeing outcomes of our nurses and midwives.

It goes back to behaviour that we have seen before. Past performance is a good indication of what the future might hold. I remember vividly the coalition breaking that 2010 election commitment around maintaining ratios. I remember that image of Marshall Baillieu at the time as the nurses were campaigning for better rights and outcomes. He literally gave the middle finger to those nurses and midwives at that time, in some of the most arrogant behaviour that we have seen. Then we saw the health minister at the time absolutely trying to pulverise our health system. Our paramedics were at war with that government. The health workers that we saw, our nurses and midwives, were pleading for patient safety and those outcomes. Luckily they have got a Labor government that listens and backs them in. A 28 per cent pay rise recently acknowledged the work that they do each and every day to

create a healthier, safer and more supported Victorian community. To see those nurse-to-patient ratios enshrined in our laws and then most recently built upon, strengthened and protected into the future is just a magnificent legacy of the Andrews and Allan Labor governments.

It was a really stark image during the 2022 campaign. Remember there was a lot of coalition rhetoric around health and what investments they would make, but there was a stark absence in some of the media and some of the publications. Remember those images of the member for Bulleen, then Leader of the Opposition, standing out the front of health services along with the member in the other place, Georgie Crozier, out on the lawns, not with any health workers – no nurses or midwives anywhere near them. They would have a group, a gaggle – you might say a ratio – of Liberals out there, but no health workers wanted to stand shoulder to shoulder with them. When the then Premier Daniel Andrews announced more support for nurses and midwives, it was literally an elevator of health workers who came together because they knew in every instance, in every week, we would be supporting and backing our nurses and midwives.

These values are all choices that we make when we are in government. What do we value, what do we support and what do we protect? It is one thing for members to come in here and talk about some of the challenges in health in their communities. That is important narration and an important thing to put on the record. But it is a long way from what this bill actually talks about. It is a long way from narrating whether they are supportive or opposed – whether they would apologise on behalf of their constituencies for undermining health messages in the past and then do the honest thing, say that they have not supported health workers in the past and front up to the consequences of their decisions.

We have invested more than \$100 million to realise these reforms, and we have seen some 40,000 health workers, our nurses and midwives, added to the Victorian care, support and health economy over this time. That is an extraordinary number and uplift of people who have chosen a career in this sector, and their contribution is one of the best that you can make in our state into the future. They have chosen this as a pathway, and we have facilitated that through some better pay and conditions outcomes and some safer ratio outcomes. Those changes are the gold standards leading the nation, the values of the Victorian Labor government, and we are seeing some of those values then followed up by governments in other states and territories as well. Leading the way means that health workers across our nation are getting a better outcome for some of the policy work and the efforts that were made back in 2015 when we came to government and built on year after year after year.

I want to give a big shout-out to Australian Nursing and Midwifery Federation Secretary Fitzpatrick. The work that she done has been absolutely extraordinary in leading our nurses and midwives during that time to really embed these ratios and changes into the future.

It is also worth thinking of where we would be if we had not had those ratios in place during some of the most difficult challenges – through the impacts of the pandemic and going through the elective surgery wait times that we have seen a decline in, with people getting the necessary and important surgery outcomes to support them into the future. Where would we have been had we not had those ratios in place? Where would we have been if we not had that support?

Everyone has a key lived experience of their engagement with nurses and midwives. I can speak from experience – not as eloquently as the member for Hastings, who gave such a beautiful account of how nurses and midwives have supported and engaged his family in the past. I give a shout-out to your daughter, who has such an amazing story with EDS and the work and advocacy that she is doing and the engagement that she has with health professionals. The midwife discussion you had really touched me because my partner Lauren went through two emergency C-sections to have our daughters Paisley and Orla, and that had a mental health and wellbeing impact. She went through postnatal depression during that time and that impact. It is the care and the nurture and the support that midwives provide that makes that journey easier, that makes the outcome and the recovery during that time a little bit easier. The care and compassion that they show are some of the most amazing things that we see –

some of the greatest examples of care and humanity. It helped Lauren on her journey, recovering after Paisley and then Orla as well.

When you think that nurses do that and front up. One of our best mates – Ebony, whom I will give a shout-out to – in our community fronts up in some of the most dangerous circumstances for mums delivering babies. Sometimes they have the most tragic circumstances and outcomes. She will go from the most elated joy in a moment all the way through to some of the deepest despair that parents go through, and she fronts up to double shifts to do that and does it each and every day, works overtime, works night shifts and fronts up, supports her family and then goes again. She asks me sometimes, ‘Oh, how has your week been?’ I go, ‘I sent a few emails,’ and she goes, ‘I delivered a few babies and supported some parents through some traumatic circumstances.’ I go, ‘You’re one of the greatest of all time.’ That is just an example of one glimmer of what midwives do in our communities and why we love and appreciate them so much in everything they do, and we give them a big shout-out. It is not just about words, though; it is about actions. For a decade now this Labor government has backed nurses at every moment possible, with the most outstanding health minister we have had in Victoria, the Minister for Health, who does an extraordinary job. We commend this bill to the house.

Matt FREGON (Ashwood) (16:57): Safe patient care and nurse-to-patient and midwife-to-patient ratios – are we proud of this or what? It is great to see the opposition is supporting us. I have got a little bit of time, and I just want to give a shout-out to the late Jan Kennedy, who was a power of strength – a midwife and all-round community health worker – for many, many years in our patch. I know that if she was still around today, she would be so proud that this bill is, hopefully, about to be passed in about a minute. It cannot be underestimated, the advantage of having these ratios, and I will give a quick example. We all remember the worst of COVID, and we all remember there were some terrible stories about patients in private aged care. A lot of people lost their lives. Do you know how many people lost their lives in state aged care? Zero. Now why would that be, I wonder. Well, part of it is nurse-to-patient ratios – standards that this government expects from our public servants. If you want a reason – and again, I appreciate that the opposition are supporting this bill; this is great – we can all agree that nurses–patient ratios in the wards support us. I do apologise to the nurse about 12 years ago that I gave a hard time to when she wanted me to walk after an appendix incident. I might have given her a bit of lip, and I deserve what I got back, by the way – so apologies for that. This is a fantastic bill. I am very excited to vote aye on this. I thank the Minister for Health for her work on this bill, and I commend it to the house.

The SPEAKER: The time set down for consideration of items on the government business program has arrived, and I am required to interrupt business.

Motion agreed to.

Read second time.

Third reading

Motion agreed to.

Read third time.

The SPEAKER: The bill will now be sent to the Legislative Council and their agreement requested.

Terrorism (Community Protection) and Control of Weapons Amendment Bill 2024*Second reading***Debate resumed on motion of Anthony Carbines:**

That this bill be now read a second time.

And David Southwick's amendment:

That all the words after 'That' be omitted and replaced with the words 'this house refuses to read this bill a second time until the government considers further options to tackle controlled weapons and ensure community safety during planned events.'

And Gabrielle de Vietri's amendment to David Southwick's amendment:

That all the words after 'until' be omitted and replaced with the words 'the government commits to working with stakeholders to address allegations of ongoing and systematic racial profiling of members of the community in designated areas.'

The SPEAKER: The minister has moved that the bill be now read a second time. The member for Caulfield has moved a reasoned amendment to this motion. He has proposed to omit all the words after 'That' and replace them with the words that appear on the notice paper. The member for Richmond has moved an amendment to the member for Caulfield's reasoned amendment. She has proposed to omit all the words after 'until' and replace them with the words that appear on the notice paper. The house will deal first with the member for Richmond's amendment. The question is:

That the words proposed to be omitted stand part of the member for Caulfield's reasoned amendment.

Those supporting the amendment to the reasoned amendment by the member for Richmond should vote no.

Assembly divided on question:

Ayes (79): Juliana Addison, Jacinta Allan, Brad Battin, Jade Benham, Roma Britnell, Colin Brooks, Josh Bull, Tim Bull, Martin Cameron, Anthony Carbines, Ben Carroll, Anthony Cianflone, Annabelle Cleeland, Sarah Connolly, Chris Couzens, Chris Crewther, Jordan Crugnale, Lily D'Ambrosio, Daniela De Martino, Steve Dimopoulos, Paul Edbrooke, Wayne Farnham, Eden Foster, Will Fowles, Matt Fregon, Ella George, Luba Grigorovitch, Sam Groth, Matthew Guy, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, David Hodgett, Melissa Home, Natalie Hutchins, Sonya Kilkenny, Nathan Lambert, John Lister, Gary Maas, Alison Marchant, Kathleen Matthews-Ward, Tim McCurdy, Steve McGhie, Cindy McLeish, Paul Mercurio, John Mullahy, James Newbury, Danny O'Brien, Michael O'Brien, Kim O'Keeffe, Danny Pearson, John Pesutto, Pauline Richards, Tim Richardson, Richard Riordan, Brad Rowswell, Michaela Settle, David Southwick, Ros Spence, Nick Staikos, Natalie Suleyman, Meng Heang Tak, Nina Taylor, Kat Theophanous, Mary-Anne Thomas, Bill Tilley, Bridget Vallence, Emma Vulin, Peter Walsh, Iwan Walters, Vicki Ward, Kim Wells, Rachel Westaway, Dylan Wight, Gabrielle Williams, Belinda Wilson, Jess Wilson

Noes (2): Gabrielle de Vietri, Tim Read

Question agreed to.

The SPEAKER: We now move to the member for Caulfield's reasoned amendment to the question that the bill be now read a second time. He has proposed to omit all the words after 'That' and replace them with the words that appear on the notice paper. The question is:

That the words proposed to be omitted stand part of the question.

Those supporting the reasoned amendment by the member for Caulfield should vote no.

Assembly divided on question:

Ayes (54): Juliana Addison, Jacinta Allan, Colin Brooks, Josh Bull, Anthony Carbines, Ben Carroll, Anthony Cianflone, Sarah Connolly, Chris Couzens, Jordan Crugnale, Lily D'Ambrosio, Daniela De Martino, Gabrielle de Vietri, Steve Dimopoulos, Paul Edbrooke, Eden Foster, Will Fowles, Matt Fregon, Ella George, Luba Grigorovitch, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, Melissa Horne, Natalie Hutchins, Sonya Kilkenny, Nathan Lambert, John Lister, Gary Maas, Alison Marchant, Kathleen Matthews-Ward, Steve McGhie, Paul Mercurio, John Mullahy, Danny Pearson, Tim Read, Pauline Richards, Tim Richardson, Michaela Settle, Ros Spence, Nick Staikos, Natalie Suleyman, Meng Heang Tak, Nina Taylor, Kat Theophanous, Mary-Anne Thomas, Emma Vulin, Iwan Walters, Vicki Ward, Dylan Wight, Gabrielle Williams, Belinda Wilson

Noes (27): Brad Battin, Jade Benham, Roma Britnell, Tim Bull, Martin Cameron, Annabelle Cleeland, Chris Crewther, Wayne Farnham, Sam Groth, Matthew Guy, David Hodgett, Tim McCurdy, Cindy McLeish, James Newbury, Danny O'Brien, Michael O'Brien, Kim O'Keeffe, John Pesutto, Richard Riordan, Brad Rowswell, David Southwick, Bill Tilley, Bridget Vallence, Peter Walsh, Kim Wells, Rachel Westaway, Jess Wilson

Question agreed to.**Motion agreed to.****Read second time.**

Third reading

Motion agreed to.**Read third time.**

The SPEAKER: The bill will now be sent to the Legislative Council and their agreement requested.

Help to Buy (Commonwealth Powers) Bill 2025

Second reading

Debate resumed on motion of Danny Pearson:

That this bill be now read a second time.

And James Newbury's amendment:

That all the words after 'That' be omitted and replaced with the words ' , noting the contrasting position of the two major federal political parties on this policy, this house refuses to read this bill a second time until the outcome of the federal election is determined.'

The SPEAKER: The minister has moved that the bill be now read a second time. The member for Brighton has moved a reasoned amendment to this motion. He has proposed to omit all the words after 'That' and replace them with the words that appear on the notice paper. The question is:

That the words proposed to be omitted stand part of the question.

Those supporting the reasoned amendment by the member for Brighton should vote no.

Assembly divided on question:

Ayes (54): Juliana Addison, Jacinta Allan, Colin Brooks, Josh Bull, Anthony Carbines, Ben Carroll, Anthony Cianflone, Sarah Connolly, Chris Couzens, Jordan Crugnale, Lily D'Ambrosio, Daniela De Martino, Gabrielle de Vietri, Steve Dimopoulos, Paul Edbrooke, Eden Foster, Will Fowles, Matt Fregon, Ella George, Luba Grigorovitch, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, Melissa Horne, Natalie Hutchins, Sonya Kilkenny, Nathan Lambert, John Lister, Gary Maas, Alison Marchant, Kathleen Matthews-Ward, Steve McGhie, Paul Mercurio, John

Mullahy, Danny Pearson, Tim Read, Pauline Richards, Tim Richardson, Michaela Settle, Ros Spence, Nick Staikos, Natalie Suleyman, Meng Heang Tak, Nina Taylor, Kat Theophanous, Mary-Anne Thomas, Emma Vulin, Iwan Walters, Vicki Ward, Dylan Wight, Gabrielle Williams, Belinda Wilson

Noes (27): Brad Battin, Jade Benham, Roma Britnell, Tim Bull, Martin Cameron, Annabelle Cleeland, Chris Crewther, Wayne Farnham, Sam Groth, Matthew Guy, David Hodgett, Tim McCurdy, Cindy McLeish, James Newbury, Danny O'Brien, Michael O'Brien, Kim O'Keeffe, John Pesutto, Richard Riordan, Brad Rowswell, David Southwick, Bill Tilley, Bridget Vallence, Peter Walsh, Kim Wells, Rachel Westaway, Jess Wilson

Question agreed to.

Motion agreed to.

Read second time.

Third reading

Motion agreed to.

Read third time.

The SPEAKER: The bill will now be sent to the Legislative Council and their agreement requested.

Business interrupted under sessional orders.

Adjournment

The SPEAKER: The question is:

That the house now adjourns.

La Trobe River water allocation

Danny O'BRIEN (Gippsland South) (17:14): (1051) My adjournment matter this evening is for the Minister for Water, and the action I seek is for the minister to finally make a decision on allocation of water availability in the La Trobe River system. The minister will be aware and knows all about this issue. The government made a decision in 2022 in the *Central and Gippsland Region Sustainable Water Strategy*, or SWS, to reallocate some water that had been set aside for a power station that was never built – 25 giga litres in Blue Rock Dam. I have been campaigning for some time for the government to allocate that water for productive use in Gippsland, particularly for irrigation along the La Trobe River system. The government made a decision back in 2022 that it would allocate 16 gigs of that water across three users – that is, the environment, traditional owners, and irrigators or farm use – and that it would make a decision after consultation on how the 16 gigs would be split up between those three users. Here we are 2½ years down the track, and the government still has not made a decision on that. It is just extraordinary that it has taken so long for the government to make a decision just on how you split up some water. I have said to the minister privately before that if you had just said, 'It's a third, a third, a third,' we probably all would have been a bit cranky, but we would have got on with it. I would have liked to have seen more for irrigators, maybe the traditional owners might have wanted some more and the environmental NGOs might have wanted some more, but I think we would probably all just be happy if it was a third, a third, a third.

The point is there are farmers and landholders along the La Trobe system who would like to develop their farms and put some water on. There is great opportunity in irrigated agriculture to create new jobs and investment in our region, particularly in a region that is seeing the transition from coal-fired power and also of course the aftermath of the government's disastrous decision to shut down the timber industry, which affects the Latrobe Valley and my area as well. There is an opportunity to get this happening. We just need the simple decision made. I ask the minister to come out now and make that decision, decide how the water is to be allocated and then actually get on with doing so – put it to the

market and allow irrigators in particular to develop their farms, put some water on and create added value for our region, our state and our nation. This is an issue that has dragged on far too long, and I ask the minister to act quickly.

Northcote electorate transport planning

Kat THEOPHANOUS (Northcote) (17:17): (1052) My adjournment is to the Minister for Public and Active Transport, and the action that I seek is for the minister to join me on a visit to Thornbury to further understand my community's current and future use of the public transport network. The Victorian government has identified Thornbury, particularly the areas around High Street and St Georges Road, as part of a broader activity centres plan aimed at delivering more homes around key transport hubs. It is about building gentle density into suburbs that are close to shops, jobs, schools, services and public transport, and Thornbury has so much to offer in this regard. We are a thriving community and a welcoming one. We also know that Melbourne cannot just sprawl outwards, pushing the next generation further and further away from the communities they know and love.

In Thornbury our arterials are already seeing a lot of growth, but at the moment it feels very unplanned and uncoordinated, with very substantial developments going up in an ad hoc way. Activity centres allow us to strategically plan for how whole precincts can sustainably grow to meet the needs of our whole community. That does not just mean more homes; it means more open spaces, more local amenity, better design, inclusive streetscaping and, critically, a view to how community infrastructure and services are improved concurrently with population growth. In the inner north nothing embodies this imperative more than our unique transport pressures. Congestion is a real and serious issue. Parking is at a premium. As an inner-urban electorate we only have a small footprint for our population size, but we funnel a huge amount of north-south traffic from the northern corridor in and out of the CBD. Because we are bordered by three waterways there are only so many bridges that you can get in and out on. Separation Street is a skinny, one-lane-each-way street that came into existence when a property owner in the 1850s sold a few blocks of land and needed an access lane. It is now one of our main east-west arterials.

If we are going to grow and grow well in the inner north, densification needs to be accompanied by a modern and efficient transport network. Do not get me wrong: we have a lot of PT options right now, with a lot of potential to enhance them. In Thornbury this includes tram routes 11 and 86, which traverse the suburb, as well as the Mernda train line and bus routes like the 251, 510 and 508. Thornbury station is one of our most used stations in the electorate, servicing over 7500 passengers each week, yet it is worth noting that the entirety of the Mernda train corridor that runs through Thornbury, Croxton, Northcote and Westgarth still has boom gates that unfortunately slow everything down. Nevertheless, we have managed to put 165 new services on the line since 2015, the second-biggest increase of any metro train line. On our High Street tram line, the famous 86, level-access stops are being scoped and planned and, if progressed, would make a big difference to the usability of that major transport route. These are complex considerations which need to be addressed as our suburbs grow, with an integrated view of where new homes will be built and how people move around.

Maroondah Aqueduct bridge, Yarra Glen

Cindy McLEISH (Eildon) (17:20): (1053) I have a matter for the Minister for Roads and Road Safety, and the action I seek is for the minister to require Transport Victoria to work with Melbourne Water to put a temporary 44-tonne bridge over the aqueduct on the Eltham-Yarra Glen Road while the Maroondah Aqueduct bridge is being repaired. I have been contacted by so many constituents and locals raising their concerns about the closure, not just for themselves but also for the volume of through traffic. Most people do understand that the work needs to be done, but the closure is going to be very dangerous and quite inconvenient. The road is going to be shut for two weeks, and there are no easy detours through the area.

There is an enormous volume of traffic, not just local traffic but a lot of through traffic that goes to and from the M80 around the back through Watsons Creek onto the Melba Highway. There are trucks,

cars, motorbikes, horse floats and bicycles. We saw what happened for the one week that the Melba Highway was shut: there was traffic chaos, there was a fatality and there were many, many near misses and crashes. It was a disaster, and that needs to be avoided, which is why I think they must look at a temporary bridge as an option. I worry very much that the trucks will use the Heidelberg-Kinglake Road as an option or head up through Strathewen, which is extremely narrow, steep and very risky and dangerous, as we saw with the Melba Highway closure.

People want to know if traffic counts have been done. Has VicRoads recently done traffic counts? When did this happen? Have they done them with this project in mind, and does the department actually understand the volume of traffic that uses this road, the B-doubles, the semitrailers or the buses, caravans and cars? Equally, I think they misrepresented or misunderstood and underestimated greatly the volume of traffic on the Melba Highway, because as I said, it descended into chaos when it was closed for one week, and they had to stop the closure, reopen the road and let traffic through again.

There are so many communities and towns that rely on this road to get to and from Yarra Glen. Kids go to school, people work and people use all of the services, people from Kangaroo Ground, Panton Hill and St Andrews. But it is not just these guys that are going to be impacted; it is the huge volume of traffic that comes across this road, which will not have anywhere else to go. It was mooted that they could use Breakneck Road. Well, that is named Breakneck Road for a reason, and you cannot have traffic going on there. I understand that they are making some arrangements for emergency services vehicles, because this is an escape route should a fire break out – and that is not off the cards either; that could happen. So people are really worried and would like to see a temporary bridge and even as well a temporary footbridge for kids to be able to get across to go to school.

Broadmeadows electorate ministerial visit

Kathleen MATTHEWS-WARD (Broadmeadows) (17:23): (1054) My adjournment matter is for the Minister for Community Sport, and the action I seek is for the minister to join me in the electorate. The minister is very familiar with the mighty Upfield Soccer Club, one of the largest and most multicultural in Victoria and a place where many refugees and new arrivals have found a safe and welcoming space. It also prides itself on being affordable for local families and welcoming for people with disabilities, and it has played a vital role in promoting the recreational, social and physical development of children and adults of all skill levels and abilities in a safe and supportive environment. Thanks to the incredible work and the dedication of the volunteers at the club, led by the indomitable Wally Hanna, the club has experienced strong growth and has kids on waiting lists for the opportunity to play sport. The minister and I have been working with Hume council on plans for upgrades of the sporting fields and facilities to better meet their needs now and into the future, and I ask her to join me in a meeting with them and representatives from Hume City Council to discuss the progress of these plans. We know that local sport brings communities and families together, gives people an opportunity to be active and make friends and teaches kids important life skills like teamwork and resilience.

I would also like the minister to join me in a visit to JP Fawcner Reserve in Oak Park. The fantastic Oak Park footy club and Oak Park Cricket Club are growing from strength to strength and bursting at the seams. They have been advocating for improved lights at the ground for many years, and I was so proud to be able to secure an election commitment of \$650,000 from the state Labor government for the installation of competition-grade lighting. The lights will allow for extended oval usage, enabling more games and training to increase participation of both males and females, juniors and seniors, and they are nearly ready to switch on. I invite the minister to see the huge difference this investment from our Labor state government will make to my community.

Finally, I would love the minister to join me in a visit to the amazing Dallas Neighbourhood House, where so many people come to socialise, to learn things, to access support and to connect to services and get the help they need in a tailored and responsive way. They also run a well-utilised and growing food parcel program. The recent \$45,000 funding boost through the Labor government's food relief

program will enable them to upgrade the kitchen and storage and expand food purchasing and transport for additional parcels to meet mobility, dietary and cultural needs, as well as providing an additional weekly community meal. People always comment on how welcome, valued and supported they feel when they visit Dallas Neighbourhood House. I thank the dynamic and hardworking Leanne and all her wonderful staff and the dedicated volunteers and board members for their vision and commitment.

Crime

Jess WILSON (Kew) (17:25): (1055) My adjournment is to the Premier, and the action I seek is for the Premier to strengthen Victoria's laws by banning machetes and fixing our broken bail system. Victoria is in the grip of a worsening crime crisis, and Labor's weak laws are to blame. Just as firearm owners are required to comply with strict regulations, so too should anyone in the possession of a machete. Yet machetes remain easily accessible, making them a weapon of choice for violent criminals and home invaders. Their availability and misuse must be addressed by this government.

Last year the government weakened Victoria's bail laws, and they have failed to take decisive action to ban machetes. The consequences have been devastating, particularly with the surge in youth crime. In my local community alone aggravated robbery is up 57 per cent, residential aggravated burglary is up 43 per cent and theft from retail stores is up 33 per cent. Only last week a terrifying home invasion occurred in Sackville Street, Kew. Parents awoke to find masked youth offenders, who were out on bail, standing in their bedroom demanding that they hand over their car keys. This is the reality of Labor's soft-on-crime approach. Another violent home invasion happened just down the road the same night, and earlier this week local residents captured an offender brandishing a machete outside their home as more masked offenders followed. If it had not been for their dog barking, who knows what could have happened? They are rightly terrified, their children are rightly terrified, each and every night. When I spoke to them after the incident they asked, 'Why won't the government actually take action to stop this happening in our state?'

Even the Premier has conceded that Victoria's current laws are not working, yet it was this very government that weakened them, allowing repeat offenders to roam free. Labor have proven time and time again that they cannot be trusted to keep Victorians safe. My electorate office has been inundated with stories from residents sharing their concerns about community safety. There is a real sense of fear among the people I represent. That is why I am hosting a community forum later this month to provide residents with the opportunity to share their concerns and discuss practical solutions to combat crime together.

Premier, how have you let it come to this? Victorians should not have to lie awake at night in fear because your government has created a crime crisis in this state. The government must take immediate action. The first step to restoring law and order in this state is to ban machetes and fix Victoria's bail laws. Victorians should not have to wait any longer for this government to take action to tackle the crime crisis in this state. Premier, this is about ensuring the safety of every Victorian. The time for excuses, the time for inaction, is over. The Premier must designate machetes as prohibited weapons and keep Victorians safe.

Box Hill United Football Club

Paul HAMER (Box Hill) (17:28): (1056) My adjournment is for the Minister for Community Sport. The action that I seek is for the minister to join me in visiting the Box Hill United Football Club to inspect their facilities and hear about the club's infrastructure needs at their home grounds at Wembley Park and RHL Sparks Reserve in Box Hill. Under the guidance of club president George Petheriotis, the Box Hill United Football Club has been going from strength to strength and continues to build on its longstanding history in Box Hill. A couple of years ago a new pavilion was constructed on Sparks Reserve, which was part funded by the Victorian government as part of our World Game Facilities Fund. This fantastic new facility provides changing rooms and amenities for the hundreds of boys and girls that train and play on this ground each week. Given the heavy utilisation of its grounds throughout the year, the club is also seeking funding to replace its current turf pitches with synthetic

materials to ensure that the pitch can remain in good condition throughout the season and it can continue to encourage further growth in the world game within the Box Hill community. I look forward to the minister's response.

Fossil fuel advertising

Tim READ (Brunswick) (17:29): (1057) My adjournment matter is for the Minister for Public and Active Transport and Minister for Transport Infrastructure, and the action I seek is that the government ban fossil fuel advertising on public transport infrastructure in Victoria. The Secretary-General of the United Nations António Guterres has urged every country to ban advertising from fossil fuel companies, which he calls godfathers of climate chaos. But we do not need to wait for the federal government, we can take action in Victoria now. Councils like Merri-bek and Yarra have already taken steps to ban fossil fuel advertising on council-owned property. There is no reason we should be allowing these massive fossil fuel companies to keep pushing their dangerous products onto us at the expense of our health, our environment and our wallets.

The ABC reported last week on an organisation called InfluenceMap, which found that the global gas lobby has been running targeted pro-gas advertising campaigns tailored to different contexts around the world. Here in Victoria the gas lobby was found to be pushing messages about affordability, preying on people's very real cost-of-living concerns just to line their own corporate pockets. Energy costs are indeed having a big impact on households, and two-thirds of Australian families have cut back on heating and cooling their homes, according to the Climate Council. Energy companies, on the other hand, are doing just fine. The Australia Institute found that \$755 of an average AGL customer's yearly energy bill goes directly to company profit. A 2023 Monash University study found that Australian homes could save \$4.9 billion annually, approximately \$450 per household, by electrifying. This seems like a low estimate. Daily gas supply charges alone are at least a dollar a day in Victoria.

Given the energy cost savings of switching to all-electric homes, a good government would be helping households to save money long term by supporting them to get off gas entirely. It would certainly be a more effective cost-of-living measure than the previous \$250 power saving bonus, which was effectively giving government money to energy companies but with more steps involved. But many Victorians are still led to believe that renewables are more expensive than fossil fuel energy, and thanks to InfluenceMap, we can see this is a very deliberate tactic by the fossil fuel industry. We cannot let them get away with it. Let us show some initiative and ban fossil fuel advertising on public transport infrastructure in this state.

Reservoir East residents group

Nathan LAMBERT (Preston) (17:32): (1058) Speaker, it is wonderful to see you joined there by your young assistant. My adjournment matter is for the Minister for Housing and Building, and the action I seek is for the minister to visit Reservoir East and meet with the East Reservoir residents group, a collective of public housing tenants who have come together to discuss issues that affect them and their community and, where necessary, advocate collectively on those issues. As the minister will know, there is a large amount of public housing that was built in Reservoir East in the 1950s. Like many of the large public housing estates of that era, it was built with good intentions but it certainly had the effect of clustering together a large amount of disadvantage, and that persists to this day.

I know many members of this place have worked very closely with public housing tenants in their constituencies. The member for Broadmeadows in particular, I know, does a lot of that work, and she knows, as I know, that many of those public housing tenants make a very positive and significant contribution to our community. None of us want to stigmatise those tenants or those areas. However, at the same time we do also have to recognise that those areas and those estates do have above-average levels of a number of challenges with respect to long-term employment, with respect sometimes to alcohol and drug abuse and with respect to experience of violence and other matters.

I would like to recognise the important work that our neighbourhood houses do to support those public housing estates, notably Craig Liddell and his team up at Reservoir Neighbourhood House, Chris Lombardo and her team at Bridge Darebin, and Christina DiPierdomenico and her team at DIVRS. I know the member for Northcote, who is here, works closely with those groups as well. In fact the member and I met with Chris Lombardo and Keir Paterson, who does a good job of advocating for the neighbourhood house sector, just recently.

I would also just like to recognise Louise Kenney-Shen in our office, who does a lot of work directly at the moment with many public housing and community housing tenants on the issues I mentioned, indeed helping them with maintenance issues, transfer requests and other issues. It was Louise who suggested this potential meeting with the East Reservoir residents group. Ged Kearney and I were actually doorknocking in that area just recently, but as Louise pointed out, there is nothing better than getting a group of people together to discuss issues that are important to them.

Of course we really want to support collective organising and decision-making amongst these groups, and it is wonderful to see those residents coming together, speaking with their neighbours, bringing issues together, discussing what is most important to them as a group and then bringing it to our government. So I would love the minister to take up the opportunity, if she can, to come and chat to them. I think it would definitely be good for them, but I believe it will also be good for our government, because we value the input and particularly the collective input that we get from people in our public housing system. It allows us to improve things that are happening there. It allows us to improve things that are happening in the broader community around Reservoir East. I thank the minister sincerely for her consideration of this adjournment matter.

Patient transport

Tim BULL (Gippsland East) (17:35): (1059) Thank you, Speaker and Assistant Speaker. My matter tonight is for the Minister for Health, and the action that I seek is a review of the changes to non-emergency patient transport, which are denying patients in genuine need of pre- and post-medical treatment transport. Now, I acknowledge that there was a need to crack down on misuse under this program, but the changes that have been made are genuinely leaving patients who require support without it. The government will quite rightly say that those decisions are matters for the clinics and the specialists, and that is true, but it is clear that there are now a number that are too scared to approve travel, because if it is left unapproved, they are then left with the bill. They clearly need a little bit more comfort that essential trips will be covered.

One example that we have had is patients – multiple examples of patients – who are having to travel to Melbourne from East Gippsland for critical eye treatments to see specialists that often involve injections and impair eyesight. They are then not able to get a lift home because their travel is not being approved. They cannot travel on public transport either. They are the very people who should be approved for non-emergency patient transport. Some have even cancelled their eye appointments because they could not be guaranteed the journey back home after that treatment. When you need 12-week appointments for your injections, it can be the difference longer term between maintaining and losing sight. Postoperative patients have also faced a similar situation. One heart surgery patient was discharged from Monash and put on the train, which they found very deeply distressing, and they brought that into my office. So my request of the minister is to reconsider some of the criteria here to give the clinics a little bit of comfort that if they genuinely book for those in need they will not be left with the bill. That will provide some comfort to those in my electorate – and I am sure many other electorates around the state – that those patients can get the transport they need to get to critical appointments.

Ison Road, Werribee

John LISTER (Werribee) (17:37): (1060) Thank you, Speaker and Junior Speaker. It is good to see that briefly I am not the most new person in the house.

A member: I think he's been here longer than you have.

John LISTER: Definitely. He has done more adjournments. My adjournment is for the Minister for Transport Infrastructure, and the action I seek is to be provided an update regarding the Ison Road connection in the west of Werribee. This project will deliver a much-needed upgrade to a key Werribee road, which will see a massive increase in traffic capacity across Werribee's outskirts, with over 29,000 daily journeys expected by 2036. This important upgrade will help take traffic from Manor Lakes and Wyndham Vale out of the centre of Werribee and help ease congestion faced on local roads. This also links together our new communities in Harpley, King's Leigh and Riverwalk, many of whom have spoken to me at my constituent cafes these last few weeks about the importance of having this project completed. This vital work is part of the Allan Labor government's enormous infrastructure commitments in the district of Werribee, which is one of the fastest growing in the state.

If I may also indulge, as the last speaker on this side after my first sitting week, I would also like to thank the house for their welcome, and I look forward to working hard to get the best for all Victorians.

Responses

Mary-Anne THOMAS (Macedon – Leader of the House, Minister for Health, Minister for Ambulance Services) (17:39): The member for Gippsland South raised a matter for the attention of the Minister for Water, and the action he seeks is that the minister work with the water authorities on the water allocations for the La Trobe River system. The member for Northcote raised a matter for the attention of the Minister for Public and Active Transport, and the action she seeks is that the minister join her on a visit to Thornbury to observe the transport needs of that fast-growing community and to discuss those with her. The member for Eildon raised a matter for the attention of the Minister for Roads and Road Safety, and the action she seeks is that the minister work again with the water authority to consider a temporary bridge at Eltham-Yarra Glen Road over the aqueduct. The member for Broadmeadows raised a matter for the attention of the Minister for Community Sport, and the action that she seeks is that the minister join her to visit the Upfield Soccer Club, the Oak Park Football Club and the Dallas Neighbourhood House to discuss their infrastructure needs, to see and hear about the work of the neighbourhood house and to meet with those club members who are so vital to the strength of that fabulous community that the member is so happy and privileged to represent.

The member for Kew raised a matter for the attention of the Premier. I draw to the member for Kew's attention the fact that we did debate and indeed pass the Terrorism (Community Protection) and Control of Weapons Amendment Bill 2024 today, which does include reference to machetes, but the member for Kew is seeking that the Premier strengthen laws in relation to both machetes and bail. The member for Box Hill raised a matter for the attention of the Minister for Community Sport, asking that the minister join him to meet with sporting clubs in Box Hill and to meet with Box Hill United Football Club to talk about their facility needs. The member for Brunswick raised a matter for the attention of the Minister for Public and Active Transport, and the action the member seeks is that the minister consider banning fossil fuel advertising on public transport and other infrastructure.

The member for Preston raised a matter for the attention of the Minister for Housing and Building, and that is that the minister join him to meet the East Reservoir residents group. The member reflected on the important role that public housing has played in his community in providing much-needed housing to many disadvantaged members of our community but that it is time to consider what the next steps are when it comes to the provision of public housing in that community. The member for Gippsland East raised a matter for my attention in relation to non-emergency patient transport. I am happy to advise the member that there have been no changes to the eligibility criteria for NEPT, and that is that there is a need for clinical observation of the person being transported. But I am very happy

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to come back to the member in relation to what other community transport options may be available. I recognise the issues that he has raised with me this evening, and I will provide some further information to him. The member for Werribee raised a matter for the attention of the Minister for Transport Infrastructure, asking that the minister provide an update on Ison Road in his electorate.

I am quite distracted by little Patrick, frankly, who looks very much at home in the house.

The SPEAKER: Thank you, Minister. Thank you, members. I think that was an accurate assessment. I cannot tell; my notes are a bit scrunched. The house now stands adjourned.

House adjourned 5:44 pm.