

PARLIAMENT OF VICTORIA

**PARLIAMENTARY DEBATES
(HANSARD)**

LEGISLATIVE ASSEMBLY

FIFTY-NINTH PARLIAMENT

FIRST SESSION

WEDNESDAY, 9 FEBRUARY 2022

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By authority of the Victorian Government Printer

The Governor

The Honourable LINDA DESSAU AC

The Lieutenant-Governor

The Honourable JAMES ANGUS AO

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Deputy Premier, Minister for Education and Minister for Mental Health	The Hon. JA Merlino MP
Attorney-General and Minister for Emergency Services	The Hon. J Symes MLC
Minister for Transport Infrastructure and Minister for the Suburban Rail Loop	The Hon. JM Allan MP
Minister for Training and Skills, and Minister for Higher Education	The Hon. GA Tierney MLC
Treasurer, Minister for Economic Development and Minister for Industrial Relations	The Hon. TH Pallas MP
Minister for Child Protection and Family Services and Minister for Disability, Ageing and Carers	The Hon. AR Carbines MP
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Minister for Energy, Environment and Climate Change, and Minister for Solar Homes	The Hon. L D'Ambrosio MP
Minister for Health, Minister for Ambulance Services and Minister for Equality	The Hon. MP Foley MP
Minister for Ports and Freight, Minister for Consumer Affairs, Gaming and Liquor Regulation, and Minister for Fishing and Boating	The Hon. MM Horne MP
Minister for Crime Prevention, Minister for Corrections, Minister for Youth Justice and Minister for Victim Support	The Hon. NM Hutchins MP
Minister for Local Government, Minister for Suburban Development and Minister for Veterans	The Hon. SL Leane MLC
Minister for Water and Minister for Police	The Hon. LM Neville MP
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Assistant Treasurer, Minister for Regulatory Reform, Minister for Government Services and Minister for Creative Industries	The Hon. DJ Pearson MP
Minister for Employment, Minister for Innovation, Medical Research and the Digital Economy, Minister for Small Business and Minister for Resources	The Hon. JL Pulford MLC
Minister for Multicultural Affairs, Minister for Community Sport and Minister for Youth	The Hon. RL Spence MP
Minister for Workplace Safety and Minister for Early Childhood	The Hon. I Stitt MLC
Minister for Agriculture and Minister for Regional Development	The Hon. M Thomas MP
Minister for Prevention of Family Violence, Minister for Women and Minister for Aboriginal Affairs	The Hon. G Williams MP
Minister for Planning and Minister for Housing	The Hon. RW Wynne MP
Cabinet Secretary	Ms S Kilkenny MP

**OFFICE-HOLDERS OF THE LEGISLATIVE ASSEMBLY
FIFTY-NINTH PARLIAMENT—FIRST SESSION**

Speaker

The Hon. CW BROOKS

Deputy Speaker

Ms JM EDWARDS

Acting Speakers

Mr Blackwood, Ms Blandthorn, Mr J Bull, Ms Connolly, Ms Couzens, Ms Crugnale, Mr Dimopoulos, Mr Edbrooke, Ms Halfpenny, Ms Kilkenny, Mr McCurdy, Mr McGuire, Mr Morris, Ms Richards, Mr Richardson, Ms Settle, Ms Suleyman, Mr Taylor and Ms Ward

Leader of the Parliamentary Labor Party and Premier

The Hon. DM ANDREWS

Deputy Leader of the Parliamentary Labor Party and Deputy Premier

The Hon. JA MERLINO

Leader of the Parliamentary Liberal Party and Leader of the Opposition

The Hon. MJ GUY

Deputy Leader of the Parliamentary Liberal Party

Mr DJ SOUTHWICK

Leader of The Nationals and Deputy Leader of the Opposition

The Hon. PL WALSH

Deputy Leader of The Nationals

Ms SM RYAN

Leader of the House

Ms JM ALLAN

Manager of Opposition Business

Ms LE STALEY

Heads of parliamentary departments

Assembly: Clerk of the Legislative Assembly: Ms B Noonan

Council: Clerk of the Parliaments and Clerk of the Legislative Council: Mr A Young

Parliamentary Services: Secretary: Ms T Burrows

MEMBERS OF THE LEGISLATIVE ASSEMBLY
FIFTY-NINTH PARLIAMENT—FIRST SESSION

Member	District	Party	Member	District	Party
Addison, Ms Juliana	Wendouree	ALP	Maas, Mr Gary	Narre Warren South	ALP
Allan, Ms Jacinta Marie	Bendigo East	ALP	McCurdy, Mr Timothy Logan	Ovens Valley	Nats
Andrews, Mr Daniel Michael	Mulgrave	ALP	McGhie, Mr Stephen John	Melton	ALP
Angus, Mr Neil Andrew Warwick	Forest Hill	LP	McGuire, Mr Frank	Broadmeadows	ALP
Battin, Mr Bradley William	Gembrook	LP	McLeish, Ms Lucinda Gaye	Eildon	LP
Blackwood, Mr Gary John	Narracan	LP	Merlino, Mr James Anthony	Monbulk	ALP
Blandthorn, Ms Elizabeth Anne	Pascoe Vale	ALP	Morris, Mr David Charles	Mornington	LP
Brayne, Mr Chris	Nepean	ALP	Neville, Ms Lisa Mary	Bellarine	ALP
Britnell, Ms Roma	South-West Coast	LP	Newbury, Mr James	Brighton	LP
Brooks, Mr Colin William	Bundoora	ALP	Northe, Mr Russell John	Morwell	Ind
Bull, Mr Joshua Michael	Sunbury	ALP	O'Brien, Mr Daniel David	Gippsland South	Nats
Bull, Mr Timothy Owen	Gippsland East	Nats	O'Brien, Mr Michael Anthony	Malvern	LP
Burgess, Mr Neale Ronald	Hastings	LP	Pakula, Mr Martin Philip	Keysborough	ALP
Carbines, Mr Anthony Richard	Ivanhoe	ALP	Pallas, Mr Timothy Hugh	Werribee	ALP
Carroll, Mr Benjamin Alan	Niddrie	ALP	Pearson, Mr Daniel James	Essendon	ALP
Cheeseman, Mr Darren Leicester	South Barwon	ALP	Read, Dr Tim	Brunswick	Greens
Connolly, Ms Sarah	Tarneit	ALP	Richards, Ms Pauline	Cranbourne	ALP
Couzens, Ms Christine Anne	Geelong	ALP	Richardson, Mr Timothy Noel	Mordialloc	ALP
Crugnale, Ms Jordan Alessandra	Bass	ALP	Riordan, Mr Richard Vincent	Polwarth	LP
Cupper, Ms Ali	Mildura	Ind	Rowswell, Mr Brad	Sandringham	LP
D'Ambrosio, Ms Liliana	Mill Park	ALP	Ryan, Stephanie Maureen	Euroa	Nats
Dimopoulos, Mr Stephen	Oakleigh	ALP	Sandell, Ms Ellen	Melbourne	Greens
Donnellan, Mr Luke Anthony	Narre Warren North	ALP	Scott, Mr Robin David	Preston	ALP
Edbrooke, Mr Paul Andrew	Frankston	ALP	Settle, Ms Michaela	Buninyong	ALP
Edwards, Ms Janice Maree	Bendigo West	ALP	Sheed, Ms Suzanna	Shepparton	Ind
Eren, Mr John Hamdi	Lara	ALP	Smith, Mr Ryan	Warrandyte	LP
Foley, Mr Martin Peter	Albert Park	ALP	Smith, Mr Timothy Colin	Kew	LP
Fowles, Mr Will	Burwood	ALP	Southwick, Mr David James	Caulfield	LP
Fregon, Mr Matt	Mount Waverley	ALP	Spence, Ms Rosalind Louise	Yuroke	ALP
Green, Ms Danielle Louise	Yan Yean	ALP	Staikos, Mr Nicholas	Bentleigh	ALP
Guy, Mr Matthew Jason	Bulleen	LP	Staley, Ms Louise Eileen	Ripon	LP
Halfpenny, Ms Bronwyn	Thomastown	ALP	Suleyman, Ms Natalie	St Albans	ALP
Hall, Ms Katie	Footscray	ALP	Tak, Mr Meng Heang	Clarinda	ALP
Halse, Mr Dustin	Ringwood	ALP	Taylor, Mr Jackson	Bayswater	ALP
Hamer, Mr Paul	Box Hill	ALP	Theophanous, Ms Katerina	Northcote	ALP
Hennessy, Ms Jill	Altona	ALP	Thomas, Ms Mary-Anne	Macedon	ALP
Hibbins, Mr Samuel Peter	Prahran	Greens	Tilley, Mr William John	Benambra	LP
Hodgett, Mr David John	Croydon	LP	Vallence, Ms Bridget	Evelyn	LP
Home, Ms Melissa Margaret	Williamstown	ALP	Wakeling, Mr Nicholas	Ferntree Gully	LP
Hutchins, Ms Natalie Maree Sykes	Sydenham	ALP	Walsh, Mr Peter Lindsay	Murray Plains	Nats
Kairouz, Ms Marlene	Kororoit	ALP	Ward, Ms Vicki	Eltham	ALP
Kealy, Ms Emma Jayne	Lowan	Nats	Wells, Mr Kimberley Arthur	Rowville	LP
Kennedy, Mr John Ormond	Hawthorn	ALP	Williams, Ms Gabrielle	Dandenong	ALP
Kilkenny, Ms Sonya	Carrum	ALP	Wynne, Mr Richard William	Richmond	ALP

PARTY ABBREVIATIONS

ALP—Labor Party; Greens—The Greens;
Ind—Independent; LP—Liberal Party; Nats—The Nationals.

Legislative Assembly committees

Economy and Infrastructure Standing Committee

Ms Addison, Mr Blackwood, Ms Couzens, Mr Eren, Ms Ryan, Ms Theophanous and Mr Wakeling.

Environment and Planning Standing Committee

Ms Connolly, Mr Fowles, Ms Green, Mr Hamer, Mr McCurdy, Ms McLeish and Mr Morris.

Legal and Social Issues Standing Committee

Mr Angus, Mr Battin, Ms Couzens, Ms Kealy, Ms Settle, Ms Suleyman and Mr Tak.

Privileges Committee

Ms Allan, Mr Carroll, Ms Hennessy, Mr McGuire, Mr Morris, Mr Pakula, Ms Ryan, Ms Staley and Mr Wells.

Standing Orders Committee

The Speaker, Ms Allan, Mr Cheeseman, Ms Edwards, Mr Fregon, Ms McLeish, Ms Sheed, Ms Staley and Mr Walsh.

Joint committees

Dispute Resolution Committee

Assembly: Ms Allan, Ms Hennessy, Mr Merlino, Mr Pakula, Mr R Smith, Mr Walsh and Mr Wells.

Council: Mr Bourman, Ms Crozier, Mr Davis, Ms Mikakos, Ms Symes and Ms Wooldridge.

Electoral Matters Committee

Assembly: Ms Hall, Dr Read and Mr Rowswell.

Council: Mr Erdogan, Mrs McArthur, Mr Meddick, Mr Melhem, Ms Lovell, Mr Quilty and Mr Tarlamis.

House Committee

Assembly: The Speaker (*ex officio*), Mr T Bull, Ms Crugnale, Ms Edwards, Mr Fregon, Ms Sandell and Ms Staley.

Council: The President (*ex officio*), Mr Bourman, Mr Davis, Mr Leane, Ms Lovell and Ms Stitt.

Integrity and Oversight Committee

Assembly: Mr Halse, Mr Rowswell, Mr Taylor, Ms Ward and Mr Wells.

Council: Mr Grimley and Ms Shing.

Pandemic Declaration Accountability and Oversight Committee

Assembly: Mr J Bull, Ms Kealy, Mr Sheed, Ms Ward and Mr Wells.

Council: Mr Bourman, Ms Crozier, Mr Erdogan and Ms Shing.

Public Accounts and Estimates Committee

Assembly: Ms Blandthorn, Mr Hibbins, Mr Maas, Mr Newbury, Mr D O'Brien, Ms Richards and Mr Richardson.

Council: Mrs McArthur and Ms Taylor.

Scrutiny of Acts and Regulations Committee

Assembly: Mr Burgess, Ms Connolly and Mr Morris.

Council: Ms Patten and Ms Watt.

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Wednesday, 9 February 2022

The SPEAKER (Hon. Colin Brooks) took the chair at 9.32 am and read the prayer.

Announcements

ACKNOWLEDGEMENT OF COUNTRY

The SPEAKER (09:32): We acknowledge the traditional Aboriginal owners of the land on which we are meeting. We pay our respects to them, their culture, their elders past, present and future, and elders from other communities who may be here today.

Business of the house

ORDERS OF THE DAY

The SPEAKER (09:33): I wish to advise the house that general business, orders of the day 7 and 8, will be removed from the notice paper unless members wishing their matter to remain advise the Clerk in writing before 2.00 pm today.

Petitions

Following petition presented to house by Clerk:

GREAT FOREST NATIONAL PARK

To the Legislative Assembly of Victoria

The petition of

Members of the Bayside Bushwalking Club Inc

draws to the attention of the House

That virtually all of the water used by the five million people who live in Melbourne, and many people north of the Great Dividing Range, comes from the forests of the Victorian Central Highlands.

The petitioners therefore request that the Legislative Assembly of Victoria

Take the necessary steps to declare the Great Forest National Park in the Central Highlands and Gippsland regions for the security of water supplies and the conservation of rare and biodiverse wilderness areas; move to an entirely plantation-based timber industry; and put in place a plan to invest in tourism infrastructure and job-skills retraining in Gippsland and Central Highlands communities that will be affected by the phasing out of native forest logging.

By Mr ROWSWELL (Sandringham) (70 signatures).

Tabled.

Ordered that petition lodged by member for Sandringham on 8 February be considered next day on motion of Mr ROWSWELL (Sandringham).

Committees

ENVIRONMENT AND PLANNING COMMITTEE

Inquiry into Environmental Infrastructure for Growing Populations

Ms CONNOLLY (Tarnet) (09:35): I have the honour to present to the house a report from the Legislative Assembly Environment and Planning Committee on the inquiry into environmental infrastructure for growing populations, together with an appendix and transcripts of evidence.

Ordered that report and appendix be published.

Documents
DOCUMENTS**Incorporated list as follows:**

DOCUMENTS TABLED UNDER ACTS OF PARLIAMENT—The Clerk tabled the following documents under Acts of Parliament:

Border Groundwaters Agreement Review Committee—Report 2020–21

Climate Change Act 2017:

Built Environment Climate Change Adaptation Action Plan 2022–26

Education and Training Climate Change Adaptation Action Plan 2022–26

Health and Human Services Climate Change Adaptation Action Plan 2022–26

Natural Environment Climate Change Adaptation Action Plan 2022–26

Primary Production Climate Change Adaptation Action Plan 2022–26

Transport Climate Change Adaptation Action Plan 2022–26

Water Cycle Climate Change Adaptation Action Plan 2022–26.

Bills**RACING AMENDMENT BILL 2021**

Council's agreement

The SPEAKER (09:35): I have received a message from the Legislative Council agreeing to the Racing Amendment Bill 2021 without amendment.

**JUSTICE LEGISLATION AMENDMENT (CRIMINAL PROCEDURE DISCLOSURE
AND OTHER MATTERS) BILL 2021**

Council's amendments

The SPEAKER (09:36): I have also received a message from the Legislative Council agreeing to the Justice Legislation Amendment (Criminal Procedure Disclosure and Other Matters) Bill 2021 with amendments.

Ordered that amendments be taken into consideration later this day.

Business of the house**STANDING AND SESSIONAL ORDERS**

Ms SHEED (Shepparton) (09:36): I desire to move, by leave:

That so much of standing and sessional orders be suspended to allow general business, notice of motion 48 relating to the reintroduction of non-government business, to be moved immediately.

Leave refused.

Members statements**GOVERNMENT PERFORMANCE**

Mr SOUTHWICK (Caulfield) (09:37): Victoria has taken the wooden spoon when it comes to doing business in this state under the Premier, with a fail at every single level—the highest taxes in the nation, red tape like you would not believe and a public sector that has blown out. And I tell you what, businesses are leaving and people are leaving because this government has absolutely failed. A report today by the Victorian Chamber of Commerce and Industry shows that this state is absolutely a basket case under the Andrews Labor government. It is even in events, with the likes of New South Wales trying to steal the Melbourne Cup because Victoria is not the place to be. It is the place to leave under the Premier. It is a disgrace. We need to bring people back. We need to bring business back. At

the moment the CBD is an absolute ghost town—no-one is in the CBD at the moment. We have got disgraceful rules. No-one is going to wear a mask at their desk. It is time to remove the mask rules. It is time to lift restrictions. It is time to get workers back and lift the mandates. Enough is enough.

We all are doing our bit in this state. This government has failed this state. It is time for Victoria to get on with things. It is time for the state to start to grow and rebuild this great state—not have a state that is a basket case, under a Premier that does not care. The Premier has turned his back on all Victorians. Again he has done a captain's call when it comes to overriding ATAGI in terms of having visitors come to this state. People are leaving this state. Visitors will not come here. They will go to other places because in Victoria we have more restrictions than any other state. Victoria is a basket case under the Premier.

MORE TREES FOR A COOLER, GREENER WEST

Ms HORNE (Williamstown—Minister for Ports and Freight, Minister for Consumer Affairs, Gaming and Liquor Regulation, Minister for Fishing and Boating) (09:38): I rise today to update the house about just how fantastic the Andrews government is in furthering our commitment to the local environment and inner-west air quality through the rollout of the More Trees for a Cooler, Greener West initiative. Phase 2 of this program will see a further 175 000 trees planted across Melbourne's west, including in Hobsons Bay and Maribyrnong—all across my electorate. Local environment groups, community groups and schools in Maribyrnong and Hobsons Bay are being invited to express interest in taking part in the tree planting efforts in 2022, and I encourage all groups in Williamstown that want to be involved in this fantastic effort to register. For local residents who want to join in and plant some trees, stay tuned for an announcement on tree planting events later this year. This is part of our goal to plant more than half a million trees in Melbourne's west.

I have been in touch with local constituents who want to know whether native trees will be included in the planting, and I am proud to report that a range of native trees will be included. This is particularly exciting for Newport Lakes reserve, where all of the trees being planted this year will be native. Collaboration is also occurring with traditional owners to design and deliver tree-planting projects on country. Phase 2 of the planning follows phase 1, which will include planting in Cruickshank Park, McNish Reserve, Stony Creek, Kororoit Creek, Altona North and Newport Lake.

LOWAN ELECTORATE ENERGY SUPPLY

Ms KEALY (Lowan) (09:40): Power outages continue to cripple towns across my electorate. Yesterday more than 3000 people—Ausnet customers across Nagambie, Avenel, Seymour, Mangalore, Locksley, Kirwans Bridge and Warring—were left without power for hours on end, and it was an unplanned outage. This unfortunately is not unusual. Three weeks ago the power was out for 6 hours and in 2019 we had a 24-hour power outage where we lost all telecommunications in the middle of soaring summer temperatures and where we had elderly people stuck at home with no air conditioning and no way of contacting loved ones. It was a complete shambles. It endangered the lives of elderly residents and ill residents in particular, and it caused local businesses to lose thousands and thousands of dollars.

I believe there needs to be a broadscale examination of this problem, and I would urge the government to actually back locals in their call to look at how these reliability problems can be solved. Communities like Nagambie cannot simply bump along not knowing when the next power outage is going to come. Concerns about how the unreliability of the network is impacting Avenel residents and a desire to do more to address climate change have led to a push by Avenel Active to undertake some of this work locally. I applaud the group for their efforts to establish a community solar-powered heat refuge for vulnerable residents. They now have a vision to make Avenel off grid, and I would urge the government to back those plans.

MARIBYRNONG PARK FOOTBALL CLUB

Mr PEARSON (Essendon—Assistant Treasurer, Minister for Regulatory Reform, Minister for Government Services, Minister for Creative Industries) (09:41): Footy clubs are like big noisy families. Members come together in a common purpose and intent, and they support each other, they celebrate victory, they push each other to greater heights and they comfort each other in defeat, with the most important element being the togetherness that belonging brings. My own big noisy family is part of the Maribyrnong Park Football Club—the Marby Lions. It is a footy club of and for the community, and it brings hundreds of people from my electorate together.

The Marby Lions family has recently experienced a loss of three of its own, and I rise today to pay tribute to each of them. Bill Stunnell was a life member, former committee member and treasurer and had an involvement with the Marby Lions of over 70 years. He was well known for lending a hand and was a particular supporter of the women's football program. Gordon Tribe was a life member too, and he made a huge contribution as a goal umpire, a scoreboard operator and a supporter who knew the names of every single player.

Brenden Wallis died in a tragic workplace accident in November. He was far too young to leave behind his wife, Emma, and children, Phoebe and Jack. I spent many Sunday mornings with Brenden cheering on our kids and hearing about extraordinary efforts during lockdowns to boost the spirits of junior players and keep them well connected. Brenden was a friend, coach and mentor to many at the club, and his loss has been devastating for the Marby Lions. I pay my heartfelt respect to the families and loved ones of Brenden, Bill and Gordon. Footy clubs are at their best in times of trial, and I know the Marby army will rally and come together. Vale, Bill. Vale, Gordon. Vale, Brendan. Go Marby!

GEOFF EARNEY

Mr HODGETT (Croydon) (09:43): Today I rise to speak about Mr Geoff Earney, who recently won the Ian De La Rue award for community leadership in the Yarra Ranges council Australia Day awards 2022. It was wonderful to recap on the amazing work Geoff has obviously contributed to the community over the years, hearing how from a young age he showed leadership within the community, volunteering with the Ferny Creek Scouts and rising to become a scoutmaster, volunteering with the Ferny Creek rural fire brigade and helping to protect the community, and then serving in the Vietnam War on behalf of the country. Within the Mooroolbark community he has served on the CFA for 30 years, 12 of those as captain, and has received a life membership for all of his work. Geoff continued to give back to the community through becoming a member of the Mooroolbark Chamber of Commerce and then joining the Mooroolbark Traders Association, even serving as president numerous times; and more recently through his work with the Methven Professionals businesses, not only helping families find homes and providing locals with employment within his businesses but also generously contributing to a range of charities, helping individuals and sponsoring community groups through his work. Geoff continually puts the community first, embodying leadership in everything he does, making the community a better place for all.

CROYDON ELECTORATE MAINTENANCE

Mr HODGETT: On other important matters for the government's attention, from listening to local residents about the issues that concern them the need for Mullum Mullum Creek to be cleaned up in coordination with the department and responsible authorities has been raised with me, as has the need for VicRoads to put some effort and resources into cleaning off the graffiti on local road signs. I will formally write to the relevant authorities about these matters, advocating for action to be taken to the satisfaction of local residents.

GUILDFORD PRIMARY SCHOOL

Ms EDWARDS (Bendigo West) (09:45): The Guildford community have their own primary school again. It was a pleasure to be in Guildford last week to celebrate the reopening of the school, which will operate as an annexe of Campbells Greek Primary School. There was strong demand for enrolment. Sixteen students are enrolled, with this number expected to rise to 25. In preparation for the opening upgrades were completed on the Guildford school to ensure compliance across a range of areas in keeping with its heritage significance. Some trivia for the first week back in 2022: alumni of Guildford Primary School include sporting greats Ron Barassi and Dustin Martin, and the roof of the school building is the hull of a ship from the First Fleet. Thanks to the community for their advocacy to reopen the school. I have been proud to work with them to achieve this outcome. I am confident that with the doors back open students and staff will build on the great legacy of education in this community, ensuring a really bright future.

BIKES ON BUSES

Ms EDWARDS: It was my pleasure to be with the Minister for Public Transport in Castlemaine last week to announce the extension of the Andrews Labor government's bikes on buses initiative in central Victoria. Bike racks will be installed on all buses travelling 14 local routes in Bendigo, the Bendigo to Heathcote route and all buses travelling six local routes in Castlemaine. It follows a successful trial in 2016. It is a real win for locals and tourists and provides cyclists with additional transport options and connections to our many popular recreational trails. I am proud that this initiative is being rolled out. It highlights the government's commitment to providing more opportunities for active and healthy living.

COUNTRY FIRE AUTHORITY EILDON ELECTORATE BRIGADES

Ms McLEISH (Eildon) (09:46): CFA volunteers always do an amazing job, often in very difficult circumstances. I want to thank the brigades from Glenburn, Murrindindi, Yea, Limestone, Toolangi, Molesworth, Homewood, Flowerdale and Strath Creek who attended and extinguished a fast-moving grassfire following a lightning strike at our property. Crews navigated the very steep and rugged terrain to get their gear positioned to extinguish flames, create firebreaks and ensure livestock was protected. The CFA volunteers have local knowledge and know-how, which are critical to fight fast-moving fires. Their commitment and dedication to protect our communities should not be questioned. Our volunteers should always be supported and never undervalued.

GENEVIEVE BEACOM

Ms McLEISH: I am always inspired by gifted athletes, and 17-year-old Genevieve Beacom is right up there. Genevieve made history in January by being the first female to pitch for a team in the Australian Baseball League, the Melbourne Aces. Remarkably her story made the *New York Times*. A star as an 11-year-old, always playing alongside boys, it was inevitable that Genevieve would have what it takes to be a success. She has an enviable throwing speed of 84 miles an hour—135 kilometres. I felt privileged to meet this rising star last week and was disappointed that she had to sit out the game as she was recovering from COVID.

JAKARA ANTHONY AND TESS COADY

Ms McLEISH: Jakara Anthony showed everyone how to ski moguls, winning Australia's first gold medal in 12 years at the Winter Olympics. Jakara was exceptional, leading all the way. Well done also to Tess Coady for claiming bronze in the women's snowboard slopestyle, Australia's first medallist for this event. What amazing achievements from some wonderful female athletes.

GEOFF MATTHEWS

Ms WARD (Eltham) (09:47): I cannot remember when I first met Geoff Matthews—he has always been there, part of the rhythm of our lives. He was at every ALP meeting, every event, every street stall, every election day. He was waving madly at us every morning and every afternoon while guiding

children safely across Sherbourne Road. When my kids were smaller I would often make a detour past Geoff and his crossing to get his full body wave, the joy in his face at seeing us reflected in the delight of my children seeing Geoff's excitement. That was the most amazing gift Geoff gave to our community. He gave us joy, love, excitement. He loved his community, and we could see it, hear it and feel it from miles away. He knew the names of every child, their family and every local trader.

Our committee showed their love for Geoff through supporting him when he was being bullied by a nearby new trader. The trader did not like Geoff yelling out greetings to people. He did not like the regular car horns tooting friendly greetings to Geoff, so he made Geoff's life miserable. His complaints meant Geoff was moved to another crossing, and this united our community. Local residents rallied around on the news and in the newspaper. Letters were written and emails sent. I went with Geoff to Banyule council as his support person. I was furious. When I realised how awful this bully had been I was devastated. And Banyule recognised Geoff's work. The celebration when he was back on his crossing was wonderful: balloons, streamers, signs. Thank you to John Doherty and the Teagle family from Purdys for all their support of Geoff at the crossing and most importantly their friendship to him. Thank you to Jenny and to Rhonda for all they did for Geoff.

Geoff's legend lives on with the beautiful mosaic chair by Neami, a celebration of the inspiration Geoff was to our community. Geoff was loyal, supportive and friendly to all he knew. He loved his family and friends, he loved the children on his crossing, he loved the ALP and he passionately loved the Hawthorn Football Club. Our lives are so much the richer for being a part of Geoff's life, and that is why we will miss him so much.

The SPEAKER: Farewell, Geoff.

COVID-19

Ms VALLENCE (Evelyn) (09:49): Young people have been significantly and disproportionately impacted by the COVID-19 pandemic. The Murdoch Children's Research Institute's latest research brief, 'The indirect impacts of the COVID-19 pandemic on children and adolescents', reports in no uncertain terms that children and teenagers face significant long-lasting mental health difficulties and physical health problems that increased as a result of two years of lockdowns in Victoria.

This independent report demonstrates a complete policy failure by the Premier and his Labor government for pursuing the longest lockdown in the world, harsh restrictions on community activities and sport, school closures and disrupted education and business restrictions that have decimated jobs in retail, hospitality and tourism where young people typically work. The report is also scathing about poor access to health and emergency care leading to adverse outcomes for young Victorians, bans on vital surgeries and a broken mental health system—all on the watch of the Premier and the Andrews Labor government.

Hundreds and hundreds of young people in my community, their parents and grandparents have contacted me over the past two years desperate for help and better outcomes. It is why the Victorian Liberal policy is to commit to no more lockdowns, no more disrupted education and a plan to recover and rebuild our health system and our economy. I want to take this opportunity to thank a variety of organisations for helping young people: Bridge Builders Youth Organisation, Yarra Ranges youth team, Inspiro and Lilydale Youth Hub.

MOUNT WAVERLEY ELECTORATE SCHOOLS

Mr FREGON (Mount Waverley) (09:51): Last week, like many parents across the state, I was excited to see my little ones return to school for the 2022 academic year. A big shout-out to the Deputy Premier and Minister for Education for his fantastic work, because under the Andrews government's back-to-school plan schools in my district of Mount Waverley now have access to rapid antigen tests, air-purification devices and a pool of support staff ready to cover any workforce shortages. We should

also extend our thanks to the 99.7 per cent of school and early education staff who are double vaccinated and to the many who have already rolled up their sleeves for their third doses.

Despite the past challenging few years I would like to take a moment to appreciate the students who were able to overcome adversity and receive the Norm Gibbs Award in my area. The Norm Gibbs Award commemorates students with strong community spirit. The recipients for this year are Julia Grubnic from Avila College, Anushka Bhatt from Mount Waverley Primary School, Jennifer McDonald from Brentwood Secondary College, Lilian Douglas from Essex Heights Primary, Kiah Haysom from Glenallen School, Jamie Chen from Syndal South Primary and Jeffery Li from Glendal Primary School. The recipient of the Lance Lloyd Award at Mount Waverley North Primary School was Charlotte Johnson. Students at Mount Waverley Secondary College and Holy Family and Glendal and Syndal South will also be getting shade sails as part of the extra work that we are doing to ensure safe and secure schooling for our children face to face.

HAMPTON LIFE SAVING CLUB

Mr NEWBURY (Brighton) (09:52): As Hampton Life Saving Club says, every summer something magical happens when the Starfish Nippers members arrive on Hampton beach. Starfish Nippers is a modified program designed for young people of all abilities. Starfish includes kids with autism, attention deficit, global development delay, Down syndrome and a wide variety of other medical and intellectual challenges. It is a wonderful program led by a wonderful club.

ELWOOD PRIMARY SCHOOL

Mr NEWBURY: Elwood Primary School has a big heart for the community and the environment. It was heartwarming to hear that three young students have taken on leadership roles and created a school clean-up club because, in their words, 'We need to keep our environment safe'. The club is even enticing support through weekly mystery clean-up prizes. Well done to Foxx, Ella and Annalise for this wonderful initiative.

ROTARY CLUB OF BRIGHTON

Mr NEWBURY: The Rotary Club of Brighton is part of the fabric of Bayside. This year the club again delivered their iconic Great Australia Day Swim. The swim was first started by Stuart McIntyre and Peter Sherman in 2010. Many thanks to the club organising committee, Stuart McIntyre, Geoff Cunningham, Eddie McGarry, Peter Grey and Anthony Langley, for their work on this ongoing successful event.

BRIGHTON ELECTORATE CRIME

Mr NEWBURY: People deserve to be safe in their homes. Last week a family in Elwood Street, Brighton, was left terrified by a group of three thieves who had broken into their family home and confronted them. There have been similar home invasions around Albert Street. Any home invasion needs to be stamped out, but this Labor government cannot keep ignoring these repeated attacks on local families.

CRANBOURNE ELECTORATE SCHOOLS

Ms RICHARDS (Cranbourne) (09:54): I am very pleased to have the opportunity to congratulate the school communities of Clyde Creek Primary, Eliston Family and Community Centre and Clyde Secondary College. I was very grateful, extraordinarily grateful, to welcome the Deputy Premier in his capacity as Minister for Education; the Minister for Early Childhood, Ms Stitt in the other place; and of course my good friend the member for Bass as we visited these sparkling new schools.

As part of these visits we had the opportunity to welcome the lovely incoming primary school students and year 7 cohorts of these schools. The Minister for Education spoke about how exciting it must be to have the opportunity to create and uphold an all-new school culture. Servicing both the Clyde and Cranbourne communities, these education facilities have been very well anticipated and welcomed by

young families. These schools have been funded and built even before much of the housing has gone into these new estates, and this is a testament to the importance of well-resourced and infrastructurally sound communities to this government.

The day commenced with a visit to Clyde Creek Primary School, and I congratulate Jodie Bray and assistant principal Sarah Smith for their work in creating an extraordinary culture that encompasses the values of care, collaboration, persistence and success. There are already 229 students at the school, and lots of the kids were arriving by foot and by bike, with the lovely energy of the little people. I want to thank the school educators and support staff, and as the mother of a high school teacher I can say how pleased they are to have the kids back.

AUSTRALIA DAY AWARDS

Mr NORTHE (Morwell) (09:55): A number of local residents were recently recognised with Australia Day honours, with Beverley Holmes from Yallourn North being awarded a Medal of the Order of Australia for her contribution to the community of Walhalla, particularly for her involvement with the Walhalla Heritage and Development League since 1968. Raelene Billingsley, a unit controller with the SES Morwell crew, was the recipient of an Emergency Services Medal for her outstanding service to the SES and emergency services over many years. In Toongabbie Karen Blomquist was awarded the town Citizen of the Year. Patrick McGown and Nicole Allen were presented with Young Citizen of the Year and Citizen of the Year awards respectively in Yinnar. At Boolarra, Matt Ryan, Roger Pither, Ross Bramley and the late Sue Warren were presented with community recognition certificates for their sterling service. Margaret McQuillan was awarded Churchill Citizen of the Year, whilst junior winners were Chase Hickman, Hayden Dent, Eddie Fairbrother, Paul Bonicci, Mia Fede, Leandra McLauchlan and Jenna McLauchlan. Once again, congratulations and well done to all award winners. We are so blessed to have such incredible, giving people and selfless volunteers in our community.

DON DI FABRIZIO

Mr NORTHE: In sad news, many locals are mourning the loss of Don Di Fabrizio. Don was an absolute legend and icon of the Latrobe Valley, and his love and passion for his family, soccer, business and community are unsurpassed. His legacy is absolutely profound and long-lasting. A gentle, kind, caring yet determined man, Don was loved by all who had the privilege to know him. Sincere condolences to his wife, Maureen, and his children.

LUMEN CHRISTI CATHOLIC PRIMARY SCHOOL

Ms HENNESSY (Altona) (09:57): I rise today to acknowledge and celebrate some really important milestones that have been achieved by two local schools in my electorate. I am really proud that May Constructions have now been appointed to build Lumen Christi school's \$2 million upgrade. This is a fantastic school. It has been the subject of really enthusiastic enrolment and growth as these parts of the western suburbs have grown, but this important investment is going to help it deliver 21st-century educational facilities. There are going to be eight learning areas that will be refurbished, plus staff amenities and meeting rooms. There will be some work done on the car park as well as some associated spaces. I want to congratulate the school leadership on the important work that they have done in advancing that project, and I am delighted that we have reached this important milestone.

EMMANUEL COLLEGE

Ms HENNESSY: I also want to acknowledge and thank the leadership of Emmanuel College in my electorate. This is a fantastic college with two campuses. They have been the recipient, through the Andrews Labor government's Non-government Schools Capital Fund, of a \$2 million investment, so they have had that upgrade—a brand new library and staff building. Of course there have been disruptions and challenges along the way, but certainly to Chris the principal and to the school leadership team I want to thank them for all of the important work that they have done and for the partnership approach that they have had with the government in making this important renovation and refurbishment come to pass.

COVID-19

Mr WELLS (Rowville) (09:58): This statement condemns the Andrews government for hiding behind so-called health advice for its pandemic decisions when Victorians have been promised transparency and disclosure. Parliament's Pandemic Declaration Accountability and Oversight Committee heard stunning admissions from Victoria's chief health officer, Brett Sutton, at a recent hearing. According to Professor Sutton, he gave no advice for or against the decision to lift crowd capacity at the Australian Open tennis from 65 to 80 per cent for the finals weekend, despite there still being 101 000 active cases in the state on the day before those finals. It was purely a decision by the Victorian government. The Premier flagged mandates for a third vaccination at a press conference, stating, 'I'll follow the advice of experts', yet Professor Sutton told the committee the very next day he gave no advice on mandating third vaccinations.

The hearing also revealed that the government made the decision to scrap elective surgery without advice from the chief health officer. Professor Sutton even stated there was no impact to public health from the resumption of IVF services, showing that the decision was hasty and had little impact on the treatment of COVID patients. With thousands of Victorians waiting and praying for increasingly urgent surgery, this government cannot keep shifting responsibility for this latest health crisis onto the so-called health advice.

BUNINYONG ELECTORATE COMMUNITY FACILITIES

Ms SETTLE (Buninyong) (10:00): What I love about my electorate—or one of the many things I love about my electorate—is the many small towns. Every town has its own hub, its own centre and its own very unique heart. It is a place where people come to talk, share their stories, support each other and celebrate life. Last week I visited Ballan with the Minister for Local Government in the other place to announce a state-of-the-art library and community hub which will be built in the middle of Ballan's main street, a beautiful heart for the community right in the centre of town. The Ballan library and community hub will include library services, maternal and child health services, an exhibition space and a visitor information centre. It will be built using the Growing Suburbs Fund. It is something I have been working on for a long time with council, and I was delighted to announce it.

Following that I attended Rokewood, which is a lovely rural town in my electorate. The Rokewood Corindhap Football Netball Club, the Grasshoppers, will also be receiving \$3.5 million from the Growing Suburbs Fund to modernise and upgrade their old change rooms. This is a fantastic club that is really at the heart of the community. I would like to thank the minister for his foresight in extending the Growing Suburbs Fund to include peri-urban councils. This fund has made a real difference to these councils and communities— (*Time expired*)

PAT BOYD

Mr STAIKOS (Bentleigh) (10:01): I rise to pay tribute to my dear friend Pat Boyd, who passed away at the end of last year. I first met Pat when I joined the committee of management of Godfrey Street Community House back in 2009, and I have honestly struggled to think of another person who has shaped the community house as remarkably as Pat. Pat arrived at Godfrey Street in 1986 and started working in the childcare centre, which she did for 20 years. The community house had not long been established and the childcare centre as we know it today had not even been built—it was operating out of a filled-in back verandah—but it was Pat's warmth, care and generosity that made those substandard facilities back then a very welcoming place. When she finished in the childcare centre in 2006 she remained an active volunteer, and I would pick Pat up from her home every month to drive her to committee meetings and enjoyed our chats about various things, including how much Bentleigh had changed over the years as well as hearing Pat's words of wisdom on life. I do not think anybody loved Godfrey Street Community House more than Pat did, and she gave more than 30 years to the community house. Pat was also a passionate animal lover. I remember her telling me that she could never eat pork again after watching the film *Babe*. I am going to miss Pat greatly. Vale, Pat Boyd.

GWENDOLINE CHILDREN'S CENTRE

Mr MAAS (Narre Warren South) (10:03): I was delighted to recently join the Minister for Local Government and my neighbouring MPs the members for Dandenong and Narre Warren North for the Growing Suburbs Fund announcement in Casey. This included the fantastic news of an extensive upgrade to the Gwendoline Children's Centre in my electorate of Narre Warren South. The Andrews Labor government's Growing Suburbs Fund will contribute some \$926 000 to this \$1.7 million project, and it is in partnership with the City of Casey. The centre's upgrade will ensure that it can continue to meet the needs of our fast-growing area by delivering renewed kindergarten rooms, a redesigned maternal and child health area, community meeting spaces and reconfigured entry points. There will also be the replacement of fittings, furnishings and equipment. As part of the project to modernise, the family and children's centre will address and improve access, visibility, design, storage and amenity. Local families will especially benefit from the renewed facilities that will help our youngest students to thrive and achieve their best. Supporting our children is of the utmost importance, and the Victorian government is continuing to invest in children's education, health and wellbeing. This state government investment will provide our local families, children, educators and staff with the accessible and modern services they deserve.

LUNAR NEW YEAR

Ms SULEYMAN (St Albans) (10:04): The past week has been certainly full of excitement in my electorate of St Albans. I was absolutely delighted to join the Quang Minh temple in ringing the bells and welcoming the Year of the Tiger and bringing together thousands of people once again. It was amazing to see the unity—the Year of the Tiger of course being the year of strength, courage and resilience. I echo those sentiments again throughout the community.

There have been many events throughout St Albans, including the Sunshine Lunar New Year Festival over the weekend. Also I am looking forward to this Sunday attending once again and bringing back the St Albans Lunar New Year festivities, bringing thousands of people together to celebrate this really integral calendar event in St Albans. To all in the Vietnamese community, organisations and associations, I wish you a very happy and prosperous Lunar New Year. Chúc mừng năm mới.

PRIDE MARCH

Mr FOWLES (Burwood) (10:06): Last Sunday was a glorious sunny Melbourne summer's day, a day made more glorious by the Pride March. I love marching each year with my lesbian, gay, bisexual, trans and gender-diverse, intersex and queer comrades. People march for many reasons. I march to say, 'I respect you, I see you, I hear you. You are my family, my friends, my colleagues and neighbours. Your fight is my fight'.

Make no mistake, there is still a fight for equality happening right now in Victoria. I was recently devastated to learn about a targeted bashing of members of the LGBTIQ+ community that happened in my electorate. The offenders used a fake identity to lure victims to a park in Ashwood where they physically assaulted and robbed them. Thankfully Victoria Police have made arrests in this matter. This appalling act was cowardly, and I am outraged for the victims. Every Victorian, without exception, deserves to be safe and supported and equal.

On Sunday the Minister for Equality launched Victoria's first LGBTIQ+ strategy, a landmark 10-year plan to drive inclusion for LGBTIQ+ Victorians. The Andrews government has fought in this place and the other place to remove discrimination from legislation, and the Victorian Liberals have continued to oppose that important work. Now, without any self-awareness of their hypocrisy, they have proposed a fund, a legal service, for the LGBTIQ+ community to fight the very legal discrimination that they have defended.

Statements on parliamentary committee reports**ENVIRONMENT AND PLANNING COMMITTEE***Inquiry into Environmental Infrastructure for Growing Populations*

Mr MORRIS (Mornington) (10:07): I am very pleased to rise to make some brief comments on the report of the Environment and Planning Committee which was tabled by the member for Tarneit this morning. That inquiry was into environmental infrastructure for growing populations. I think the term ‘growing populations’ in recent history has applied to growth areas, but of course we now have a situation where populations are growing right across the state.

One of the first issues that had to be dealt with by the committee was in fact determining what environmental infrastructure is because people have different views. The committee determined that we would restrict it to public parks and open space; paths and roads where attached to parks and open space, or particularly that; road and rail reserves; sporting fields; public forests and bushland; botanic gardens; wildlife corridors; beaches and access point; and rivers and lakes. We also were quite definite in terms of what we believed was not included. While it is detailed in the report, essentially that is private land, and that includes not only private backyards and things but green wedges as well, which are of course largely owned privately.

I also should comment briefly on the impacts of the pandemic on the inquiry. This was the committee’s first inquiry where the hearings were done entirely via video link. While I think teleconferencing works exceptionally well in terms of the delivery of meetings and the normal administrative meetings of committees and even for discussions where people are known to one another, when you are dealing with strangers, when you are trying to extract evidence, it does not work in anywhere near the same way as face-to-face hearings. In my view, while necessary for this report and I certainly do not criticise the use of it, we should be getting back to face-to-face hearings whenever possible and teleconferencing should not become the norm; it should not be a way of saving money or speeding up time. We need to be doing face-to-face hearings. On at least one occasion the witnesses clearly had no idea why they were there. While you can manage that in a face-to-face hearing—you can work your way around that—that particular 40 minutes was just a waste of time for everyone concerned. And of course there is the broader issue of the impact of the pandemic on staff as well, but that is something as members of Parliament we are only too familiar with. But I do want to acknowledge the work of the committee staff under difficult circumstances.

The report is essentially divided into two parts. The first relates to the benefits to be derived from environmental infrastructure and the impact of a lack of access to environmental infrastructure, and then geographically, so inner urban, middle-ring suburbs, outer suburbs, regional and peri-urban areas, and we tacked on the waterways on top of that. There is a host of findings and a total of 57 recommendations. In terms of the benefits and the costs, there are recommendations around improved access to walking tracks, bike tracks and biophilic design which, just in case you do not know what ‘biophilic design’ is, means the practice of connecting people and nature within built environments and within communities where access is not necessarily available. There was also quite a lot of work regarding vegetation cover. We know that there is enormous disparity in terms of vegetation cover, particularly between the west of the metropolitan area and the east. To some extent that is a by-product of natural conditions, but the contrast is stark and given that people are living in both places, it is something that the committee actually provides a serious amount of attention to.

There are a host of other issues. Interestingly, while the incidence and the impact of issues varied across the localities, there were in fact pretty much common factors right across. For example, the inner suburbs are very, very poorly served in terms of environmental infrastructure, so it is more about balance and the factors are pretty common right across.

I do want to acknowledge my colleagues on the committee, particularly the member for Tarneit as the chair of the committee, and of course the member for South Barwon before that, and certainly the

members for Burwood, Yan Yean, Box Hill and Ovens Valley and the member for Eildon, who is at the table. I think this is a genuine bipartisan report and I commend it.

ENVIRONMENT AND PLANNING COMMITTEE

Inquiry into Environmental Infrastructure for Growing Populations

Ms CONNOLLY (Tarneit) (10:12): As both the member for Tarneit and chair of the Environment and Planning Committee, it gives me a great deal of pleasure to rise and speak on the inquiry into environmental infrastructure for growing populations. This inquiry went ahead and examined the many factors relevant to current and, most importantly, future provision of environmental infrastructure in Melbourne and in our growing regional centres and peri-urban areas. I want to follow the member for Mornington and acknowledge every one of my committee members who joined me during this inquiry and thank them for their hard work. I also want to acknowledge everyone who made a submission during the inquiry, including local councils, government departments, community environmental groups as well as the passionate individuals who took the time to share their experiences, their research and their ideas with the committee. Lastly, I would also like to thank the committee secretariat—Nathan Bunt and his team—for their tireless work, their really hard work, over the past year to assist in preparing this report.

The report rightly reflects what many of us already know: that our parks and open spaces are absolutely vital to our local streets and neighbourhoods that make up Victoria's suburbs, towns and cities. Whether it is here in Melbourne or out in our regions, green space matters and it is not only good for us—good for our physical health and our mental wellbeing—it is also absolutely critical for our state's ecology and biodiversity. What this report shows us quite strongly is the need to ensure that, like other forms of urban infrastructure, our environmental infrastructure also needs to keep up with Victoria's growing population, whether that is through the provision of new open spaces or indeed innovation in the ways in which that open space is provided and used.

Now, whilst COVID-19 has definitely had an impact on the population growth trends, it has also become apparent that the impacts of the pandemic have increased demand for and the expectations for not just open space but quality green open space—its accessibility and its usability—for people at all stages of their lives. Hearing about this need is one thing, but seeing it and living it is a whole other experience. Access to quality green open space is something that unfortunately is not shared equally amongst all Victorians depending on where they live, and this is something that families right across Victoria want to see improved by all levels of government.

These comments are certainly reflective of the Wyndham municipality and the many families that I represent, with tree canopy covering less than 5 per cent of that LGA. So I am very pleased to say that the report does recommend a consistent reporting framework for tree canopy targets and stronger tree canopy control right across Melbourne, as well as the adoption of tree canopy targets, most importantly, for Melbourne's growth areas. This is so very important for so many of our suburbs, and much-loved suburbs like my Truganina and Tarneit. With low tree canopy coverage and rolling urban development we are now experiencing a 3-degree heat difference between people living in Melbourne's west and those in the much older, established, leafy eastern suburbs. We need to, and we can, do something about this.

The report lists 57 recommendations for meeting the demand for environmental infrastructure in our growth areas, including better planning and strategising for the development of parks, walking spaces, bike trails and reserves across urban, suburban and regional areas. The report also highlights that government can work more closely with councils to ensure that future estates have adequate green environmental infrastructure and resources available for residents sooner rather than later. I am very pleased also to say, on a personal note, that we have already seen some action taken on rectifying the lack of green canopy coverage in the outer suburbs, because last year I was very fortunate to stand alongside the Deputy Premier and the Minister for Energy, Environment and Climate Change to announce \$5 million for 500 000 trees to be planted across Melbourne's west over the next two years,

which, if successful, could very much be replicated across other outer suburban areas and regional Victoria. Just listening to the people in my electorate, I know this initiative is hugely popular, and what I certainly hope is that this report proves to be a springboard for more initiatives and projects that make Victoria—our Victoria—a livable state.

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Report on the 2021–22 Budget Estimates

Mr T BULL (Gippsland East) (10:17): I rise to make a few comments on the Public Accounts and Estimates Committee (PAEC) budget inquiry, and I refer to page 103 and the references to planned maintenance on public housing in that report. I want to point out some of the failures that are occurring in this area that need addressing.

The DEPUTY SPEAKER: Member for Gippsland East, can I just ask you to clarify again which report you are speaking to.

Mr T BULL: The 2020–21 budget estimates inquiry by the Public Accounts and Estimates Committee.

The DEPUTY SPEAKER: Thank you.

Mr T BULL: The matters that I want to raise around maintenance on public housing are causing a number of issues not only in my electorate but across the state. Understandably issues arise from time to time, but having public housing homes sitting uninhabitable for long periods of time is very problematic. They sit idle when often with a few days work the resident would be back in the public housing system and have a roof over their head.

On top of this we have got public housing tenants lodging complaints online around maintenance and they are just simply not responded to by the department. Sometimes some things can slip through the cracks, but over recent times we have had tenants from the areas of Maffra, Heyfield, Bairnsdale, Lakes Entrance and Orbost that have seen no response to the maintenance issues that they have raised through the online feedback system that is required for their homes. We have got this situation where the department is not being responsive to the matters that are raised and then when the home is deemed unfit to be occupied it is taking far too long for the rectification works.

A great case in point was one tenant who was being forced to move because of mould in her residence, which was raised many, many months ago. She is obviously keen to get out because it is uninhabitable and she wants to transition to a new home, but she wants to stop paying the rent on the public housing home. She raises this and raises this and there is no response from the department. They need to get in and help these people, and I call on the minister to fix these issues—issues of response and issues of maintenance.

I also want to comment on managing the bushfire risk, which is found on the same page of the PAEC report. In East Gippsland we have had roadside fuel reduction works stopped due to bureaucratic bungling between VicRoads and the Department of Environment, Land, Water and Planning (DELWP), and I have raised this matter in the chamber before. But the inspector-general for emergency management's report into the 2019–20 fire season, which obviously impacted really heavily on my electorate, makes references to such things as the need to ensure agencies are now working together on fuel reduction measures and allowing government departments and agencies to work together to undertake fuel management works.

The report talks about several issues where it says we must put human life at the forefront of everything else. That means we are putting it before native vegetation issues. That is not occurring in my electorate. Native vegetation issues are stopping the works that will make these homes safer being done. That needs to be rectified. The annoying part in that report is it says there are already many avenues to address these matters but they are not being enforced. If we are putting human life first,

agencies have got to put that over concerns around native vegetation. The report says it, the department's guidelines say it, but we do not do it on the ground. The bureaucracy has taken over, and the ministers need to take control of these departments like DELWP and VicRoads and ensure that this work is done.

The minister recently announced 30 new staff to help speed up bushfire recovery. Has the minister been living under a rock? We are two years on—two years on—with so much infrastructure not fixed, and we finally get 30 staff announced to help with bushfire recovery. It should have been announced two years ago almost to the day. We have still got so many areas unopened from the fires, and some of the time lines stretch out to 2024. The fires were in 2019–20. Four years to rebuild a bridge. It is just a joke.

The other issue I want to raise in summing up is with these 30 new staff. I would like the minister to give consideration to locating some of them in the township of Omeo. Omeo had fire all around it. They have had a downgrading of staff numbers over recent years in relation to Parks Victoria and the local ranger is overwhelmed—doing a great job, part of the community, but overwhelmed—and needs some help, so I would encourage the minister to look at locating some of those 30 new staff in the township of Omeo.

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Report on the 2020–21 Budget Estimates

Mr McGUIRE (Broadmeadows) (10:22): I refer to the Public Accounts and Estimates Committee inquiry into the budget estimates 2020–21 and the contribution from the Treasurer as the Minister for Economic Development on how Victoria is trying to strengthen economic performance with a range of mechanisms. My call is to establish 'creating opportunity zones' and to drive economic and social development. This investment is needed now more than ever in response to the worst pandemic in more than a century and the worst global recession since the Great Depression. The aim is to spread opportunity and prosperity.

This policy is the next initiative in delivering the vision, strategy and collaborations established in *Creating Opportunity: Postcodes of Hope* in 2016. The strategy is aimed at providing practical, creative responses to cultural, generational and systemic failures and how we reimagine the so-called postcodes of disadvantage. These creating opportunity zones should be defined to address place-based inequality first and then move to other areas, and they should be given status in law. There should be an assessment by the Department of Treasury and Finance of government decisions and how they relate to these communities, because if you invest in these communities now, you will reap great rewards. This is a values-based economic and social policy development, and it is a big-picture vision whose time has absolutely come.

Broadmeadows tops this list, so I have defined this proud, resilient community as the prototype for recovery. We have been doing this through the Broadmeadows Revitalisation Board 4.0, specifically renamed 4.0 for industry 4.0. We had the investment attraction. We brought more than a billion dollars in shovel-ready and pipeline projects into the old derelict Ford site. Once we stop using that for vaccinations we will bring back the jobs, and that is what we need to do. These are going to be technology-driven jobs. This is how you actually turn these communities around. We have other companies who have come as well, and they want to do hydrogen hubs, so this is how we are going to provide lower costs and cleaner, greener energy for new companies as well. The business community has listened, they have seen the opportunity, and here is how we can bring it together to bring back these communities.

But my argument now is we need it in law and we need the Parliamentary Budget Office to make a report annually to the Parliament on how we are bringing back these communities, because this will be a low-cost, high-value investment. I think that now is absolutely the time to get this done. We do not want rust belts, we want brain belts. Right? That is our strategy for the future.

If you have a look, we have got CSL manufacturing more than 50 million vaccines against the pandemic and exporting them. Nearby, because of that critical pursuit of that vaccine manufacturing, there is a \$1.8 billion strategy for vaccines against influenza. This is how you build what we are good at. Australia is not world leading in many things outside sport, but in medical research it is. So you define the areas, the communities. You invest in the best and you drive it. That is how we won the mRNA vaccines, right? This does not happen overnight. It has been generations of investment, of seeing the strategy and of pursuing it with rigour and relentlessness. That is what we need to do, and here is the way that we can now bring these together.

I had the privilege of launching the Broadmeadows breakthrough model here with two eminent professors from the University of Melbourne. What they are doing is bringing the clout of that university and actually looking at how we get the value from the iconic investments from the Victorian government—the Big Build, the Big Housing Build, the Suburban Rail Loop. This will add benefit to 321 suburbs. That is the value.

Here is what they want to do. They want to have a social and suburban innovation lab. The labs in other areas that look at the research and development are mainly about cities. We need to embrace the suburbs, and the pandemic has shown us that. More people are going to be working from home. Here is your opportunity to do it. Here are the best and brightest looking at what is world's best practice. We brought them together, we defined the model and they called it—not me—the Broadmeadows breakthrough model, because here is how you can do it. You need a proof of concept. Here is the prototype for other communities to be involved as well, and here is how you can make it happen.

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Report on the 2021–22 Budget Estimates

Ms VALLENCE (Evelyn) (10:27): I rise to make a contribution on the *Report on the 2021–22 Budget Estimates* tabled in October 2021, and I specifically want to talk in relation to chapter 11 on page 153, 'Department of Treasury and Finance'. I will start off by referring to the financial analysis, also on page 153, which refers to the 2021–22 net debt. It outlines that DTF will have \$154 billion of debt. That is the trajectory that has been outlined by the Department of Treasury and Finance, and I want to focus specifically on this point to start with. This is a very troubling level of net debt that the Andrews Labor government is taking the Victorian public into. It is very troubling, and it is an astonishing record level of debt.

This is a terrible legacy for the Andrews Labor government to leave to our children and our grandchildren—this astonishing level of debt. I have to note that it is through waste and mismanagement that we have reached this level of debt by the Andrews Labor government. We know that in the most recent budget update, the 2021–22 Department of Treasury and Finance budget update, on page 33 of that particular report it states that net debt has soared to well over \$160 billion in their forecast. That just demonstrates that year after year after year of this Andrews Labor government, which has been in power for nearly eight years, each year the trajectory of net debt has soared, and that is something that we should not be proud of. That is something that the Andrews Labor government should hang its head in shame because of.

Only this morning in the *Australian Financial Review* newspaper it was reported in relation to the recent Deloitte report that Victoria is the hardest place to do business, and we know that that is because of the many tax burdens that businesses face, and this Labor government is imposing more and more taxes to fund its ever-increasing debt. Despite the fact that the Premier said there would be no new taxes under his government, we are now in a situation of having at least 39 new or increased taxes under this Labor government. This debt is a significant problem that really should be constrained. We have had a global pandemic. The Andrews Labor government will always duck to that and look to use the pandemic as cover for its ballooning debt, but we all know that its waste and mismanagement go far beyond the issue of the pandemic.

Just look at some of their major projects and some of their capital expenditure projects. The West Gate Tunnel Project—we know what a disaster that is. After well over two years of that project they still have not started tunnelling at all. No tunnelling has occurred because they know they have got a toxic tunnel mess, a toxic waste problem on their hands. They just want to dump it on the inner suburban communities of Sunbury, which is an absolute shame. They know they have got nowhere to put this toxic soil, and so they have this huge problem on their hands—no tunnelling. And that project is extraordinarily over budget. These budget blowouts just demonstrate mismanagement. That has nothing to do with the COVID pandemic, and the government cannot apportion blame to it.

When we look at the Department of Treasury and Finance, we know that it looks after the public sector wages bill. Again, in a recent report and also through the budget process and DTF updates, we know that public service executives have almost tripled under the Premier, with an astronomical ballooning of public sector wages. The bloating of the public service is over some 40 per cent now, and for no better improvement for the Victorian people—there is no better improvement at all. All this government is doing is wasting, mismanaging and increasing taxes in debt-fuelled government projects, which must be reined in.

ENVIRONMENT AND PLANNING COMMITTEE

Inquiry into Environmental Infrastructure for Growing Populations

Mr HAMER (Box Hill) (10:32): I rise to speak on the report of the inquiry into environmental infrastructure for growing populations, which was released today. I want to start by acknowledging the chair of the committee, the member for Tarneit; the deputy chair, the member for Mornington; all of my fellow committee members; and of course the committee secretariat and all the committee staff. As was pointed out by the member for Mornington, the process of the report was quite interesting in the sense that every hearing and site visit and all the deliberations were conducted online, which created, I guess, some level of difficulty and challenges throughout the process. I think the final report is a real credit to the other committee members and to the committee staff—for putting together a really valuable resource and valuable report, which does contain a lot of really useful recommendations in terms of improving environmental infrastructure.

I think it was a really interesting time when we were deliberating on this report. Obviously the inquiry was set down in 2019, prior to any knowledge of COVID. On the value of environmental infrastructure, we all value our open space and access to parklands, but we probably did not realise how much we actually did value them until we had COVID and we were trying to explore those areas close by and particularly those open space areas close by. I remember one time I was out at the magnificent Wattle Park in Burwood and it was just packed. You literally could not get a spot in the park because so many people were wanting to use that resource. And you saw across Melbourne, and across Victoria really, that people were flocking to their open space because it was a safer place to congregate with family and it was somewhere you could go and exercise and enjoy nature, not just in terms of enjoying the fresh air but also having those mental health impacts. That came out loudly and strongly from a lot of the submitters in terms of the importance of that open space, particularly the heightened importance of that in COVID.

As the member for Tarneit mentioned, there were some discussions and presentations about the quality of open space and how that varies depending on the size. Obviously many people have different access to that quality of open space. One particular piece of evidence that was cited, which came from the Heart Foundation, was that residents who live within 1.6 kilometres of larger neighbourhood parks engage in 150 minutes more recreational walking per week than those who can only access smaller parks within the same distance. When you think about that across an entire year or your entire life, how much difference would that make from a physical health point of view, from a mental health point of view from being able to access larger parks. In the inner and middle suburbs that is not always possible, but I think we need to pay tribute to our forebears who planned Melbourne, particularly in some of those inner areas and particularly in the inner and middle eastern suburbs where I live, for

setting aside large tracts of parkland, particularly along the creek valleys, which provide this large recreational park asset— (*Time expired*)

Business of the house

NOTICES OF MOTION

Mr CARBINES (Ivanhoe—Minister for Child Protection and Family Services, Minister for Disability, Ageing and Carers) (10:37): I advise that the government does not wish to proceed with notice of motion 1, government business, today and ask that it remain on the notice paper.

COVID-19 VACCINATION

Ms ALLAN (Bendigo East—Leader of the House, Minister for Transport Infrastructure, Minister for the Suburban Rail Loop) (10:38): I move:

That, in order to continue to protect the health and safety of members, parliamentary staff, electorate officers and community members, and reduce the risk of transmission of COVID-19, this house varies the resolution of the house on 14 October 2021 as follows:

(1) Omit paragraph (4) and insert:

‘(4) If any member does not meet the requirements set out in paragraph (3), the Clerk will as soon as practicable notify that member, the Speaker and the Serjeant-at-Arms.’

(2) In paragraph (5)(a) omit ‘the second sitting day of the 2022 parliamentary year’ and insert ‘12 May 2022’.

(3) After paragraph (5) insert:

‘(5A) If the Clerk or Serjeant-at-Arms observes a member who has been suspended under paragraph (5) attending the chamber or the parliamentary precinct, they will immediately notify the Speaker.

(5B) If the Speaker receives a notification from the Clerk or Serjeant-at-Arms under paragraph (5A), or personally observes a member who has been suspended under paragraph (5) attending the chamber or the parliamentary precinct, they will inform the house as soon as practicable.’

With the indulgence of the house, I will move straight into making a few remarks on this motion. The government is bringing this motion to the house today. It is a consequential outcome of the motion that was passed in this house on 14 October last year when this house gave effect to the vaccine mandate requirements that were being put in place at the time for all authorised workers across Victoria. At the time we had a very lengthy debate, and preceding that debate we had many discussions with the Clerk and between parties in the house that led into that debate that I felt—all of our debates are well informed in this place—made it a particularly well-informed debate and discussion about why we needed to implement a vaccine mandate for members of Parliament, because as was then and as is now members of Parliament are not bound by public health orders—all other authorised workers are. But we did need to have a mechanism in place whereby members of Parliament were bound by that.

Also at the time, and I do refer colleagues to the debate and the record in *Hansard* from 14 October—I do not feel the need today to repeat much of that detail because the record stands—my comments certainly and I am sure comments that others made then remain true today about the very serious nature of what we were putting to the house at that time, the reasons why and also the reasons that the motion was made in the form that it was.

And that is the point that I wanted to come to this morning—that this motion that has been moved today is actually amending that motion of 14 October to make a couple of adjustments to that motion. The first is the adjustment that it recommences the vaccine mandate requirements for members of Parliament from today. It expires today, so it recommences that vaccine mandate requirement to 12 May 2022. I would acknowledge that I have had discussions separately with the Manager of Opposition Business about the government moving this motion today. This enables the vaccine motion to be renewed for members of Parliament and for members of Parliament to comply with that motion. The other amendment that is being made in this motion to the motion that was put on 14 October is that rather than there being a statement made by the clerks in here and therefore in effect a public

statement about who may or may not have complied with that motion, that information will now be held with the Clerk and the Serjeant-at-Arms. So that information is being held in that way.

The reasons, as I said, why the government feels very strongly about refreshing the vaccine mandate for members of Parliament remain as strong today as they were back on 14 October. It is about a couple of really key important points of principle. The first is that members of Parliament should not be treated differently to any other authorised worker that the public health orders require to be double vaccinated. That is a very, very, I think, simple principle of equality in our community—that members of Parliament should not be treated differently. That is why we needed to have this mechanism moved in the house in this way.

The other really important point of principle is that it continues to be about workplace safety. It continues to be about us understanding that in our role as members of Parliament when we come into this place not only are we working alongside members of Parliament, we are working alongside parliamentary staff—alongside the clerks, alongside Hansard, alongside the attendants, alongside the catering and hospitality staff, the library staff. We are not little islands when we come into this place. It is a workplace, and it is our duty and obligation to our workplace colleagues to ensure that we can have as safe a workplace as we possibly can. As I said, this was something that was canvassed at length back in October and remains true today.

The third principle I wanted to talk about this morning also goes to the points that have been made previously about recognising that as members of Parliament we have a leadership role within our community. We are leaders in our community, and that does bring with it some additional obligations and a sense of responsibility to show leadership—if you like, to walk the talk and to show leadership on these matters.

A lot of effort has gone in in Victoria over the past two years to managing what has been the most difficult of times for Victorians. Living and working through a global pandemic has been nothing that anyone has wished for, and we certainly do not wish it to be entering its third year, but that is the reality that we are faced with. There have been enormous sacrifices, enormous challenges along the way. What has become very keenly understood, particularly over the course of last year, is the vital role that vaccines play in keeping our community safe, in lowering the levels of transmission. If you do get sick with the virus, we know that the vaccine can mitigate some of the more severe impacts of the virus and reduce its transmission, and we have seen that.

And it should not really be a surprise. For so many decades now science has blessed us with vaccines, whether it is around whooping cough or chickenpox. When your baby is born you are handed the child and maternal health book with the schedule of vaccines that you give your child to protect them from diseases that decades ago killed little babies, decades ago killed people, and in some countries today where they are unvaccinated these diseases continue to cause death and serious injury. We are so very lucky to live in a society where we have a level of wealth, a level of resource to be able to see vaccines provided free of charge to protect, whether it is in the case I have just given, vulnerable little babies, or in this case that we are talking about today the broader community, to provide that broad community immunity that helps keep us safe but also helps keep our community open.

This is something that we have seen emerging particularly over the last few months. There was, if you like, a commitment that the Victorian government made to the Victorian community, which was if you go out and get vaccinated, we can see how we can have a more open community, we can see how we can have a lifting of those restrictions that we all felt so challenged by. I do not think any Victorian was not challenged by the level of restrictions that we have experienced over the past 12 months, but there was that commitment that was given—‘Go and get vaccinated, and when we hit those particular thresholds in the broader Victorian community of 80 and 90 per cent, we can see an opening up of activity’—and that is exactly what has happened.

We got to those targets, and I think we are all—I should not speak for all of us. I was particularly thrilled to see how quickly we reached that 90 per cent target of double-dosed vaccination levels and how strongly Victorians responded through that sense of shared obligation and understanding that it was the right thing to do, and it gave us the opportunity to have Christmas with family and friends and loved ones. It gave us the opportunity, as we saw over summer, to have those crowd numbers at the Australian Open, at the cricket, at the basketball. I was there watching, and sadly Melbourne United lost on the weekend. I was at the John Cain Arena, and there was a good crowd there as well. It has meant that we can go back to what we used to enjoy pre the pandemic but to do it in a safe way because of those strong vaccination rates in our community.

We have seen that particularly acutely in the past couple of weeks with the return of school. For many people one of the biggest challenges of the pandemic has been the learning from home of our students, of our children, and the pressures that has placed on families and on the school system and on teachers and on the children themselves. Because of our strong vaccination rates and because of, particularly since the start of January, the rollout of the vaccine for five- to 11-year-olds, we have been able to see school return with those other measures that have been put in place—with the mask requirements, with the rapid antigen testing requirements of students. And yes, we are seeing cases being picked up. We are seeing kids and families having to isolate, but we are seeing schools remain open in that environment where we have such strong vaccination rates.

I labour this school point a little bit because with that opening up of our community, the sporting events, the family and friend occasions, being able to get out and about, that means for members of Parliament—and this is the third principle I was talking about—we are out and about as well. We can go back to what we like to do: go out and talk to people in our community, go to the school fetes or go to the school assemblies and present awards and certificates, and if you are out on the hustings, go and have your street stall or go to particular community activities. That is another really important reason why members of Parliament should comply with this requirement that they be vaccinated, and in this instance double vaccinated, because we are getting out and about as well. As the community is opening up, we are getting out and about and, as I said before, there is that additional sense of responsibility and obligation that comes with being a member of Parliament that means we have that responsibility to keep those people safe that we engage with in the course of doing our job.

As I said, as much as we would wish it otherwise, the reality is that COVID is still in our community, and some people who contract the virus are getting very sick. There are long-term consequences from this virus, and sadly people are continuing to die from the virus as well. In addition to that we continue to see the pressure this is placing on our hospital system, and this is a fourth principle as to why this motion continues to be critically important today, as it was in October of last year. We have to pause for a moment and think about that responsibility we have to the broader community but particularly to those healthcare workers who are exhausted from two years of a pandemic. We would all have, I think, a personal anecdote of a family member or a friend who works in the healthcare system who tells us about how challenging it is. But do you know what? They do not complain. They do not go out and attend protests on the steps of Parliament. They do not go putting stuff on Facebook encouraging others to not get vaccinated. They go to work every day. They work double shifts. They do not have a break. They work through their breaks. I will leave it to my friend the member for Melton to, I am sure, recount the stories of paramedics who are working very, very long hours treating patients in the back of an ambulance. This is huge pressure. We cannot be blind to this pressure that is placed on our health system and the role that vaccines play in taking that pressure off the health system. The numbers speak for themselves. The science speaks to the effectiveness of a vaccine, and we cannot deny those two fundamental facts in this conversation about why members of Parliament should comply with this motion and why I am asking every member in this chamber to support this motion for those four reasons that I outlined just now.

I do just want to finish by recounting an example. I have mentioned the health workers and the role they have played. Health workers, in addition to really having the most challenging of workplaces as

a consequence of the pandemic over the past two years, in addition to doing their day job, have also stepped up and have worked with the government and with the community to successfully see the high levels of vaccination that we have in our community today. We cannot get the over 90 per cent vaccination rates that we have in our community—as of today it is 95.1 per cent of the population over 12 years of age who have had their first dose and 93.6 per cent who have had their second dose—without nurses putting those jabs in arms. We cannot achieve that without asking our health staff to do additional work. In addition to the testing that they are doing, the day job they are doing in working in hospitals and healthcare settings, they are also working with us to roll out the vaccination program in our state-run centres. But I also want to acknowledge the really important role and the additional work that GP clinics and pharmacies are doing in terms of their part of the rollout. This is a source of pride for those healthcare workers.

A few weeks ago I went to the very well run Bendigo vaccination centre and had my eight- and nine-year-old children receive their first dose of the paediatric vaccine. As we were waiting for the 15 minutes to pass, one of the nurses came up and had a chat, and she spoke with pride about the fact that in Bendigo we are well above 95 per cent, as you know, Deputy Speaker. We have a 98 per cent single-dose rate. We have a 99 per cent double-dose rate. The nurse that I spoke to that day talked about how proud she was of our community and the role that she and her colleagues had played in achieving that outcome. That pride came from a level of professional pride, but it also came from a place of understanding that they had a role in keeping our community safe, in taking pressure off our health system, in helping keep people from getting the virus or not getting as sick or maybe dying, and that they understood their sense of duty and obligation to the greater community. That is what we are simply asking members of Parliament here today to emulate—understand that we have a role, we have a responsibility and we have an obligation to keep our community safe. That does come with an additional level of responsibility because we are members of Parliament and there is a leadership question here. It is a question of leadership, which is why it will take a position of leadership for each and every member in this place to support this motion that I have moved today. I commend the motion to the house.

Ms STALEY (Ripon) (10:55): I rise to speak on the motion in the name of the Leader of the House which amends the COVID-19 vaccination requirements for members of Parliament in the Legislative Assembly, and I can advise that the Liberal-Nationals will be opposing this motion. I begin by reading some of the last words I said the first time such a motion was moved in the Parliament back in October last year. I said:

I am very, very hopeful for many reasons that this is the only time we will move this motion. It is the only time we will need to consider this matter. I say that on the constitutional side, but I say it more for all Victorians, because this time at the beginning of February we should not have these restrictions. We should be vaccinated, we should be living ... and we should enjoy the fruits of our labours—the fact that we have done the hard work, rolled up our sleeves, got vaccinated.

93.1 per cent of Victorians over 12 are fully vaccinated. I for one—and I know I speak for my colleagues in the house—am strongly pro-vaccination. I have had my booster shot. I had it two days after I was able to have it, and those two days were a weekend. I am strongly pro-vaccination, and I really have very little truck for anybody who is not vaccinated unless they have an exemption from ATAGI. If you cannot get the exemption, I have got to say I do not have a lot of sympathy for you—a position I make clear, I may add, on Facebook fairly frequently. Let nobody say that I and my colleagues are not pro-vaccination, because I am profoundly pro-vaccination, and I would call on any of the 7 per cent of Victorians over 12 who have not yet gone and got themselves double vaccinated—particularly, could I say, those of working age who have not gone and got themselves vaccinated—to go and do so. They should absolutely go and do so for many of the reasons that the Leader of the House has just put forward.

It is our collective responsibility to get vaccinated, to take the pressure off the health system, particularly as we have seen that the government has been unable to manage the health system over

the two years of the pandemic. It is up to the rest of us to take the pressure off the health system, so the nurses, so the doctors, so all those in the health system can have the chance to regroup, to have maybe a day off, to really not be working the double shifts that are forced on them because we have had a pandemic, yes, but also because this government has been unable to manage the health system properly over the two years. Absolutely everybody should get vaccinated, and I extend that to all members of Parliament. I absolutely believe that if you can, which is almost everybody, you should. However, as I said at the time that the motion was moved last time, I was really hopeful that we would get to now and we would not need to have an extension of this motion. I do not believe that we do, and there are a number of reasons that I do not think we do.

I think that we should look at what is happening in terms of vaccine mandates—forcing people to be vaccinated to do their job—in other states. I particularly look at New South Wales where those mandates, except for health care and aged care, which are the two areas which are mandated and recommended by national cabinet, have been removed. At some point the government needs to understand and tell Victorians when they are going to remove these mandates—the general mandates. I am not talking about the ones for healthcare workers and aged care; they are national cabinet mandates, and I think we can all understand why you would have mandates in those industries. But national cabinet does not recommend general mandates, and New South Wales has in fact lifted them. We saw in the *Australian Financial Review* today just how far Victoria is being left behind New South Wales because we have not got a forward-looking healthcare/vaccination/pandemic management plan that allows small businesses back to work, gets people back in the offices, manages the vaccines and actually encourages people to continue to get vaccinated because it is so important.

Rather than mandating, rather than cracking the whip at people, why don't they advertise? Why don't they have continual community messaging that says 'Do the right thing. Get vaccinated'? But, no, this government has to have the hard, heavy hand of regulation, of mandates. At what point do we say to Victorians, 'We think you can make your own decision. We want you to get vaccinated because it's the right thing to do, it's the right thing for the health system and it's the right thing for your fellow Victorians'? But if you have not done it by now—and it has been months, so you have not had your job now for months or you have not been allowed into the Parliament for months—clearly the mandates are not really working. They are not getting vaccinated. You need to find a different way, and this is not doing it. Victoria is not so far ahead of other states. In fact it is not ahead of the ACT in terms of its vaccination rates, so it is not simply that a mandate gets those vaccination rates up. What gets the vaccination rates up is having people understand that vaccination is what protects them and their community.

Now, we know with omicron that the Centers for Disease Control and Prevention in the US and ATAGI have both said that they recognise, and I quote from the CDC:

... anyone with Omicron infection can spread the virus to others, even if they are vaccinated ...

So the key point here and the reason we want people to be vaccinated now is actually so they do not end up in hospital and put a strain on the health system. People should be vaccinated—there is no question about that—but this government has no strategy out. It is extending this resolution now to mid-May, with no indication that it will not be extended after May—and I will come to some of the problems with that. At some point we need a strategy out. We need a strategy that says to Victorians, 'Go and get vaccinated. It's the right thing to do. But at the same time, if you haven't been vaccinated, we're going to keep encouraging you and educating you to get vaccinated'. But this mandate business across the Victorian economy is just crippling people. It is crippling us. There are labour shortages everywhere. The crucial point about not being vaccinated is if you have got the virus. Now, any of us could have it. That is why I did a RAT yesterday before I came to Parliament—so I did not come to Parliament infectious.

Mr Rowsell interjected.

Ms STALEY: Yes, we are using those now. They were completely unreliable and not to be used, according to the government a few months ago when we suggested it, but now it is the thing we should all do, so I comply. The crucial thing with this virus is to not go anywhere when you are infectious—that is the thing—and get vaccinated, so that if you do get the virus you do not end up in hospital. They are pretty simple messages. But this government seems to conflate all of this mandate business. They completely conflate it with their flawed pandemic management strategy. At some point, and I think that point is now, Victorians need to move to the next stage of the pandemic management, which says we protect our hospital system by people getting vaccinated but we do not exclude people from society because they have not been—we just do not.

Then I come specifically to MPs. There are serious issues that were raised the last time this motion was moved by both the Leader of the House and me in relation to excluding members from Parliament. And as the Leader of the House has noted in her contribution, the reason we have this motion before us at all today is that members of Parliament are not like other workers. We are not employees, except in the very narrow sense for our personal taxation. We are not employees, we hold office, so any government mandates cannot apply to us, do not apply to us. That is why the government feels it needs to put this motion through, because it cannot do it by administrative edict as it can for others. But there are very good reasons why we are not the same as everybody else, and these reasons were ventilated in the debate last time and I will not go into them in as much detail, but they still remain.

It is a constitutional duty of ours as elected members of Parliament to come to Parliament to represent our constituents, and when we are here no person and no body, which particularly includes executive government, can exclude us from coming to the floor of Parliament to represent our constituents, to exercise the rights that have held for a thousand years in parliaments like ours that we derive authority from. Freedom of speech is at the basis of so many of the freedoms that we enjoy in a democratic society, and that freedom of speech fundamentally flows from our capacity to stand up in this Parliament on behalf of the thousands of constituents that we are elected to represent and say things in this place that cannot be said outside. To deny someone that right is not trivial. Members on the other side may think it is trivial. They may not have ever considered this. They may have no conception of what the constitution of Victoria is. It is possible. However, some of us have, and the key point here—

Members interjecting.

Ms STALEY: I hear those interjecting because I might have cut a bit too close. I have cut a bit too close, because they have not bothered to think about why it is important that we should be able to come to this place. They have not bothered to think about it. Actually, this brings me to my next point on this. If the government is so keen that it believes that it is absolutely crucial for all members of Parliament to be excluded unless they can demonstrate that they are vaccinated, why has the government not moved this motion in the Council? They moved this motion in the Council back in October. Both houses put this through. Why has the government not chosen to put a similar motion to the Council? Could it possibly be that they think it might not get up? They have not. So it is apparently only the Legislative Assembly—those of us, the 88 of us, who have the great privilege to be in this place—that the government is concerned about. All of us—there are 88 elected to this place—

Mr Pearson: Only 87 turn up.

Ms STALEY: Well, we can talk about the ones on the Labor side that are not turning up. Shall I name them? I have not seen the member for Kororoit lately. Have you got a few more? I would not be going there. It does seem therefore either that the government is frightened it will not get this motion up in the Council or that only those members of the Legislative Assembly are particularly dangerous if they are not vaccinated, because it is nonsensical otherwise. It is entirely nonsensical.

A member: The green carpet police.

Ms STALEY: The green carpet, it is possible. On that, though—

Mr Pearson: Have you lost your train of thought?

Ms STALEY: No, no, no. I would like to then discuss the other part of our job that this motion, if passed, affects, and that is electorate office attendance, because not only does this motion stop somebody coming into this place, it also stops them going to their electorate office and meeting with constituents. Yet constituents can go to our electorate offices and we do not ask them if they are vaccinated. We cannot shut them out if they are not vaccinated, which I agree with. People should be able to come and see their member of Parliament.

So we have the absurd situation that this government is now proposing in this motion to continue that constituents can go to a member of Parliament's office who are not vaccinated to see their member of Parliament, but their member of Parliament cannot go to his or her constituency office if they are not vaccinated. That is just absurd. It is absurd. Memo, everybody: the virus does not know whether you are a member of Parliament or not. If the problem is that that is a safety measure, there is no possible advice you could receive from anybody that says that that is a health advice.

So we then come to the health advice. Professor Sutton, the chief health officer, was at the pandemic committee that has been set up, the Pandemic Declaration Accountability and Oversight Committee, the other day, and he was specifically asked about vaccine mandates, and he said, and this was actually in relation to the third dose:

I have not been requested to provide advice on broader vaccine mandates at this stage ...

And yet the Premier is out every day—every day—trying to say that we are going to force the third, the fourth. Now, I think people should get their booster. I have had my booster, and if there is a fourth I will get the fourth, and everyone should do that. I do not think people should be forced to. That does not make me an anti-vaxxer, and it does not make me consorting with Neo-Nazis, which is what those on the other side would like to have us characterised as. I just think it is common sense. It is saying, 'Go and get vaccinated. I think you are, to be blunt, an idiot if you don't, but I'm not going to force you to. I'm not going to force you to'. I think that is a completely reasonable position, and I am mystified that the government continue with this argument that unless you sign up to theirs—and let us not forget it is just theirs, it is not New South Wales's, it is not the ACT's, it is not even Queensland's approach on this. It is not the same as every other state. Other states are sticking to national cabinet. Now, national cabinet says health care and aged care, and we can understand why that would be, but they do not say general mandates. They do not say the construction industry. They do not say retail. They do not say hospitality, and they do not exclude members of Parliament.

We are well past the time where Victoria should continue to have these general mandates. We should be doing everything we can to bring people with us on the vaccination journey—everything we can—through encouragement, through education, perhaps even through a bit of berating them for making the wrong decision if they are not being vaccinated. All of those options are with us, but no, this government only has one response, and that is to mandate it on pain of people being excluded from employment and the rest of society. That is not the way to go. That is not the way to continue to go. It certainly was the way to go when we did not have high vaccination levels. When people were still being vaccinated, when young people were not able to be vaccinated, children were not able to be vaccinated, then broader mandates, particularly could I say for teachers when their students could not be vaccinated, could be justified.

Mr Pearson: You didn't support them.

Ms STALEY: We did. We did support them, Minister, across the table—thank you. So what we think though is at 93.1 per cent fully vaccinated the people who are not vaccinated need a different approach. The mandates have not worked for them. They have opted out and they are becoming increasingly disenfranchised, increasingly marginalised. I do not think saying to 7 per cent of Victorians that we are going to shut them out of all economic activity is a long-term strategy. At some point—and we think that point has passed—people need to be allowed back into society. Sure, say

that they should be vaccinated, because they should be. Some have said they have been holding out for Novavax—it is here, so now there will be even less excuses for them not to be vaccinated if that was their argument. I know people used this argument when they were only eligible for AstraZeneca: they said they were holding out for Pfizer. Then Pfizer came and there were a few people, even quite close to me, and I said, ‘Well, Pfizer’s there, go out and do it’, and they did. Some have said, ‘I’m holding out for Novavax’. Well, it is here—go and get it. There is a tiny, tiny percentage of Victorians who cannot be vaccinated by any of these means.

People should be vaccinated, but let us not mandate that; let us treat people as adults. Let us treat them as the adult citizens that they are and recognise that some people across a wide variety of spheres make poor decisions. Some people still smoke. You know, some people take prescription and non-prescription drugs in poor ways. Some people have very unhealthy lifestyles that shorten their lives. There is always going to be a group of people in any society who do not adhere to the norms that we would like them to adhere to. That group of people should not be marginalised. They should be encouraged, educated and brought with us, and at the same time the government should fix its health system so that it can actually manage this pandemic.

We cannot support this motion now. We supported it in October, but we are now at 93.1 per cent vaccinated and there has to be a path out. There has to be a path out for all Victorians from these mandates that are not required by national cabinet. We think therefore that we cannot support this motion, and we will vote against it.

Mr McGHIE (Melton) (11:18): I rise to contribute to the Leader of the House’s motion. This is a workplace health and safety issue, and it is part of the broader community safety initiatives. Of course, after listening to the previous contributor, clearly this is about leadership, and there is no doubt this Andrews Labor government is showing leadership. It is disappointing that the opposition will not come along with that and are opposing this motion—that is very disappointing. It is about the collective to beat this pandemic, and we MPs should not be treated differently to any other community members. It is not about me, it is about us, being the MPs, our staff, our parliamentary staff and also for the protection of our families. As of today we see 95.1 per cent of the over-12-year-old population has now had their first dose of a vaccine, and of course 93.6 per cent have had a second dose. It just goes to show that Victorians are coming out in droves to get their vaccines and they know how important it is to be vaccinated.

With this variant, omicron, getting the third dose is critical. Across all the state systems and through the local GP networks and through our pharmacies we know there are still appointments available. This omicron variant has shown that people that have had three doses are not coming down as ill as what the previous strains had shown, such as delta, which hit people a lot harder and had hospitalisations quite a lot higher, in particular in ICUs.

It is important that we are vaccinated to be in this precinct—I think anyway—to prevent and reduce and contain this virus here and in our community, and we should be setting that example throughout the community. People will know that my past experience was as a paramedic for some years and then as the secretary of the ambulance union—38 years in the health industry—and I trust our public health officials and our medicos and their advice. I have trusted them not only through my working career but all my life. I trust them with my health now not only because of the pandemic but because of any underlying conditions that I may have. I pat them on the back that they have kept me alive through their expertise. I trust them on the advice around vaccinations, as I have done, as I say, all my life and through all those vaccination programs that we all went through as children through the school ages. Along with these vaccination programs, the other health measures are just as important—that is, wearing the masks, the social distancing and the sanitisation. They are very important to try and keep this virus at bay.

Again I will refer to the fact that I speak to many paramedics and other health professionals, and they plead with me to make sure people get vaccinated. It is crucial to them in their work, but it is also

crucial to the community in regard to how many people are affected by this virus. I know the experiences of paramedics that work 10-, 12-, 14-hour shifts and sometimes greater than 14-hour shifts, and they do 14-hour night shifts in a lot of locations around the state. Sometimes, due to this pandemic, they are expected to work past the 14 hours, and that is very tiring and fatiguing, in particular when they have to don PPE in all types of weather—the fatiguing levels of that, wearing that PPE, in particular in the hotter parts of the state, trying to keep their patients safe, trying to keep themselves safe and also trying to keep the other health professionals they come into contact with safe.

So many paramedics are working on a lot of their rostered days off. The normally work a four-on, four-off type of roster, so they are entitled to have four days off, but to keep the system going and to provide services to the communities, their communities, many of them will come in on their rostered days off. I know in the Melton electorate alone in the last quarter there has been a 16 per cent increase in case load just in the last three months due to COVID. These are exceptional times, and we have to understand that. This is a one-in-100-year pandemic. We need to clearly understand that and support our healthcare workers.

To make it easier to explain the importance of vaccinations I am going to use an analogy of a basketball team. Let us say four out of your five players in the team are throwing the ball in the same direction to win the game, but one player keeps throwing it to the other side. You have got two options to deal with this. You can sideline that one player so you can win. If you do not, it takes longer to win or you do not win at all. We all want to win and beat this pandemic, but we cannot have people throwing in a different direction to try and obstruct beating this pandemic, and we see that throughout the community. These are the people that choose not to be vaccinated, these are the people that choose not to prove whether they have been vaccinated and these are the people that keep screaming out saying that they are being disadvantaged. There is an easy way to fix the disadvantage part of it: go and get vaccinated.

We had a popular tennis player recently in this state that thought he was better and bigger than everyone else, and guess where he is? He is back in his own country. He might be lapping up his lifestyle, but he is not here playing tennis and he did not win the open, and I congratulate Rafael Nadal for a great effort. And he spoke strongly about being vaccinated. It is a simple program.

This motion is about a safe and healthy workplace and a safe and healthy community. These vaccinations have enabled Victoria to open up safely, and we will keep Victoria opened up and safe. That is the agenda. It is disappointing those opposite oppose the motion and keep sending a negative message to the community. I am strongly supportive of this motion, and I know that there will be some terrific contributions following me from this side of the chamber, so I support the motion.

Mr BATTIN (Gembrook) (11:25): I rise to support the position of the Manager of Opposition Business in relation to the pandemic motion put before the house. One of the things I think that we do lose focus on when we are discussing what has happened with COVID, and the member for Ripon described it well, is how we move back to—and we hear in the community—COVID normal, whereas our focus should be how we move back to normal. How do we find our way back to that normal, everyday life?

The issue with this government and mandates is they are a one-trick pony. They have no alternatives other than the mandate. These mandates, whilst they are what we are debating in here today, are affecting everyday life. A volunteer out in the south-east with the CFA cannot get in and go out and do what he loves doing in protecting our community. Worse still—and I am vaccinated; I actually think people should get vaccinated—there are currently six firefighters within FRV who do have double-dose vaccination. They have had their two doses. They have done everything right but for medical reasons, for pregnancies or for breastfeeding they opted to be later with those two doses. Instead of getting the doses when the original mandate came out, they were away on leave for health reasons and could not get them until January. Now the government with the new mandate has no flexibility and has said that by 12 March firefighters must have their third dose. That would include, the member for Melton would

be aware, ambulance officers, who must have a third dose by 12 March. If they do not have that third dose by the 12th, it does not matter if they are a paramedic or an ambulance officer, they will not be working at all—the government has told them that as of the 12th, they can no longer work until they get their third dose. Now these are people who are genuinely within these organisations, and they have been told in writing through FRV that they cannot even access their leave. They cannot access their long service leave, and they will not be working until such time. An assistant principal contacted me today who, for a medical exemption, could not get her first and second dose until January and who as of 12 March will be stood down until 16 April when she can get her third dose.

That is simply not good enough. In this place, we are here to represent all people, all of the community. I congratulate the fact that we are at 93.1 per cent. To those that have got the vaccination, we should be saying thank you, and when we get to that 95 per cent double dose, we should be saying thank you. But we have to have a mechanism whereby we are moving back towards the cases where people who choose not to or cannot vaccinate can get back out into society because you cannot lock them up forever. You cannot remove them from society forever. To the member for Melton who said you would sideline someone if you were playing footy: it is not football, it is not basketball and it is not sport. It is about the everyday lives of these people who deserve, like in New South Wales, to get back out into the community.

I would ask why in New South Wales, where they have reopened—they have opened up the community—there is a difference of 1000 cases today. Between New South Wales and Victoria there is a difference of 1000 cases, and they are back open, they are rebuilding and they are recovering. They are getting back to not COVID normal—they are getting back to normal, whereas here in Victoria the only thing we are concentrating on is how we keep people totally away from their lives. Everybody in here knows, because it was read out here before, the member for Forest Hill is not in this place because he is not vaccinated. At the time, and it went against a lot of the things I believed in, we supported the fact that we had to have those vaccinations. But there comes a time when he deserves to be here to represent his community. At the time we had COVID and there were a lot of people away from this place for other reasons, because of travel from regional parts of Victoria into Melbourne. Others in the community within this place would stay at home, but we had a television screen up here, which the member for Mildura was asking questions from. But instead we have excluded 48 000 to 50 000 voters from Forest Hill from having a voice in this place. What we need to do is ensure that we have a screen or we have the ability for that. But we are not; we are working on ways to keep him out.

Now, I will say that whilst there are 7 per cent of people in the community who choose not to get vaccinated—you can call them anti-vaxxers, you can call them whatever you want—they also deserve a voice in this place. They deserve to be heard. Now, I did not agree with the signs out the front or with half the people out there protesting, but I do know that many people who attended those protests were just mums and dads from within my electorate or small business people who have been smashed because they have struggled through what has been happening here in Victoria. They are looking for a plan. When the government continues to have mandates, including in this place, the leadership they are showing out there is, 'We are going to continue on the same path'. Melbourne itself is dying and we have more 'For lease' signs on windows in Melbourne than we have cranes up building our state, and that is a sad place where we do not want to be. We need to see people getting back to work, we need to see changes in mask mandates, we need to see people able to get back to normal. They will not return to work while we still have masks in the workplace. They just will not do it.

I would bet that nearly every member in this Parliament—Labor, Liberal, Greens, independent—whilst in their electorate offices do not wear their masks. That would be almost guaranteed. And if they say they do, it is one of two things: they are lying or they are actually choosing to do it in their place, which is the bare minimum. We need to make sure that businesses have that opportunity. We need councils to come back. We need major businesses here in the city to get back so we can see our cafes start to revive. We have seen Chris Lucas out talking about the restaurant scene in Melbourne and how much it has died from not having people here in the city. I note the Minister for Creative

Industries is across the table at the moment. We need to see people coming back to the shows that are in Melbourne. When I was in Sydney recently you could travel wherever you wanted to, you could go and watch the shows and it was vibrant. That should be what is happening here in Melbourne.

It is time that every person—I do not care who you are—is welcomed back into our community. Those that are at the greatest risk are those that are not vaccinated—I agree with that. Our health system has been failed by this government and that is what cannot keep up, because of the failure to plan and invest by this government. When we go out and speak to private hospitals—we were out speaking to them this week—and we talk about elective surgeries, they have been failed because they have not got a plan on how to get back to business. We asked a question yesterday about Rebecca out our way. She is from down in Pakenham. Why wasn't she given access to elective surgery? Why wasn't she put in a position where she could get back into the system? Yesterday a surgeon was on social media saying he was turning the lights off in his surgery because he has been told he cannot continue with the surgeries he was supposed to continue with. It is because our mandates are the only answer and therefore the government has not sat down and done what is needed to plan for the future.

We will talk about rebuilding and recovering all the way through to the election. But what we will say on these mandates across our state is that other than in health and aged care we have to find a way to move away from them. When you bring in a mandate, people stop listening to the education because it is compulsory. We need to find a way to remind people that the best outcome for them is to be vaccinated, but we need to make sure that every single person in this state has the ability to be in the workforce, in the economy, at their family events, going out to the restaurants, enjoying what we have of our lives. We need to make sure that we can move away and find a plan—to say to Victorians, 'We are over the mandates that are happening here in this state'. We want to make sure that people have that personal choice. That is the reason I got into Parliament: to be the voice of every person when it comes to choice. This government only has one option and that is to remove your choices, to remove any decision you can make yourself—and now it is coming to your children. We are going to see mandates here in this state for a third vaccination and possibly a fourth and a fifth. Victorians will not tolerate it. When I go to markets, when I go to stalls and when I go out into the street, they are telling me these things. This is the message I am getting. And if Labor MPs are not getting it, it is because they are not in the community speaking to the people that need to hear what is going on.

Dr READ (Brunswick) (11:35): I will just speak briefly to this to this government motion, which the Greens will support. We will support it largely for reasons you have already heard, but just to reiterate: first, it is very important that if we have mandates covering a large section of the workforce, a good example and leadership is shown by MPs in this place. That is the first important reason. The second is for the protection of co-workers. The vaccine does not absolutely prevent infection, but it reduces the likelihood of infection and it reduces the likelihood of transmission. Both of those things work to protect the people around us: our fellow MPs and staff, both in the Parliament and in the electorate office.

We also know that there are about as many people with COVID in public hospitals or in Hospital in the Home programs or under the care of GPs as you could normally fit into about two large public hospitals. This is an extraordinary stress on the health system whoever is in government. Whichever party was in government would be struggling to manage the public health system—well, the public and private health system—at the moment. Anything we can do to signal the importance of vaccination, which protects the population and reduces the rate of hospitalisation, is worth doing.

While the vaccine is proving less effective than it originally was at preventing infection, it is still very effective at reducing hospitalisation and particularly reducing the number of sick people who require oxygen. We have seen what is like in other countries where people have been bartering for oxygen cylinders at markets. We do not want to get like that here, and realistically we are not going to, but if we mismanage the pandemic badly enough, we will get awfully close to that. So showing leadership at every level and encouraging the uptake of vaccination however we can is vital, and that is why I am encouraging my fellow MPs to support this motion.

I really understand, though, and I respect the arguments from the opposition about the rights of the individual. Our human rights system has evolved around protecting the rights of individuals. It is important that we think, though, about what vaccinations are and how they work. We have not really thought about human rights at the population level. Vaccines protect populations. The population needs the vaccination, and we are all safer because of it. We are safer if we have got 400 or 500 people in hospital with COVID than if we have got 1200 people in hospital with COVID. We are safer if we get appendicitis or an ectopic pregnancy or a heart attack because the ambulance is more likely to turn up on time, and that is because more of the population are vaccinated. These individual rights are actually protected when we think about rights at a population level as well as at an individual level.

Our way of thinking about rights has not evolved. Sadly, the virus has evolved. The vaccine was developed to protect us from a virus that was circulating in 2020, and we have been through several variants—delta and omicron—since then. The vaccine was not developed to protect us even from delta, let alone the current one. So it seems likely that we are going to need repeated doses of the vaccination until a new iteration of the vaccine becomes available. We are already used to this with influenza: the influenza vaccine contains three or four influenza variants chosen based on what is circulating the previous flu season in the Northern Hemisphere.

We will probably end up doing something like that with COVID. We will probably have a polyvalent vaccine protecting us against multiple variants and we will probably all just queue up for it, hopefully just once a year. But we are not there yet, and we have still got—I have not seen the latest figures—something like 600 patients in our public hospitals. Our ambulance system is still under extraordinary stress. We have not found the secret cupboard that is full of freshly trained and rested health workers; we have got to keep using the same ones. So while all that is happening we need to do everything we can, and one thing we can do is show some leadership, make a difficult decision and support this motion.

Ms RYAN (Euroa) (11:41): I am grateful for the opportunity afforded to me by this place to contribute to this motion moved by the Leader of the House on COVID vaccination requirements for MPs. I have to say that I respect the contributions that the member for Brunswick has made in this place over the course of the last couple of years on COVID. Though I do not often find myself agreeing with much of what the Greens say, I do respect his professionalism and knowledge in this space as perhaps the member of the chamber who comes with the most experience on this issue.

He refers to it as an issue of leadership, as many of the government MPs have. I agree that as MPs we should show leadership, and I agree that we should get vaccinated. It is one of the reasons why I personally did not wait for Pfizer to become available to me, although that was initially recommended. I went out and got vaccinated with AstraZeneca because I did not want to wait and I also wanted to demonstrate leadership. But what people are missing here is that this is not about individuals as MPs; this is about very deep constitutional issues in this place. That is what Labor MPs in particular are ignoring here.

We have hundreds of years of principles underpinning this place, and the member for Ripon, as the Manager of Opposition Business, articulated those very clearly when she came into this chamber when such a motion was first introduced back in October. It is about how we have a duty to come here and represent our constituents, and it is not within anyone's capacity under the rights afforded to us, handed down from the House of Commons in the UK, to block that right. That is what I find very deeply troubling about this motion, very troubling. I am deeply uncomfortable with the notion that the government here is fundamentally using the weight of its numbers to block an individual or any MP from being able to stand here, because it is not about that MP, it is about the 50 000-odd people that that MP represents. It concerns me that we are setting these precedents. We are setting up a position where a government, who always holds control in the lower house, can expel a member on the basis of the fact that the government does not agree with them or the government does not like what they are saying or they are not complying with a government directive. That fundamentally contravenes those principles that are set out under rights of privilege that members in this place hold.

Again, I stress it is not about that individual MP, it is about their constituents and the 50 000 people who deserve a voice in this place through the person that they elect to represent them. It is up to those people, those constituents, to make a judgement on the job that that MP has been doing, and if they disagree with the actions of their MP, then they will vote them out. That is why we have elections. But it is not up to me to say that the member for Brighton or the member for Sandringham or the member for Brunswick or the member for Melton does not have a right to be here. That is not my right. It is fundamentally the right of that person's constituents. It is for that reason that I am very concerned by this motion, and I am very concerned that there is no end date from where the government sits. We now say that it is 12 May, but the Leader of the House has given us no guarantee that there will not be another motion or another motion or another motion. Now, if you need any evidence of the fact that this is a political move by the government then you have to ask why a corresponding motion has not been introduced to the upper house. We do not have the Council debating this topic at the moment. It is only relevant, according to the government, to members of the Legislative Assembly.

I am also concerned that the government has done nothing to facilitate participation by members who may be impacted by this motion. We saw over the course of COVID that we had remote participation arrangements; indeed the member for Mildura frequently participated remotely in the Parliament because she did not want to travel to Melbourne from Mildura. A number of other MPs made that choice as well. But there has been no effort on the government's part to facilitate that, to ensure that people who are rightfully elected by their constituents can come to this place or even remotely come to this place and continue to participate. If we are living in extraordinary times then perhaps we should be considering extraordinary measures to ensure that fundamentally we are upholding those very important principles on which this place is built.

I also point to the inconsistencies we have in the rulings around electorate offices. The government says that an unvaccinated MP cannot attend their electorate office but unvaccinated constituents can. Now, I absolutely support the right of unvaccinated constituents to see their MP. I think it is very important that we as MPs do our job for every single person irrespective of their vaccination status. However, there is an inconsistency there, in that the government is saying, 'Well it's fine on this hand, but not as an MP'.

On the broader issue of vaccine mandates, and again I do feel that this is purely becoming political for the government, I think they feel that they have got a wedge issue there that they are keen to jump on. They are keen to try and paint the opposition as being anti-science and anti-vaccination, and nothing could be further from the truth. We have been consistent with national cabinet all the way. In fact it is the government that is currently inconsistent with national cabinet. National cabinet said that as of 15 December vaccine mandates should be lifted. That was their position. That is what New South Wales has done. We have not seen a huge explosion in case numbers in New South Wales versus Victoria over that time. New South Wales has followed national cabinet. It is Victoria which has gone against the grain of the other states who sit around that body. Epidemiologists in this state have expressed their concern about long-term vaccine mandates. Even the World Health Organization have said that they believe they should be used as a last resort.

That is one of my real concerns here. The government has done very little. I would say this is not unique just to the state government; I think it applies to the federal government as well. They have not done enough in terms of educating people and addressing the risk and the misinformation that has been perpetuated, particularly across the internet. There needs to be far more done in that space, and we have called on the state government multiple times to redirect the millions and millions of advertising dollars that they are putting into promoting their achievements and their work and the glossy spin campaigns into a health campaign to help combat the damaging misinformation that continues to spread across the internet. They have not done that. There has not been a real effort to actually combat that misinformation and to educate people about the reasons why they should get vaccinated.

Instead we have gone straight to mandates to shut people out of society, to shut them out of work. I think if there has been acceptance across Victorian society for that it is because most people—most of us who are happy to go and get vaccinated—understand our duty to wider society. We understand that it is a way of protecting our fellow citizens and the health system. We just do not want to be locked down again. So most people are saying, ‘Well, I’m happy to do it’, and if they are supportive of vaccine mandates, it is because they just do not want to be locked down again.

There is no pathway out here. We are into the third year of the pandemic. We do not have the 4000 promised ICU beds that the government—that the Premier, in fact—said we were going to get. We have not had the resourcing put into the health system. I mean, if you have any doubt about that just go and read the Productivity Commission’s report on health services, which compares every state and territory across Australia. It makes for very interesting reading about the very low funding into Victoria’s health system in comparison to other states and territories.

Fundamentally the issue at stake here in terms of broader vaccine mandates is that the government has not prepared our health system properly. And so it is now imposing these mandates on the community because it has not done the work that it needed to do. But in terms of this motion before the house, in terms of how this affects the privilege of MPs and their rights and ability to do their job, I would urge members of the government to rethink their position on this. Please just do not be sheep. Do not just follow the political wind on this. I truly believe that is what you are doing. You are not considering the long-term consequences here—how it impacts this place going forward, how it reflects on the principles fundamentally that underpin our right and our ability to do our job. It might be an individual member of the Assembly today; it might be you tomorrow.

Mr J BULL (Sunbury) (11:51): I am pleased to have the opportunity to contribute to support this motion and follow on from the Leader of the House; the member for Melton, my fellow Parliamentary Secretary for Health; and of course the very well informed contribution from the member for Brunswick.

Those opposite have indeed taken a genuinely bizarre, perplexing position on this motion, and I will come to that. This motion is about safety. It is about the collective health of all of us in this place, but of course, as other members have mentioned on this side of the house, it is indeed about the safety of the fantastic and incredible staff that work in this precinct. And I often, Acting Speaker Kilkenny, as I am sure you do, hear from members on this side of the house and indeed all sides of the house who speak about the incredible work, whether it is done by our clerks, Hansard, the library, catering—everybody that makes this place, this great Parliament of our state, work. All of that work is often mentioned in this place, and this is indeed a motion that is about safety. The motion relates to electorate offices, and all of us in this place know the incredible job that our electorate officers do day in day out. Keeping a safe workplace is a driving force behind this government, and this is a critical step in delivering exactly that.

Vaccine mandates save lives. They keep us all safe. They are a key part about why our state is one of the most vaccinated places in the world, and I ask all members in this contribution and those who have tuned in from home to just take themselves back to what it felt like when COVID hit the world, that time in our lives when there was indeed no vaccine. The research had not been done. COVID had not yet come to fruition, and indeed there was no vaccine. So what options did we as a state, as a country and globally have at that point in time? Right now we have got the luxury, if I can call it that, of having a debate about vaccine mandates, but there was a time not so long ago when the vaccine was not yet developed, and as I have said, we know that there was incredible carnage that was seen right across the world. The member for Brunswick spoke about this—scenes in New York; scenes in northern Italy; scenes that we hope to never, ever see anywhere in the world; scenes in India that were just horrific. Absolute chaos and carnage were caused by COVID-19. We know of course that we are very close to losing 6 million people across the globe, and that number does continue to rise.

We have science to thank for a vaccine, we have research, we have experts, we have healthcare professionals. Without all of these there is absolutely no doubt that this state and all states and territories right across the country would have lost tens of thousands of lives. It is for these reasons and so many more that it is astonishing that those opposite have been so inconsistent, so all over the shop with many of the decisions that this government has taken around restrictions, around vaccine mandates, around COVID-19 management—ideology over reality. I listened really closely to the lead speaker from those opposite, and what I was particularly taken by was the referral to decisions that were made at the back end of 2021.

What is it about October–November 2021 compared to February 2022? What has changed? Of course we know that there is a highly infectious new variant that has spread right across the globe, so making comparisons to when the variant was not yet here is just extraordinary. Decisions need to be taken on what comes in through the gates—not what you think might happen, but what is actually here, based in reality. These decisions impact lives in every single way. These are decisions that are not easy for any government, and we know that through the course of the pandemic there have been many, many tough decisions that this government has had to make. The easy decisions can be made by any government, but the hard decisions are always made by good governments. Indeed the decisions that this government has taken have indeed saved lives and will continue to save lives as we increase vaccine coverage both across our state and across the country.

We in this place have the great responsibility to come in for a number of weeks each and every year and represent our local constituency. We know we have got an opportunity to come in and to be the voice of our local community. We know that we get to work with community groups, we get to go to schools, we get to do community events. We get to do these things to represent our community, and that is a great privilege and a great responsibility. As the Leader of the House referred to in her contribution, members of Parliament should not have a separate set of rules from those that are for authorised workers. Members of Parliament should indeed show leadership in this space, and this is fundamentally important. This is about safety, about leadership, about doing the right thing and of course about supporting the tremendous work that our healthcare professionals do each and every day. The member for Melton, in his contribution, spoke about that work, and we know that the healthcare system is still under extraordinary pressure. We want to make sure that we are doing everything we can to support our healthcare professionals, and we want to make sure that we are doing everything we can in this place to keep people safe and to keep our local communities safe.

It is not by chance that we have had over 13 million vaccine doses delivered in this state. It is not by chance that 288 000 vaccinations have been provided to 5- to 11-year-olds since their program commenced on 10 January. Indeed it is not by chance that 95.1 per cent of the over-12 population have now had a first dose of a COVID-19 vaccine and 93.6 per cent have now had a second dose. We know that Victorians have demonstrated an amazing effort to come forward and get vaccinated. We know that Victorians of all ages know that the only way forward is through the vaccine program. Indeed numbers show that slightly above 10 billion vaccines have been administered globally and there have been over 400 million cases and nearly 6 million deaths.

We know that we need to continue to work with our healthcare professionals and we need to continue to work with our research professionals—those that are engaged in medical research in this state, those that have played a leading role, a central role, in the development of those vaccines, and those that spend the majority of their working lives dedicated to ensuring that our community, that each and every one of us, has the best possible access to terrific health care. That is something that I am particularly proud of. I do want to acknowledge that incredible work.

We know that in this Parliament we have got an opportunity, as I mentioned earlier in my contribution, to support our local communities, to lead by example and to be involved in work that we can all be genuinely proud of. It is my view that in years to come we will be looking back on some of the decisions that have been taken. Motions such as this one before the house mean that the health and safety of our collective community and of the staff that work in this precinct have been put forward.

That is something I know as a local member I am very proud of and as part of the Andrews Labor government I am incredibly proud of.

In the final seconds that I have got remaining I will just remind the opposition that much of the commentary that I have heard on this motion this morning and much of the commentary that has indeed been placed in the media and on social media over the past couple of months, to me, has been about wanting or wishing new variants to just never come through the gates of Australia, to never exist—‘Let’s just move on; it’s not here anymore’. Well, the reality is that it is. I support the motion.

Ms McLEISH (Eildon) (12:01): I rise to make a contribution to the motion put forward by the Leader of the House with regard to continuing the mandates that have been placed on us in this chamber certainly. Now, I want to make sure that it is on record that I am a firm believer in vaccination. I have had my shots, I have had a booster and I typically have a flu shot as well because I know that it protects me and I know that it protects the community. I do not like what is often implied by the other side, that we are anti-vaxxers, because nothing could be further from the truth. We have got a motion before us that is extending what we have in place until 12 May 2022, so for another few months. Where are we now? We are in early February. When this occurred last year and we supported this motion, we were well and truly expecting things to have changed, and things have changed; things are continually changing. Things are nowhere near as bad as they have been, and what that means for us as a society is we need to work out what the strategy is for Victoria out of this pandemic, because viruses change, they mutate, they get weaker or you might get a tougher one, but typically this is what happens with viruses.

Now, we have had a great response to vaccinations in the country and certainly in Victoria. If you look at the stats, 93 per cent or so over the age of 12 are vaccinated. That shows that the vast majority of people understand and want to become vaccinated, because they were told and they see that this is their path back to a normal life. We are never going to get full vaccination. Even with our childhood vaccinations we are still at only around 95 per cent, so we know from the childhood vaccination rate that there are 5 per cent real anti-vaxxers out there who do not get their kids vaccinated. We still have the no jab, no play, and we understand that not everybody is going to get vaccinated, because they have beliefs or choose otherwise. On top of that 5 per cent we also have another couple of per cent who are not getting vaccinated, and you know, you have to ask, ‘Well, why are they not getting vaccinated?’. Certainly those who have spoken to me say that this is an experimental drug and it is too early for them, and others do not want to be told, so we have got a little bit of a mix there. But collectively it is 93 per cent vaccinated over the age of 12. I think certainly in many parts of my electorate the figures for vaccination for the double dose were well over 95 per cent very quickly, and I commend those communities for what they have done there.

So who is at the greatest risk here? We are all vaccinated; it does not mean that we are not going to get a mutation or a new variety of COVID. My daughter—I like many other people in this place have a family member who has been hit with COVID—had the latest strain. She was not knocked around terribly. She was double vaxxed and still managed to get knocked around for a day with kind of bad cold symptoms. But we also have to look at some of the expert advice that is coming from ATAGI and from the Centers for Disease Control and Prevention in the States about omicron, and they say that the disease can be spread if vaccinated. As we all know, there are people who are vaccinated that are getting hit but they are not getting as sick as they perhaps would have been if they were not vaccinated, so we know and understand that.

There are people who are choosing, as I have said, not to be vaccinated, and it is about how long they get excluded from society with these mandates. We have the mandates that we support in high-risk settings like health care, as has been outlined previously, but we need a strategy. For the people that are not vaccinated, how long are they going to be excluded? We know at least here it will be until 12 May, possibly a lot longer, but we want to see a strategy, because you have to have plans, you have to have a strategy. The member for Sunbury talked about having to deal with what comes through the door. Well, you have to do a bit of thinking and a bit of planning about what might come through the

door. Are we going to get a worse strain? Are we going to get a better strain? Is it going to peter out? We have got experiences overseas that we can watch as well.

It also highlights the lack of preparation in our health system, our public health system. The Premier has been the Minister for Health. He has been Premier, he has been health minister and he has been Parliamentary Secretary for Health, so for a very long period of time the Premier has had his hands all over the health system in Victoria, and it is at crisis point at the moment. We hear day after day the stories. We also hear, though, of the people who are in hospital and being cared for with COVID and of those that have not been vaccinated, and the ones that have not been vaccinated are really taking a hit. I think a lot of those people who are not vaccinated, who might like to consider again the importance of them becoming vaccinated, would be taking care to minimise the risk of getting infected, because it could be quite damning for them.

With regard to being excluded from this place, we have now had RATs introduced. We are required to have RATs on Tuesdays and Thursdays when Parliament is sitting. For those of us who could get their hands on them easily—it has not been easy—we have certainly undertaken that. I think it is quite amusing to see the government's huge backflip on RATs, because we called for RATs to be introduced. We stood on the steps of Parliament, and quite a number of people on this side actually had a rapid antigen test at the time. We showed how quick it was, how easy it was. That was six months ago. It was six months ago, and the government has now seen the light and their usefulness. The Premier at the time called it a stunt, and later he went on to complain that we did not have enough RATs. I quote from the Minister for Health:

If you want to stake the welfare of Victorians on one rapid antigen test, then you are a very brave public health official and you are putting the welfare of Victorians at risk.

I want to touch on why we are here. Why are we here? We are all here in this house because we were elected by a constituency to represent it in Parliament. We have some 48 000, 50 000 voters each. We come to this place and we raise matters on people's behalf. We raise issues of the health crisis. We raise all sorts of things—roads and other issues, lead smelters and some dodgy processes down in the Latrobe Valley. There are all sorts of things that we raise on behalf of our constituents. Excluding someone does not allow those constituents in that electorate to be represented. I think it is important that we consider those people in the electorate we are talking about, and we all know we are talking about the electorate of Forest Hill. They have a member who is not able to go into his electorate office and is not able to come into this place and so is continuing to be excluded and is working from home. He continues to work from home but he does not have the same powers in the way that we do when we come to this place to represent our constituents. It is the constituents who are missing out. He could every day have a rapid antigen test—every day before Parliament, even on the Monday. He could do it for four days. Quite clearly he could do that so he could represent that community.

We really do need to have a strategy out of here. We want to get back to being able to live our normal lives, and we need to see that strategy. We need to see the forward planning and the thinking. We need to have the plan. Any good plan will ask, 'What if this happens or what if that happens?', so we need to have an alternative strategy in place.

What we are finding and what we are seeing constantly is a government that is lurching from crisis to crisis because they have not actually thought about some of these things. What we are seeing also, as has come to light in the last couple of weeks with the inquiry set up to look into the pandemic legislation, is that the chief health officer, Brett Sutton, appears to be sidelined now. So his health advice, which was relied on so heavily, seems to be disregarded. He actually said that he is not being asked to make comment on a number of these issues. One of the members earlier said that these issues have relied on the health advice, but Brett Sutton is telling us he is not being asked about this. So who is the person that is giving you this expert advice if you have sidelined the chief health officer?

A member: Politics.

Ms McLEISH: I think the government needs to stop playing politics here. Absolutely we need to make sure that we have a strategy that is showing and leading us on a path back to the normal way that we lived, and the government are failing us in that regard.

Mr NORTHE (Morwell) (12:11): It is a pleasure to rise to speak on the motion before the house. Prior to any comments that I do make, I do wish to place on the record my gratitude and that of my community to those people who are working on the COVID response and recovery—everyone—from vaccinations through to testing through to working in our health system. We do appreciate their ongoing efforts in what has been a very trying time.

In terms of the motion before us and indeed the previous motion that passed this place, I can say that I do feel a little torn in terms of where I sit. Previously I had not opposed the motion, which I must point out is different to supporting the previous motion. That really required MPs to be vaccinated to attend Parliament or their electorate office. I did not oppose the previous motion on the basis that government MPs and ministers and other MPs should not have a different set of rules to those that have been imposed upon Victorian citizens. Whilst I still hold that sentiment, I am also concerned that it appears there is no real point in time as to when a general vaccination mandate will be lifted. Indeed I asked this question in question time to the Minister for Health last year, and it still appears that any proposed lifting of the mandate will be many months away.

I have certainly raised in this place previously my position in respect to vaccination mandates. I do not believe in a general mandate. I do not believe it is warranted and I do not think it is necessary—more so now, particularly given the high vaccination rates we have in Victoria, and I do commend Victorians for going out and achieving such high levels of vaccination. The reality of the situation is that even with a vaccination mandate we are not going to achieve 100 per cent, and we would agree that that is the case. So where is the point in time and what is the statistic that we need to get to where we say that a mandate is not necessary? I think with the current vaccination rates at the moment—we are talking 93 per cent or in excess of—it is going to be a hard task to get beyond that. Again, at what point do we remove the mandate?

What I can say from my own experience and the feedback that I have had from my community is that the mandate itself has created enormous division across our country, across our state and in our local communities. I do not think that is deniable at all. That is the reality of the situation. People have lost their jobs, and they have lost their livelihoods, might I say, because in many respects they have dared to do some research—they do not feel comfortable being vaccinated or they cannot be vaccinated. Some are not comfortable with the current vaccinations that are on offer and are looking to other vaccinations such as Novavax to be administered going forward. So we might see those vaccination rates increase a little bit with Novavax being on offer, but the reality is we are still not going to get to 100 per cent. Many people have said to me that they have read the data, they have read the statistics and they are somewhat unnerved by the statistics provided by the TGA on the adverse reactions to vaccinations. Who am I to convince them otherwise or that they should not have their concerns? If that is their concern, that is their right.

People have pointed out to me: why does our overarching government, the commonwealth, state that vaccinations are voluntary yet states can mandate them? I spoke yesterday to an old friend of mine, and I would certainly describe him as not an anti-vaxxer at all but somebody who has done their due diligence, has done their research and has come to the conclusion that with the current vaccinations he and his wife do not choose to get vaccinated. The facts for them now are that both of them have lost their jobs, they have lost their livelihoods, and obviously not only is it a difficult time for them financially but emotionally it is really tough. They feel discriminated against because they have come to a conclusion and a decision.

From my perspective, I am not an anti-vaxxer either. Like many other members, I am fully vaccinated. I have recently had the booster, and that is my choice. I certainly encourage others to get vaccinated if they can and if they are willing to. I understand that vaccine mandates might be necessary in high-risk

settings and vulnerable settings. I understand that, but what I would say on the general mandate applying is that we have to, at some point in time, get beyond that and give Victorian citizens some of their liberties and freedoms back. Despite the government saying that people have a choice, those who cannot or do not want to be vaccinated only have one choice, and they face losing their job, their employment and their livelihood and being excluded from being an active participant in society. That is unfortunately what many Victorian citizens are currently experiencing.

We know through omicron that even fully vaccinated persons can easily contract the virus, and I am sure all of us here have had experiences in our own networks where COVID has been contracted by those around us. At the same time, we can also accept the fact that vaccinated persons are less likely to get very ill through being vaccinated. But again, at what point do we turn off the mandate tap and allow all Victorian citizens to enjoy their freedoms and liberties equally?

Many sectors require that regular COVID tests are to be undertaken by their employees so they can continue to work. We as MPs are now required to provide two negative tests to attend Parliament, but at the same time I rhetorically ask: why couldn't an unvaccinated MP be required to provide a daily negative test so they can attend Parliament? Surely this is a better proposition than banning an MP altogether from this place. I know the member for Forest Hill has been mentioned in dispatches. He has made his choice, but at the same time I believe there are options for him and others to return to Parliament if they are unvaccinated. The member for Forest Hill is a good, decent man. He is a great representative of his community. He loves his community, and he represents it very well in this place. It is a shame that through this motion he and others might not be able to participate in parliamentary forums and represent his community here. As I said, I believe there are options to allow in such circumstances for MPs to be able to be in this place.

The other example which I was going to raise and has been raised by others is the fact that unvaccinated persons can visit their electorate office but an unvaccinated member of Parliament cannot. There are these anomalies, these concerns. My concern is more the fact that we need to turn the page with respect to the mandate that applies generally across the community and to MPs. I think in this time and place there are better options available for people to continue their employment and be a vital part of society, in this case of MPs by having daily tests so they can continue to represent their community.

Mr ROWSWELL (Sandringham) (12:20): I also rise to address the motion moved by the Leader of the House to amend the COVID-19 vaccination requirements and to extend the current requirements until 12 May 2022. I support vaccines—I am fully vaccinated—but I oppose these vaccine mandates. I made my decision to be fully vaccinated freely and without coercion. I did so having spoken to my doctor and my family. It was my choice. I have also encouraged members of my community to be vaccinated in consultation with their own doctors. There has been an overwhelming response in my community.

We have hit our vaccination targets. We have reached the numbers that the national plan advised in order for us to open up our state and our nation. So why has the Victorian government chosen to use a stick when the overwhelming majority of our community is getting vaccinated? Why does this government seek to divide us further at a time when, in my very strong view, our community needs hope, needs optimism and needs certainty more than ever. To illustrate this point further I refer to an Australian Associated Press article published today, 9 February. It reports:

The Prime Minister and the Victorian Premier are at odds this morning over vaccine requirements for international tourists when Australia's border reopens.

The federal government plans to open the nation's borders to overseas tourists from February 21 for the first time in two years ...

The article then goes on:

But Mr Andrews on Tuesday flagged international visitors coming to Victoria could have to fall into line with rules applying to state residents.

These rules require people going to hospitality venues and major events to have had their two doses, plus a booster shot.

'It'll apply here, in the state of Victoria,' he—

the Premier—

told reporters when asked if the same rules would apply.

But on 8 February 7News reported:

Victorians may soon need a third dose to be considered fully vaccinated against COVID-19, but the state's chief health officer says he hasn't been asked for his advice on the issue.

Professor Sutton, addressing a parliamentary inquiry, said:

... he has not provided official advice to the government on the plan to mandate a third vaccine.

He is quoted as saying:

I haven't been requested to provide advice on broader vaccine mandates at this stage ...

And then just earlier today, on the doors here in the Parliament, Labor's Minister for Tourism, Sports and Major Events, Minister Pakula, said it is too early to make any kinds of definitive statements in advance of ATAGI advice. So you have got the Premier saying that it is a requirement. You have got the chief health officer saying that he has not been asked for advice, and you have got a senior Labor minister saying it is too early to make definitive statements in advance of ATAGI advice. What is it? What is the answer here? Why is there so much confusion around this from the government if what they are doing is solely basing their decision-making on health advice?

In my view politics does come into play here. Let us speak absolutely frankly: there is only one member in this place that is directly affected by the extension of this motion, and that is my good friend and colleague the member for Forest Hill. Why is this motion being moved in this chamber when an identical motion is not being moved in the Council, as it was—

Mr Newbury: It's 10 metres away.

Mr ROWSWELL: It is 10 metres away, thank you, member for Brighton. That is what happened at the end of last year when a motion like this was first considered. The member for Forest Hill is a very good member for Forest Hill. He is a very decent man. He takes his role as a member of Parliament very, very seriously. He has undertaken significant work on parliamentary committees, as a member of the shadow cabinet, as a member of the outer shadow ministry and as a local member of Parliament. His heart and his soul are in the job of being a local representative, and the effect of this motion is that the member for Forest Hill is no longer able to fully participate and fully represent his community. Other speakers have raised the fact that members of Parliament, to attend their electorate offices, are required to be fully vaccinated but constituents attending an electorate office are not. Why the inconsistency? Why the inconsistency in this case? It is my strong view that freedom of choice and the right to make informed decisions about your own health are key pillars of our democracy. Freedom of choice matters and must always be accompanied by individual responsibility, accepting the benefits and consequences of the decision made.

These concerns that I am expressing are not mine alone. I speak for my community—employers, small businesses, leaders, mothers, fathers and many more who have written to me who are vaccinated but fear living in a state where our community is further divided into a two-class system. I recall speaking to a local Highett resident who works at Mentone Woolworths. She has chosen not to be vaccinated. I respect her choice. She is not able to work at Mentone Woolworths at the moment because of her vaccination status, but she drew to my attention the fact that she can go there and shop for 8 hours of the day with no consequence. She is allowed to do that. She is allowed to see her now former colleagues—she is allowed to spend time with them as a shopper, not as a colleague. There are inconsistencies with this. No other state in this nation has these mandates in the same way that Victoria has rolled them out. It is wrong. It has got to end. We have got to move on, we have got to rebuild, we

have got to recover and we have got to get back to the Victoria that we once were, and the one thing in the way of that at the moment, in my view, is inconsistent decisions being made by this government.

Further, the government's COVID-19 vaccination mandate motion, in my view, undermines the opportunity for democratically elected members of Parliament to attend Parliament and the parliamentary precinct. This should be of deep concern to every Victorian. MPs are democratically elected and represent those who have elected them in this state's Parliament. By providing the ability to restrict participation in the Parliament this motion places a barrier between the needs of a community and an MP advocating for those needs in the Parliament. This motion has not considered the possibility of rapid COVID testing, as earlier speakers have addressed, as a way for every MP to fully participate in the Parliament. That is indeed a great shame. This motion has not considered the opportunity for electronic participation in the Parliament as a way to bridge the divide between, once again, the member for Forest Hill participating more fully in parliamentary proceedings and representing his constituents and not. That is indeed a great shame. Political representation is essential to a liberal democracy, and without it democracy is significantly undermined.

Again, and finally, I support vaccines, I am fully vaccinated, but I oppose this motion, together with my coalition colleagues. Freedom of choice matters, and that must always be defended.

Ms SHEED (Shepparton) (12:29): I am pleased to rise and speak on this motion. I note that the last time a motion like this was before the house everyone supported the motion, and here we are now, a couple of months later, looking at an extension of it because of the circumstances we have found ourselves in. I think last December, when Parliament rose for the holiday break, we were all hoping that the changes to the laws that had been made may not even be required to the extent that they had been. There was a sense that perhaps we were moving forward from the delta strain. There was just a hint that omicron was on the horizon. Omicron unfortunately has gone wild over the last couple of months, and we have seen the impacts of that on our community. I think it is with great relief that so many in our community are vaccinated, because the impact has been much less in terms of serious illness and death than would have been the case were it not for vaccinations.

In my community so many people have been vaccinated. Shepparton has a very high rate of first and second doses of vaccination, and just today there is the launch of a campaign to really increase the numbers of those people attending to get their third dose of the vaccination. There is great support for vaccination in the community, and by far the overwhelming majority of people have supported it and have been vaccinated.

We saw the predictions in early January of the possible risks to our hospital system, and our health services saw quite an impact on those systems—just barely able to cope, with the furloughing of staff and so many staff away and so many people having difficulty coping—to the extent that these limits on elective surgery were required. It is probably salutary to note that of our hospital beds, something like 50 per cent of those hospital beds are being taken up by people who are unvaccinated. If 6 per cent of the population are unvaccinated and 50 per cent of the beds are being occupied by those who are unvaccinated, there is a real message in that. The importance of vaccinations is really spelt out by that sort of thing.

I think it is really important also to note that the processes around getting access to elective surgery have really been impacted by the overwhelming strain that was put on the hospital system. We have all had people contact our electorate offices—people who have been so negatively impacted by the delays in having surgery. So we have not come out of this. I respect the contributions that everyone has made in this place, coming at it from so many different angles, and they all have good arguments about it. There are many things that we are so tired of as a community. We so want to move on. We so want our freedoms back. We do not want this virus impacting on our community the way it has for the last two years. That overwhelming sense of tiredness with the way we have had to live is just right through our community, and people are looking forward to something different.

Without wanting to be negative about it, it was only days ago that the commonwealth chief medical officer, Paul Kelly, said that we may well be facing another surge of omicron as winter comes on. So we are not out of it yet. There are a lot of measures that still will be required from time to time, and we cannot hide from that fact. I am quite influenced by the fact that the chief medical officer of the commonwealth has really warned of that, and I think it will impact on decisions that are made at national cabinet and in our states going forward. Protection of the community is really the paramount consideration that has been at the forefront of governments across the country in determining what steps need to be taken in relation to the community and how we have behaved over the last two years.

Last week there were about 200 Victorians who died of COVID. Today we are told 20 people have died. Every week hundreds of people are dying in Victoria—a lot more across the country. We are not out of the woods—nowhere near it—and it is very important to think about the impact of that. We all probably know someone now who has had COVID. The omicron variant is rife in the community. Do we all know someone who has died? I do. In my community quite a few people have died from it. They are elderly people and they are vulnerable people; they are people who if they had not had COVID would not have died at that time. Their lives are very valuable to them and to their families. As hard as it is for some of these decisions to be made and to be complied with, it is being done for a reason, because those people are a part of our community too—the disabled, the children with autoimmune diseases, the elderly who are dying in large numbers still. We are becoming almost desensitised to the fact that that is the case.

If there were 200 people a week being killed on our roads, we would be taking extraordinary additional steps to address that. We all jump in our cars and put on our seatbelts without thinking about it. We are being asked to do something so much greater here at this time because we are in a worldwide pandemic, a once-in-100-year pandemic, something that is very frightening.

You only need to look back 100 years ago to see how devastating that was to communities across the world. No-one really knows how many people died then. The figures in the parliamentary report on that Spanish influenza pandemic say maybe 50 million. A lot of people in Australia died from it—soldiers coming home from war, people impacted in ways that we forgot about. We did not really put to the front of our minds that we might have a pandemic that would have the impact that this one has had. Well, we have, and we have really struggled as a community to deal with it. Vaccinations absolutely took the forefront as soon as vaccines became available, and they have been successful in reducing the severity of the disease for most people.

Late last year we passed legislation in this Parliament to create much more transparency, to take away the decision-making from the chief health officer alone and make him only a part of the story. We have a Pandemic Declaration Accountability and Oversight Committee, recently established and beginning to start its work, looking at the orders to see that the orders comply with the legislation that was passed last year.

There is an Independent Pandemic Management Advisory Committee just about to be established. That will be a panel of experts who will additionally be there to advise the government and our community about what they see as the best way forward and advise, no doubt, on measures that governments are taking and how effective they might be. I think we are all waiting keenly to see the appointment of that committee to work with other committees in our community, to work with government and to increase the transparency that has not existed in the past and which is now becoming apparent. As more and more opportunities are being put before the Victorian community to hear from experts, they will come to understand better why decisions are being made and why orders are being put in place in the way they are. And I think it will also lead to much more discussion about what is needed as we go forward. Do we need to have some of the things we have still got? What is a timely way to retire some of the orders that may exist?

These are all steps that are yet to be taken and will be taken, but we have a motion before us today that requires a decision today, and in the absence of any compelling reasons to change from that I will continue to support the motion.

Mr CHEESEMAM (South Barwon) (12:38): I move:

That the question be now put.

The DEPUTY SPEAKER: The debate has been going for about 2 hours. We have heard from both sides of the house, including the Greens and independents, therefore I am comfortable and satisfied there has been opportunity for members to contribute to this debate.

House divided on Mr Cheeseman's motion:

Ayes, 50

Allan, Ms
Andrews, Mr
Brayne, Mr
Bull, Mr J
Carbines, Mr
Carroll, Mr
Cheeseman, Mr
Connolly, Ms
Crugnale, Ms
D'Ambrosio, Ms
Dimopoulos, Mr
Donnellan, Mr
Edbrooke, Mr
Edwards, Ms
Eren, Mr
Foley, Mr
Fowles, Mr

Fregon, Mr
Green, Ms
Halfpenny, Ms
Hall, Ms
Halse, Mr
Hamer, Mr
Hennessy, Ms
Hibbins, Mr
Horne, Ms
Hutchins, Ms
Kennedy, Mr
Kilkenny, Ms
Maas, Mr
McGhie, Mr
McGuire, Mr
Neville, Ms
Pakula, Mr

Pallas, Mr
Pearson, Mr
Read, Dr
Richards, Ms
Sandell, Ms
Scott, Mr
Settle, Ms
Spence, Ms
Staikos, Mr
Suleyman, Ms
Tak, Mr
Taylor, Mr
Theophanous, Ms
Thomas, Ms
Ward, Ms
Wynne, Mr

Noes, 27

Battin, Mr
Blackwood, Mr
Britnell, Ms
Bull, Mr T
Cupper, Ms
Guy, Mr
Hodgett, Mr
Kealy, Ms
McCurdy, Mr

McLeish, Ms
Morris, Mr
Newbury, Mr
Northe, Mr
O'Brien, Mr D
O'Brien, Mr M
Riordan, Mr
Rowswell, Mr
Ryan, Ms

Sheed, Ms
Smith, Mr R
Southwick, Mr
Staley, Ms
Tilley, Mr
Vallence, Ms
Wakeling, Mr
Walsh, Mr
Wells, Mr

Motion agreed to.

House divided on motion:

Ayes, 52

Allan, Ms
Andrews, Mr
Brayne, Mr
Bull, Mr J
Carbines, Mr
Carroll, Mr
Cheeseman, Mr
Connolly, Ms
Crugnale, Ms
Cupper, Ms
D'Ambrosio, Ms
Dimopoulos, Mr
Donnellan, Mr
Edbrooke, Mr

Fregon, Mr
Green, Ms
Halfpenny, Ms
Hall, Ms
Halse, Mr
Hamer, Mr
Hennessy, Ms
Hibbins, Mr
Horne, Ms
Hutchins, Ms
Kennedy, Mr
Kilkenny, Ms
Maas, Mr
McGhie, Mr

Pallas, Mr
Pearson, Mr
Read, Dr
Richards, Ms
Sandell, Ms
Scott, Mr
Settle, Ms
Sheed, Ms
Spence, Ms
Staikos, Mr
Suleyman, Ms
Tak, Mr
Taylor, Mr
Theophanous, Ms

Edwards, Ms
Eren, Mr
Foley, Mr
Fowles, Mr

McGuire, Mr
Neville, Ms
Pakula, Mr

Thomas, Ms
Ward, Ms
Wynne, Mr

Noes, 25

Battin, Mr
Blackwood, Mr
Britnell, Ms
Bull, Mr T
Guy, Mr
Hodgett, Mr
Kealy, Ms
McCurdy, Mr
McLeish, Ms

Morris, Mr
Newbury, Mr
Northe, Mr
O'Brien, Mr D
O'Brien, Mr M
Riordan, Mr
Rowswell, Mr
Ryan, Ms

Smith, Mr R
Southwick, Mr
Staley, Ms
Tilley, Mr
Vallence, Ms
Wakeling, Mr
Walsh, Mr
Wells, Mr

Motion agreed to.

Bills

PUBLIC HEALTH AND WELLBEING AMENDMENT BILL 2022

Statement of compatibility

Mr FOLEY (Albert Park—Minister for Health, Minister for Ambulance Services, Minister for Equality) (12:48): In accordance with the Charter of Human Rights and Responsibilities Act 2006 I table a statement of compatibility in relation to the Public Health and Wellbeing Amendment Bill 2022.

In accordance with section 28 of the *Charter of Human Rights and Responsibilities Act 2006* (the **Charter**), I make this statement of compatibility with respect to the Public Health and Wellbeing Amendment Bill 2022 (the **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 of the Bill

The Bill amends the *Public Health and Wellbeing Act 2008* (the **Act**) to:

- provide statutory immunity for certain officers;
- promote equality by repealing references to HIV and Hepatitis C which cause stigma and discrimination;
- expand the Chief Health Officer's powers to make examination and testing orders under section 113;
- expanded testing data collection and further analysis powers; and
- provide for other miscellaneous matters.

Human rights issues

The Bill engages a range of human rights under the Charter, discussed below. However, to the extent that the Bill limits any Charter rights, such limits are reasonable and justifiable in accordance with section 7(2) of the Charter.

The Bill also promotes the right to equality by removing all direct references to HIV and Hepatitis C from the Act, which has the effect of removing stigma.

Certain officers are immune from liability when exercising powers under the Act

The Bill inserts new section 227AA into the Act, which establishes that the Chief Health Officer, a delegate of the Chief Health Officer, an authorised officer and a detention review officer are not subject to personal liability for their acts, decisions and omissions conducted in good faith under the Act. In circumstances that give rise to a civil claim, liability is transferred to the State.

Right to a fair hearing (s 24)

Section 24(1) of the Charter provides that a person who is party to a civil proceeding has the right to have the proceeding decided by a competent, independent and impartial court or tribunal after a fair and public hearing.

The term ‘civil proceeding’ in section 24(1) has been interpreted as encompassing proceedings that are determinative of private rights and interests in a broad sense, including some administrative proceedings.

The fair hearing right is relevant to new section 227AA as the right has been held to encompass a right of access to the courts to have one’s civil claims submitted to a judge for determination. Ordinarily, statutory immunity would operate to abolish a cause of action, abrogating the right. However, the new section 227AA(2) provides that where actions or omissions of the relevant Officer give rise to a civil claim, liability is transferred to the Crown. Accordingly, the exclusion from personal liability under the provision will not interfere with the right to a fair hearing, because parties seeking redress are instead able to bring a claim against the State. The provision also serves a necessary purpose by ensuring that officers are able to exercise their duties effectively without the threat of significant personal repercussions and overall interference that responding to court claims has. Additionally, the officers will still remain personally liable for any conduct not performed in good faith. Accordingly, this provision does not limit the right to a fair hearing under the Charter.

Chief Health Officer’s powers to make examination and testing orders to test if a person is likely to transmit an infectious disease

Section 113 of the Act allows the Chief Health Officer to make an examination and testing order, in relation to a person who has or may have an infectious disease and who is, as a result, a serious risk to public health, if the making of the order is necessary to ascertain whether the person has the infectious disease. The Bill substitutes new section 113(1)(d) into the Act which expands the purposes for making such an examination and testing order to include testing to determine if a person is likely to transmit an infectious disease (rather than merely whether they have an infectious disease). This is relevant to the rights to privacy, to not be subjected to medical treatment without consent and equality.

Right to privacy (s 13)

Section 13(a) of the Charter provides that a person has the right not to have their privacy, family, home or correspondence unlawfully or arbitrarily interfered with. An interference will be lawful if it is permitted by a law which is precise and appropriately circumscribed, and will be arbitrary only if it is capricious, unpredictable, unjust or unreasonable, in the sense of being disproportionate to the legitimate aim sought.

The expansion of the scope of the s 113 powers are relevant to a person’s right to bodily privacy, as the powers require a person to undergo one or more specified examination or test and permits a police officer to use reasonable force to detain a person to take them to a place for the examination and testing order to be carried out. It also permits a magistrate to issue a warrant for the person’s arrest. The provision also involves the compelled gathering of health information. The prohibition on arbitrariness requires that any interference with privacy must be reasonable and proportionate to the law’s legitimate purpose. Expanding the purpose for making these orders is necessary to conform with advancements in laboratory methods and treatments of infectious diseases, to ensure these mechanisms are fit for the important purpose of management and control of infectious diseases. In order to determine if a person is a serious risk to public health, in addition to knowing whether the person has the infectious disease, it is sometimes also necessary to know whether they are able to transmit the disease. For example, a person living with an infectious disease may be unable to transmit it to other persons if they have an undetectable viral load. A range of tests can be undertaken to ascertain transmissibility and the type of tests required will vary depending on the condition and course of an individual’s infection. Ascertaining if someone has an infectious disease only (without regard to their capacity to transmit) is no longer sufficient to make an assessment whether that person constitutes a risk to public health.

Making the Chief Health Officer aware of any potential risk of transmission serves a public health purpose. It enhances the Chief Health Officer’s ability to manage people known to have the disease, which increases the Chief Health Officer’s capacity to effectively respond to the risk. Further, granting the Chief Health Officer the power to ascertain likelihood of transmission enhances the ability to manage people already known to have an infectious disease in a less restrictive way, in line with best practice guidance. By better understanding transmissibility risks, the Chief Health Officer can tailor the use of public health orders according to the relevant information, and in some cases orders may not be required at all. In this way, providing these powers to the Chief Health Officer may safeguard individuals’ rights, as the use of public health orders will be guided and informed by a more accurate risk profile.

Finally, I note that the expanded section 113 powers remain subject to the safeguards in sections 111 and 112, which require, in giving effect to examination and testing orders under the Act, that the least restrictive measures should be used on the rights of any person.

In my view the amendment is therefore compatible with the right to privacy.

Right not to be subjected to medical treatment without consent (s 10)

Section 10(1)(c) of the Charter protects a person's right not to be subjected to medical treatment unless the person has given their full and free informed consent. In this context 'medical treatment' includes examinations and testing.

The right not to be subjected to unwanted medical treatment is not, however, an absolute right in international human rights law. It is accepted that it may be legitimate to require a person to undergo medical treatment in exceptional circumstances, including where it is necessary for the prevention and control of infectious diseases.

New subsection 113(1)(d) engages the right not to be subjected to medical treatment without full, free and informed consent because it expands the purposes for which the Chief Health Officer may make an order to require a person to undergo an examination and/or testing. However, for the reasons advanced above, any limits are justified to achieve the overarching purpose of infectious disease management and control, by being better able to ascertain the actual risk a person, with an infectious disease, poses of transmitting that disease, and thus better able to take less restrictive measures in minimising that risk required by the Act. Accordingly, in my view the amendment is compatible with this right.

The right to equality (s 8)

Section 8(3) provides that every person is equal before the law and is entitled to equal protection of the law without discrimination.

The expansion of the purposes for which s 113 can be exercised is relevant to the right to equality, in that the powers are exercised in relation to a person who has an infectious disease or has been exposed to an infectious disease, and therefore directly discriminates against people on the basis of a protected attribute (disability). However, I note that the *Equal Opportunity Act 2010* provides that it is lawful for discrimination to occur on the basis of disability or physical features where it is reasonably necessary to protect health and safety of any person or the public generally. Accordingly, for the public health reasons advanced above relating to management and control of infectious diseases, I consider that any limits on the right to equality caused by the expansion of this power would be reasonably justified.

Repeal of references to HIV and Hepatitis C*The right to equality (s 8)*

The Bill promotes the right to recognition and equality before law by the repeal of references to HIV and Hepatitis C in the Act. The repeal of these references removes structural stigma for people living with the respective viruses, which unnecessarily singled out such persons and contributed to their discrimination. Repealing the relevant sections has the effect of HIV being more appropriately treated like any other blood-borne virus or medical condition. Further, it ensures a principles-based approach is adopted to achieve legislation that is agnostic of disease.

Information gathering on testing data*The right to privacy (s 13)*

The Bill amends section 128(1)(c) of the Act to include a requirement that the Secretary be notified of data collected by a pathology service if the test relates to a notifiable condition.

The amendment provides access to all data that includes, but is not limited to, both negative and positive results. It expands the powers of notification as they currently stand under the Act, where the Secretary is only notified if a person has, or may have, a notifiable condition. The amendment of the section is relevant to the right to privacy as the Secretary has greater access to data relating to notifiable health conditions, which may include personal and health information. However, in my opinion the expansion of this power is reasonable and proportionate. In order to determine the risk to public health, in addition to knowing whether the person has a notifiable condition, it is sometimes necessary to know related information such as negative test results. All testing data is important in informing the public health interventions and managing outbreak response. Further, having all testing data is important in outbreak management and response, as it improves that ability of policy makers and public health practitioners to develop, monitor and evaluate prevention and control activities. Accordingly, in my view the amendment is compatible with the right to privacy.

The Hon. Martin Foley, MP

Minister for Health

Minister for Ambulance Services

Minister for Equality

Second reading

Mr FOLEY (Albert Park—Minister for Health, Minister for Ambulance Services, Minister for Equality) (12:48): I move:

That this bill be now read a second time.

I ask that my second-reading speech be incorporated into *Hansard*.

Incorporated speech as follows:

The *Public Health and Wellbeing Act 2008* is a comprehensive framework designed to protect the health and wellbeing of Victorians across businesses and our community.

I am proud to bring this Bill to the House today, which:

- responds to cross portfolio commitments relating to prescribed accommodation
- enables expanded testing data collection to improve infectious disease management and expands how we undertake further analysis to precisely identify infectious diseases
- expands the circumstances in which the Chief Health Officer may make an examination and testing order to better understand the risks to public health
- removes references to HIV and Hepatitis C to remove stigma
- provides statutory immunity to the Chief Health Officer and certain other officers acting in good faith.

The Bill also makes consequential amendments to the *Livestock Disease Control Act 1994* and some minor administrative changes.

Prescribed Accommodation—Labour hire accommodation

This Bill progresses one element of the Government's broader reform package to improve the regulation of the labour hire industry.

In 2016, the Forsyth Inquiry into the Labour Hire Industry and Insecure Work found that the public health regulatory framework did not capture substandard accommodation associated with labour hire arrangements, such as overcrowded conditions and insufficient amenities. In some instances, labour hire workers are being housed in substandard accommodation through arrangements designed to avoid the regulatory framework. The Inquiry recommended that we strengthen the definition of prescribed accommodation to address this problem.

The Bill extends the definition of prescribed accommodation to broaden the circumstances in which accommodation can be prescribed. The definition will include accommodation provided to a worker under, or in connection with, a labour hire arrangement, whether or not that worker pays for the accommodation. This will enable labour hire accommodation to be prescribed in regulations as a class of accommodation and require the accommodation proprietor to register the accommodation and meet public health standards.

Regulation will improve living conditions to protect the health and wellbeing of vulnerable labour hire workers who support critical Victorian agricultural industries, such as fruit picking and harvesting. It will also serve to reduce exploitation and align Victoria's labour hire licensing and public health regulatory frameworks.

This Bill also strengthens the definition of proprietor, as it relates to labour hire accommodation, responding to various arrangements where the responsibility for providing and managing the accommodation may be unclear. Strengthening this definition will attribute responsibility and accountability, and support councils and the Labour Hire Licensing Authority to monitor and enforce compliance.

To give full operational effect to our objective to regulate labour hire accommodation, the Public Health and Wellbeing (Prescribed Accommodation) Regulations 2020 will also be amended to prescribe and clearly capture labour hire accommodation arrangements. We will consult with key stakeholders to amend these regulations to ensure they are fit-for-purpose.

To give sufficient time for the industry to prepare, it is intended that these changes commence in February 2023. The reforms will complement our significant investment to support the Victorian agricultural industry to meet workforce challenges.

Reducing burden—Creating a lower-risk prescribed accommodation framework

In 2018, the *Small Business Regulation Review (Visitor Economy) Action Statement* identified reforms to reduce the regulatory burden for small business visitor accommodation. This included enabling one-off registration for bed and breakfasts, guest houses and farm stays, which may be captured under the prescribed accommodation regulatory framework. These small businesses present low public health risks due to their nature and market forces. However, they face disproportionate regulatory burden.

As a necessary first step, the Bill creates a definition and category of registration for lower risk prescribed accommodation, which requires an ongoing registration, rather than a periodic registration. An ongoing or a once-off registration will reduce regulatory burden such as paying annual fees and completing paperwork. The new definition is based on prescribing lower-risk accommodation in regulations. Failure to register a lower-risk prescribed accommodation will be an offence commensurate with existing provisions.

To give effect to the Action Statement, there is a need to prescribe and define lower-risk prescribed accommodation in regulations. To guide this process, we will consult with key stakeholders after several cross-portfolio reviews are completed and consider criteria and other factors.

Control and management of infectious diseases—expanded testing data collection

During the pandemic, all Victorians have come to recognise and appreciate the importance of testing data collection and the vital role that pathology and laboratory services, epidemiologists, researchers and others play in the public health response.

Under the Act, mandatory notification of notifiable conditions and micro-organisms is the foundation for how we manage and control an array of infectious diseases and medical conditions. The Public Health and Wellbeing Regulations 2019 currently prescribes 79 notifiable conditions and 10 notifiable micro-organisms. It sets out the testing details and results needed, urgency and the way notification is to occur. Additionally, the Governor in Council can also declare an infectious disease to be a notifiable condition and specify details required.

Currently, the trigger for a pathology service to notify a notifiable condition is a suspected or positive result. However, at the moment we are not being fully informed by the available testing data. Negative test results and aggregate results provide valuable information about infectious disease. As such, we are only obtaining half the story.

We all clearly understand the need and rationale for testing data collection. Unequivocally, expanded testing data collection supports surveillance, identifying emerging trends and informs prevention and control measures. For example, aggregate data about influenza enables us to monitor trends, deliver responses to rising cases, improve how we assess the timing and peak of flu season and improve our preparedness activities.

The Bill expands the notification requirement for pathology services to enable the collection of all testing data that relates to notifiable conditions, not only suspected or positive cases of notifiable conditions. Regulations need to be made to give effect to expanded testing data collection; the regulations will specify the conditions, details and timing. We will consult with stakeholders to balance the impacts of the regulations and are cognisant of current demand on pathology services as a result of the COVID-19 pandemic. Consultation will allow for the determination of what information is required to boost our ability to analyse infectious diseases and develop, monitor and evaluate public health measures. Ultimately, this will help reduce the detrimental health, social and economic impacts of infectious diseases in Victoria.

Control and management of infectious diseases—Further analysis

Fundamental to our public health response is the need to refer samples or isolates of infectious diseases and microorganisms to other laboratory services for further analysis. This is needed to support case classification (whether an infection is chronic or acute), case characterisation (whether the infection is type or strain) or case clearance (whether it is no longer infectious). This information optimises our ability to provide appropriate, targeted and rapid responses to illness and outbreaks.

Pathology and laboratory services often forward samples and isolates to other reference laboratories, which are suitably equipped to perform further and more complex testing. However, this practice occurs voluntarily, either routinely or at the request of the Department. The voluntary nature is due to limitations in the current regulation-making powers and there is a need to safeguard this crucial practice.

Therefore, the Bill strengthens the regulation-making powers in relation to the forwarding of samples or isolates and further analysis for the purposes of the Act. It will provide greater flexibility to make regulations covering a broader range of tests and analysis as well as the laboratories and pathology services that can perform these functions. The Bill helps safeguard our practice to obtain the most up-to-date and robust evidence to inform the public health response. Again, we are very aware of current demand on pathology services and will duly consult to inform implementation.

Additionally, the Bill will enable the Chief Health Officer to request in writing a person transfer a sample or isolate to a specified laboratory for further analysis or conduct further analysis of a sample or isolate. The request can be made if the Chief Health Officer considers these further investigations are necessary to investigate whether there is a risk to public health, or for the management or control of a risk to public health. This new power will support investigations into exotic disease agents and other environmental samples where public health risks may exist.

To complement this power, the Bill amends the *Livestock Disease Control Act 1994* to ensure the legislative frameworks operate harmoniously.

Control and management of infectious diseases—Examination and testing powers

The Act currently provides for the Chief Health Officer to make an examination and testing order, in relation to a person who has or may have an infectious disease and who may pose a serious risk to public health. As such, the making of an order is necessary to ascertain whether a person has an infectious disease, which informs the action needed to protect public health.

With the advances in treatment, many infectious diseases have a reduced risk or no risk of transmission. To keep in step with these advances, the Bill expands the circumstances in which the Chief Health Officer can make an examination and testing order to include likelihood of transmission. It will also enable the making of an order necessary to ascertain the likelihood of a person transmitting an infectious disease if the person is known to already have that infectious disease. Determining the likelihood of transmission will inform a more targeted and potentially less restrictive response for the individual involved.

Removal of HIV and Hep C

References to HIV and Hepatitis C in the Act unnecessarily stigmatise and highlight these conditions when there is avenue to prescribe specific diseases in regulations. We are heartened to announce that the Bill removes references to HIV and Hepatitis C in the Act, which is another important step to reduce structural stigma and discrimination experienced by people living with these conditions.

We expect that those living with these conditions and key stakeholders will welcome these changes. In particular, it will help us achieve Victoria's strategies to ensure that Victorians are free from HIV- and hepatitis-C-related stigma and discrimination.

The amendments will not alter the operation of the Act as all diseases to which the provisions apply will be prescribed in regulations.

Statutory immunity

All other Australian jurisdictions include protection from personal liability for their Chief Health Officer and other officers who perform functions in good faith under their respective public health legislation. Our intent is to bring Victoria in line with other jurisdictions to protect officers acting in good faith so they are not distracted or dissuaded from performing critical public health functions.

Litigation against individual officers acting in good faith can impede them from performing critical public health functions needed to protect our community. Additionally, the threat of being personally named in litigation remains, and this impacts relevant officers acting in good faith to pursue functions without fear of reprisal.

The Bill creates a statutory immunity for the Chief Health Officer and delegates, Detention Review Officers and certain authorised officers.

Statutory immunity means individuals performing these roles will not be personally liable for actions or omissions undertaken in good faith, when they exercise powers or discharge functions. Any liability is instead transferred to the State. Additionally, statutory immunity is contingent on acting in good faith. It will not apply to criminal liability.

Administrative amendments

The Bill also makes some minor amendments to update terminology and remove redundancies.

I commend the Bill to the house.

Ms McLEISH (Eildon) (12:49): I move:

That the debate be adjourned.

Motion agreed to and debate adjourned.

Ordered that debate be adjourned for two weeks. Debate adjourned until Wednesday, 23 February.

HEALTH LEGISLATION AMENDMENT (QUALITY AND SAFETY) BILL 2021*Second reading***Debate resumed on motion of Mr FOLEY:**

That this bill be now read a second time.

Ms KEALY (Lowan) (12:50): It is great to be back in Parliament this year—the fourth quarter, so to speak, the last year of our four-year parliamentary term—and to kick it off with the Health Legislation Amendment (Quality and Safety) Bill 2021. This of course is a long-awaited bill. It will involve a lot of changes that will arise out of the *Targeting Zero* report, which was undertaken by Stephen Duckett back in 2016. It was undertaken in response to a number of tragic deaths and a systemic pattern of deaths of babies and some sentinel events that were involved at the Djerriwarrh Health Services. The Duckett report has instituted a number of changes around clinical governance and quality and safety and other aspects to help revitalise and renew services and provide the supportive structure that health services desperately need.

It would be remiss of me not to mention that we are in the midst of this COVID pandemic, where all we have been talking about, it feels like, for the past two years has been around lockdowns and restrictions in relation to COVID and the daily numbers, the hospitalisation numbers and the ICU numbers. Of course at its heart this bill is around supporting our healthcare workers to do the very best job that they possibly can. I would like to give my thanks to all of the health workers who have worked exceptionally hard over the pandemic. They have done an excellent job in being the frontline response, whether they work in a hospital, in a vaccination clinic or in a respiratory clinic or whether they are a paramedic—even the people who are a step out of the direct health services, such as maternal and child health workers, who have been working from home or from an office and having to do assessments over the phone. These are very, very challenging times for everybody to try and make sure that the health and wellbeing of Victorians is not left behind in the midst of the many, many restrictions that we have had on our lives and the impacts that those restrictions have had on our ability to access health care, to access our elective surgery and to access mental health support and care when we need it. I would like to pass on again and reiterate my sincere thanks to everybody who has put their hand up and provided that extra level of support and encouragement and kept going in the face of other impacts on our health and wellbeing in Victoria. Thank you for all that you have done.

This bill will permit the Secretary of the Department of Health to appoint a chief quality and safety officer. This new officer will be responsible for conducting quality and safety reviews of health and ambulance services. These reviews will focus on systemic issues rather than individual fault. So it is most certainly around looking at patterns of governance and patterns of procedure or practice where there are faults, as opposed to looking at the individual fault of a particular healthcare worker. It is looking at the system and targeted at the system rather than at the individual.

The bill provides that health services may conduct a serious adverse patient safety event, or a SAPSE, review when one or more individuals are harmed and that harm falls under a class of events prescribed under the regulations. We are yet to see the regulations. We look forward to seeing those, and if any indication of what will be contained within those regulations can be made available to the Parliament, particularly to our upper house members before this bill goes to that place, then I would strongly encourage it, and I am hopeful that the minister's office will be able to provide that indication of what the regulations may be.

This bill protects members of review panels and those providing information to reviews against liability to ensure openness and transparency when it comes to reporting and investigating adverse events. I think all of us in this place understand the importance of transparency when it comes to understanding decision-making and getting to the core of why issues are taking place. So I certainly do support this new-found support of transparency that the government seem to have found, and I encourage them to take that on board when they are looking at being fully transparent in relation to

some of the decisions that they make on a day-to-day basis around restricting health care to individuals, restricting access to mental health support services and restricting people from being able to go to work or go to school, because they are the questions that everyday Victorians are asking. That is the transparency that Victorians want to see, and while we see that other departments and other organisations will now be legislated to provide that transparency, I ask the Victorian government to provide a similar level of transparency to everyday Victorians and answer the questions that they have about restrictions in health care over the past two years.

This bill introduces a new duty of candour that requires health and ambulance services to inform patients and their families when harm has occurred to a patient during their treatment. This is around full disclosure and making sure that no information is withheld from individuals so that they understand what happened to them or what happened to a loved one. It will not only assist them with their grieving process and understanding what went wrong but also help them to understand that there will be changes put in place that will amend the system so that hopefully what happened to them will not happen to somebody else, to another Victorian, in the future. Health and ambulance services are also required to apologise to patients and their families for any harm that occurs.

Again, I would love to see that duty of candour applied, or at least a requirement for the government to apologise to individuals who have been harmed by government decisions, particularly with a focus on what has happened over the past two years. There have been devastating effects on our community, particularly borne through in mental health statistics but certainly in other elements of health care where people have not been able to get the care that they needed when they needed it—whether it was waiting for an ambulance for hours, calling again and finding that the job had not been logged; an ambulance not even turning up; ambulances ramping and that paramedic workforce not being supported to make sure they can hand over patients in a timely manner; people leaving hospital before they get treated because they feel like they are going to be there for such a long period of time; people in acute mental health crisis in an emergency department for days waiting for a bed. This is not just adults, not that that is acceptable in any way, shape or form, but it is also children—children being put into adult mental health beds. These all have a catastrophic impact on an individual's opportunity to deal with that mental health issue effectively, to avoid additional trauma from that experience. And for a physical ailment, where you are seeking medical support, any time that you wait to have that intervention can have long-term detrimental effects.

We need to see an apology from the government around that. We need an apology from the government around the 801 deaths that took place in those first restrictions, the first lot of lockdowns, in 2020. We still have not heard anything about the accountability and responsibility around that. We have never had an apology from the government about the extreme harm to mental health to all Victorians. In fact it is still deflected—that we still must stop the spread of the virus.

In a year—and two years now—where we have had the focus on the Royal Commission into Victoria's Mental Health System, to still not have an apology because the government have not put the mental health of Victorians first is an absolute disgrace. So I encourage the government again, if it is going to put this requirement into legislation for health services to apologise for adverse events which have caused harm to people and patients who have come through their doors, to let us see similar requirements and a similar level of leadership and accountability from the Premier of this state and from the Minister for Health for all of the decisions they have made over the past two years that have negatively impacted Victorians through their health care and their mental health care, through their business, through their ability to provide a roof over their head and meals on the table for their family and even through their kids' right to get to school. I endorse that, and I hope that this theme continues for other aspects of the government.

I go back again. I am realising that my time will be truncated into two sections today due to the lunch break. Duckett's review, *Targeting Zero*, into health governance in Victoria has some very important points in it. I realise this is the last chance for recommendations. It is the final recommendation to be implemented. It is some six years after the original review. Duckett originally had the intent that it all

should have been implemented within three years. The government has failed to deliver for everyday Victorians who want safe health care when they enter the hospital system. No-one plans to go to hospital. Nobody wants to go to hospital. But when you do go there you want to make sure that the people who are caring for you are well supported and provided with a governance framework that means you will leave a healthier person, a healthier individual. This report is damning of the department, and I urge the government to ensure that this is delivered appropriately and on time.

Sitting suspended 1.00 pm until 2.02 pm.

Business interrupted under sessional orders.

Ms Staley: On a point of order, Speaker, the person sitting above the clock is taking photos of the chamber.

The SPEAKER: I just remind members of the gallery—I think they have just been reminded—that photos are not permitted from the gallery. Thank you for raising that point of order.

Questions without notice and ministers statements

ELECTIVE SURGERY

Mr GUY (Bulleen—Leader of the Opposition) (14:02): My question is to the Minister for Health. With the suspension of vital surgery, dozens of babies have not been able to have repair of cleft lip and palate, further diminishing their ability to properly feed, impeding development. Occupational and speech therapists warn that these young children will be missing their key milestones and will be pushed further behind because of elective surgery suspensions. When will the government allow the full resumption of elective surgery so that vital surgery for young children and babies like these can resume?

Mr FOLEY (Albert Park—Minister for Health, Minister for Ambulance Services, Minister for Equality) (14:03): Can I thank the Leader of the Opposition for his question. Indeed this particular issue is known to me, particularly through the representations that the particular groups and the families involved have sought to reach out to the government in a number of ways. I want to thank those families for their responsible approach to government and I want to thank honourable members on both sides who have made representations on behalf of their communities on this issue.

But those families also understand that what we are dealing with here is a global pandemic, the likes of which have put pressures on our health system that in the lived experience of the entire system right around the country, indeed around the globe, have not been seen before. Of course these delays in non-category 1 elective surgery are hugely regrettable and will not be in for a moment longer than they are needed. They are in place for a very good but nonetheless disruptive reason and that is because we need to treat hundreds of people—I am glad to say steadily decreasing numbers, but still well over 500 people—with this highly infectious disease in our hospital system. About 450 are in the hospital and care program in the community, so nearly 1000 people are under the active direct care of our hospital system right around our community.

That has necessitated, sadly, an arrangement being in place nationally since April 2020 with our private sector partners right across the country when it comes to how that load is shared. In that regard, whether it is the public or the private system—I think I shared this figure with honourable members yesterday—we have seen that some 43 354 public patients have been admitted into the private system from the public list since this global pandemic and this national arrangement was put in place in this state alone. So when we are talking highly infectious diseases, with the sickest people getting the priority they need for that safe service first, it is regrettable that that has seen non-category 1 elective surgery rescheduled. It is this government's intention, as we continue every day to monitor those arrangements, whether they be the code brown arrangements or the application of different arrangements in this community—*(Time expired)*

Mr GUY (Bulleen—Leader of the Opposition) (14:06): Thank you, Minister. But in New South Wales important surgeries such as cleft lip and palate cases in children were immediately reclassified as urgent surgery and allowed to continue. Given you have met the families involved, you have seen them face to face and you have seen the hardship they and their children are suffering, why didn't the government do the same for kids in Victoria?

Mr FOLEY (Albert Park—Minister for Health, Minister for Ambulance Services, Minister for Equality) (14:06): I take, through experience, with a grain of salt all assertions that the honourable Leader of the Opposition makes in terms of what the situation is in Victoria, let alone interstate. But in regard to these—

Members interjecting.

The SPEAKER: Order! I ask the minister to just pause for a moment. I need to be able to hear the minister's answer, so firstly, can I ask the member to turn around so I can hear his voice, but also so members on my left stop shouting at the minister.

Mr FOLEY: I thank you, honourable Speaker. I will be guided by your ruling on that matter. I take with a grain of salt assertions that the honourable Leader of the Opposition makes in most matters, including this one. But in regard to these decisions as to which in the field of all the available category 1, category 2 and category 3, both public and private, operations are needed, these are clinical decisions that are made by clinicians. These are clinical decisions that are made by professional bodies who advise the government accordingly. These are not decisions made by politicians or bureaucrats—
(Time expired)

MINISTERS STATEMENTS: COVID-19 TESTING

Mr ANDREWS (Mulgrave—Premier) (14:08): I am very pleased to rise to update the house on the way in which we are supporting our youngest Victorians amidst the global pandemic. I was very pleased, with Minister Stitt just a couple of weekends ago, to celebrate the statewide rollout of at least 5 hours of three-year-old kinder. We know that two years of early childhood education are so much better than one. The commonwealth government see it a bit differently, but I say, respectfully, that they are wrong. Two years of childhood education are better than one. And how do you get to 15 hours? Well, you have a commitment, you work hard, you deliver it—you go 5, 10, 15. That is fantastic. Hopefully, the inherent logic of that, not the noise of those opposite but the logic of that position, will seep through to those in Canberra.

But in a global pandemic it is not just about hours of early childhood education but indeed childcare. We know how important that is. We are opening up, the economy is recovering, people are wanting to be back at work—need to be back at work—and childcare responsibilities are very important. We are in a global pandemic and the omicron variant is wildly infectious. So what have we done? Well, we have got our kids back on day one, term 1 to school and preschool. Preschool is bigger than it has ever been, and with childcare we are providing rapid antigen tests to parents, just as we are doing for primary and secondary schools and our early childhood education environments. This is about peace of mind, it is about making sure that we support families to be well, it is about limiting the number of cases and closing down chains of transmission as soon as we detect them. I see there was some criticism today, 'Well, little kids have no symptoms, so why are you testing them?'. They have no symptoms—that is why we are testing them. Honestly, it is a good thing they are not running much, because if you wrote a book, they would not believe it, would they? We are going to keep backing families amidst this unprecedented pressure and challenge.

ELECTIVE SURGERY

Ms KEALY (Lowan) (14:10): My question is to the Minister for Health. I recently met with Tiana and Billy, parents of their delightful four-month-old son, Malik. Malik was born with a cleft lip palate, which impacts his ability to feed, impacting his physical development. His hearing is also significantly

affected and he wears a hearing device. As cleft palate correction surgery is deemed elective under Victoria's code brown, Malik's surgery has been deferred indefinitely. Given the optimal period for Malik's surgery is right now, why is the minister refusing to change the callous decision that prevents this four-month-old baby from receiving the corrective surgery he so vitally needs?

Mr FOLEY (Albert Park—Minister for Health, Minister for Ambulance Services, Minister for Equality) (14:11): Can I thank the honourable member for her question. As I think honourable members are well aware, it is not my practice to refer to specific cases in this place, for all manner of reasons. But should the honourable member, as I am sure many honourable members have, raise this particular set of issues with me, of course these matters I will undertake and will address in the normal way in which these matters are dealt with. In regard to the specific issue that the honourable member raises in regard to elective surgery, I would refer the honourable member to the answer to the question that the Leader of the Opposition just raised in the first question today and reiterate all of those manner of answers, particularly the issue when it—

Ms Kealy: On a point of order, Speaker, Malik's parents, Tiana and Billy, are watching today. They want to get an answer over when his surgery can go ahead. I refer to the minister's previous answer that he follows clinical advice. The clinical advice is that the best time for cleft palate surgery is between four and six months of age. He needs it now. When will the minister review his decision?

The SPEAKER: Order! The member for Lowan did not raise a point of order.

Mr FOLEY: In regard to the general matter of elective surgery, no-one is seeking to extend the issues of elective surgery restrictions for one moment longer than they need to be. Whether it is this case or the many, many other cases that regrettably are being rescheduled as a result of this, those restrictions will not be there for a moment longer than they need to be, and I refer the honourable member to my answer to the honourable Leader of the Opposition's question.

The SPEAKER: Order! Just before calling the point of order, I do need members on my left to stop shouting across the chamber.

Ms Kealy: On a point of order, Speaker, on relevance, this question is specific to cleft palate surgery. It has an immediate requirement of being undertaken between four and six months of age. What is the minister doing to revert his decision to cancel this time-imperative surgery?

The SPEAKER: Order! I heard the original question. The minister has been relevant and has concluded his answer.

Ms KEALY (Lowan) (14:14): There are many Victorian babies who are waiting for cleft palate correction surgery, putting these babies at long-term risk of developmental delays, scarring and permanent damage to hearing. Under government modelling, how many babies will miss the optimal window for cleft palate corrective surgery due to the government's elective surgery ban?

Mr FOLEY (Albert Park—Minister for Health, Minister for Ambulance Services, Minister for Equality) (14:14): Firstly the honourable member's use of inflammatory language is very regrettable. There is no ban on surgery. What there is is a rescheduling as a result of a global pandemic arrangement being put in place. What we have is a situation where non-category 1 elective surgery across the board, with various particular circumstances being put in place—

Ms Kealy: On a point of order, Speaker, on relevance, my question is specific to how many babies will miss their optimal window for cleft palate surgery because of the government's ban on elective surgery. Specific to that, the minister has not referred to the numbers of babies who are missing their cleft palate surgery at all, and I ask you to bring him back to the question.

Ms Allan: On the point of order, Speaker, I ask that you rule the member's point of order out of order, as the minister is being entirely relevant to the question that was asked. I would suggest, Speaker, through you to those opposite, that they would struggle to have been listening to the minister

given the constancy of their interjections, which undermine any attempt to provide this information in a genuine way. Having said that, the minister was being entirely relevant to the question. He is entitled to correct the misrepresentation of the situation as put by the member for Lowan in answering the question.

Members interjecting.

The SPEAKER: Order! I listened carefully to the question that was asked, and the minister is being relevant to the question that was asked.

Mr FOLEY: Thank you, Speaker. And in that regard I was pleased to announce a few days ago that in fact non-category 1 surgery has actually recommenced in the state of Victoria. What we have seen is day surgery recommence, and what we have seen is indeed the decisions being made by clinicians being scheduled by clinicians in response to clinical conditions.

MINISTERS STATEMENTS: MENTAL HEALTH FUNDING

Mr MERLINO (Monbulk—Minister for Education, Minister for Mental Health) (14:17): I rise today to update the house on the release of the mental health workforce strategy, a key recommendation of the mental health royal commission. It includes an immediate \$41 million investment to strengthen the mental health workforce and a pathway for thousands more over the 10 years of this reform. The strategy is now underway, creating an extra 358 full-time equivalent jobs across the sector. For example, we have funded 132 extra graduates in occupational therapy, social work and psychology who have begun working as at January 2022, and they are supported by 18 new allied health clinical educator roles. This investment builds on the \$228 million provided in the last two budgets to expand and support our mental health workforce against the backdrop of the landmark royal commission.

But let us make one thing very clear: none of this investment would be possible or sustainable were it not for the mental health levy, a key recommendation of the royal commission. Without the levy there are no new nurses, no social workers, no psychologists or doctors. There would be empty beds and no staff. Without the levy every single one of the 938 mental health workers funded in the last two years would be gone. The Andrews government's position on the mental health levy is clear and unanimous, but there are alternative views. There are some who when asked, '... you won't be doing the mental health levy?', say, 'We're certainly not interested in that'—unequivocal. But then a parliamentary colleague subsequently denies that they will repeal the levy. Now, who is telling the truth: the Leader of the Opposition in this place or the Leader of the Opposition in the other place? They are all over the place.

Members interjecting.

The SPEAKER: Order! I warn members. The level of shouting on both sides of the chamber means that members will be withdrawn from the chamber without any further warning.

ELECTIVE SURGERY

Mr GUY (Bulleen—Leader of the Opposition) (14:19): My question is to the Minister for Health. Yesterday I asked the minister about the case of Rebecca, who is from the City of Casey. She sat with her family and watched question time to remind this house that she has aggressive breast cancer. She needs surgery. She needs it now. She has contacted the minister's office twice before. Today Rebecca is watching again. What can the minister say to her and many other women in the same dreadful situation as to why in the third year of the pandemic he has had to close elective surgery, why he will not reopen it as a matter of absolute priority and why he is content with putting women's lives at risk by continuing to delay life-saving surgery.

Mr FOLEY (Albert Park—Minister for Health, Minister for Ambulance Services, Minister for Equality) (14:20): Can I thank the—well, I actually do not really thank the Leader of the Opposition

for the question, but I note the Leader of the Opposition's question. I would encourage the Leader of the Opposition, in the context of a global pandemic, to just consider measuring his tone and his use of language given we are talking about very serious issues here that are occurring right across the country and indeed the world.

We are seeing all states and territories having to take these kinds of measures in a very difficult set of circumstances. To say that there is no elective surgery is simply wrong. The Leader of the Opposition should have noted, as is publicly available, that in fact elective surgery has recommenced in day surgery in the private sector up to 50 per cent capacity and that these decisions, as we have made clear every step of the way, are done on the best of advice as to how we can treat the sickest of patients in the quickest and safest circumstances that sustain a workforce—a workforce and a system that when these measures were put in had some 5000 people off furloughed and had in addition to that thousands of others unavailable through their caring responsibilities and through other arrangements that were in place and that has seen as a result of that system all manner of pressures right throughout the commonwealth to the point where I do note that in New South Wales nurses are, for the first time in over a decade, now taking industrial action in direct response to this.

This is what happens, honourable Leader of the Opposition, when you push your people too far, when you stress your system to the point beyond breaking. We need to make sure that these decisions are being made in the best interests of the wider system, and they will not be in for a moment longer than they need be. I would urge all commentators, particularly those opposite, to not seek to make cheap political capital out of the suffering of people as a result of these decisions that are having to be made. It does not reflect well on the Leader of the Opposition—

Mr Walsh: On a point of order, Speaker, on the issue of relevance. I cannot see how Rebecca's life is a cheap political point, and I ask you to bring the minister back to actually answering the question to Rebecca who is watching online here. If he thinks she is a cheap political point, he should resign and get out of this place.

The SPEAKER: Order! There is no point of order. There was a very broad series of questions at the end of that question from the Leader of the Opposition. The minister has concluded his answer.

Mr GUY (Bulleen—Leader of the Opposition) (14:23): Ramsay Health surgeons and nurses are saying there is ample capacity in the private health system. Minister, why in the third year of the pandemic won't the government allow private providers to manage their own capacity requirements rather than placing an arbitrary ban and capping surgical procedures such as breast cancer surgery across the whole system, putting Victorians' lives at risk?

Mr FOLEY (Albert Park—Minister for Health, Minister for Ambulance Services, Minister for Equality) (14:23): I refer the honourable Leader of the Opposition to a series of answers I have given in the house over the last couple of days, but in particular can I use this opportunity to thank Ramsay Health, a for-profit company. The honourable member for Mildura would have high things to say about their contribution to her community. They have done an extraordinary job, covered by the national partnership agreement that has been in place since April 2020. The Victorian government, indeed the commonwealth government, have spent hundreds of millions of dollars in making sure that that ongoing partnership is in place for the purposes that the national partnership agreement has set out, and that national partnership agreement is specifically in place for these kinds of circumstances. Again, the honourable Leader of the Opposition's use of language to inflame the situation is most regrettable. The honourable Leader of the Opposition really needs to measure his commentary and put the interests of patients and communities at the forefront.

MINISTERS STATEMENTS: ENERGY POLICY

Ms D'AMBROSIO (Mill Park—Minister for Energy, Environment and Climate Change, Minister for Solar Homes) (14:25): I am absolutely delighted to update the house on how this government is slashing Victorian families' power bills. The average cost that Victorian families pay for power has

fallen by nearly 10 per cent over the last 12 months and is now at the lowest level in five years. Small businesses are also paying less, with a 12 per cent reduction in 2021. This is an outstanding turnaround when you consider how badly consumers were being ripped off under the previous government, with prices skyrocketing by nearly 35 per cent in just four years and gas and electricity disconnections doubling. This left vulnerable Victorians without power and heating because they simply could not afford to pay for the opposition's negligence.

When we came to government we vowed to fix this mess, and that is exactly what we are doing. Our Victorian renewable energy target has delivered 4000 megawatts of new clean capacity, and 10 new renewable energy projects are currently under construction, including of course solar panels on every household roof through our Solar Homes program—\$1.3 billion. The Australian Energy Market Commission reports and expects Victorian power prices will fall another 8 per cent over the next three years thanks to our 'significant influx of new renewable capacity'. Our home heating and cooling program is also reducing energy bills whilst keeping people comfortable in the summer and in the winter.

There is more that we can say. We introduced a Victorian default offer, a fair price for all consumers, with the ACCC saying that it is a significant factor in reducing retail margins. It is no wonder that the rest of the country follows our lead. We are putting money back in the pockets of all Victorian families and businesses, creating jobs whilst driving down emissions to improve their quality of life.

MILDURA BASE PUBLIC HOSPITAL

Ms CUPPER (Mildura) (14:27): My question is to the Minister for Health. The master planning process for a new Mildura Base Public Hospital is advancing well, but we are determined to avoid the mistakes of the past, where a disastrous private contract delivered a short-sighted facility that was unable to adapt to evolving community needs. This is why CEO Terry Welch and local university partners are advocating for an academic health precinct to be integrated within a new hospital to help grow and retain our healthcare workforce. The academic health precinct would provide high-quality hospital-based learning experiences, facilitate collaboration on medical research and create academic pathways for Aboriginal and Torres Strait Islander Australians into the health disciplines. This is a model that has been successfully implemented in other regional and remote cities like Shepparton and Broken Hill. Does the minister support the concept of an academic health precinct at Mildura Base Public Hospital?

Mr FOLEY (Albert Park—Minister for Health, Minister for Ambulance Services, Minister for Equality) (14:28): Can I thank the independent member for Mildura for her question and particularly for her very strong advocacy over a period of time to return from Ramsay Health the Mildura Base Hospital, which has always belonged to the people of Mildura, back to the people of Mildura, a decision this government was proud to take—when previous governments, having had the opportunity to, squibbed it.

In regard to the issue that the honourable member has touched on, she is quite right. The progress of the \$3 million invested for the detailed service plan for Mildura and the northern Mallee is well underway. I have been lucky enough to be briefed on a number of occasions about how well it is going, and I look forward to the opportunity of perhaps briefing the honourable member, and through her her community, in the near future about the next steps.

A part of that briefing, as the honourable member quite rightly touched on, has been that these infrastructure investments are more than just bricks and mortar. You have to staff these important facilities with the professionals you need, and you have to train them. You have to do that in a way that builds the system, and whether it be at the Monash heart hospital or at the Footscray \$1.5 billion investment or whether it be at Ballarat or Bendigo or Geelong, all of these significant investments have substantial partnerships with learning organisations and universities. In this regard I have been lucky enough to be part of conversations with both La Trobe University and Monash University and with the Mildura hospital leadership around what this very concept looks like in Mildura and the northern Mallee—indeed into New South Wales—and what that investment might look like.

I look forward to that next step of the process, taking into account precisely the kinds of issues that the honourable member has raised because you cannot deliver, whether it is in the regions or in the inner city or anywhere in between, a world-class healthcare system in world-class buildings and facilities without world-class staff. That needs a partnership between all levels of community and all levels of—be it state, federal or in this case local—government and the wider regions so in those kinds of specialist areas the honourable member talks about she can have confidence that her community is right up there at the top of the list in the thinking about what specialist areas in regional, rural and remote health and Indigenous health look like. I look forward to working with the honourable member on this exciting project.

Ms CUPPER (Mildura) (14:31): Mildura Base Public Hospital should be the placement of choice for prospective graduates interested in rural and remote health, a place where students have a rewarding, challenging but well-supported learning experience and choose to stay. As it is the remit of the federal government to support the tertiary education sector, will the minister write to the federal government to seek its co-investment in the construction of an academic health precinct at the new Mildura Base Public Hospital?

Mr FOLEY (Albert Park—Minister for Health, Minister for Ambulance Services, Minister for Equality) (14:31): I most certainly will. I most certainly will because this will only work if all levels of government step up and play their part. Particularly when it comes to post-school education, this current federal government has some ground to make up. Whether it has been the increase in HECS fees, whether it has been the slashing of university investments, particularly in these areas of health, increasing costs and reducing opportunities is not the way to go to make the kind of vision that the honourable member for Mildura outlines a reality.

I will most certainly raise this with I think it is Minister Robert, who is the acting Minister for Education and Youth at the moment, but I will also take the opportunity to raise this with the Minister for Regional Health—I think it is the honourable Dr Gillespie—and take that in a way to achieve the very vision that the honourable member for Mildura outlines.

MINISTERS STATEMENTS: COMMUNITY FOOD RELIEF

Mr CARBINES (Ivanhoe—Minister for Child Protection and Family Services, Minister for Disability, Ageing and Carers) (14:32): I rise to update the house on the Andrews government's support for Victorians facing hardship during the pandemic, in particular the collaboration between the state government and the food relief sectors being crucial in these trying times. No Victorian should go hungry, and every family deserves access to food and essential items at this time, particularly those families that the federal government has chosen to ignore, such as international students and temporary protection visa holders.

I am thankful that I was able to join the Minister for Health recently at OzHarvest in Port Melbourne, in his electorate of Albert Park, where we announced a \$1.67 million contribution to some 13 community organisations. It is our fourth allocation from the food relief financial reserve, and that is making sure we can provide a warm meal and the kitchen basics to those who need them most. There were some 980 000 additional meals thanks to that allocation. It is a funding announcement that brings our total investment across food relief to something like \$39 million since the pandemic was declared.

Of course that food relief reserve has helped maintain capacity and support in our food relief system through the direct backing of those community organisations. Some 3.4 million meals have been supplied through the food relief reserve by our government. Can I just say it is an opportunity for me, on behalf of everyone in this house and particularly on this side the house, to thank those food relief organisations—our local councils, our neighbourhood houses and our charitable organisations both large and small—for their outstanding work, and in particular Foodbank, OzHarvest, SecondBite, the FareShare kitchen. I want to thank them. I want to also thank the absolutely tireless work, the inspiring work of our food relief volunteers, because together we are putting food on the table for people who need it when they need it, because no Victorian should go hungry.

ECONOMY

Mr SOUTHWICK (Caulfield) (14:35): My question is to the Minister for Industry Support and Recovery. A report released today by the Victorian Chamber of Commerce and Industry (VCCI) has ranked Victoria as the highest taxing state with the largest public sector and the most red tape, making it the hardest state in the country to start and grow a business. Minister, why is Victoria falling behind every other state?

Members interjecting.

The SPEAKER: Order! Before calling the minister, I warn the member for Eltham.

Mr PAKULA (Keysborough—Minister for Industry Support and Recovery, Minister for Trade, Minister for Business Precincts, Minister for Tourism, Sport and Major Events, Minister for Racing) (14:35): I saw the report that the member opposite referred to this morning. I also saw the Leader of the Opposition's Facebook post, and he said in his post that we have the largest public sector in Australia right now, a claim that the Deputy Leader of the Liberal Party just repeated. The VCCI made the same claim in their media release. It actually says in the report that we are ranked eighth out of eight for public sector size, so someone has not read through the fine print, because what it actually means is that we have the smallest public sector workforce as a share of the economy, not the largest. It shows the perils of basing your questions on media releases. It would be better if you went to the primary source material rather than basing your questions on press releases.

Members interjecting.

The SPEAKER: Order! When the house comes to order. The Premier will assist in the smooth running of the house.

Members interjecting.

The SPEAKER: Order! The Treasurer is warned.

Mr Southwick: On a point of order, Speaker, if you could ask the minister to answer the question.

Members interjecting.

The SPEAKER: Order! The member for Sunbury can leave the chamber for the period of 1 hour.

Member for Sunbury withdrew from chamber.

Mr Southwick: None of what the minister has provided is doing anything to help the struggling small businesses in Victoria, and we are falling behind every other state. I ask you to bring the minister back to answering the question.

The SPEAKER: Order! The member for Caulfield started on a point of order and digressed. The minister is being directly relevant to the question by rejecting the premise of the question.

Mr PAKULA: I thought I was going easy on the member for Caulfield, but anyway. The member for Caulfield, having misread the report and failed to understand that media releases really need to be backed up by some primary research, also failed to mention that the same report ranks us number one in skills in the country, and the fact that we are in the top two in infrastructure, in the top two in connectivity, in the top two in entrepreneurship and in the top two in growth. He also failed to mention the fact that our unemployment rate is close to a record low at 4.2 per cent. He failed also to mention that the Deloitte Access Economics investment monitor survey for the December quarter puts the total value of investment in major projects in Victoria at \$174.4 billion. Whether it is skills, whether it is growth, whether it is entrepreneurship, whether it is infrastructure, whether it is connectivity or indeed whether it is in our relatively lean public sector compared to the rest of the country, or the business support that we have provided—\$13 billion in 2020–21—or the fact that we have now got basically no restrictions on business, the Victorian economy is absolutely primed to take off, and take off it will.

Mr SOUTHWICK (Caulfield) (14:39): I am not sure what planet the member is on—primed, ready to go.

Members interjecting.

The SPEAKER: Order! I warn members on my right. I have already warned the house that they will be removed without warning.

Mr SOUTHWICK: Three-quarters of small businesses in our CBD are barely surviving, and there are repeated calls from many, including VCCI, the CEO of NAB and the Lord Mayor, for an immediate return to work. When will the government remove the work-from-home order and get people back to their desks?

Mr PAKULA (Keysborough—Minister for Industry Support and Recovery, Minister for Trade, Minister for Business Precincts, Minister for Tourism, Sport and Major Events, Minister for Racing) (14:40): There is no order. As the member for Caulfield I think well knows, there is no order preventing workers returning to workplaces in the CBD. Have a look where we are. The fact is that in regard to the CBD we have been working closely with the City of Melbourne on a \$100 million recovery fund, a \$200 million revitalisation fund, bringing events like the Australian Open back into this region and making sure that we kept our theatres open through support through 2021—*Moulin Rouge!* was on at night, *Frozen* was on at night, *Harry Potter* was on at night. *Hamilton* is coming on 24 March.

We absolutely understand that businesses in the CBD want more workers back here more quickly, and there is nothing stopping them doing that if they want to, including the town hall, and we are seeing that activity pick up. And as cases come down and people feel more confident, undoubtedly it will pick up further. *(Time expired)*

MINISTERS STATEMENTS: RURAL AND REGIONAL HOUSING

Ms THOMAS (Macedon—Minister for Agriculture, Minister for Regional Development) (14:41): With an unprecedented number of Victorians choosing to make regional Victoria their home, I rise to update the house on crucial investments being made by the Andrews Labor government to boost local housing for local workers. Last year I announced our government's \$5 million regional workforce pilots, which address housing as a key factor in workforce shortages in five regions across our state.

It was fantastic to be in the Corangamite shire in January to turn the sod on our \$2 million investment in building essential infrastructure that will deliver up to 140 residential blocks for the people of Timboon and Simpson. Our Robinvale pilot in the seat of Mildura is addressing the shortfall in housing for workers with an investment of half a million dollars towards building much-needed accommodation in that area. And that is not all. We have also amended the Victoria planning provisions to make it easier for farmers to invest in on-farm accommodation for workers without the need for a planning permit. Our seasonal workers accommodation program has also invested \$3.1 million to deliver COVID-safe accommodation, transport and support workers to more than 2000 workers who are working in our horticulture industry.

These initiatives complement the Andrews Labor government's unprecedented investment in our \$5.3 billion Big Housing Build, which is constructing more than 12 000 new homes throughout the state, with a massive \$1.25 billion being invested in regional Victoria. The Andrews Labor government is committed to ensuring workers in our regions have the housing and infrastructure they need to ensure that regional Victoria remains the best place to live, work and invest.

Mr Tilley: On a point of order, Speaker, I would like to follow up on an overdue constituency question from last September. It is about elective surgery, so it is following on perhaps as a parable of what has been going on with public health. It is question 6011, and it was asked of the Minister for Health on 15 September last year and is now 118 days overdue. I would just like you to get the minister to address that.

The SPEAKER: I will raise that matter with the minister.

Ms Ryan: On a further point of order, Speaker, I have a number of questions that are overdue, some dating back to May last year: questions 5883, 6070–2, 6184–5, 6050, all to the Minister for Health. I also have a number outstanding to the Attorney-General: 6222–5. I have one outstanding for the Minister for Public Transport: 6271. And I have one further for the Minister for Health, an adjournment: 6168.

The SPEAKER: I will follow those matters up and come back to the member.

Mr T Bull: On a point of order, Speaker, I too have some outstanding questions, and mine date back to November 2020; we are now in 2022. Minister at the table, the Minister for Public Transport, they are not yours. There are a number from the middle of last year that are on important issues to my electorate. I know you have followed them up on more than one occasion, but it might be time to crack the whip, because we are still not getting the responses. The questions are numbers 4793, 5969, 6008, 6113, 6138, 6139, 6178, 6209, 6239, 6304, 6305, 6307, 6312 and 6322.

The SPEAKER: Thank you for raising that matter. I will follow that matter up.

Ms Vallence: On a point of order, Speaker, also for the Minister for Health, I have raised this point of order on a number of occasions before and sought your assistance to follow up, and still, after several attempts, nothing. These constituency questions were asked some eight and five months ago to the Minister for Health: questions 5901 and 5994. I would appreciate a response. I think my community deserves it.

The SPEAKER: I will follow that matter up for the member.

Constituency questions

CROYDON ELECTORATE

Mr HODGETT (Croydon) (14:47): (6186) My constituency question is for the Minister for Health. Can the minister please provide assurances to women and girls who attend public hospitals in Victoria and require access to sanitary products that ample supply is available in all our public hospitals? Maroondah Hospital is a local hospital near my electorate. It is great at caring for those in need, but I am informed by patients who have attended that women cannot access free sanitary items such as period products or maternity pads when needed. Patients can get bandaids, bandages, painkillers or incontinence aids in hospital; however, sanitary products are not freely available. Several constituents have raised this concern with my office and informed me that women have been forced to bleed through their hospital gowns and use unsuitable alternatives like dressings because period products were not available. The government provides every Victorian government school with access to free pads and tampons and has freely stated that sanitary items are a necessity, not a luxury, so I find it extraordinary that our health system does not have the means to help patients who are sick and vulnerable manage their period with dignity.

TARNEIT ELECTORATE

Ms CONNOLLY (Tarneit) (14:48): (6187) My question is for the Minister for Energy, Environment and Climate Change. Whilst outside the boundaries of the Tarneit electorate, the Werribee Open Range Zoo is one of Wyndham's biggest tourist attractions and a source of many local jobs. In fact the zoo was very fortunate to have welcomed its newest zebra foal, little Zintlanu, just last month. At the end of 2020 the Premier announced an \$84 million upgrade for the Werribee zoo. This funding will go towards creating a brand new elephant sanctuary, making Wyndham the home to Victoria's elephant population, as well as a new sky safari gondola that will give guests an aerial view of the zoo, not to mention stretching as far back as the You Yangs all the way towards Melbourne's CBD. In fact once complete no doubt you will be able to get a view of the wonderful western suburbs.

So my question to the minister is this: what benefits will this expansion of the Werribee zoo bring for our wonderful Wyndham community?

LOWAN ELECTORATE

Ms KEALY (Lowan) (14:49): (6188) My question is to the Minister for Education, and the information I seek is: why is funding for support staff at regional public schools contingent on an assessment of incoming students whereas metropolitan schools instead receive a recurrent amount based on historical allocations? This system unfairly pre-emptively cuts funding to regional schools and results in support staff having their hours cut or being made redundant at the end of the school year. We lose great staff who have experience, and then the school cannot re-engage them until these students have been reassessed. Now, in our area it has been four years for some of our schools to be able to get a school nurse to undertake these assessments. I simply ask the minister: can you make the system fair for kids in rural and regional areas? Can we have the same system you have in metropolitan schools where there is recurrent funding rolled over in the school year for support staff so we do not end up with the first part of the year, at the very least, where kids who need that support do not have access to the support they deserve?

ALTONA ELECTORATE

Ms HENNESSY (Altona) (14:50): (6189) My constituency question is for the Minister for Education. I would like the minister to provide an update in respect to provisioning and planning for the building of more schools in Melbourne's western suburbs. The Wyndham local government area has seen a number of new schools open in recent years, and we are incredibly grateful for the investment and the leadership that the minister has provided us. Those investments have provided incredibly important educational opportunity for families, but Wyndham does continue to experience unprecedented growth that impacts significantly on the existing capacity of schools, and we have got the highest number of students per government school right across Victoria. We are asking the minister to provide an update in respect to current provisioning plans and in doing so to meet with Wyndham City Council and some local school leaders to discuss those future priorities and balancing growth with ensuring that we have got opportunities for all.

SOUTH-WEST COAST ELECTORATE

Ms BRITNELL (South-West Coast) (14:51): (6190) My constituency question is for the Minister for Energy, Environment and Climate Change. The information I seek is whether the Department of Environment, Land, Water and Planning will allow the Warrnambool Surf Life Saving Club to access adjacent land for its planned upgrade. The lifesaving club has 900 members and plays a critical role in keeping beachgoers safe during the warmer months. However, the club is in dire need of new facilities as the current ones are not fit for purpose and need to be replaced. It has plans for a \$12 million rebuild, but in order for it to go ahead the club needs to utilise land adjacent to its current facility. It has hit a bureaucratic brick wall in its negotiations with DELWP. An important part of the rebuild is not just about the building itself but also about the adjoining car park. Accessibility to the beach is already an issue on busy days, and there have been occasions when emergency services vehicles have been unable to access the precinct because of traffic congestion. The club has never been granted any government funding, having always covered its own costs for maintenance and even its own build. These volunteers are amazing.

SUNBURY ELECTORATE

Mr J BULL (Sunbury) (14:52): (6191) Speaker, it is nice to be back in the house after a little bit of time wandering the hallways thanks to your ruling. My question is to the Minister for Community Sport. Minister, what is the latest information on the design and construction of the upgraded facilities for the Sunbury Kangaroos Football Netball Club in my electorate? As the minister will be aware, it was this government, the Andrews Labor government, that committed \$2 million at the last election to upgrade facilities at Eric Boardman Memorial Reserve, a terrific precinct within my local

community. There are three ovals: two of them are for football and cricket and one of them is for Little Athletics. It is a terrific local precinct that is used by many within my community for all of those sports that I mentioned. This government is getting on and delivering great community facilities locally in my electorate, and I look forward to an update from the terrific Minister for Community Sport.

SHEPPARTON ELECTORATE

Ms SHEED (Shepparton) (14:53): (6192) My question is for the Minister for Roads and Road Safety, and the question I ask is: will the minister take steps to come and look at the situation at Kialla West Primary School and observe what is a very dangerous school crossing? Kialla West Primary School's crossing is on the main highway from Melbourne to Shepparton. The speed limit goes very quickly from 110 kilometres per hour to 80 kilometres per hour and then quickly to 40 kilometres per hour just outside the school. Any unfocused driver could miss that sign in between very easily, and indeed that is probably what happened because just a short time ago there was a serious accident where a truck did not stop in time and ran into the back of a parent's vehicle with three young children in it, one of whom ended up in a very serious condition in the Royal Children's Hospital. It has been a problem for some time, and we have talked about it here. I have had the Minister for Education look at it as well. It really does need attention, and it seems to be a bit blocked at the moment. We need a solution. I would ask the minister to help.

NORTHCOTE ELECTORATE

Ms THEOPHANOUS (Northcote) (14:54): (6193) My question is to the Minister for Energy, Environment and Climate Change, and I ask: what is the latest update on our upgrades to Yarra Bend Park? In 2020 I was thrilled to announce that Yarra Bend Park in Fairfield will see an uplift as part of our \$52 million safer, better public parks initiative—a massive investment in park upgrades across the state. Yarra Bend is a much-loved spot for residents to come together for walks, bike riding, canoeing, local sport, picnics and a family day out, but over the years some parts of the park have become tired or simply are not as accessible and welcoming as they should be. Things like new play equipment, barbeque facilities, toilets, shade and lighting would go a long way. Over the past three years I have been proud to deliver more and improved open spaces in my local area. That includes upgrades at Alphington and Penders parks, a new pocket park in Preston, a new community garden in Croxton and of course huge swathes of new open space as part of our level crossing removals. Quality, well-maintained open spaces are central to our health, wellbeing and sense of connection. My community would welcome an update on this exciting project.

SANDRINGHAM ELECTORATE

Mr ROWSWELL (Sandringham) (14:55): (6194) My constituency question is to the Minister for Transport Infrastructure, and I ask: when will the level crossings on Highett Road and Wickham Road in my electorate be removed? Last year in my final contribution of 2021 I directed this matter to the minister, who failed to address my concerns directly. The minister denounced my 'ability to prosecute a case for the removal of these level crossings with some authenticity'. I am confused why the minister is questioning my authenticity on this matter when I have been advocating for the removal of these level crossing since first being elected on behalf of thousands of residents and business owners who want these level crossings gone. The minister has no further need to play politics with this important community matter. Simply give the people of Highett the respect of a straightforward answer or, even better, a commitment to remove these two dangerous and congested level crossings.

BROADMEADOWS ELECTORATE

Mr McGUIRE (Broadmeadows) (14:56): (6195) My question is for the Minister for Health. How are young people in my electorate benefiting from the pop-up clinics? I raise this because I want to thank the minister for his investment in these communities of need and disadvantage where the pandemic has had an epicentre. These have been highly valuable, these pop-up clinics, to actually get to these families and to do it through the schools. The Victorian government is encouraging GPs and

community pharmacists to establish additional mini vaccination clinics at schools. That is a \$4 million investment. This is vital and urgent, and it is part of the primary care vaccination in schools program. This has benefitted some 22 priority LGAs, including Hume City Council, and it goes to the critical point that we are all connected. Until you fix health in Broadmeadows we cannot advance together. This is a great opportunity we have to do that, and we can extend the centre of excellence for health in this community as well.

Bills

HEALTH LEGISLATION AMENDMENT (QUALITY AND SAFETY) BILL 2021

Second reading

Debate resumed.

Ms KEALY (Lowan) (14:57): I continue my contribution on the Health Legislation Amendment (Quality and Safety) Bill 2021. Before lunch I was speaking to the overall summary for the *Targeting Zero: Supporting the Victorian Hospital System to Eliminate Avoidable Harm and Strengthen Quality of Care—Report of the Review of Hospital Safety and Quality Assurance in Victoria*. This is a report that was tabled some six years ago now, back in 2016, and I note the former Minister for Health, the member for Altona, is in the chamber at the moment. She did a fantastic job to get this done, but it is a long time since we actually saw this report tabled, which was supposed to make so many differences to improve quality and safety in Victorian hospitals. I note in Professor Duckett's opening statement that:

In Victoria many health services are working tirelessly ... But to a large extent they are doing so with inadequate support from the department, whose approach to safety and quality does not carry the level of attention, investment and priority that the issue requires. The department has inadequate overarching governance and oversight of safety and quality, and is doing too little to lift the capacity of the Victorian health system to improve quality and safety.

I go on:

In many cases the problems with oversight of safety and quality performance in Victoria are the result of budget cuts over the years that have gutted many departmental functions.

If we look back over the past 20-odd years, I think we have had a Labor government now in Victoria for 19 of the past 23 years. For nearly two decades we have had a Labor government, and yet in external reports we see the significant problems within the Department of Health that are related to budget cuts over the years that have gutted many departmental functions. Further in Duckett's report it states that some recommendations:

... can be implemented quickly (say over 12 months) but others will require legislative or other changes that may take up to three years.

Again, I remind the Parliament this report was finalised and made public in 2016. It is now not three years later, it is six years later, and we are still not seeing action on some of these really important recommendations to improve quality and safety and the experience of people within Victorian hospitals, whether you are a patient trying to access care or the valuable staff that we have working within these systems, so that everybody is protected.

And so what we see yet again is Labor failing to deliver what they say they will. It is always too late, and we do not see the same things applied through legislation and required of external bodies as they do of themselves. During the bill briefing a question was asked around the annual reporting requirement for this new office that is being proposed through this legislation. As I said earlier in my contribution, a lot of this bill is focused on improving transparency and accountability of health services. However, when the question was put, 'What will be the annual reporting requirements for this brand new department that will be established, the new office of the chief quality and safety officer?', the response from the department was, 'There won't be any annual reporting. There won't be any reporting of negligence within the hospital system'. It makes me wonder where the level of transparency is when it comes to the requirements that are outlined in this legislation. Are we creating

something just so that we can tick a box in terms of the recommendations that were tabled and given to the minister six years ago, or is this about truly improving the quality, safety and experience of patients within Victoria?

Victorians want to make sure that when they call 000 their call gets answered quickly, that when they do call and they urgently need an ambulance because somebody near and dear to them is having a heart attack that that call is logged in the system and they do not have to call back numerous times in order to get somebody to respond and that they are not told that they may have to wait too long to get an ambulance so can they get an Uber or a taxi or can they be driven to their nearest emergency department. People just want to know. Victorians just want to know that health care will be there for them when they need it. They want to know that 000 will be there, that there are enough paramedics and that they are supported to do their job and do it well, that we have got our hospital staff fully supported and that when they go to hospital they will be able to get a bed when they need it and not have to wait for an extended period of time, which could lead into days, in a bed in a corridor or in an emergency department. That is not what Victorians expect, but it is what this state government is delivering for Victorians because the priorities are all wrong. Labor continues to fail to deliver for Victorians.

We also asked during the bill briefing who would be covered by this—whether hotel quarantine, for example, would be covered by the regulations and the requirements within this bill. It was confirmed that the medi-hotels would be included in the requirement for a duty of candour and governance under the chief quality and safety officer. In addition to that we asked about the medically supervised injecting centre because that is linked to and governed by North Richmond Community Health. Yes, it will come under this as well. Again I hope that there is some review of the level of reporting that is undertaken by this brand new department, because we want to make sure there is true transparency and that means accountability and transparency to the public and not keeping the bad news secret, which is outlined completely in Duckett's report. But it has taken Labor six long years, and in their final months of this term of Parliament they are seeking to bring it through and form legislation from it. We need to see these changes soon, but we need to make sure they are done correctly.

There is another element of this that I flagged in the bill briefing that I had concerns about. That is that it is still not altogether clear whether this will impose an additional regulatory burden upon health services in Victoria. Already health services have to meet so many requirements when it comes to reporting and adhering to quality and safety standards, and there are also regular audits. It might be a drop-in visit, a surprise audit or a spot audit. It may be something that occurs on a periodic basis. It may be something that occurs annually. Having been the CEO of a hospital, I know how heavy things were in terms of the obligations for us to report to public bodies, whether it was the state government or the federal government or all of the accreditation bodies that we had to perform under. There are the aged care standards and the national standards that have to be met. If you have a GP clinic on site you have to meet Australian General Practice Accreditation Limited standards. You also have other burdens that you have to meet, including the oversight of the health complaints commissioner and the aged care complaints commissioner. You have also now got Safer Care Victoria. We also have financial reporting, whether it is through an external auditor who comes in on an annual basis or the Auditor-General's office. In fact it is a very, very big job when it comes to managing auditing and compliance requirements within the health sector.

I completely understand the need for mandatory reporting, because the best way to get better at what you do is to understand what does not go well. If it was a near miss, if it was an event, whether it was a serious or a sentinel event, you have to go back and review what happened, what went wrong and what you can do differently to make sure that this does not occur again. But it is becoming so burdensome for our health systems that a lot of the block funding or the set funding that is provided to them from the state government is allocated now to compliance and reporting as opposed to delivering patient care. While I think everybody would accept that there is a requirement to ensure we have appropriate governance when it comes to quality and safety in our health services, hospitals need to be provided adequate funding to be able to deliver that without compromising patient care and without

being put in the position of, ‘Well, do we put our money that is provided by the government towards compliance to make sure we can keep our doors open and that we don’t get into trouble and breach legislation, or do we choose to enhance our maternal and childcare services or perhaps engage a physiotherapist or look at investing into our infrastructure and buying new beds?’. Bariatric beds are rarely funded by the government nor is other bariatric equipment that is required more and more frequently in Victorian hospitals. It could be about getting another vehicle on the road or getting more and up-to-date equipment into our ambulances. That is what the question comes down to for our administrators of the health system: where do we spend our money?

So I absolutely understand the intent of this legislation. However, I do ask the government to consider, rather than adding another layer of bureaucracy, another cost burden to our health services, another administrative burden, actually looking at streamlining some of this, because not only will that result in a more efficient health system where money is spent delivering the care that Victorians need and deserve, but it will mean that we will have a stronger framework, that there will not be as many opportunities for instances to be missed or for things to be duplicated to a point that people do not take it as seriously because they see it more as something they have to do rather than something they want to do to engage in that continuous improvement, which is really the mantra within every single health service that I have ever set foot in in Victoria.

Other aspects of this legislation specifically focus on extending protections for apologies offered by health service entities for harm suffered by patients. Now, this is an important element because if there is a serious or sentinel event which causes, particularly, harm to individuals when they are engaging with the health service—and nobody expects to have harm done to them when they go to a health service; you expect to get better and not get worse—it is an important part of the healing process for many individuals and loved ones who are exposed to harm in Victoria’s health services that they have the opportunity to understand what happened to them, but more importantly, that they have the opportunity to gain some level of closure, to hear those vital words, ‘I’m sorry this happened’, to receive some level of consolation that steps have been taken to review the root cause of the incident and to understand then what changes have taken place to make sure it does not happen again.

Now, from my experience in all aspects of the health system, I have always seen that the organisations I have worked with have taken that extraordinary seriously. At every step, and I have worked in the private and public sector, there have been serious steps taken in terms of effectively communicating with the individual and the family members to make sure that it is done in an open and transparent and extraordinarily honest way, because the best way to get to the understanding of what risks caused that incident to take place is only achieved through transparency, openness and honesty. I strongly support what is already happening with the healthcare system. I strongly support the steps that are being taken, in particular by staff to do the right thing, but we also need to make sure that they are given the support from the department to do the right thing. As I stated earlier, in the Duckett report back in 2016 he emphasised that public health services were not getting the support they needed from the department. He specifically outlined the failures of the department. I think it is really incumbent upon the health department to spend more time on that, making sure that rather than getting a list of things that hospitals must do, they actually embrace hospitals and provide more guidance and support and helpfulness in terms of delivering improved outcomes for individual patients, and that is exactly what Professor Duckett has called for.

The state of Victoria’s healthcare system is probably not great at the moment. It is particularly bad, and that is not just because of COVID. We all know that there has been COVID for the past two years—how could we avoid knowing that?—but this started to happen well before the COVID pandemic hit. We are seeing terrible incidents and wait lists growing right across the state. In relation to this bill and talking about sentinel events, tragically Victoria’s public hospitals recorded 24 incidents of avoidable serious harm or death to a patient—the second-highest reporting state being New South Wales with just nine reported incidents. So in Victoria there were 24 incidents over the period, whereas New South Wales, the next in line, had only nine incidents. Now, any incident is terrible, and nobody

wants that to occur, particularly the staff who are involved, because there is a terrible burden of guilt when it comes to a tragic incident occurring while somebody is within your care, but to think we have had 24 incidents in one year in Victoria, 2½ times the number in the next state on the list, is really devastating and just shows what a terrible state health care is in in Victoria.

We also note that less is being spent per person in Victorian public hospitals than anywhere else in the nation, with Victoria spending \$2687 per person, well below the national average of \$2971. This is something that is not unique to health. We are also seeing the same focus in mental health, which is extraordinarily low and has for many years had the lowest funding per capita in the nation. We have also seen the same problems with rehab beds, with hundreds more beds in New South Wales for residential rehab than there are available in Victoria.

While I note that there are many government members who are groaning at the moment and unhappy about it, do not groan to me about it because you have got responsibility for it. You have got the Minister for Health there. I know the Minister for Agriculture is now talking about cuts to ag funding, but I note in the *Targeting Zero* report that there is actually a reference in there from Professor Duckett that it was a Labor government that cut the funding and devastated the support of the departments in relation to supporting our public hospitals to deliver the best possible health care and the best possible standards of quality and safety that are available.

Mr Dimopoulos interjected.

Ms KEALY: I am more than happy to table the report if the member for Oakleigh has not seen it. I quoted it earlier if the member would like to pay attention, or perhaps, Acting Speaker, you would like to ask the member to stop interjecting.

The ACTING SPEAKER (Ms Suleyman): Order! Member for Lowan, continue, please.

Ms KEALY: Thank you very much. I will refer to this report, *Targeting Zero*—I referenced it earlier, I read it into *Hansard*. I am more than happy to send a copy to the member for Oakleigh if he has not yet had the opportunity to read through it, because there is a lot of information in there that will give the government a template to actually focus on improving health outcomes and delivering for Victorians rather than just delivering a message, which they never see through, to make a difference to Victorians.

This data that I am referring to is from the *Report on Government Services*, the report on government statistics. That was released last week, and these are the key points out of it. This is very important. It is highly respected data, and it shows that in Victoria we have an atrocious health system. While current government MPs might like to point the finger at anyone other than themselves, they have been in government now for seven years. They have been in government for 19 of the past 23 years. I note the Acting Speaker's eye roll, but that is the case that we have got in Victoria.

The ACTING SPEAKER (Ms Suleyman): Excuse me. My contact moved if that is okay—so withdraw that.

Ms KEALY: Thank you very much. I will note that and retract that. However, it was noted at the time that the commentary from government MPs involved eye rolling as well.

The statistics that came out of that: in the year 2020–21, 38 per cent of designated emergency patients arriving in emergency departments were not seen within the national benchmark—a 5 per cent decrease from 2019–20. In 2020–21, 44.9 per cent of category 2 patients on the elective surgery waitlist had their wait periods extended beyond the recommended 90 days. In comparison New South Wales only saw 4.3 per cent of cat 2 patients face a wait time over 90 days. Now, just for comparison, that is 44.9 per cent waiting more than three months in Victoria and only 4.3 per cent in New South Wales.

I refer back to the case of this lovely family I met in my electorate last week—Tiana and Billy and their gorgeous little boy, Malik. Their son desperately needs cleft palate surgery. He desperately needs

it. The ideal time for cleft palate surgery is between four and six months of age. His parents do not know when Malik is going to be able to get his surgery, and if he does not get it soon, it will mean worse outcomes for this darling little boy. It means that he may have more scarring. It means that his hearing may be at risk of permanent damage. It means that he may not develop in the same way that he would if he was able to access that surgery, so I again implore the government. There was some common sense seen when it came to reversing the bans on IVF. That happened very, very quickly. It was seen as an elective procedure early on. There was a review of it because there was community outrage and people could not believe that you would put something as important as having a baby on indefinite hold. But we have got the same situation here with these babies who have only a limited window of time for the optimal, best outcomes for them to get their cleft palate surgery, and I urge the minister to review surgery for those little kids.

I have gone over a lot of the key points, particularly around transparency of government and the transparency that is involved in this. The duty of candour will be very, very important for many people who want to hear those precious words of 'I'm sorry'. I do encourage the government to take on the proposed outcomes of this legislation to improve transparency when it comes to health care and other matters, because it is so important that the Victorian community understands why decisions are being made.

Mr J BULL (Sunbury) (15:17): I am pleased to have the opportunity this afternoon to make a contribution on this important piece of legislation, the Health Legislation Amendment (Quality and Safety) Bill 2021. That was quite an extraordinary contribution from the member opposite. I think one of the lines was 'an atrocious healthcare system in Victoria'. I am going to leave those comments over on that side of the house. Instead I want to acknowledge and thank the incredible work of all of those healthcare professionals that work in my community and—

Ms Kealy: On a point of order, Acting Speaker, I ask the member to withdraw the mischaracterising of what I contributed. I congratulated and thanked the healthcare workers on many, many occasions, and to have my words that Victoria's healthcare system is in a disastrous state in any way reflect that I do not respect healthcare staff is extraordinarily inflammatory, and I ask him to withdraw.

Ms Thomas: Acting Speaker, on the point of order raised by the member on the opposite side, there is no point of order. There was no direct reflection on the member, and I ask that you take that into consideration.

The ACTING SPEAKER (Ms Suleyman): On the point of order, at this point I am ruling that there is no point of order. A point of order or a ruling on debates is really not relevant at this point.

Mr J BULL: Thank you, Acting Speaker. I do want to take the opportunity to thank all of those within my local community and communities right across the state, within the city, within the suburbs, within rural and regional Victoria, who do an outstanding job. Whether they be ambulance officers, our nurses, our doctors, the clerical staff, all of those that work within hospitals and local community health do an outstanding job each and every day, particularly over these past two years as we have discussed quite a lot today with this morning's motion and a whole range of other matters that have come through the house this afternoon. This has been an incredibly tough, an incredibly challenging and a very hard period within our history as a state and also the history of the nation.

This has been, as you know, Acting Speaker, dealing with the COVID-19 pandemic, an incredibly challenging time for our healthcare professionals. This bill had its origins, as has already been mentioned, quite some years ago, so I do want to take the opportunity to acknowledge the work of the member for Altona in her time as the health minister, which is when many of these matters were canvassed. Knowing and understanding the particular challenges that are experienced within the healthcare setting, I just want to put that on record.

We know that there is nothing more important than the health of our community, the health of each other and the health of our state. As has been mentioned, the past two years—a global pandemic—

have been particularly challenging with new variants coming through the door and a response that has required the entire Victorian community to collectively come together right across all sectors, not just in the healthcare setting, to work together to be able to combat the impacts of COVID-19. We know that the healthcare system is made up of proud men and women who serve local communities each and every day. As I have said, I certainly want to put on record my thanks for and acknowledgement of their work.

I want to get to quite a few specifics that are contained within the legislation this afternoon, but I do also want to mention the significant contribution, the \$1.4 billion contribution, announced just a couple of weeks ago that goes to supporting our doctors, our nurses and our paramedics: the \$938 million allocation to be shared across Victoria's public hospitals, \$225 million to ease pressure on hospitals and ambulances, \$196 million to expand the COVID-positive pathways program, \$21 million to implement the statewide virtual triage service and \$8 million to fund additional GP and respiratory clinics and five urgent care centres. Acting Speaker, as you know, local health care is particularly important—extremely important within the suburbs, extremely important within rural and regional Victoria—and something that certainly goes a long way to making sure that we are supporting our local communities.

This piece of legislation is designed to improve the quality and safety of health services in Victoria and facilitate more person-centred and accountable services by increasing Safer Care Victoria's ability to identify and assess quality and safety risks and support remediation, mitigation and improvement where risks are found; encouraging and facilitating full and frank participation and candour, which I do know the previous member mentioned; and of course the comprehensive review process to drive continuous improvement of quality and safety. It is also designed to help foster an open and honest culture in health services by elevating obligations for open disclosure, candour and apologies, and ensure that the Victorian Perioperative Consultative Council has requisite independent powers and protections to operate effectively to reduce our perioperative mortality rate.

Many of the elements contained within the legislation build upon the work that was done in 2016 on the *Targeting Zero* report when it was released, led by Dr Stephen Duckett, involving reviewing hospital safety and quality assurance in Victoria. I do want to acknowledge the 11 cases of preventable perinatal death at Djerriwarrh Health Services in Bacchus Marsh, and for each of those tragic deaths I send my deepest condolences to the families, loved ones and all individuals involved. We know that the work that has been done to bring this legislation before the Assembly this afternoon builds upon the work from 2016 and the work that was done after public consultation by the expert working group in 2018, which was appointed to advise on legislative reforms arising from the *Targeting Zero* work, and we know that the government accepted in principle all 179 recommendations.

The key features of the bill, which I know have already been mentioned, of course continue to deliver on the recommendations of the *Targeting Zero* report, some of those including the statutory duty of candour. Being an Australian first, the duty will be established to ensure that any person who is harmed while receiving care from a health service entity is informed of this and receives an apology from an appropriately trained professional on behalf of the health service, which is consistent with the Australian Commission on Safety and Quality in Health Care's Australian open disclosure framework. Amendments to the Health Complaints Act 2016 will also include provisions for a person to make a complaint to a health service provider which has failed to comply with the statutory duty of candour in respect to themselves or another person. Carers can also make complaints to the health service provider of unreasonable treatment of the carer in the course of failing to comply with the duty of candour. We know that there are a number of different provisions, amendments and changes that are contained within this legislation which go to quality health care within our community, and if you look at many of the policies, many of the projects, many of the initiatives that have been delivered and continue to be delivered by this government, we know that quality local health care is incredibly important.

This is a bill that surrounds particularly health, but if I draw on some of the recommendations that were contained in the Royal Commission into Victoria's Mental Health System and the significant

allocation, the historic allocation, that was provided by this government, we know of course that one of the key findings and one of the most important recommendations within that report was to be able to find early intervention and to be able to provide local support when and where you need it. We know that this is a critical principle within mental health—we know that this is a critical principle within health—but what this piece of legislation does this afternoon is ensure that we are providing a system of health care within this state that puts patients first, that works extremely hard to provide many of the safeguards and that increases quality for patients. We know that this is fundamentally important to the entire journey of those who experience our healthcare system as they traverse through the many challenges that exist. I commend the bill to the house.

Ms STALEY (Ripon) (15:28): I rise to speak on the Health Legislation Amendment (Quality and Safety) Bill 2021, and as the member for Lowan, our lead speaker on this bill, has indicated, the opposition does not oppose this bill. I want to make some remarks about the bill and then also some remarks about health services across Ripon. In fact I might start there. Ripon is fortunate to have quite a large number of health services servicing our population, and they do amazing work, over the past two years of the pandemic in particular. I want to pay tribute to the many, many nurses who have stood out in both the cold and the heat of western Victorian winters and summers in the testing stations and also those who have run the vaccination clinics at many of these health services. They have done and continue to do a great public service to the people of my region, and I thank them wholeheartedly for everything that they do and they continue to do.

It is also true that my health services more broadly are supporters of a collegiate model. Now, some have gone the full merger, and communities have had quite a bit to say about that, but we have had several others that absolutely support the regional health service, which is Ballarat Health Services, in backing up their surgery lists, and they are telling me that they are ready, willing and able to restart elective surgery. They have the capacity to do so and they have organised themselves in a way so that they are ready to do that. The government really could take note of that and get on with restarting those important elective surgeries.

This bill that we have before us today the government says is the last piece of legislation that comes out of *Targeting Zero: Supporting the Victorian Hospital System to Eliminate Avoidable Harm and Strengthen Quality of Care*. Now, it would need to be the last piece of legislation, can I say, because it is already several years late. That report came out in 2016, and the author is Peter Duckett.

Ms Kealy: Stephen Duckett.

Ms STALEY: Stephen Duckett, sorry. Peter is the management guru. Stephen Duckett is of course the Victorian health policy expert. One of the things that he said in his introduction was that:

Many of our recommendations can be implemented quickly (say over 12 months)—
that was his phrase—

but others will require legislative or other changes that may take up to three years.

Well, this report is a 2016 report, and we are well past the three years. The government cannot even argue, ‘Oh, well, there was a pandemic in the middle’, because they should have done them in 2019 before the pandemic. Before the pandemic came they were meant to have done these, but they had not. They had not acted on this important report, which of course arose from some tragic events at Djerriwarrh Health Services. I would have thought—

Members interjecting.

Ms STALEY: Look, the member for Buninyong is out there screaming at me. I cannot actually tell what she is saying; she is just screaming.

Members interjecting.

The ACTING SPEAKER (Ms Suleyman): Order, members.

Ms STALEY: As if she actually knows something about this. As if she knows! It is entirely her government that has been lacking in this space.

The ACTING SPEAKER (Ms Suleyman): Member for Ripon, through the Chair.

Ms STALEY: It is entirely her government. In fact clearly the member for Buninyong, and perhaps others on that side of the chamber, have not read the Duckett report, because I will just remind them what it says.

Members interjecting.

The ACTING SPEAKER (Ms Suleyman): Order! Member for Ripon, through the Chair. Members, thank you.

Ms STALEY: What the Duckett report says is that:

... the problems with oversight of safety and quality performance in Victoria are the result of budget cuts over the years that have gutted many departmental functions.

He also says that to a large extent the health services are working tirelessly, but they are doing so—and this is in the present tense, 2016, member for Buninyong—

... with inadequate support from the department ...

The ACTING SPEAKER (Ms Suleyman): Member for Ripon, through the Chair.

Ms STALEY: I do think that those on the other side protesteth too much, because of course it is the Labor government—it is this Labor government—that is presiding over the lowest funding per capita in Australia. The lowest funding per capita. Acting Chair, I am sorry, she should really—

The ACTING SPEAKER (Ms Suleyman): Is there a point of order?

Ms STALEY: Bring the member for Buninyong to order.

The ACTING SPEAKER (Ms Staley): I have already reminded members.

Ms Kealy: On a point of order, Acting Speaker, the member for Buninyong continues to disobey your order. It is completely inappropriate to have any member of this place abuse somebody and yell at them consistently, for minutes now. I ask you to do your job and listen and do something. I am not meaning that disrespectfully, but you have a responsibility to keep order in this place. We are getting screamed at repeatedly. I ask you to bring the member to order.

Ms Settle: On the point of order, Acting Speaker, I do not think that it is appropriate to reflect upon the Chair in this chamber, and I would like you to call the member for Lowan to order.

The ACTING SPEAKER (Ms Suleyman): Thank you. I just remind all members it has been a lively debate, and it has been pretty free and wideranging on both sides. So can I ask the member for Ripon to continue.

Ms STALEY: Thank you, Acting Speaker. It is clear that the government is embarrassed not only by the fact that they are presiding over a clearly identified failure in safety identified by the author of their own review that they did but that they then took many years longer to legislate on these important safety improvements. And now we are being told that it is not a resource problem, yet that is exactly what Duckett identified in his report.

And the Productivity Commission has just this year reaffirmed that in fact it is the Andrews Labor government who has the lowest per capita funding of health of any government in Australia—the lowest in Australia. Every time members of the government stand up, they try and say that they are really supporting health. I note that the sort of language they use is about building new hospitals, and yes, that is important, but so is staffing them. We know that from the Premier's boast that he would put in 4000 new ICU beds for the pandemic, and then they did not appear, because they could not be

staffed. They never were delivered, because they could not staff them. That would be because this government underfunds health. Day in, day out they underfund health, and they try and pull the wool over the eyes of the Victorian people that they are doing the right thing when every day they are not. Every day they are mismanaging this health system. They are leading to poorer patient outcomes, and quite frankly they are completely misleading—I was going to use an unparliamentary term—the Victorian people when they say things like they will provide 4000 new ICU beds and then they do not.

It is actually a pattern of behaviour here that goes right back to Stephen Duckett's report, which is the basis for the legislation we are now debating. He said that there was 'inadequate support from the department' and there was not sufficient 'attention, investment and priority that the issue'—that being patient safety—'requires'. At every turn here this government is failing Victorians when it comes to the health system. We have elective surgery still closed down in almost all circumstances. We do not have the ICU beds that we were promised. We have a highly delayed, years delayed, response to a patient safety report, and then when they do so they are creating yet a new bureaucracy—the office of the chief quality and safety officer—but that office has no requirement to annually report, so we still will not know. At every level this government is failing the health of Victorians.

Mr McGHIE (Melton) (15:38): I rise today to contribute to the Health Legislation Amendment (Quality and Safety) Bill 2021. Public health and wellbeing is something that we have been well aware of over these last few months and years. Health is something that this side of the house takes very seriously, and that is why the Andrews Labor government acted so swiftly when it needed to, following the discovery of a cluster of tragically avoidable perinatal deaths at Djerriwarrh Health Services in Bacchus Marsh. This was a tragedy that still resonates in my electorate, and I know that many people and families have suffered through this tragedy.

This bill represents the final stage of the legislative reforms arising from the 2016 report *Targeting Zero*, and the review of hospital safety and quality assurance in Victoria led by Professor Stephen Duckett has been referred to in previous contributions. The *Targeting Zero* review provided us with a detailed and extensive analysis into how the Department of Health oversees and supports quality and safety of care across the Victorian health system. It also captured the views and experiences of patients, clinicians, hospital managers and boards about how to make Victoria's healthcare system safer.

Certainly there were gaps and failings in quality and safety systems highlighted, as well as the need for action and leadership to achieve change and prioritise patient safety. On 14 October 2016 the Minister for Health committed in principle to adopting all the recommendations from this report, including those which require legislative change. These reforms are the most significant overhaul of Victoria's health system in decades.

I would like to take a moment here to thank the former Minister for Health, the member for Altona, who I believe will follow on with a contribution after me, for her compassionate and decisive leadership through that terrible time and a very difficult time for all those involved. I look forward to her contribution later on today.

I would also like to acknowledge the Minister for Women, the member for Dandenong, in her former role as Parliamentary Secretary for Health for her leadership with the expert working group in the consultations with health service providers, regulators, unions, professional associations and others.

I acknowledge the great contribution from my colleague, the member for Sunbury. I want to also congratulate him on his new appointment to the role of Parliamentary Secretary for Health, and I look forward to working with him in that role. I pick up on some comments he referred to from the opposition about an 'atrocious healthcare system', and I remind the opposition that that was your attitude in your last term, between 2010 and 2014, towards healthcare workers, and in particular my members at the time, the paramedics across Victoria. I remind you that attitude is the reason why you are sitting in opposition today.

The expert working group appointed by the then Minister for Health to advise on legislation reforms arising from the *Targeting Zero* report recommended a high-level duty of candour law where health services must apologise to any person harmed while receiving care and explain what has gone wrong and what action will be taken, complementing existing requirements under the Australian Commission on Safety and Quality in Health Care's open disclosure framework—also statutory protections for apologies and serious adverse patient safety event reviews, as are currently in place in New South Wales, South Australia and Queensland.

So what is a duty of candour? Well, it is a requirement that the health service entity has an open disclosure to provide patients impacted by a serious healthcare incident with the facts about what occurred, an apology, a description of the health service entity's response and the improvements being put in place following the incident. I think that is all people look for right across all points of life: that is, when things go wrong we want an explanation, and if an apology is required then that should be forthcoming. In the past there have been some reservations about providing an apology in the healthcare sector, out of fear of legal repercussions. Patients and their loved ones want an acknowledgement if things go wrong; it is important not just for physical recovery but especially for emotional and mental health and wellbeing. We can often get too caught up in the legalities and the terminologies. Patients receiving care that experience an issue simply want to know what went wrong, what is being done to fix it and preventions for it occurring again—and certainly they want an apology. In many cases that can be the end of the matter.

I know from my experience as a paramedic that healthcare providers are not immune from making mistakes, but our response to that is critical and important. There are always cases where you know you could have done better. I know in my experience as a paramedic that you do not always get it right. There are circumstances that lead to that, and you know when you go over that case and analyse what you did that things could have been done better. No-one goes out to deliberately harm a patient. All healthcare workers have the patient at heart.

Since the release of the *Targeting Zero* report, the Victorian health system has improved on quality and safety monitoring, clinical governance and reporting. Of the 179 recommendations significant progress has been made on almost every recommendation, and well over 70 per cent of these have been 100 per cent completed. Previous legislative changes arising from the report were implemented in the Health Legislation Amendment (Quality and Safety) Act 2017, and information-sharing provisions were implemented and included in the Health Legislation Amendment and Repeal Act 2019. One of our leading surgeons, Professor David Watters OBE, said in response to the *Targeting Zero* report:

Victorians should have confidence in the fact that they have access to one of the best and safest health systems in the world.

Implementing the recommendations of the Duckett report across the state will reduce adverse events and avoidable harm, their incidence will be on a trajectory towards zero

That is quite different to what we have just heard from the opposition about an 'atrocious healthcare system'. I am proud that this bill will result in the further implementation of recommendations from the *Targeting Zero* report, strengthening the role of Safer Care Victoria to drive statewide improvements and achieving the important balance between transparency, accountability and protections to prevent harm through robust quality and safety reviews. These reforms will make Victoria the first jurisdiction in Australia to introduce a duty of candour law as well as introducing protections for patient safety reviews based on models already in place in Queensland, New South Wales and South Australia.

Our hardworking nurses, doctors, paramedics and other healthcare workers provide all Victorians with high-quality care and, like everyone else on this side of the house, I send my thanks to healthcare workers for their efforts during the pandemic. We know there is always more that can be done, and this bill will ensure that in those few instances when something does go wrong patients will always get the answers they need and lessons will always be learned. A quote in the report says:

‘the open, honest, and timely disclosure of medical error to patients ... is ethically, morally, and professionally expected of clinicians ... [it] should be a “no brainer”’.

The expert working group appointed to advise on *Targeting Zero* consulted extensively on the introduction of the Australia’s first statutory duty of candour in Victoria. The consultations revealed a significant appetite in the health sector for greater transparency and a strong belief that members of the Victorian public are entitled to it.

I want to go to one last point before I finish my contribution. I will just say that in this time of COVID and the pressures this pandemic has placed on our health system it is important that we have systems in place to improve and maximise its potential. I am saddened that, as this pressure has been placed on our wonderful healthcare professionals, some have chosen to play politics through this difficult time. I was made aware recently that in my electorate of Melton the Leader of the Opposition called for a health crisis forum and actually conducted that forum last Thursday in Melton. Thankfully the constituents of Melton are smarter than the cheap politics and only 21 people turned up. Honestly, I think I could get more people to a card game than a health crisis forum. The constituents of Melton are also more intelligent than the opposition. They know that this Andrews Labor government is delivering a new hospital in Melton, whilst the Leader of the Opposition claims the government does not even own the land. You would think that a former planning minister would grasp the concept of a notice of acquisition published in the *Victoria Government Gazette*. It just goes to show you that he cannot be trusted on health care or on planning.

A goal of zero avoidable harm is an ambitious target, but one we have an obligation to do everything we can to achieve. World-class care must be matched by world-class quality and safety systems, and that is exactly what the reforms in this bill will help deliver. I support these amendments, and I commend this bill to the house.

Mr D O’BRIEN (Gippsland South) (15:48): I am pleased to rise to say a few words on the Health Legislation Amendment (Quality and Safety) Bill 2021. I also begin, as others have done, by thanking the healthcare workers of our state that have done a magnificent job over the last couple of years. I will include and acknowledge the past history of the member for Melton as a paramedic in our state and the good work that he did. I hope he was a much better paramedic than he is a politician because he has just basically suggested that the notion of a health crisis in Victoria is a fallacy made up by the opposition. The member for Melton should look at some of the statistics, look at some of the cases. He should have been paying attention in question time over the last few days as we have reeled out case after case of people who are struggling with the way the health system is being managed at the moment. I am going to go into some detail in a moment on the report on government services that highlights what a failure our current health system is under this government. This government has been in power for what is it—18 of the last 22 years? The health system has been run by a man who has been either the Premier or the Minister for Health for 11 of those years and we have some significant issues.

That brings us to this legislation. The opposition will not be opposing this legislation, but the more I look at it the more I really question this government’s attitude and motives, process and policy when it comes to not only delivering health care but delivering government in this state, because this is the establishment of yet another new government bureaucracy—a new authority, a new commissioner, a new officer. This happens every time. There is not a problem that afflicts public policy in this state where this government does not see the solution as being yet another government agency. Whether it is the school building authority—I thought the education department built schools—whether it is the level crossing removal authority, the Suburban Rail Loop Authority, the North East Link Program authority, we constantly have a new authority every time. Whenever the government has a new policy idea there is a new authority established for it, and you wonder what some of the departments are left to do because they have got these new authorities being set up left right and centre. And of course we know what happens with each of these authorities: there is a CEO and a deputy CEO and a media team and a comms team and so there are more and more jobs in there, and we have just heard in the other place actually how this government has been stacking those jobs with Labor Party friends.

Anyway, this is the establishment in principle of a new chief quality and safety officer under this legislation. That in itself sounds appropriate. I look at it and I think that we have already got the health complaints commissioner in Victoria, we have already got Safer Care Victoria here in Victoria, we have got numerous other agencies, like the Aged Care Quality and Safety Commission at the federal level, and I do really wonder what it is that we need yet another new officer for. Now, the government will say, 'Well, those agencies don't have the power to do the work, particularly what is proposed under this legislation, particularly looking at private hospitals'. Well, why not give one of those existing agencies that power under this legislation? What is the purpose of establishing a whole new system, a whole new bureaucracy, under the chief quality and safety officer? None of us in this place will argue that there is not a need to ensure that bad events, adverse events, in our hospitals and health system more broadly are investigated and that there is a process particularly for patients and their families, but why the need for a new agency all the time? It just beggars belief.

So the new chief quality and safety officer will have a role to conduct quality and safety reviews of both health and ambulance services, and there is also—and it is one of the issues that is being promoted—the new duty of candour that requires health and ambulance services to inform patients and/or their families when harm has occurred to a patient during their treatment and also requires them to apologise to patients or their families for any harm that does occur. We all understand that in any system and any health system there will be occasions of adverse events, and as members of Parliament I am sure we all get those concerns raised with us. Sometimes people come to me directly. Sometimes they have already been to the hospital or the health service and are not happy with the response they get. Sometimes we simply refer them to the health complaints commissioner or to Safer Care Victoria or indeed to the minister. There will always be issues, and it is appropriate that where there is fault, and there will be fault from time to time, even in the closest to perfect system, there is an apology, and often that is all that the patient or the family members of the patient want. They acknowledge something could go wrong, but they just want an apology. So I do not have any issue with that, but as I said, what concerns me is that at a time when our health system is under enormous duress—and it is not just duress caused by the pandemic, it is duress caused by management or mismanagement of the system for some time—we are introducing this legislation with yet another chief quality and safety officer, another bureaucracy.

This is in the context, as others have mentioned, of the recent release of the report on government services (ROGS) by the Productivity Commission. We see in that report a number of tables, and it makes for quite illuminating reading for any Victorians who would like to compare us to the rest of the country. For recurrent expenditure per person on public hospital services for 2019–20 Victoria is eighth on the list of states and territories at \$2687 per person compared to the top end, Northern Territory—clearly a higher cost—at over \$6000. But the national average is \$2971, and Victoria is well under it. New South Wales is \$2887—our nearest competitor, so we are considerably behind. Now, in some respects that would be good. If it was that we were efficient, if we were delivering better services for less money, that would be great. I would be the first to applaud it. But when you look at some of the other statistics, that is not necessarily the case. For available beds per thousand people, for example, Victoria is seventh on the list of the eight states and territories at just 2.3 beds available per 1000 people versus New South Wales, our nearest competitor, at 2.6.

Emergency department waiting times—again we can say, 'There's been a pandemic'. Well, everyone has had the pandemic. In 2020–21, if you compare our performance in the ROGS data on emergency departments on the percentage of patients seen on time with New South Wales—again our nearest competitor and the one that we need to be comparing ourselves to—for 'Resuscitation', those seen on time is 100 per cent for both New South Wales and Victoria. Under 'Emergency' Victoria is 17 percentage points lower than New South Wales. In the 'Urgent' category Victoria is 12 percentage points lower than New South Wales; in 'Semi-urgent', 7 percentage points lower than New South Wales; in 'Non-urgent', 5 percentage points lower than New South Wales; and in total, 11 percentage points lower than New South Wales.

Elective surgery is an issue. I started on that and I will continue on it. We have seen the most recent data from this state. We are now up to over 80 000 people on that elective surgery waiting list, and we are still waiting for the government to actually give the okay to fully resume elective surgery in this state despite the fact that the number of people in hospital with COVID has come down considerably in the last couple of weeks.

The ROGS data has ‘Turnover following admissions for surgery’—so basically how many people were added to the hospital waiting list in a year and how many were removed following surgery—and that is following surgery, not just people being taken off the list because they died or whatever happened, but actual turnover. Again, out of eight, Victoria is at number six, with 80.9 per cent actual turnover per annum for elective surgery, compared to New South Wales at 93.4 per cent. So I have got to hand it to this government: we have got regular claims of record spending on the health system and we are constantly told how much focus this government puts on the health system, and yet we have got a health system that is underperforming compared to all of our competitors around the country.

I think the member for Lowan talked about this: the final one I just want to touch on from the ROGS data is ‘Sentinel events’—that is, effectively serious events, in particular causing death or very serious injury, where something went wrong and was caused by the health system—the public hospital in this case. For 2019–20 there were 24 such events in Victoria versus just nine in the next biggest one, New South Wales. There were eight in Queensland, and it was lower in all the other states. Yes, that is a one-off year—the data does not show me the previous years—but it is a significant concern. We do not oppose this bill, because it is important that we have these oversights in our health system, but I do wonder why existing facilities cannot do what they are supposed to do.

Ms HENNESSY (Altona) (15:58): What vainglorious hypocrisy we have seen from the opposition in the course of their contribution to this debate. It was only in question time today that we saw their flummoxed attempted attack on the government as they asserted that our public sector was too small in Victoria, and now here today in the course of this debate the criticism is that the public sector is too large and that we do not actually want to establish the sorts of bodies that will put the right checks and balances on quality and safety in this state.

I had the very moving responsibility of identifying a very significant problem at Djerriwarrh Health Services, where I was supported by Professor Euan Wallace and subsequently Stephen Duckett in rebuilding a proper model of quality and safety in this state. Do you know why we had to rebuild it? Because it had been cut under the previous government. They had cut quality and health and safety in the department of health. It was very clear, and that is what was referenced in Mr Duckett’s report. Do not let the facts get in the way of a good political debate. To have the opposition come in here and attempt to attack the government for rebuilding Victoria’s health system is a fallacy that I will not allow to go uncontested. The story of health and safety in the state of Victoria is one in which governments have taken leadership, where we listen to our workforce, because our greatest partner in building a high-quality, safe health system is in actually supporting the workforce—not by trying to sack nurses and paramedics in the state, not by closing and privatising the health system but by actually working with your staff.

Business interrupted under sessional orders.

Grievance debate

The SPEAKER: The question is:

That grievances be noted.

ELECTIVE SURGERY

Mr GUY (Bulleen—Leader of the Opposition) (16:01): Today I grieve for the state of the Victorian health system, and more to the point I grieve for the 80 000 Victorians who are on a waiting list for surgery in this state—80 000 Victorians. And that is not a static figure; it is 80 000 Victorians growing

by an extra thousand every week. From a government that claims it has ‘fixed’ the health system, well, fixed it it has—fixed it to a disastrous level, so that almost the population of Bendigo is now on a waiting list for surgery, and that is only in the public system. That is not including what the government has requisitioned and what may be occurring in our private system as well—1000 more people every week. These are men and women of Victoria, children of Victoria. These are your family and mine. These are our neighbours and our friends. These are Victorians who are doing it exceptionally tough, who need surgery and need it straightaway. This could be surgery such as breast cancer treatment, a hip replacement or, as we have heard today, cleft palate treatment and surgery for children.

This is not about government spin or question time answers or press conferences explaining away problems, these are the facts of the matter in Victoria today. We are facing 80 000 people—more than we have ever seen—in a waiting list crisis that is now engulfing this state, with 1000 extra people being added to that every week. This is a disaster for our state. I grieve for the system that has got us there, for the government that treats this as a political problem, not the health crisis that it is, and that wants to solve this by spin and not by genuine action and real solutions. We must take heed of what has been put as facts for our state in just the last few days—some of the worst performance data we have ever seen for health in this state. It is not just about dollars in, it is about what is coming out, and what we know is coming out are some of the worst figures we have seen for decades.

I say again: this is not about an Excel spreadsheet or a departmental brief; these are Victorians who are suffering. These are real examples of people that we raise in this house—mind you, received with contempt from the Minister for Health, with derision from the Premier, with juvenile comments from the members for Bendigo East and Monbulk. We raise them with genuine interest to seek compassion from this government, something they are not showing on this topic but something any other government around Australia when asked about these matters is, Labor or Liberal. But there is only one government that is treating this as a political problem, as opposed to a massive problem in the health sector that they must deal with, and that is this government in Victoria today. And why wouldn’t they? Because who is the person who has run that system for 11 of the last 15 years? It is none other than the Premier of the state today. He was a health minister for three years, there was a change of government for four and he has been the Premier by election for another eight. He cannot personally walk away from the responsibility to manage that system and manage it well. It is not about dollars in; it is about the patients and their care and their health and the stories we are raising in this chamber. The member for Warrandyte has said on a number of occasions, ‘We can’t raise 80 000 different stories’, but that is what it is this week. Next week it will be 81 000 stories. By the end of February it will be 85 000 stories. By Easter it will be 90 000 stories.

These stories are about Victorians, from babies to the elderly, to the disabled, to the underprivileged, to those—unlike sports players—who do not have the ability to access quality health care when it is deemed they are allowed to because they are an elite player. They are ordinary Victorians right across Melbourne. The member for Gembrook and I met a number of them in Berwick just last week. Their stories across the City of Casey are dramatic and real—from Pakenham to Cranbourne to Harkaway, people with the same message: we are simply trying to get quality health care. On top of that, people who a number of members here and I met in the western suburbs said, for the record of the Parliament—a quote from externals—‘We don’t want another level crossing removed. We want an ambulance to arrive when we call it’. That is their priority. The ‘nice to have’ does not beat the ‘must have’. When you are sick you need an ambulance to arrive. When you are having breast cancer treatment you must get surgery. When your child is born with a cleft lip, you must have that seen to. They are the necessities. This government is focused on nice to haves, and they are nice to haves—I do not say they are not. It is nice—I agree entirely: you must build new infrastructure. But what is the priority of Victorians: to build infrastructure when you cannot get an ambulance and one of your family members is dying or when you cannot be seen to when your child needs urgent surgery?

It is easy for people to explain away in government when they are given a cheat sheet by an adviser and told to walk into this chamber and told ‘Here, say this’. You see them all looking like this as they

read their contributions—looking down at the cheat sheet notes. Those cheat sheet notes might suffice for a speech in Parliament, but they do not answer the question to the people who we have been seeing, who say, ‘Mr Guy, the ambulance didn’t come and my father died’. This is not 2011. This is not 2012, as the member for Altona just said. This is today: seven, nearly eight, years into government, with 11 years before that. The excuses for Victorians—they are over. There are no more excuses.

What are the excuses for Tiana and Billy’s son, Malik, who the member for Lowan raised today in question time—again to the stunning and horrifying derision of the Premier and the member for Monbulk, and to the humour of the member for Bendigo East. This is a child that needs urgent cleft palate surgery. This is not a story that was invented in someone’s office to sound good in question time. The parents are on the record with their son saying, ‘We need his surgery and we need it now’. Cleft palate surgery does not wait. It does not wait for health briefings. It does not wait for the Minister for Health to go home, go out to dinner, have a brief, come into work the next day and do his daily routine. They need this for their son now—like New South Wales has done. To their credit they recognised the problem and made cleft palate surgery for children urgent surgery. What does the government say to Tiana and Billy, Malik’s parents, who the member for Lowan raised today? What do they say to that? I say again: his surgery is not cosmetic, it is important. It is urgent. It is needed. It will leave a four-month-old boy with permanent scarring if it is not done. For God’s sake, no more lies, no more spin, no more looking good and preening yourself for the cameras as the doddering Minister for Health does. How about fixing the problem? After eight years, nearly a decade, in government, these problems are worse than ever—not better than ever, worse than ever. ‘Oh, we’re putting more money in’, they say, ‘more money than ever before’, but they are getting worse results than ever before. Something is not working, and what is not working is the management of that system. There are some examples.

As was raised yesterday, Rebecca from the City of Casey is another example. This woman needs surgery. She needs it now. It is breast cancer surgery. It is important. It is urgent. It has been raised in this Parliament because she has called the minister’s office twice and been brushed off. She is not raising this with us to score a political point, she is not a member of the Liberal Party, she is not someone who is politically active—she is desperate. She is desperate because if she does not get this surgery, she may die, and she has children. She needs this surgery and she needs it now. What more do we need to say as advocates for our communities in this Parliament to this government? How heartless is a government to say, ‘You’re doing this for politics’ when the example is being flashed in this chamber on repeated occasions?

We raised the issue of Melissa, who had a fractured spine—a burst fracture. I make no reference to anyone else with similar matters; I simply raise, as we did last year, that this woman’s injuries are substantial. She needs surgery, very important surgery, on her back. It is exceptionally painful. This woman is living off painkillers every day—

Mr R Smith: Two years.

Mr GUY: Two years on painkillers, the member for Warrandyte says. Correct. How again can this be palmed off and forgotten? It is just another question time, head back to the office of the Premier and work out ‘How did we go in question time today, guys?’. Well, it might be political spin to them, but Melissa still to this day is on masses of painkillers. This is a woman who is suffering, who has come to us. For goodness sake, she has come for help.

All we are raising in this chamber are matters seeking the help of the government of the day—putting in a public forum to the minister of the day issues that people are seeking help on. They are not invented. Philip of Merbein needs surgery on his knee. He was told by a surgeon last February he would need a total knee replacement. He was then told it would take another 12 months due to the delays in the system. Philip from Merbein waits still today for the call from his doctor to say he can have that surgery. Again, this is not an invented story; this is a man who needs surgery. It is not a point

of noting on spin, it is not a point of noting on politics; this has been raised in this chamber because this man is desperate.

These examples will continue to come—just like David Anderson, an 84-year-old veteran who is waiting on hip replacement surgery. Like the others, he waits today. He waits for that call. He waits for the call to say ‘You can get your surgery’. It is fine to say ‘We’re resuming surgery’—so says the minister. We have seen doctors, we have seen theatre staff all on the record—nurses—saying, ‘Here’s the surgery, here’s the theatre; we’re closing it down, turning the lights off. We don’t need to. We have a backlog and waiting lists that are growing’. I noted the minister’s combative language today again about Ramsay Health: ‘Oh, well, they’re a for-profit system’. For God’s sake, they can fix some of the people whose health needs I have just mentioned. But the minister plays politics. The heartless, bumbling, foolish Minister for Health walks in here and says it is all about politics.

The SPEAKER: Order! The Leader of the Opposition knows not to reflect on members.

Mr GUY: I am sorry, I take that back. Yes, I understand, Speaker, but excuse my frustration at these people’s health problems, because to me that is a duty of care for every elected official—whether your government is Labor or Liberal—as members of Parliament to go to those ministers and to raise those issues. If we could go to the Minister for Health or the Premier directly and they would be remotely civil, we would raise them with them directly rather than in question time. But that avenue does not exist for people in this chamber who are not in the specific faction of either of those two members of the Labor Party. That is not how it should work.

We are seeking people’s help today on a number of issues. Ambulance services is another: people have come to the member for Brighton and the member for Caulfield whose family members have passed away waiting for an ambulance. Whatever the situation is to resolve it, if you need bipartisan support for it, come and tell us. Have the conversation about a way to fix these problems so that people do not die waiting for ambulances, rather than the 2010–14 Parliament where every day it was question, question, question and not a single offer to solve the circumstance.

Well, here we are offering to fix it, to help, because Victorians are suffering. They are dying. Like Chloe in Carrum Downs, whose two-year-old son, Negan, had a history of anaphylaxis. He became ill. As we know in this chamber—we raised it—it took 30-odd minutes for the call to be answered. Not for the ambulance to show, but for the call to be answered. I could go on. There are many examples. I do not want to go on, because it pains me to raise these issues for a health system in crisis and a government that just is not listening.

No doubt the responses to my presentation will be political, combative. They will offer not one way of how we can fix these people’s problems. All we on this side of the chamber ask is one thing. We are in a health crisis. It must be acknowledged. It is not just about COVID. It is about bad decisions that have shut elective surgery for reasons that have not properly been outlined. Other states have not done this, and the health of Victorians is suffering. People are dying, and for this government that is no longer good enough.

OPPOSITION PERFORMANCE

Mr STAIKOS (Bentleigh) (16:16): I join this grievance debate this afternoon despairing at the behaviour of those opposite over the last couple of years. And this is what I grieve about: I grieve about the disdain those opposite have shown to experts—people who are experts in their field, people who have studied in their field for many, many years and continue to study; and about their mistrust of science, indeed their open hostility to science. I certainly grieve for the debate over the last couple of years—the anti-intellectual debate when it comes two particular issues: the pandemic of course but also climate change—and for that I think the federal Liberals have as much to answer for as do the state Liberals. But of course the coalition has been reduced to running these ideological crusades against science, against facts, skills and expertise.

They fill out their ranks with those who are anti-science, anti-vax, anti-public health advice, anti-mask and anti-renewables, and you can rattle off the names of these people. There are some in this Parliament, but there are many in Canberra—people like Bernie Finn, people like Gerard Rennick, people like Senator Antic, people like Craig Kelly who was a Liberal, and people like George Christensen. These are people who fraternise with some of the most odious figures you are likely to meet, people who have gone down some very, very odd rabbit holes, the sorts of people we saw with nooses out the front of this Parliament last year. All of the serving politicians who fraternise with those people have come from that side of politics. How can they call themselves a mainstream political party? How can they today call themselves a mainstream political party? They are no longer a mainstream political party.

Then of course we have got the Leader of the Opposition, who today got up to grieve for the state of the Victorian health system. Well, over the last couple of years what have we heard from the Leader of the Opposition and from those opposite? We have seen an undermining of every public health measure to slow the transmission of the coronavirus. That is what we have seen from them, and slowing the transmission of this virus is what takes the pressure off our health system, off our hospitals. So do not come in here and say that you grieve for the state of the health system when your political strategy for two years has been to let this virus rip. They have been barracking for the virus for two years, yet they come in here and cry crocodile tears about our hospital system. Well, give me a break. Their commitment to the hospital system of this state is about as shallow as their commitment to doing something about dangerous climate change.

I will speak for the next 11 minutes mainly on climate change, because the unfortunate thing I think about the last couple of years is that we have not spoken enough about climate change, and it does still pose a significant threat to our society, to the planet. Indeed when you really think about it, the two defining policies of that side of politics over the last couple of years at least have been on health, let it rip, but on the planet, let it burn. On the planet, let it burn.

Back in 2013 we had a price on carbon. Tony Abbott—remember him?—was elected Prime Minister. Then what happened? They got rid of the price on carbon. But what did they replace it with? Where has been the action on climate change since? The Prime Minister was not even going to go to Glasgow. That is his commitment to bringing down emissions. Well, this government in the absence of—

A member interjected.

Mr STAIKOS: Indeed, a lump of coal. The current Prime Minister brought a lump of coal into the house. I am going to talk a bit about coal later in my contribution. Indeed that is the calibre of the debate on climate change on that side of the house.

Mr Newbury: The calibre of your debate.

Mr STAIKOS: I hear from the member for the ultra-marginal seat of Brighton. The member for Brighton actually represents an electorate where, despite voting for the Liberal Party, the people are good people. The people of Brighton care about climate change—care deeply about climate change—unlike the member for Brighton and unlike those opposite.

In the absence of any support or any action from those opposite or from the federal government, this state government—and indeed the private sector, we should say—has stepped in it due to a lack of leadership at the federal level, and it has done so proudly. This government has proudly led on climate change from the day that it was elected. We have demonstrated the transition from a highly carbon-intensive economy to one that has cut emissions by 25 per cent since 2005 while at the same time growing the economy.

Through the Climate Change Act 2017, which those opposite of course opposed, we have made it our goal to achieve net zero emissions in this state by 2050, and we were one of the first jurisdictions in the world to take this vital step. We also developed Australia's most robust approach to developing

new targets, with a legislated requirement to set new interim targets every five years that would ratchet up action over time. The Liberals all the while have stood in the way of this most important piece of climate change legislation of any state in the country.

In May last year we released our climate change strategy—a strategy that really represents a fork in the road for our state, putting forward real ambition, respecting the goals of the Paris agreement and embracing the opportunities of a low-carbon future. As part of this we have set targets to cut Victoria's emissions by 28 to 33 per cent below 2005 levels by 2025 and by 45 to 50 per cent by 2030 based on 2005 levels. This means that by 2030 our emissions will be up to half as low as they were in 2005, an enormous achievement. These targets reinforce Victoria's position as a climate leader and a strong contributor to the global action required to avoid dangerous climate change.

We are leading the way in Australia, delivering the most rapid rate of decarbonisation of any major jurisdiction in the country, and internationally these targets stand shoulder to shoulder with the ambitions of climate leaders such as the United Nations and the European Union. And of course our 2030 target is almost double the woefully inadequate target of the national government.

Part of this government strategy has been our renewable energy target. We committed—on day one, when we came to office—to our renewable energy target because when we came to office the share of renewables in power generation in Victoria was a paltry 10 per cent. We grew that to over 32 per cent last year. We have gone from 10 per cent renewables to 32 per cent renewables. To drive this renewable energy development we made it law that 25 per cent of our energy had to come from renewables by 2020, and we extended that target to 40 per cent by 2025 and 50 per cent by 2030. But, just like with the Climate Change Act, what did those opposites do? They voted against our renewable energy target. They actually went one further.

Mr Taylor interjected.

Mr STAIKOS: That is right. The 19-year-old who ran in Brighton would have supported it—absolutely, member for Bayswater. But they went one further. They did not just oppose the renewable energy target; they actually went to the last election promising another coal-fired power station.

A member: Extraordinary.

Mr STAIKOS: Extraordinary. I mean, how do we bring down emissions if we are going to build another coal-fired power station?

Mr Edbrooke interjected.

Mr STAIKOS: Well, funny you should mention that, member for Frankston, but the man who wanted to be the member for Frankston gave us some insight into that half-arsed policy before the 2018 election, didn't he? He spoke to David Speers on Sky News, and I do have a transcript. Should I go through the transcript? What do we reckon? What do you think, member for Frankston? Go through the transcript? All right. Here we go:

Speers: ... there'd be a new power station paid for by the state?

Lamb: By the private sector, yes.

Speers: Oh, by the private sector?

Lamb: We'll tender to the sector. Whatever the market decides. We'll tender out.

Speers: They can do that already, can't they?

Lamb: Who's that?

Speers: The private sector can build a power station if they want.

Lamb: Well, they haven't been allowed to under this government.

Speers: Haven't been allowed to build a—

Lamb: Build a power station.

Speers: Well, there are all sorts of renewables and wind power. What are you saying?

Lamb: Whatever is the most reliable and affordable, the market will determine that.

Speers: But that's what I'm saying. The market determines that every day, don't they? What are you saying that you'd do differently?

Lamb: The tender process will be building a power station.

Speers: A tender process for what? For the government to—

Lamb: The lowest base power, yeah.

Speers: So the taxpayer would fund—

Lamb: No, no, it's private industry.

Speers: But they can do that already.

Lamb: Well, they haven't.

Speers: What would the government do?

Lamb: We'll allow them to do it.

Speers: But with their own money?

Lamb: Yes.

That was the policy that they took to the last election. 'Yeah, we're going to get a new coal-fired power station. We'll let the market determine it'. Well, the market have actually made a decision on coal-fired power, haven't they? I think they have absolutely made a decision. The party of free enterprise should leave it up to the market in many respects. I will quote Origin Energy CEO Frank Calabria from his speech to the *Australian Financial Review* national energy summit in October 2017:

However, new coal is not likely to be the answer.

Renewable energy is now the lowest cost and lowest risk new build power generation. A new solar farm can start generating energy in as little as a year.

A new coal plant would take at least seven years to be built and a new baseload gas plant at least five years—and both would be subject to coal and gas prices for fuel supply once built.

And in that speech Origin's CEO urged political leadership. He said:

The truth is we need to achieve lower cost and a reliable and secure energy supply, and also reduce emissions.

The number one priority has to be encouraging greater investment in new supply. We need policy certainty that provides a signal to invest.

There is no energy policy that takes us beyond the 2020 RET—which is no longer some distant point in the future, it is just over two years away. There is no plan or policy direction for meeting our 2030 Paris commitments.

Mr Calabria made these comments in 2017, and I am very sorry to say that political leadership never eventuated at the national level. It still has not, and do you know what happened? The private sector gave up waiting. Private sector companies like Origin and AGL and many others have invested in renewables with the support of state governments around the country. And it is the state governments and the private sector that are taking the lead on this. Those opposite said, 'We'll have another coal-fired power station in the state of Victoria if we're elected'. It turned out to be total BS, absolute BS. The party of free enterprise should leave it up to the market to determine the best way forward, and the market has determined the best way forward.

This government has made so many investments in renewable energy, but I have got 1½ minutes left. I am going to give a plug to our Solar Homes program because I was with the Minister for Energy, Environment and Climate Change and indeed the Premier before the 2018 election, when we announced the Solar Homes program, and I am really, really proud to say that it has created over 5500 new jobs. And that is the point, isn't it—that these investments in renewable energy are creating the jobs of the future. But more to the point, it has abated more than 820 000 tonnes of emissions and has achieved more than 176 000 installations. I am also really proud that as we are recruiting this huge workforce that we need to make these solar installations we are also giving them the TAFE training

that they need to conduct that work. Many of them are being trained at Holmesglen TAFE in my electorate, at the Moorabbin campus, so I thought I would give Holmesglen a plug.

As I said, I grieve for the disdain with which those opposite hold experts and hold science. They should be condemned.

HEALTH SYSTEM

Ms KEALY (Lowan) (16:31): I rise today to grieve for all of the Victorians who are languishing on waitlists across the state, whether it is for elective surgery, whether it is to get the mental health support that they desperately need for themselves or particularly for their children or whether it is about getting a loved one into drug and alcohol rehab support. It is just simply disastrous when it comes to needing health care in Victoria at this point in time. It is not about the healthcare workers anyway, it is just not, because they have done an excellent job with disastrous support from a government that like to put out media releases, that like to say they are delivering things for health, but when it comes down to what people are actually experiencing they are letting every single Victorian down.

The people who come through my office are sharing those stories more and more often, and I even get emails from people who live in Labor MPs' seats who are extraordinarily frustrated because their Labor MP will not listen to them, refuses to listen when they say, 'We need help. We need it now. The healthcare system is broken, the mental health system is broken; don't tell me it's fine and you're spending this money and you're making it all better, because my experience is the opposite of that'.

I would like to just speak to the case that was raised in question time today, Tiana and Billy and their beautiful little four-month-old son, Malik. He is a delightful kid. He is full of smiles. He is just lovely. But his parents are just so worried for him, as you can understand. He is now four months old. He has been under specialist care at the Royal Children's Hospital. They are doing an absolutely fabulous job, which they always do. They know that he needs to get surgery to repair his cleft palate. Tiana and Billy have been told that the best time to do this, the optimal time for Malik to get his surgery to repair his cleft palate, is from now up until about six months of age. The ramifications if Malik does not get the surgery now are significant and lifelong.

There is a tiny window of opportunity when these specialist surgeons at the Royal Children's Hospital can provide the best possible outcomes for little Malik. That means that he can feed properly. I recall that Tiana when I spoke to her said she felt embarrassed sometimes walking down the street because Malik is tiny; he is a little tiny thing, and he finds it difficult to feed. He has got a special bottle that he uses which he chomps on to suck down the milk because he has not got the sucking reflex. There are amazing workarounds they have for kids who have got cleft palates, but they only work for a period of time. There will be a point in time, Tiana and Billy relayed to me, when they simply will not be able to keep up with his feeding needs. If he cannot keep up with his nutritional needs, then there is a high risk that he will fall behind in his development. That means that he could become mentally behind, physically behind, and you cannot necessarily catch up from that. That is why when the minister gets up and says, 'Oh, we listen to the clinical advice and we don't need to do elective surgery', it is completely naive. There are so many prisms and so many different options when it comes to elective surgery, and it is not just people who are waiting for a cosmetic procedure, who want to get a nose job or something like that. This will make a lifelong difference to this little boy.

Malik, because of his cleft palate, has a lot of fluid that collects in his ear canal, and that causes hearing difficulty. He wears a little hearing aid over his head, which is like a headband so he cannot pull it off. As soon as he puts that on his eyes light up, he engages, he giggles. It is delightful to see. But he needs that surgery now, otherwise he is going to have permanent hearing damage.

How on earth is this deemed elective in the first place? I am hearing that from so many parents, not just across Victoria but across the nation. Why on earth is cleft palate surgery deemed elective anyway? These kids need it. We can do it so well in Victoria. We can change the pathway of this little

boy. Why can't the minister stand up for these kids in the same way that he listened to the community when IVF was banned? In the same way as when the focus groups said, 'Hey, you've got to bring IVF back', let us listen to the Victorian community, to the parents of kids who have got cleft palates, the ones who see every day that their little kid needs to get this surgery but are told by the minister they cannot have it. The surgeons say, 'We can do it'. We have got the surgeons available. We have got the clinical teams available and the theatre staff. They were ready to go. They have got everything ready to go. All it takes is for the Minister for Health to actually say, 'Yes, we will put the needs of these little kids first'. A four-month-old boy has every single right to get the surgery that he needs when he needs it. 'Yes, we will make sure that we get elective surgery up and going for kids with cleft palates from tomorrow'—the minister could have said that today during question time. He could have, but what did he do instead? He went back to his age-old thing of being the minister for waffle and did not even respond to Malik's case at all.

Ms Britnell: So disrespectful.

Ms KEALY: That is so disrespectful to a family who are living with this each and every day. It might be a passing moment of thinking, 'I'm getting this question. I've got to think of some words to drain out my time but not actually answer the question and somehow throw a kick into the feds in there at the same time', rather than actually responding and thinking it through: 'You know what? They're right. We need to get this done. I have the power to do it as the Minister for Health. I'm going to make a difference today. I'm going to show some leadership, admit I got it wrong and allow all children in Victoria to start getting cleft palate surgery from tomorrow'. But he did not, and that is reflective of this entire government, because they like to do the big headline, the media release. They like to say, 'Oh, we're delivering so much for every Victorian. Look what we're doing. Here's the numbers. We're great'. But you peel it back, and you know what? Victorians are not getting the health care they need.

Even when it comes to the actual investment in health, we found out in the past week from the Productivity Commission that we are underdone in Victoria. We have got the lowest spend per capita in the entire nation when it comes to investing in health care. When the government gets up and says, 'We're doing so much. We're spending so much money', guess what? You are spending less than every other state. You are actually getting less in Victoria if you want health care than if you live anywhere else. I know there is a great degree of resentment when it comes to how New South Wales have handled the pandemic, but this is not about the pandemic. This problem was happening years ago. It was happening back when the now Premier was the Minister for Health, which he was for three years. Now he has been Premier for eight years, so he has had jurisdiction and oversight over Victoria's health system for 11 years, and yet today we see 80 000 Victorians on the public system elective surgery waitlist—80 000 Victorians in the public system. There are even more in the private system. There are an additional 1000 Victorians being added to that list each and every week. It is a disaster, and we can start to work towards it if the minister listens to what is going on and starts addressing this simply through changes.

We saw a video doing the rounds just yesterday: a surgeon taking a selfie video in his theatre, saying it was 2 o'clock and he was there ready to go and his theatre staff were ready to go. Nothing was stopping him from going ahead and doing more surgery—replacing knees and hips and doing other vital surgery, like the cleft palate surgery that little Malik needs. Do you know what was stopping him? The Minister for Health and the Premier. Now, why are they doing that? The question has to be put: why are they doing it? Because it is all politics. It is control and politics, and we see more and more of that and less and less real support delivered to the Victorians that need it.

We have also had massive problems come through my electorate office in regard to people not being able to access an ambulance when they need it. I was astounded to see the story that was in an email that came in from Leighton of Woodhouse. Woodhouse is just out of Hamilton near Penshurst. It is a tiny little area. His wife had been in hospital, she came home and she needed critical care in the middle of the night. Leighton called the Emergency Services Telecommunications Authority, called the

ambulance service. They said, 'Look, we're busy but we'll get back to you in 30 minutes'. After 35 minutes he called in again. He was told then—it was escalated to someone higher up the food chain—'I'm sorry, we've got a waitlist of about 100 people waiting for ambulances. I'm sorry, we cannot get anybody to you at this time'. Now, for that situation it just beggars belief that there would be 100 people waiting in the Hamilton district for an ambulance. I do not think that is correct, unless they are sending ambulances out from Geelong or Melbourne. It just does not add up. But for those people, when you are at home in the middle of the night and your wife is critically ill, and you are told an ambulance will come and it does not, that is just mental anguish that you cannot deal with. That is the impact of these decisions to not manage a healthcare system the way it should be managed.

It is not just the people at the end of the phone, it is not just the people waiting for surgery; it is all of our healthcare professionals as well, because they are so frustrated. They want to do better, and this is particularly emphasised in the mental health workforce. They are absolutely stuffed after two years of helping and supporting people who mentally have not been able to cope with the restrictions. Whether it is about not being able to go to school, or parents, particularly mums, who are trying to work from home, supervise their children's remote schooling and manage everything else that they have to in their household without getting a break. We know that women have borne the brunt, and so much evidence shows that women have done it hardest over the pandemic.

It does not make any difference who you are, you cannot get a mental health worker to see you. There is simply no-one in Victoria. This is not a problem that was created overnight. This is not just something that arrived when we saw the tome of the report from the Royal Commission into Victoria's Mental Health System. That was not when the crisis started. The government had been in for seven years at that point in time, and yet we have still got people who have to wait over a year to see a specialist paediatric psychiatrist for their child who simply cannot get out of bed, will not talk to anybody anymore and refuses to go to school. They cannot go to sport and cannot do any of the things they used to, and the trauma of being cut off from their friends and their family is profound. They need that mental health support now, but there is no-one there for them. You cannot even get a counsellor, and the government's funding for mental health support in schools is just not working.

Every single thing that they have got is limited in some way. The mental health practitioners in schools do not include counsellors. We twice raised a private members bill in this place to include counsellors, and twice the Labor government voted against it through sheer pigheadedness and stubbornness. This would have been a way to make sure that you are not just funding mental health practitioners in schools, you are actually filling the positions and providing support to kids. Surely that is the bit that is important. That is the bit that is important, not just your media release saying 'We're putting a mental health practitioner in every school'. Who cares if there is no-one actually delivering in the role? It is pointless. The School Mental Health Fund is not being delivered in metropolitan schools until 2024. It has been delayed until 2024. Metropolitan kids have done it tough. They have had their playgrounds closed, they have had their schools closed, they have had 9.00 pm curfews and they have had their sporting clubs closed. They still have to check in now. We went to an AFLW match last night; you still have to check in and show your vaccination status.

There is this looming feeling their vaccination is going to be mandated very, very soon, or again they will not be able to go to school and will be cut off from their friends. This has all been researched prolifically by the Murdoch Children's Research Institute. It is research that is funded by the Victorian government. It was first published back in 2020—two years ago now—and yet the government is still not taking notice and understanding that the impacts of restrictions on our children have far greater ramifications on their learning and development and their future prospects in life than does focusing on them not getting the virus. They do not transmit the virus as superspreaders, which has been proposed by some leading politicians, which is appalling. Kids are not superspreaders. That is reflective of the number of cases in the community. Read the Murdoch institute's research papers. Honestly, everybody should; they have got so much good information in there. The government should listen and take heed, because if you do not put the mental health of our kids first, we are going to have

a generation that is going to suffer from the trauma of this period for years and years to come, if not for their whole lives, and there is still no mental health workforce to support them.

There is no way you can get into a residential rehab bed at the moment. It is extraordinarily difficult, and so many people have turned to drugs and alcohol to support themselves to get through the pandemic, particularly, again, women. Women are drinking at higher rates than they ever have before. The rate of women who have died with alcohol in their system at home alone is higher than it has ever been before.

On another matter, we look at the suicide rate. Now, I know you say, 'Oh, there's not an increase in suicides'. It is just horrible that anyone would even think that the pandemic response has been appropriate because suicides did not go up. I mean, what a damning thing to measure success by. The Coroners Court of Victoria said 10 per cent of suicides last year were directly related to COVID restrictions. That is horrible—10 per cent of Victorians have considered committing suicide or self-harm because of COVID restrictions in the past year. The government made disastrous decisions over the past two years, and we have been left with a hospital system, a healthcare system and a mental health system that cannot keep up. This has to change. We can no longer just get media releases as a bandaid for a problem and statements that are, quite frankly, rubbish. Listen to Victorians. They deserve a healthcare system they can access, and they deserve it now.

CLIMATE CHANGE

Mr EDBROOKE (Frankston) (16:46): Speaking of listening to Victorians, I stand this afternoon to grieve, in fact to weep, for communities across Victoria and Australia, including my own in Frankston and greater Frankston, whose calls for action on climate change with Liberal opposition members and also federal Liberal coalition governments just fall on deaf ears.

I get around to a lot of schools in Frankston and have been a teacher in those schools too, and I can tell you now that there are children and there are parents who absolutely weep for the future because they see the science, they see the logic and they see scientists telling us that climate change is real and giving us advice. Yet we have people on the other side of the chamber and indeed in other states and federally who once again, much like with the COVID crisis, will not take expert advice, will not look at the data and statistics and instead turn a blind eye and say, 'I know better'. Well, there is a bunch of people in Frankston and all over Victoria and Australia who know that climate change is real. They believe the evidence. It is irrefutable, it is logical and it is everywhere. I just do not understand what it is going to take and how many times we will have to have this argument about whether climate change is real. Certainly people on this side of the chamber in the Andrews Labor government know it is real, and we are listening to the people of Victoria and we are acting on that.

While I will go through some of the initiatives, policies and budget items that have brought Victoria to leading the nation as far as renewables are concerned, I think it is fair for communities to go back to, say, 2014 and through some of the electoral cycles to see what the opposition's idea of climate change is and what the opposition's policies on renewable energy and the environment are. I can take us all the way back to 2014. Maybe I was a little bit naive, but I thought every political party would have a stance, a policy or a platform on the environment, because in a place like Frankston—the most beautiful place in Victoria, I might add—Deputy Speaker, do not look at me like that, it is; Bendigo East is great, though—we have the beach and everyone is connected to that beach in one way or another. They know that with climate change happening and with the community changing we need to embrace that. It is not that hard. Our youth are crying out for us to do that.

It was very interesting to see in 2014 during the environment forum that they actually did not have a Liberal candidate turn up—there was just no interest in the environment—while there we were, as an alternative government at that stage hoping to be elected, with a whole raft of policies, which have played out and played out quite well. Again, they are bringing us to that national level and international recognition. We are running parallel with global trends on what to do about climate change. We are leading the nation—sadly, we are leading the nation. So why should the children that I see in my

community be left with this mess, be left with a bunch of climate change deniers that would repeal everything we have done and leave them to clean up the mess in this house when they are older? Because that is what will happen if we see a Liberal opposition win government at the next election. Like I have said, the science is there. Much like the advice we receive on COVID and the many changing aspects of COVID, we have to be fluid. We have to react and respond, adapt and overcome, to the different advice we are given—and it is the same with climate change.

Now, the 2018 election, again, was one where—I had the member for Bentleigh just before steal a little bit of my thunder—we had come through a time where there were accusations that the state government closed down Hazelwood power station, ignorant of the fact that Engie, a French multinational that owned the Hazelwood power station, was divesting out of coal. Anyone on the opposition side, the doyen of financial politics, I guess, could have just looked at the stock market and seen that any ETF, any bank, were actually divesting out of coal and into renewables. And yes, at the start there was some bleeding-edge technology, but now most of it is leading edge and is becoming cheaper by the day. So the people who invested in that technology and the governments that invested in that technology have won.

But in 2018 we had a bit of a mismatch or a mis—I actually do not know what you would call it. I saw the David Speers interview with the candidate for Frankston, and I still do not know what I watched. But I would just like to go through that dialogue, which gives a bit of context about what the opposition bring to the party as far as their belief in climate change, dealing with renewable energies and making us the renewable energy capital of Australia, and also some comments from some people in the upper house about climate change and what it means to them and what it means to their community, because I am damn sure that those comments are not consistent with anything out in the community. It is very sad that you have got these people defenestrating themselves on this embarrassing opinion that climate change does not exist and that everyone in their community is telling them that. There is nothing that would suggest that. In fact it is the total opposite.

I remember being on a pre-poll line in 2018 with the candidate for Frankston, and we got along okay. We did not agree on everything of course and had a lot of different opinions on how Frankston should go and the future of the Victorian community, but certainly I did an interview with David Speers, and I gave him my point of view on what we should be doing locally with the environment and also in Victoria as well. But this does give a bit of an idea about how incoherent the Liberal Party strategy for climate change and energy policy actually was.

Mr Newbury: Deputy Speaker, I draw your attention to the state of the chamber.

Quorum formed.

Mr EDBROOKE: Thank you, Deputy Speaker. I do like more of an audience when I perform. So I will cut straight to the candidate for Frankston when David Speers was interviewing him on Sky News at the last election:

SPEERS: ... there'd be a new power station paid for by the state—

LAMB: By the private sector, yep.

SPEERS: Oh, by the private sector.

LAMB: We'll tender to the sector, whatever the market decides, we'll tender out.

SPEERS: They can do that already, can't they?

LAMB: Who's that?

And this is where I think people in Frankston were getting very confused about the fact that we might have a new coal-fired power station somewhere on the peninsula.

SPEERS: The private sector can build a power station if they want.

LAMB: Well, they haven't been allowed to under this government.

And it just goes on, and the member for Bentleigh did a great acting job of that excruciating exchange which made the news on various channels and was very embarrassing but I think wrote the book on the policy on the environment and renewable energy that the Liberals were bringing and the coalition were bringing to that election.

But there are also, to give context, some quotes I have from a member in the upper house, Mr Finn:

The election of President Trump in the United States was a clear, unequivocal statement from the people of the United States that they think climate change is nonsense, and that they have had enough. Indeed Australian people are saying exactly the same thing.

Mr R Smith: On a point of order, Deputy Speaker, it has barely been a minute and a half and the government has cleared the chamber pretty much already. I draw your attention once again to the state of the house. It is the government's responsibility to maintain the quorum. If the government decides that it does not wish to be here, then the government should vacate the floor entirely.

Quorum formed.

Mr EDBROOKE: As I was saying, what we have seen from the opposition can be summed up in a bunch of quotes:

The election of President Trump in the United States was a clear, unequivocal statement from the people of the United States that they think climate change is nonsense, and that they have had enough. Indeed Australian people are saying exactly the same thing.

This is from a member of the upper house, Mr Finn. We also can see a quote from him that states:

What we are seeing is one of the great cons the world is yet to see exposed. It is staggering. I will not stand by and let these people get away with it.

Also:

When we talk about the damage of climate change, the damage is not to the planet. The damage of climate change is those who are what is known as global warmists, who promote this nonsense ad nauseam, and the threat that they pose is to other human beings—to families.

...

What we need in this state, in my personal view, is another coal-fired power station. That is what we need in this state. We have got more coal than we can poke a stick at.

...

Let us get ahead and let us stop with all this nonsensical climate change rubbish.

And that pretty much sums up the climate change policy and environment policy and renewable energy policy of the Liberal coalition.

Just to conclude in, I guess, my last 3 minutes of this contribution—and it is great to see so many people in the chamber—the opposition literally smashed the renewable energy industry with the Leader of the Opposition effectively banning wind farms. We might be the only state on the whole globe to do that. We drove the largest increase in renewable energy in Victoria's history, and I am very proud of that. The opposition voted against Victoria's renewable energy target, and the opposition leader promised to scrap the target if elected in 2018. We saw how that went; we got a number of marginal seats that were formerly safe seats. We created the first state-based renewable energy target, which has created 24 000 jobs and driven billions of dollars worth of investment, just like other nations. The opposition promised to use Victoria's power contracts in hospitals and schools to fund construction of a new gas-fired power plant in 2018, and once again we saw how that went. We promised to power all government operations, including trains, hospitals and schools, with 100 per cent renewable energy, and we see trams going up and down Collins and Bourke streets today powered by almost 100 per cent solar energy.

We have heard about Hazelwood, but as the Minister for Energy, Environment and Climate Change said today—and a big shout-out to the minister for environment, her department and her advisers—

ABS figures show that power bills are at their lowest level in five years, having fallen by nearly 10 per cent in the last 12 months alone. The Australian Energy Market Commission expects Victorian power prices to fall a further 8 per cent over the next three years, largely due to the significant influx of renewable capacity. That is something that is reflected internationally. It is unfortunately something that is not reflected when my son uses his hairdryer on his mullet; that 8 per cent will probably be taken up by that energy use. But we have got an opposition who also voted against legislation to ban cold-calling and door-to-door sales of retail energy contracts and other dodgy marketing practices. It is the bane of many people's existence around dinnertime, the call, 'Hi. Is that so-and-so? I'm so-and-so'. We have banned that.

A member interjected.

Mr EDBROOKE: You just hang up on them? I used to give them to my toddler.

So whilst we lead the nation on climate change related policy, I stand here today and condemn any party, any people, any individuals that are bound to these arbitrary policies—made up, not based on any evidence at all, no data—and continue to embarrass themselves every day by defenestrating themselves and flogging this dead horse.

If I can speak for the youth in my electorate—that speak ever so loudly—they weep for the future. They hear everyday people talking about the fact that climate change is not real. They hear people talking about, 'Oh, we don't want renewable energy. We don't want electric cars'. These kids, the youth, are going to end up with this problem. They want us to change it now, and this government is doing it.

TRANSPORT EMISSIONS

Mr HIBBINS (Pahran) (17:01): I rise today to join the grievance debate. I want to focus my grievance on the emissions and air pollution created by our transport system here in Victoria, adding to the climate crisis and damaging the health of Victorians.

Now, the facts are startling. Around a quarter of Victoria's carbon emissions come from transport, second only to coal-fired power, and it is growing. Transport is Victoria's biggest growing source of emissions. Whilst emissions from energy are going down, emissions from transport are rising and are forecast to continue to do so. What is the cause of this carbon pollution and air pollution within the transport sector? It is polluting cars and trucks on our roads, which make up the near overwhelming majority of transport emissions, around half being from polluting cars and then another 38 per cent from trucks and vans and commercial vehicles. In fact the emissions from polluting cars and trucks on our roads are equivalent to one of Victoria's coal-fired power stations.

Similarly with air pollution, air pollution is one of the biggest environmental threats to human health, alongside climate change. As the recent parliamentary inquiry into the health impacts of air pollution found, polluting cars and trucks, particularly in high-traffic areas, are the major source of air pollution in Victoria. This includes toxins such as nitrogen oxides, carbon monoxide and particulates, causing serious health problems for children and our most vulnerable and triggering asthma and respiratory disease, heart disease, lung disease, stroke, cancer and even low birth weight.

So to tackle the climate crisis we need to tackle emissions from transport. Similarly, to tackle air pollution and to make sure that we have got clean air we need to address it in our transport system. And what must be at the heart of reducing transport emissions and reducing air pollution is rapidly—we do not have long; it is a climate crisis—shifting people out of their polluting petrol vehicles and into clean, climate-friendly, sustainable transport.

Now, the first thing I want to talk about is the current state of cars and trucks on Victoria's roads. We have some of the most polluting, carbon-intensive cars in the world because of our low emissions standards. When it comes to the emissions standards on our cars and trucks and the controls on the types and levels of toxic pollutants that can be emitted from the tailpipe, we are lagging around a decade behind other countries in Europe, North America and Asia. By way of example, the Euro 5

standards we are currently under here in Australia were introduced for new cars in 2016. By this point Europe was already at the next stage, the Euro 6 standards, and they are looking to go to Euro 7 this decade, resulting in significant cuts to air pollution. Now more than 80 per cent of the global car market follows the Euro 6 emission standards. This is Europe, the United States, Japan, Korea, China and Mexico. But back here in Australia it is complete inertia when it comes to introducing stronger emissions standards.

Similarly, Europe has mandated carbon emission reduction targets for car fleets—so does the United States and so does New Zealand, where the Labour-Greens government has recently introduced the clean car standards. But in Australia we have got a voluntary scheme with weak targets and no penalty for non-compliance by car companies. What does this mean? We have got some of the most polluting, climate-damaging vehicles in the world on our streets in our neighbourhoods. When you look at the oldest cars and trucks on the road, they are still under the old Euro 3 standards. They are around 15 years old and there are a million of them. Of the around 5 million cars on our roads, a million of them are the oldest and most polluting. It means with no standards the car companies have no incentives to send lower emissions vehicles or electric vehicles our way. In fact it has been widely quoted that Australia has become a dumping ground for less efficient, polluting makes and models.

Adding to the most polluting cars—the most polluting cars almost in the world—that are on our roads is the incredibly low uptake of electric vehicles compared to other countries. I think it is around 2 per cent now, which is actually a significant increase on what it was before, but this is still around half of what it is in the United States, and in countries in Europe it is well into double figures. The reasons for this, in addition to the low fuel standards, are obvious: the incentives that are offered in Europe and the United States for electric vehicles are far higher—far higher—than what is offered here. Incentives in the order of \$15 000 go a long way to reaching price parity between EVs and petrol cars. Yet we have got absolutely nothing from the federal government—nothing, not a cent, not an incentive—to make the switch to electric vehicles. In Victoria we have the incentive of \$3000, introduced in haste after the announcement of a new tax on electric vehicles. Contrary to what the Department of Treasury and Finance here would have people believe, governments around the world are not moving swiftly to put new taxes on electric vehicles. Not in Australia, where Victoria is now going it alone. Other states which have not explicitly ruled it out are waiting until the end of the decade or when the uptake of EVs is actually significant before putting in any road user pricing.

Forward-thinking governments are making pollution more expensive. They have got clean air zones or low-emission zones and congestion levies. They have got scrappage schemes to get rid of old polluting cars. They are enforcing air pollution laws. They are aggressively cutting emissions, pollution and congestion using incentives, penalties and regulation.

Coupled with some of the most polluting, highest emitting cars and trucks in the world, we are locked into higher rates of car dependence compared to other cities in the world. In Melbourne we have got car journeys to work making up around 75 per cent of commuters—that is double what it is in comparable cities in Europe and South America and Asia—along with paltry rates of active transport. We need to get these polluting cars off our roads. Doing so means that new and expanded freeways and tollways are incompatible with tackling the climate crisis. In Austria the Austrian government has explicitly ruled out expanding motorways in order to meet its climate targets. The Greens climate minister there said simply:

More roads means more cars and more traffic. I don't want to pass on a concrete future to future generations.

Yet it is fair to say this government have gone on a freeway-building frenzy, widening just about all of our freeways, spending billions on new freeways right around the city, around 100 000 extra cars on the road, including pouring some into the city. Spending billions on toll roads, sweetheart deals with Transurban, tearing through some of our most sensitive urban green spaces—that will actually put more cars on the road. It is climate, environmental and economic vandalism.

When it comes to the least polluting form of transport, walking and cycling, increased uptake, which so many people want to do—I am sure members in their electorates and communities know that so many more people want to be able to walk around their community and ride their bikes more—is hampered by the lack of safe infrastructure and dedicated funding. Just under 2 per cent of our transport infrastructure funding is dedicated to walking and riding, and that is well below the 20 per cent recommended by the United Nations. Globally in response to the pandemic more and more people are choosing to ride, and governments around the world are rising to the challenge, rapidly expanding bike infrastructure to take advantage of the opportunity to permanently change travel habits.

It is not just temporary in some places. Look at Paris—over 180 kilometres of permanent bike lanes and goals to make their city 100 per cent cyclable. In Scotland spending on transport initiatives is set to more than triple to reach 10 per cent of all transport capital spending as part of the Greens agreement to enter government. It is even better in Ireland, where spending on active transport will make up 20 per cent of their transport capital budget, again secured by the Greens entering government.

Here in Victoria the government is taking steps with their pop-up bike lanes program, taking a proactive approach with the Department of Transport to work with councils, identifying routes and installing improved treatments. This has huge potential to be expanded and accelerated. The charge has very much been led by local governments, particularly the City of Melbourne, which is fast-tracking separated bike lanes on key routes. Councils are being proactive in rolling out cycling and walking infrastructure. But there still remain significant and key cycling routes in the inner city that should be forming the spine of a citywide bike network. The long-promised St Kilda Road cycleways need to be fast-tracked. In Chapel Street in Prahran, Flemington Road and Royal Parade in Melbourne and Sydney Road in Brunswick, cycling is still hampered by the lack of safe infrastructure. E-bikes and e-scooters are growing in popularity. Incentives for e-bikes and regulation for scooters have massive potential to support the shift away from car use.

Our transit networks have taken a massive hit due to COVID. This is happening around the world, and it is the same in Melbourne. There are significantly fewer people using them. There is a reluctance to get back on—working from home—particularly for our CBD, which the network is geared towards. The risk is that as people return to work, return to the office, we are going to have a future massive risk of traffic, of pollution and of emissions if people do not use transit again, and this is I think already happening in parts of the city. This is a real challenge when tackling climate change, because not only do we need to restore patronage but we need to increase it, which is still relatively low compared to other cities.

If you look across the day, we have got waits of 20 minutes for a train, around 15 for a tram and for buses half an hour to an hour. Weekends are particularly bad. These are people who are not necessarily going in to work and doing peak hour every day—the *métro, boulot, dodo*, as they say in France—but they are people who are meeting friends, going out, going to the shops, taking the kids to school. They are not going to wait around 20 or 30 minutes at a station and then wait another 30 minutes for a bus at the end of it. Increased frequency throughout the day and especially on weekends will drive increased patronage. That is the simple equation. Again, this needs to happen throughout the week, seven days a week—that is, for many people, if they can get on it in the first place. Lockdowns have highlighted the fact that there are people living in lifelong lockdown who cannot access public transport—people living with a disability, people with mobility issues, the elderly and parents with prams. Accessible transport, which should have been actually in place now, given legislation, just is not in place for so many people who need to get around and need to live their lives. This needs to be at the forefront of making sure that people can actually access public transport: our trams, our trains and our buses.

To conclude, reducing our growing transport emissions, ensuring that we have clean air to protect the health of children and our most vulnerable, is absolutely essential to protecting the health of Victorians and to addressing the climate crisis. At the heart of that needs to be the rapid shift away from polluting cars and trucks to clean, climate-friendly, sustainable transport, including cycling and walking, public

transport and electric vehicles. This needs to mean clear targets, significant investment, strong regulation and strong legislation. These are the ingredients that will go into driving down transport emissions—making that change. We have a significant opportunity right here, right now. It is absolutely essential. So I would urge the government and all parties, both state and federal, to get on the bandwagon and cut growing transport emissions.

CLIMATE CHANGE

Ms THEOPHANOUS (Northcote) (17:14): Since my very first speech in this Parliament I have been committed to using the floor of this house to advance and elevate our efforts to act on climate change, and today is no different, because we have a moral responsibility and an existential imperative to do everything in our power to secure a sustainable future. In Victoria we are at the forefront of that work, transitioning our economy and propelling our state to net zero by 2050. Already since 2005 we have cut Victoria's emissions by 25 per cent, moving away from a carbon-intensive economy and growing a booming renewables industry. Internationally our targets stand shoulder to shoulder with the ambition of climate leaders like the US and the European Union, and of course our 2030 target is almost double the woefully inadequate Australian target so lauded by the Morrison government.

But here is the thing: the climate is still changing and people are still worried, and around the dinner table, in cafes and in the classroom people in my electorate of Northcote are having conversations about the need to do more. Our young people in particular are growing up confronting the reality of a choking climate and of the terrifying consequences of all of the decisions that have been made before them. The weight of that realisation can be overwhelming. So, like my colleagues, I will be grieving today about our climate and the dismal head-in-the-sand attitude of our federal government and their friends on the other side of this house.

Last year the Intergovernmental Panel on Climate Change released the first part of its sixth assessment report. It collates climate research from around the world and paints a comprehensive picture of how much of a mess humanity has got itself into, and the verdict is not great. The IPCC makes it clear that human activity has bumped temperatures up by nearly 1.2 degrees Celsius and outlines the monumental task of reining it in under 1.5 degrees Celsius by 2100. At the time media reports called it terrifying, catastrophic, apocalyptic, but at its core this report is not a doomsday prophecy. It is a call to action. It says to every government, every leader, every industry, every business and frankly every person that we can and must turn this around.

Here in Victoria we are heeding that message and that call. Victoria is undergoing one of the most rapid transitions of its energy sector and its economy in its history. The climate change strategy released last year paves a path to zero emissions with interim targets that mean we will halve emissions by 2030, responding decisively to the calls for action from the IPCC. This ambitious target is not going to be easy to achieve, especially with the miserable efforts of the federal government hindering our progress, but we will not let others hold us back.

Just today we have taken another big step forward, releasing seven climate change adaptation action plans across key sectors that are vital in building our state's climate resilience. One of those sectors, which the member for Prahran might be interested in, is the transport sector, and the member might find it useful, if he were still here, to review that and have a look at what we do have planned for the coming years in the transport sector. I know the Minister for Public Transport is here at the table, and I know that he has been doing extraordinary work in this space. This work comes out of our historic Climate Change Act 2017, which is world leading and the most comprehensive legislation of its kind in Australia. We are investing massive amounts in large-scale renewables. We have delivered the biggest battery in the Southern Hemisphere. We are moving more homes and transport onto electricity. We have set strong targets for zero-emission vehicles, and we are backing local clean energy projects like neighbourhood batteries and investing in new technologies like renewable hydrogen.

There are also big changes in industry and agriculture with support to cutting-edge research and technologies that will help our farmers reduce emissions and increase productivity, but that is just the

start. We are also overhauling our recycling sector to get the most out of our precious resources and materials. Next year our container deposit scheme will come online, and some councils have already begun separating glass at the curb under our landmark new system. For as long as we can remember, our societies and our economies have been built around the linear use of resources—take, use, dispose. We are changing this, and I was proud to speak in support of our historic circular economy bill last year, which embeds our work to completely rethink our relationship with the resources that we rely on. We are also embracing opportunities to protect our state's precious biodiversity and natural environment, and that means banning logging in old-growth forests and phasing out native timber harvesting as well as our critical work to restore habitat and store carbon in our landscape.

It is easy to list these achievements and actions and to enunciate them, but I do not think that listing them fully conveys the enormity or the difficulty of bringing these reforms about. The practical and political challenges are immense. As one of the newest and perhaps not quite one of the youngest MPs in this Parliament, I watched the debate in this house and in Canberra and I cringed at the conservatives pushing back on every single reform to address climate change. At every turn those opposite have chosen to stand in the way of critical change, and they use every tactic in the book: sidestepping, evading, justifying, exaggerating, fearmongering. The truth is, just as the member for Bentleigh described, they do not want to listen to the science. It is actually extraordinary. They have zero interest in the environment. They have zero interest in addressing climate change. Those opposite have voted against key legislation like our historic Climate Change Act 2017 and our renewable energy targets. They have put thousands of sustainable jobs and our climate at risk. Some of them have called climate change things like 'rubbish', 'a religion' and 'a con'. Against every shred of climate science they have called for more coal power. More coal power? What the heck!

I am old enough to remember when being environmentally conscious seemed as simple as following the catchy *Do the Right Thing* jingle for anti-littering. It was a good jingle, to be sure. I am not going to repeat it. I am sure that there are others in this house that remember the jingle—

Members interjecting.

Ms THEOPHANOUS: That is exactly right. But the world has moved on from there, and it is just a hideous and terrifying reality that the Liberal Party has not.

In my community of Northcote we know and understand the urgency of climate change. We see the global joke that is the federal government's so-called ambition and the embarrassment that was Australia's performance at COP26 in Glasgow last year. The Prime Minister may as well have not gone at all. Our country needs leadership, not marketing spin. We need—

Mr Newbury: On a point of order, Speaker, I draw your attention to the state of the chamber.

The SPEAKER: I understand there have been a number of quorums earlier today—in fact in the last hour or so—so there is no need to call for a quorum.

Ms THEOPHANOUS: We need ambitious national targets that will allow Victoria to work hand in hand with a commonwealth that is committed to real transition. We need them yesterday, but May this year might have to do.

I have had hundreds of conversations with locals in my electorate over the last three years about climate change and our shared hopes for the future. My community appreciates that reform does not happen by chance but takes years of perseverance, engagement and policy refinement to get the balance right across employment, economy, energy security and environment. We know that real change comes when you have a seat at the table, when you put in the work, when you bring communities with you and when you make brave decisions. That is why I cannot accept the rhetoric from the member for Prahran either. The Greens talk a big game, and they are certainly happy to take credit for the hard work and the hard-won policies of others, but what have they actually delivered? And critically, what have they stood in the way of? The reality is that delivery is not really in their

wheelhouse or in their interests. From Greens members standing against wind farms to voting against a federal emissions trading scheme to demonising workers, the Greens have a sad history to reflect on when it comes to climate action.

Time and again we see the Greens use climate action as an opportunity for themselves, an opportunity to protest rather than achieve progress. Critically, their false, divisive zero-sum game of pitting workers against climate action has been a gift to the conservatives—an absolute gift—that has set us back a decade at least, years that we just do not have time to waste on their vanity. Disingenuous political posturing is of course one of their tactics—one of their key tactics. In their desperate search for relevance the Greens will seize on any opportunity for a campaign, not for the cause but for themselves. And it would be laughable if the virtue signalling and disruptive vandalism were not so dangerous, but all it does is alienate communities and make it harder to galvanise support for real change.

Governments make tough decisions, and that is the burden of government. We are criticised and we are praised for them, but core to governing is navigating the tightrope and finding the fair balance that allows us to move forward and address the monumental challenges of our time. When it comes to climate change, only Labor is prepared to act on the evidence and put in the hard yards to deliver the real change this state needs to achieve a cleaner, more sustainable future that leaves no-one behind.

In my time as the member for Northcote I have been proud to work with our ministers and our government departments and my community to deliver some significant changes and local projects. This includes work to reduce our state's reliance on gas by promoting the uptake of home solar and energy-efficient homes as well as securing completely gas-free social housing builds in Northcote and Preston. Last year I was thrilled to support Village Power and their team in their successful application to develop a neighbourhood battery in Alphington. I cannot wait to see that project continue. Likewise, I have been elevating the need for electric vehicle infrastructure across our suburbs, pushing for more charging stations in the inner north, and the minister knows about that. Protecting our local waterways and our precious ecosystems has always been a priority for me, so working closely with some of our passionate and dedicated locals we have delivered projects to reduce the flow of litter into the Merri Creek and we have secured a proposal to see the sensitive riverfront land adjacent to the old Alphington paper mill development become Crown land and be protected. It is an honour to help deliver support and funding for these and other local projects. While they might seem small in the global scheme of things, they are making a difference right in my community and they speak to the power of working collaboratively and effectively towards our shared vision.

Of course there is more to do, and fast. We need to be stronger on environmental protections, we need to be systematic in getting our state off gas, we need to seriously propel the development of Victoria's renewable hydrogen sector and we need to convince the commonwealth to strengthen household energy efficiency standards, and I know our ministers are already digging deep into this work and doing the hard yards and fighting tooth and nail at a federal level too. But most of all we need to bring the community with us fairly, inclusively and with the science behind us. We cannot afford to be stymied by idealism. We cannot afford to gift the conservatives ammunition that sends us backwards.

Victoria is acting on climate change with determination and perseverance. We are doing this while ensuring we grow our economy and protect Victorian jobs. We reject the false narrative that equates climate action with rising energy costs and taxes, and we reject the heavy-handed idealism that would see matters of equity and considerations of workers, businesses and industries not addressed at all. Both sides of that pendulum lead to regressive policies, which sadly we have seen. And while I grieve for the prospect of seeing that regression again, I want to end optimistically, because I am excited for the future and what it holds for Victoria.

ELECTIVE SURGERY

Ms BRITNELL (South-West Coast) (17:30): I grieve for the people of Victoria. I grieve for the 80 000 people on the public health waiting list waiting for surgeries—vital elective surgeries—people who are needing knee replacements, hip replacements, colonoscopies, biopsies and cleft palate

operations like we heard about from the member for Lowan earlier today. These are not minor surgeries; they are often major surgeries, and they are often surgeries that are helping people who are in considerable pain to be able to continue managing their activities of daily living, like walking, showering and being able to manage at home alone, and not be dependent on others. These are people who are often on significant drugs like anti-inflammatories that carry with them a risk of gastrointestinal bleeds—not insignificant stuff. They also carry with them, these conditions, pain—from needing a knee replacement or hip replacement or any orthopaedic-type surgeries on shoulders and the like—for which you often need drugs like Endone, which carry with them a really big risk of long-term addiction. When you are on those sorts of drugs for pain you need to be on them, and when you are on them for over two years, like we are seeing, you are in for a battle to get off them.

This is a really significant situation. Now, we have 80 000 people on the waiting list waiting for these significant elective—vital—surgeries. I hear in this place all the time the language of the Minister for Health when he says, ‘It’s a global pandemic’ and ‘It’s a wickedly infectious virus’. It is a global pandemic, and it is a very infectious virus, but this is not the reason that we have the blown-out waiting lists, that we have had the longest lockdowns, that we have had the most deaths and that we have the wooden spoon for many of the things that you would measure when you look at this pandemic. But in Victoria that is where we are, compared with every other state. It is mismanagement because of the restrictions this government has put in place. The doctors, the surgeons, are saying, ‘We know a better way out. Just listen to us’. How many times have we heard—I certainly have from surgeons and clinician friends that I know—the government will not listen to them. They will not involve them in the discussions. These are people who, often, have had 30-plus years practising, and they know the system intricately. They are absolutely flabbergasted. These are people who do their jobs because they care. We saw on Facebook just a couple of days ago Dr Richard Bloom—actually it would be ‘Mr Richard Bloom’; he is a surgeon and that is how we refer to our surgeons, as esteemed, highly qualified professionals—saying, ‘I’m ready to operate. My team is ready to operate. My patients need me.’ So bad is Victoria’s mismanaged system that we are in a code brown. No-one in the other states is in a code brown—no-one.

This Premier knows health well. He was the health minister for three years before he was the Premier. That is 11 years. He knows the system well. He knows what the Productivity Commission told us this last week—that we are the most underfunded health system per capita and per patient in this nation. And that is not as a result of the pandemic—because we can hide behind the wicked virus, we can hide behind the global pandemic or we can compare ourselves to the other states and we can see that we have done very badly. The Minister for Health knows it, the Premier knows it and the Productivity Commission have highlighted it.

Two years ago we were told—and we were all very concerned, rightfully so; we did not know what the future looked like with this pandemic—that we had 4000 ICU beds promised, and we did need them. And let me tell you one of the reasons I would suspect we are not allowed to have surgery. It is because when you have surgery—a knee replacement—you can often lose quite a lot of blood and you may need to be in ICU for the night. Mark from Greensborough, who I met at the weekend, a man in his 50s, has been diagnosed with throat cancer. He has had half of his soft palate removed. He has had chemotherapy. He is currently on immunotherapy. I was out sailing with him actually, so he is healthy. He said to me, ‘I need vital treatment, but I have to have an ICU bed available, and I can’t have it’. He may not survive that. So that is not even one of those 80 000, but there are many others. Just this last week I was speaking to a friend who is a physician, a cardiologist, a haematologist, a very highly qualified gentlemen, and I said to him, ‘I’m so worried about all these people who are putting off colonoscopies and other screening procedures that we’ve done in the health profession to improve outcomes for health. I am so worried we are going to have so many stage 3 cancers, stage 4 cancers that shouldn’t have been. They should have been a benign polyp that was removed before it became malignant’, and he said to me, ‘Roma, we’re already seeing it, and they’re just not listening to us’. It is outrageous.

Now, I know nurses are exhausted, clearly. I speak to nurses a lot, and I know they have done an amazing job and they have had 12 hours out in PPE in hot conditions swabbing. And I know girls who have been called into the COVID symptom management hotline, and they are trying to diagnose patients' oxygen saturations by talking to them over the phone—really tough stuff—and making calls where they are not sure whether the person will be okay tomorrow. I know it is serious, but I also believe they are exhausted because of mismanagement, because I also hear from nurses who have been on the nurse bank for three months and have not had a shift. I also know that there are 16 000 people, me included, who right at the start responded to the call-out for health professionals who could offer skills.

Mr R Smith: Did you get a call?

Ms BRITNELL: I have not had a call.

Mr R Smith: How long ago?

Ms BRITNELL: 18 months ago—16 000 of us; maybe some have. I am more than qualified to swab. Now you remember Christmas two years ago—not last Christmas, the one before. We had to shut down PCR clinics because the nurses were exhausted. Well, hello! Do you know how many swabs I have done? I could have stepped in. I reckon I would have needed about half a day of training to show me the procedures of where to document, how to get the cars through, but no-one would have had to show me how to swab.

And I did my training last week online for being able to make sure I am qualified to give a vaccination. I passed, got the certificate. I am not looking for a job. I have got a role. I have not been looking for a job for a long time. This is a role to me. But I am ready to step up and help, like many others are. So there are people around to help with the exhaustion. It is about management. The doctors are saying it. The nurses are saying it. Yes, we can focus on the ones that are exhausted. That is because it has been poorly managed.

My constituents from South West Healthcare, many of them, go to Geelong, to Ballarat, to Melbourne. We do not have cardiothoracics, and rightfully so. I would not want that in the Warrnambool area or Portland. We do not have the support teams. And I would not want the children that need really highly qualified neurosurgeons being anywhere else but the Royal Children's Hospital. So many of my constituents are on that list. Many of them are in pain. I think I mentioned Tanya from Portland, who last week the *Nine News* highlighted: a 36-year-old woman who needed a colonoscopy two years ago and finally had it. Yes, stage 3. Thirty-six—stage 3 cancer.

So this Premier says, 'We'll fix the health system'. He has had 18 months, nearly two years. It is two years actually. It is two years. Yes. We were locked down in February, wasn't it?

Mr R Smith: March.

Ms BRITNELL: March? Okay—nearly two years. And that was when we were promised. I am so frustrated by people saying, 'But, you know, it's a pandemic, Roma. We didn't know what was going to happen'. Well, I will tell you right here and now that we have been planning for pandemics in departments for a long time. I participated in pandemic planning in 2005. It was called project Minotaur, and I sat in a room with ambulance officers—this was an agricultural planning one. We had ambulance officers, teachers, police, people from every department, so we could manage an outbreak, if it occurred, of a particular disease. If the ag department was doing it for a zoonotic disease or any other disease, I am pretty confident the Department of Health was doing it as well. And I am told they had, but they threw out the plan.

I keep saying I am sick of hearing the emotive words 'global pandemic'—like it is the globe's fault, it is not Victoria's fault. No, it is not Victoria's fault that we have a pandemic, but it is Victoria's fault that we are being mismanaged. And that is what I continually say—mismanagement. The health system extends to the ambulances. I am hearing people all over the place who are calling for ambulances and

not getting them. Just a few weeks ago I had a phone call from a nurse, and her husband is a nurse. She gave birth, went home and had a postpartum haemorrhage—a pretty significant event. She knew that; she is highly qualified. She lost 2.5 litres—a significant amount of blood—and rang the ambulance. Her pulse was getting weak and thready. She knew what was happening. She was getting breathless. They were panicking. Ambulances kept dropping out. It is a long story—she has actually gone to the minister about that. But it is not good enough, and that is why she contacted me—because she is worried about other people. Lucky she knew what was happening. Lucky she knew that it is really hard to stop a bleed from a uterus without surgery, without some diathermy. If she had not, she probably would have just stayed at home. She had to drive herself—well, her husband had to drive her and a nine-week-old baby or two-week-old baby to hospital. She would have died. That is how significant that one was. She did not, luckily, because she was a nurse and she knew what was happening.

When I was training—35 years ago I reckon it must be now; it is getting on. Maybe it was 30 years ago. I do not do maths for a very good reason; I do not want to know. But when I was training—I am cardiac trained—one thing I learned, particularly when I did my cardiac training, is that you never let a patient drive themselves to hospital. Member for Melton, you will remember this. I am sure you gave the same advice to patients or people you knew up the street. If you have got cardiac or chest pain, do not drive yourself. It is actually irresponsible: you will kill someone if you have a cardiac arrest—standard stuff. People do not know what chest pain is. With chest pain, you never have pain; you have a feeling of crushing or you have a deep sensation that runs down your arm. When you ask people if they have got chest pain, they always say no. You have got to be very clever about how you ask or you will miss it. So we are asking people to drive themselves to hospital with what they might describe as indigestion or even a broken arm or abdominal pain. It could be an ectopic pregnancy, and they could actually have a massive haemorrhage and lose consciousness—and this happens. That is why we have an ambulance service. That is why we are lucky, I used to say, in a western country.

I cannot believe what has happened to our ambulance service. If the upper house do not get that motion through this week to make sure we have an inquiry into ESTA—the very fact that we have the Department of Justice and Community Safety, is it, managing ESTA when ambulance is health, there has got to be a disconnect as a result of that. It is not my role to try and pick that up—to try and work that out—but something is dreadfully wrong. The government just keep saying, ‘It’s because of the global pandemic’. It is actually because of mismanagement, and many surgeons are coming out and saying it. Dig deeper. Of course you can hide behind the exhaustion and the global pandemic and emotive language, or you can say, ‘We have had two years’.

We were promised 4000 ICU beds. We have got the worst funded health service in the state. We have failed, with the longest lockdowns and the largest death list as well, and 80 000 people are on the surgery waiting list—growing, I might add, by 1000 people a week. By Easter there will be 90 000. This is not a government that cares. This is callous, and we have not even touched on IVF. What government thought that they would shut down IVF? You cannot press pause on IVF. There was no health advice, clearly, because how they were they able to reverse it? They said they did not have the resources two days earlier, and suddenly they started again and the resources suddenly appeared—‘Oh, because we knew that the nurses were all told to go on holidays’. It makes no sense. But it was cruel beyond the pale—cruel like those with hips who are struggling to walk or who are unable to keep fit and healthy and age well, which is what we had done in this state so bloody well. That is what I worked at in my career to achieve. It was for people to age well and to age at home and to grow old and live well in the ending years of their life.

CLIMATE CHANGE

Ms GREEN (Yan Yean) (17:45): Today I grieve for the lack of leadership on climate change shown by the Liberal and National parties at national and at Victorian levels. As a number of my colleagues have detailed on the same subject matter, it is something that is a great fear for the next generation and for young people. They want us to act. They have said they want us to act. They do not want to be left with this legacy.

Australia has not just been an outlier on climate change; our national government is a laggard on climate change, an international embarrassment. COP26 was held in Glasgow between 31 October and 12 November last year, in 2021. It was embarrassing in the extreme, not just for people of my generation but for young people worldwide, seeing whether Australia could decide whether or not they would even attend. The National Party was split. That rump of the coalition held our national government completely hostage right till the end. They stretched it right to the end, and then apparently, yes, they signed up for net zero by 2050—but no incremental targets, nothing before 2030. Every generation of electors and then those that were only just born that are not voters yet were treated with contempt, because there was a secret deal done behind closed doors. We have no idea what that so-called National Party signed up to, led by that buffoon, Barnaby Joyce, who stole back the leadership so he can pay his increased child support because of his personal problems. That is why he is back as the Deputy Prime Minister. Victoria, the most progressive state in this nation, has to put up with that buffoon and his lack of leadership on climate change.

Then we got to that conference and we were roundly condemned by other countries from all over the world. Australia's contribution to major global climate talks in Glasgow was labelled a 'great disappointment' by the United Kingdom's top government adviser on climate change, who accused Prime Minister Scott Morrison of failing to understand the urgency of reducing greenhouse gas emissions. Lord Deben, the chair of the UK's Climate Change Committee, an independent body that advises the UK government on emission reductions, said progress had been made at the COP26 talks in Glasgow but that Australia had not helped. He said:

When Scott Morrison tried to explain what he was going to do between now and 2030, it was just a whole series of words ...

You cannot go forward without signing up to eliminating coal. We can't go on using coal, and Australia has to come to terms with the fact it's changing my climate and the climate of the rest of the world.

Lord Deben went on to say that our Prime Minister 'really doesn't understand the urgency'. Maybe he does or maybe he does not, but what is more urgent to him is what will happen between now and May and keeping him in those white cars in Canberra. I have not always thought that that was what motivated the Liberal Party, but, by hell, my experience of the National Party in Victoria and what has always motivated them is driving around in those white cars ahead of anything that their constituency wants. They say they are the party of farmers, but they no longer are that. They are the party of resources, of energy and of old technology.

I am really proud of Victoria's farmers. My family—both sides—are primary producers in all sorts of food production, in every type of food that you can imagine. I am in regional Victoria all the time as the Parliamentary Secretary for Regional Victoria, and I am really proud of our farmers and the actions that they are taking. The Victorian Farmers Federation has a very good policy and the NFF has a very good policy, and they understand that climate change is real. The current edition of the VFF magazine has farmers saying that they need action on climate change and they are part of it.

And what do we see from the coalition here? Were they standing up and urging their federal counterparts to do what needed to be done, giving voice to the community's concerns in Glasgow? No, they did not do that. Have they supported any of our government's actions on climate change? On renewable energy our government has driven the largest increase in renewable energy in Victoria's history. When the Leader of the Opposition was the Minister for Planning he smashed the renewable energy industry, effectively banning wind farms.

When we created the first state-based renewable energy target, which has now created 24 000 jobs, so many of them in regional areas, and driven billions of dollars of investment, what did the coalition do? They voted against Victoria's renewable energy target, and the opposition leader promised to scrap the target if elected in 2018. Now he is back as leader again. We have promised to power all government operations, including trains, hospitals and schools, with 100 per cent renewable energy.

The opposition leader, the member for Bulleen, promised to use Victoria's power contracts to fund hospitals, schools et cetera and to fund construction of a new gas-fired plant in 2018.

We have supported the Latrobe Valley community through the closure of Hazelwood, establishing the Latrobe Valley Authority and committing \$266 million to support that community through that transition, investing in their assets and growing jobs. The opposition leader said the Victorian government should pay Hazelwood, then Australia's most polluting power plant, to stay open, even when its owners had decided to close it.

On energy prices, the ABS figures show that power bills are at their lowest level in five years, having fallen by nearly 10 per cent in the past 12 months alone. The Australian Energy Market Operator expects Victoria's power prices to fall by a further 8 per cent over the next three years, largely due to the significant influx of new renewable energy capacity.

On the other side, on their watch, retail energy prices increased by over 34 per cent in their four years and at a time when they were turning down the opportunity of new energy. We have introduced the energy fairness plan, the biggest regulatory shake-up of the energy sector in Victoria's history. The plan has included the Victorian default offer, improving transparency on customer bills, such as best offer requirement, stronger powers for the Essential Services Commission and bans on dodgy marketing practices by energy retailers, such as cold calling and doorknocking. What did the opposition do? They voted against this legislation that banned the cold calling and door-to-door sales of retail energy contracts and other dodgy marketing practices.

With our Solar Homes program we have invested a record \$1.3 billion in Solar Victoria to support Victorian households' move to solar. This has created over 5500 new jobs, abated more than 820 000 tonnes of emissions and helped families' energy prices. Despite boasting about having solar panels on the roof of his home, on 7 September 2021, in the *Age*, the Leader of the Opposition has made no significant commitment to household solar for Victorians.

On climate change we have been one of the first jurisdictions in the world to legislate net zero emissions, and we have passed a nation-leading climate change act and set targets to halve emissions by 2030. What did those on that side of the house, the coalition, do? They voted against the strengthened climate change act, and they gutted this act when they were in government.

I could go on and on about the 'us and them' and how they are not listening to the community and not working with the community. But I would like to focus on some of the great work that has been done with our farmers, the farmers that the National Party and the Liberal Party at a federal level have abandoned and are not supporting. When the member for Murray Plains was the minister for agriculture he did not support the development of the work that scientists were doing in supporting our farmers in tackling climate change. What he did was close numerous worksites across the state and diminish that work. We have actually worked with our farmers. On 2 May 2021 the Victorian government announced the agriculture sector pledge, an investment of nearly \$20 million over four years to manage climate change risks, build business resilience and improve productivity. Last year the minister convened an agriculture and climate change forum with discussion and positive energy, reinforcing that we have a strong foundation to work with industry to deliver those important commitments.

We are continuing to work with farmers and the sector, and there will be regional round-table discussions during this month and the next to shape that shared vision for the Victorian agricultural sector, unlike the National Party in Canberra, which signs up to a secret deal, which does not have a conversation with its farmers, with anyone, with any elector in this country. They sign up to a secret deal. But we will work with our farmers.

As well we take a partnership approach to growing jobs. Our regional partnerships are working with all industry sectors and with local councils and community representatives, education and health in all of our regions. I want to call out the Great South Coast regional partnership. They have a hydrogen proposal—and that is the hydrogen facility that is being set up at the Warrnambool campus of Deakin

University—and it is going to mean that all the buses throughout Warrnambool and into the south coast are going to be run on hydrogen, clean energy running around in that town.

There is the Mallee regional partnership. One of its top priority actions is the KerangLink interconnector and the renewable energy zone 1 Kerang–Red Cliffs spur so that we can build and diversify the economy with a focus on that emerging sector and value-adding. Of course we know the masses of solar farms and alternate energy that is happening in the Mallee region. As someone that moved from the Great South Coast in Warrnambool to Mildura when I was 16, that was the first time I ever saw solar panels. So that region has always been a leader. Every house had a solar panel and had a solar hot-water system when we moved up there. I do not like talking about my age that much, but it is 40 years ago. Get with the program—the conservatives need to get with the program.

In Gippsland our regional partnerships have identified also hydrogen and carbon capture and storage to grow the economy down there and to help it transition from coal. The work that our agriculture and regional development minister is doing with our department is world leading. We are proud of it. At a federal level we have Mr Littleproud, a stark contrast. There could not be a bigger contrast. The National Party says it represents farmers. We saw the federal government tearing itself apart, dragged kicking and screaming by The Nationals, and we now have a minister that is not even sure if climate change is real. He said that he does not think it really matters. Well, Victorians do think it matters. They do think it matters. Alongside his leader, Barnaby Joyce, he wrote an opinion piece last year that said:

If the Nationals supported net-zero emissions we would cease to be a party that could credibly represent farmers.

What a bizarre thing to say when farmers know and they want action. They are right on one thing though: the National Party certainly does not credibly represent farmers. Farmers know that climate change is a threat to their livelihood. That is why they support our government's actions to reduce emissions, and our government will continue supporting them.

I have talked about being all over regional Victoria, and particularly this year, week in, week out. I have been to almost every region in the state, and I will continue to do so. I happened to be in Mildura two weeks ago, and Deputy Prime Minister Barnaby Joyce was there. What an utter disgrace! And this mob think that they are going to get re-elected and that the people of the Mallee will vote for them. He fronted up, this climate change denier, offered nothing and had the temerity to say to everyone he spoke to that there is no money for Mallee—no money, no ideas—that massive electorate, the most remote electorate in Victoria. Well, I have got a message for them: I think that Victorians will send the coalition a message in the forthcoming federal election, and that lot on that side, the state coalition, will go down with them as well. Climate change is real. We need to act, and our future depends on it.

Question agreed to.

Bills

HEALTH LEGISLATION AMENDMENT (QUALITY AND SAFETY) BILL 2021

Second reading

Debate resumed.

Mr R SMITH (Warrandyte) (18:00): I rise to speak on the Health Legislation Amendment (Quality and Safety) Bill 2021. In doing so I would like to immediately draw the house's attention to the second-reading speech given by the Minister for Health, with the introductory line:

Victorians should have confidence in the safety and quality of our health system.

I think that we would all agree with that. Certainly on this side of the house we would agree that Victorians should have confidence in the safety and quality of our health system, as the minister has put forward. The problem is that Victorians do not have any confidence in the safety and quality of our health system simply because under Labor's watch it has fallen apart. With elective surgery

waiting lists at record levels—they have never been at these levels; 80 000 people languishing on those elective surgery waitlists—you would have to say that we are in nothing short of a health crisis, and it is worth considering why that is happening.

If I can take this house back to the period of the coalition government, 2010 to 2014, the member for Doncaster at the time, the Honourable Mary Wooldridge, was commissioned as the Minister for Mental Health. I think you would be hard-pressed to find any stakeholders, or indeed those opposite, who would have too many criticisms of the way Ms Wooldridge handled that portfolio. With the coming in of the Labor government in 2014 the member for Albert Park was commissioned as the Minister for Mental Health. Within a few short years the government declared the mental health system broken, in fact so far broken that they said that there would be a royal commission into the management and the operation of the mental health system. We went from having a well-operating mental health system that stakeholders were supportive of and a minister who knew how to manage it to, three years later under Labor and the member for Albert Park, a broken system that required a royal commission to look into why it was broken.

If you were in the corporate world, anyone who broke the system would probably be sacked. But in the Labor Party you get promoted, so the Minister for Mental Health was subsequently promoted to the health portfolio—in the middle of a pandemic, mind you. So you have taken someone who has broken their previous portfolio and you put them in charge of another portfolio which is of critical importance to the people of Victoria at that time, and under his watch we have seen the system collapse. I wonder out loud if ahead of the 2022 election the government is going to declare the health system broken and say that they will do a royal commission if they are re-elected. Maybe after that they will move the minister on to something equally important, something else that he can break.

This issue has not come about as a result of the pandemic. We only have to look at news articles. I mean, the government was given plenty of warning that things were getting worse and worse and worse. Before the pandemic we had in excess of 50 000 people on the elective surgery waiting list, as has been said many times over the course of today. That has gone up to 80 000, and we hear that there are an extra thousand people being added to the waiting list every week. Those opposite seem to think that this is, as the Leader of the Opposition said, a political problem, but it is indeed about people.

I cannot believe the response when we raise issues in question time, which the government have labelled a political stunt but in actual fact are people coming to us—like Rebecca, who we spoke about today and yesterday in question time, who is desperately seeking surgery in relation to her breast cancer. The minister's response yesterday was to say, 'Well, tell me about the issue and I will see if I can deal with it'. Rebecca went to the minister twice. She did not come to us first. She went to the person who holds the power to make it right, but the minister did not even give her the time of day, so she came to us and, like with other patients whose issues we have raised, we have been fobbed off by the minister.

I have been here since 2006 and I have seen debates on health issues come and go, directed from various oppositions to various governments. In question time generally at worst there is some faux compassion that is given. I do not even get that from this government. I do not get it from the health minister or the Premier. It is outright contempt for the opposition for raising these issues, because heaven forbid we would raise issues from our constituents with the people who are in charge of managing those issues. Heaven forbid we would do that! Heaven forbid that, in a Westminster democracy, we would come into question time and—I am sorry for saying this—question the government about what they are doing, particularly when the actions of the government are causing untold harm to so many people on waiting lists that are simply growing and growing and growing.

Ms Halfpenny: On a point of order, Acting Speaker, look, I am not sure but it seems to me that the member for Warrandyte has not read this proposed bill that we are debating, and he should be brought back to talking about the actual bill that is in the chamber, a very serious and important bill around protecting the rights of people that are in our health system.

Mr R SMITH: On the point of order, Acting Speaker, the member may not know but second readings form part of the bill. That is how the Parliament sees this, and this is how bills have been looked at many times. Although the second-reading speeches are no longer read in Parliament, they are incorporated into *Hansard*. The first line is:

Victorians should have confidence in the safety and quality of our health system.

If the minister did not want that issue canvassed, debated and discussed, then the minister would not have put it in his second-reading speech.

The ACTING SPEAKER (Ms Settle): What is your point of order?

Mr R SMITH: I am simply debating the point of order that was already raised, so I am quite within my rights, as the second reading is part of the bill, to debate the issues raised by the minister himself.

The ACTING SPEAKER (Ms Settle): Thank you. There is no point of order, but I do encourage the member to come back to the bill.

Mr R SMITH: Yes, absolutely. The minister at the table, who is the health minister, and the government more broadly have had many opportunities to understand how bad things are getting, notwithstanding I would expect the minister to be getting a briefing. But on 29 July 2020 the *Age* ran a story with the headline ‘Top bureaucrats warned a year ago’—so that would be July 2019—‘Victoria’s key public health team was starved of money and staff’.

Ms Vallence: That was before the pandemic.

Mr R SMITH: And that was before the pandemic, as the member for Evelyn rightly points out. The article goes on to say:

Victorian Chief Health Officer Brett Sutton’s team was so poorly funded that top bureaucrats warned the Andrews government multiple times the state’s public health unit was the worst resourced in the country.

The article goes on to say that the documents obtained by public health officers in the communicable disease and prevention control unit in Victoria—so these documents have come from people who would probably know; I think we can all agree with that—said:

... a doubling of current staff numbers—

so doubling the staff numbers that the Premier and the minister had agreed on—

would still see Victoria as the least resourced state in terms of staff undertaking public health ... duties.

Now, that is nothing to be proud of. Those opposite can point all they want to previous governments and carry on, but this advice was given in 2019, so how can the Victorian public have any confidence in the safety and quality of our health system when the government is ignoring advice?

Another article from 23 November 2020 states:

Victoria has paid the price this year for not having adequate public health resourcing. It’s been inadequate and that’s clear to every Victorian. There was a very regrettable delay when cases started to emerge in June during the second wave and the government’s ability to get on top of that.

This government has let Victoria down, and not just during the pandemic. I heard the member for Melton talk earlier about this bill and how it means that people will get some redress if there is an adverse event. The member for Melton said that people will want to know what went wrong, what was done to fix it and will also demand an apology. Now, I contrast that with the hotel quarantine debacle where 801 people died a result of the biggest public policy mismanagement that this state has ever seen. Those people never found out what went wrong, never found out what was going to be done to fix it and most certainly never got an apology. And why would they? The Premier set up a faux investigation which achieved nothing, and when I last raised this issue the member for Sunbury acknowledged that 800 people died and said, ‘Oh well, I admit that we didn’t get it perfect’. ‘Didn’t get it perfect’—that is the result. That is the narrative from this government: 800 people died, and they

did not get it perfect. I mean, that has got to be the understatement of the decade. ‘We didn’t get it perfect’—are you kidding me? So when the government put forward this legislation I think they should have a good hard look at themselves and understand that people do not, as the second-reading speech says, have confidence in the safety and quality of our health system.

The reason why they do not is that successive Labor governments, under the watch of the Premier, formerly the health minister, have underfunded and under-resourced it, and now the chickens are coming home to roost.

Ms HALFPENNY (Thomastown) (18:10): I am rising to speak and make a contribution on the Health Legislation Amendment (Quality and Safety) Bill 2021. While the previous speaker did not really speak about what this bill is actually about and used it as an opportunity to go on with other things, I think it is important that we do go to the content of the bill so that we are actually talking about the instances that are in this bill. I know there were also other criticisms from the opposition. There seems to be a general sort of criticism from the opposition about ‘Why do we need to do anything different?’, because what we are talking about here today is legislative change in order to make the health system one that perhaps better responds to the complaints and concerns of those that are in the health system so that they have an opportunity to hear about the very important treatments that they are getting and if there are any concerns about those treatments that they have the opportunity to raise those concerns and have those concerns addressed by the health profession or the health service they are using.

This is really important. It is not about political pointscore; it is about seeing where things are not perhaps working as they should be, problems in systems. That is what Labor is all about—making sure that if there are problems, we address those problems. We look at legislative change to address those problems for the betterment of Victorians. We have got to talk about where this actual legislation came from. The amendments form part of the response to the *Targeting Zero* report, and that came about after the terrible situation of deaths at the Djerriwarrh Health Services. There have been a number of recommendations. Many of them have been already implemented, but this legislation continues to implement recommendations from the report on what went wrong and how we as a government and health services can do things better.

The bill is about facilitating a more person-centred approach through government oversight and better identifying and assessing quality and safety risks, supporting remediation and preventing risks, and improving quality and safety outcomes. Now, of course in saying this and in debating this legislation we also know that health professionals—nurses, hospital staff, everybody—want to do the right thing. There is nobody trying to go out of their way to hurt patients or do things in a way that may cause harm, but through the system and through the resourcing of the hospital and the busyness of hospitals things can sometimes not work out as they should. It is important to have oversight and a system that takes into account those concerns where something may not have worked as it should have and is able to address it to make sure that the person at the centre of the health system does get to understand what happened and get some sort of relief.

So this is all about trying to look at shifting workplace culture towards open disclosure and encouraging inquiry and better protections for patients, and in doing that of course making sure it is not about the blame game. It is not about hounding people out because something went wrong; it is about listening to people, trying to understand what the problem was and what happened and then addressing that in a way that is safe.

In saying that I guess we also should acknowledge that the healthcare workers, whether they are doctors, specialists, nurses, cleaners or all those people that work in the health services as administrators, have done an incredible job over the life of this pandemic. They have worked so hard. I know that they are continuing to have to work many, many hours. I was talking to a resident of Thomastown not about the state health system but aged care, where their wife is required now to work 12-hour shifts. You have to do it, and that is what she is doing. She is actually more than happy to do

it, because she feels that she is putting in during these terrible, unprecedented global pandemic circumstances and she is prepared to do what she needs to do to help others. So I really want to send a shout-out to her.

When I look at the electorate of Thomastown, the Northern Hospital is one of the state's busiest emergency departments. They are treating more than 100 000 patients a year, and we have got—

Mr Foley: The busiest!

Ms HALFPENNY: Sorry, it is the busiest, yes. And I did know that. I do not know why I said that. It is the busiest, treating over 100 000 patients. It has also had to deal with many COVID-positive patients. It is also supporting aged care facilities in the area. And remarkably, on top of all that, they have been able to successfully, through a competitive process, secure a grant from the state government to do a trial on a nasal heparin spray. That is really an incredible trial of an invention where this spray could be used to stop household members contracting COVID. So if there is a person in the family that has COVID, this is a trial to see whether this nasal spray can actually block the virus being transferred or transmitted to other members of the household, which of course would be incredible. It does seem to be working, and it is an incredibly important part of the way of us trying to tackle the transmission of COVID. This is an incredible initiative that the Northern Hospital is very much the main part of, and it is in partnership with Oxford University, Monash University and Melbourne University as well. So we are very proud to see that not only is it working so hard during the pandemic in all aspects of health but the Northern Hospital is also at the forefront of research in order to help us in terms of the pandemic.

I am confident this bill will give patients and their families confidence that where something is not going to plan they will be able to get answers and adjustments. I think at our electorate offices we have all as members of Parliament had people come to us with concerns about health services and hospitals. I have certainly had some around the Northern Hospital. In looking at most of them—I will not say all—many of them are about communication: families have not been told in a way that they understand or it has not been fully explained to them what the process is or what is going on with their loved one. But once the hospital has been able to sit down and do that, then they are much happier and more comfortable about what the situation is. It should not be up to a person to have to ask a member of Parliament to then intervene in that way; there ought to be a system which is much easier, a system that people are aware of, so that they can use that system if they are concerned about something in order to be heard really and to be given the respect to see what it is.

There is also an element that is going to be called the 'duty of candour'. An expert working group of members was appointed, which included chief executive officers, senior executive leaders, private and public health providers, metropolitan and regional health providers and state and federal health sector regulators, and a peak consumer health advocacy group conducted public consultations to come to this. They consulted with professional associations, peak bodies, the Victorian Clinical Council, public and private health services and consumer representatives to show again how the Labor government is all about making sure that everybody is involved and everybody gets to have a say when we are looking at legislative reform and that we get the views of all those that are part of it to make sure that the system that we are looking at is going to work, for one thing, and is also going to be a fair and just system for all those involved. There was further consultation in March 2021, and the overwhelming majority of these organisations do continue to support the reforms that we are looking at in this legislation.

I think when we go through and talk about legislation like this and the various aspects, it also incorporates Safer Care Victoria, which was introduced some time ago, again as a result of the *Targeting Zero* report recommendations, giving consumers, if they are not happy about what is going on, a sort of separate entity, if you like, to oversee some sort of investigation into what happened. But I think all of these areas give consumers choice but also support the practitioners.

Dr READ (Brunswick) (18:20): I rise to speak on the Health Legislation Amendment (Quality and Safety) Bill 2021, which is a topical bill given the current focus on our hospital system, indeed our whole health system, as it struggles to handle the weight of the COVID-19 pandemic. But it was a different and tragic set of circumstances almost a decade ago that led to this bill. I am referring to the cluster of perinatal deaths at the Djerriwarrh Health Services in 2013 and 2014 which led to a review that found several of the deaths were avoidable or at least potentially preventable, and a further review found more potentially avoidable deaths at that service between 2001 and 2012. Since that time and in the wake of a broader statewide healthcare safety report called *Targeting Zero* prepared by Dr Stephen Duckett, there have been many changes to Victoria's healthcare quality and safety oversight, including the establishment of Safer Care Victoria, the Victorian Clinical Council and—this surprised me a little—the Boards Ministerial Advisory Committee to help the minister cope with the multitude of individual health and hospital boards. I think there are around about 88, which is a unique characteristic of Victoria's health system.

Late last year we also debated the Health Legislation Amendment (Information Sharing) Bill 2021, which is currently resting in the other place, which I spoke in support of last year and which will hopefully allow critical patient information to be more easily shared between Victoria's separate hospitals and other public health systems. Improving communication is vital to improving patient safety. The number of errors that I have seen and that any of us can imagine that result from different bits of important medical information sitting in different hospitals or different health units, or rather the percentage of those errors, is very high. I would go so far as to say that most serious health errors are due to a breakdown in communication, so by treating our divided health system more as a unified system and allowing information to move freely between hospitals we should be able to prevent a good many of those errors.

This bill implements the final legislative reforms recommended by the *Targeting Zero* report, and one of the most significant of those is, as we have just heard, in fact Australia's first statutory duty of candour for health services. The duty of candour means simply that if a patient suffers due to a serious preventable error or accident the health service owes a duty to the patient to acknowledge fault and to apologise and provide an explanation of what happened and why. The proposed duty of candour will apply to severe incidents. This frankness and honesty, or candour, should already be the standard for communication between health professionals, health organisations and their patients. That it sometimes does not occur is often because practitioners or health services are nervous about apologies constituting an admission of guilt in civil court proceedings despite this not really being the case in any legal sense. New section 128ZD inserted by this bill reaffirms legal protection where it expressly provides that an apology is not an admission of liability.

I support these new provisions, but I should make the point that simply legislating a duty of candour does not guarantee good clinical communication or good clinical practice. Those who now have this obligation of candour must also embrace the spirit as well as the letter of the law, and I think this is particularly important in terms of timeliness. I can see how this duty of candour, which will lie with health services more than with individual practitioners, could be something that a service could ultimately fulfil but only after considerable delay and much thought, when a prompt admission of responsibility is much more likely to be reassuring to people who have been affected. So it needs to be more than a box-ticking exercise. It needs to involve genuine care, compassion and sensitivity, and so the health department has a responsibility, I believe, to make sure that that is what happens.

The bill also contains other measures aimed at improving the quality and safety of health care, including creating the position of chief quality and safety officer to conduct quality and safety reviews. But when discussing the quality of patient care in Victoria, particularly in the current context, the important issues raised by the *Targeting Zero* report go beyond things that can simply be legislated. *Targeting Zero* reported:

... complications are rarely the result of individual incompetence or malice. Rather, they arise within complex, high-pressure environments where mistakes easily occur and patients are often already frail and at risk of deteriorating.

We should note that this description—a high-pressure and complex environment—was made prior to the current pandemic or ongoing code brown pressures. The fact is that when a health system is only funded so that it is always at or close to 100 per cent capacity, doctors and health staff will not be able to admit all patients to hospital that need to be admitted because there are not enough beds and nurses and junior medical staff are often exhausted from working multiple shifts to cover staff shortages or working overtime. This is where most mistakes are made and where quality of care suffers.

I can just quote one easy example where, as a junior medical officer many years ago in a hospital a long way away, I sought advice from a more senior staff member, a more senior physician who was clearly—clear even to me—too busy to give enough of her time to the problem I was presenting. She reassured me it was fine to send the patient home, and it was not. The important point here is that when staff are too busy other staff need to recognise that and there needs to be capacity in the system for advice to come from somewhere else, for someone to be available on the phone or for someone to be available to be called in in a way that still is not happening sufficiently.

I think the current circumstances are completely understandable, but we should not always be under that sort of pressure—and it was happening too often when a flu season was a bit bigger than normal. It is the result, really, of a health system that always aims for ruthless efficiency and delivering the highest quantitative output for the lowest possible cost. No system is infallible, but an under-resourced system will always be more vulnerable. This also applies to governance arrangements, and I will quote again from the same report, pointing out that:

The department has suffered a significant loss of capacity in recent years, in some cases creating or exacerbating these problems. Many dedicated departmental staff have called for change but lacked the authority or resources to achieve it. Budget cuts and staffing caps have gutted many departmental functions. The department has become increasingly reliant on external consultancies when the work would have been done better, and more cost-effectively—

meaning within the department. This was the state of the health department with which we confronted this once-in-100-year pandemic. Of course no public health system can be fully equipped and staffed to manage a disease like COVID-19 spreading through an unvaccinated population, but it is also clear that Victoria's health system struggled to function effectively in part because it was already so lean.

Victorian governments for the past 30 years have made policy and funding decisions based often more around election cycles than actual community need. Often the more glamorous parts of the health system have got more funding, particularly around election times, than the less glamorous bits. The inevitable result is that bureaucracies and departments have been gutted and have been less able to function in times of pressure. Then only after experiencing preventable tragedies and loss with much regret do governments rebuild bureaucracies that had been decimated only a few years before, at far greater economic and human cost than would have otherwise been the case.

What happened at Djerriwarrh was tragic and avoidable, but it has led to some positive change. There have been some positive changes already to the health system as a result of the COVID-19 pandemic, but we should not waste this crisis to drive further improvements. We cannot always continue to chase our tails. With regard to building this Victorian health system, we should seek to enshrine some common qualities and characteristics that future governments should commit to over the longer term. Obviously proactive good governance means maintaining a well-resourced health department, evidence-led reform does mean listening to health experts and funding and staffing must be maintained comfortably above the absolute minimum level possible.

I am still struggling, though, to figure out how you build capacity into a health system that you might only plan to use for an occasional epidemic or pandemic. There is not really a health equivalent of, say, the army reserve, and it is hard to imagine how such a system might work. One area, though, within the health system might lend itself to be expanded when we are not under pressure and be drawn

upon when we are, and that might be community health. It could be that community health is one area where some additional funding would enable it to provide services that could be suspended for a period of months during a severe epidemic or even a bad flu season. I raise that as an idea only, but there may well be many other ways in which we could do this.

Victorians once had great pride and confidence in their health system. It is perhaps the only thing that many of us do not mind paying taxes for, if we know that it will always be there for us when we need it. But we will not get the best healthcare system in the world by just saying it over and over. If that is the standard we aspire to, then successive governments over decades must continue to give it priority.

Ms CONNOLLY (Tarneit) (18:32): I too join my colleagues to make a contribution on this bill. My colleagues have really gone to the heart of what this bill is about and how the *Targeting Zero* report was so very important to, I would say, every single Victorian. I want to talk about the importance of this bill in terms of something that happened to me that means I can relate to the importance of having open, transparent disclosure about a tragedy, something that happened to my husband and I and our family.

But I do want to start by acknowledging the families that have suffered such tragic loss as part of that cluster of perinatal deaths at Djerriwarrh Health Services. No family should ever have to go through what those families went through, and we hope that it will never happen again. That is why we are here today. That is what this bill is about, that is what the inquiry was about, what the report was about, and hopefully we will now have this legislation in place to make Victoria a better and safer place.

The expert working group appointed to advise on *Targeting Zero* consulted extensively on the introduction of the Australian-first statutory duty of candour in Victoria. This consultation was really important because it revealed what is a really significant appetite in the health sector for greater transparency and a really strong belief that members of the Victorian public are entitled to it, and that really struck me as to why this bill at this time is so very important. As human beings, when something happens to us, whether it is tragedy, pain, loss—there are many different ways you can describe it—the first thing we want to know is how: how did this happen and why did this happen? Sometimes I think that is just part of human nature. I know that because I deal with the how and the why almost on a daily basis.

I am going to talk about something this afternoon very personal to me. I am not sure how I will go getting through it. I have ummed and ahed about whether to raise it here in this house. I have talked on many occasions here about the death of my first child, my daughter Vivienne, who would be 13 now. One of the things when we lost her that people wanted to know was, ‘How did that happen? Why did that happen? How could a baby who was fine one moment suddenly not be fine the next?’. To this day we do not know what happened to Vivienne; we will never know. It has been 13 years, and I think now as I get a bit older and wiser that maybe it was fate, because I do believe in fate. We will never know. Maybe we were never meant to know.

But there was something that happened in the moments, the days following her death, something really important, so important in fact that when you lose a child and you have a stillbirth like we did counsellors come in, lots of counsellors. You lie there on the hospital bed. Maybe you have your baby in the room with you, maybe you do not. But counsellors come in and they want to talk to you about something that is really important. Why can babies die in utero? We do not know enough about that. There is not enough research, and one of the ways to get that research is through an autopsy. So we had counsellors come in and they talked to Scott and me all about what an autopsy is. What is an autopsy? What happens to your baby? What would they look like after an autopsy? Would you want to see them? They were conversations that we had I think probably the next day after I had given birth to her. I look back to then. I probably did not sign that consent form to better the research and save other babies. I wanted to know what happened to my baby and whether that could ever happen again to my future children. Was it something genetic? Was it a heart defect? So we signed that autopsy consent form. Ironically one of the reasons why we did not see Vivienne before we buried her about

10 days later was because I was not quite sure whether I could handle what she looked like after having the autopsy, and that is a really important point.

So months went by and Scott and I wanted to have another baby. We were desperate to have another baby. We had to go through IVF, but we were waiting. We were waiting to get the autopsy report to tell us why our baby had died and whether it could happen again. At about the six-month mark we got a phone call from our obstetrician, who was really distraught because she had just taken a call that an autopsy did not happen. We had buried Vivienne, and no-one had picked up her body from the hospital morgue to conduct that autopsy. The funeral director thought that we had changed our minds, because parents change their minds about autopsies on babies all the time.

I do not have enough time to tell you about the hurt and the trauma and the grief that added to our pain and our loss. But it also instilled a huge amount of fear in Scott and me. We wanted another baby. We were not sure if that baby would meet the same fate as our Vivienne. As it happened the pregnancy with Emily was very traumatic and I was hospitalised many times, and my other two children subsequently were born at 37 weeks, which is kind of premature—the lungs are not really ready and have their own complications—all because of that autopsy report that was never undertaken.

This is really important because I was in Queensland at the time. Like I said, it was a long time ago. It struck me that this is an important bill, but it has taken a long time to get here, too much pain and too much loss to get here now. What we went through—I only know it as open disclosure. I was really angry and I wanted answers. How do you sign a consent form for an autopsy for a baby and their body is not picked up by pathology to do one? I wanted answers. I wanted to know who owned the processes, who would sign the body in and out and all this kind of thing. I sat down in front of a full panel of very, very, very senior people at the hospital. I think it was one of the first times that this had been undertaken. We had the head of midwifery and the head of nursing, because this was quite a serious thing that had happened to us. It was really difficult to hear what had happened, because at the end of the day it turns out that when you have a really terrible thing like a stillbirth, it does not happen often but it happens enough to have a flowchart to let midwives and obstetricians know what to do and how to help the parents. The person who needed to call, I think, pathology to order the autopsy—that was not part of the flowchart. And because it was not part of the flowchart, no-one knew they had to make that call and that was their job. And that is what happened—something really simple. It was almost nobody's fault. It was like I talked about earlier about fate. Through that open disclosure we were able to talk about our pain and our hurt that we had felt because they had left it off a flowchart.

I do hope that the parents and families who have suffered loss as part of Djerriwarrh Health Services, that cluster of families, know that something is being done. It will not bring their babies back. Having that meeting with that hospital did not bring Vivienne back. It did not make me feel any better at all. It did not give me closure. But it helped me in a little way to take a step forward, because what I knew was that when I walked out of that room it would be on the flowchart and that would not happen again and someone would have an answer about what happened to their baby and why they died.

Now, I share this story because probably people can share similar stories about having incurred hurt and loss and harm. To us it just happened. It was left off a flowchart, and we do not have any answers. But this bill is something that will change that. It will help improve practices because hospitals and health service staff will have to have the conversation. Sometimes it is a brutal and emotional and haunting conversation. It also gives patients like me—the people that have to live with the loss—an opportunity to talk about their hurt and their pain and have someone listen to it. This is a really important bill. We have heard a lot about health today, but I am glad to have been able to share the story of what patients will be feeling.

Mr RIORDAN (Polwarth) (18:42): The issue of quality around health care and its impact on families and those who have experienced adverse effects has been well highlighted by the member for Tarneit, and there are many examples I am sure for many families where the cathartic nature of having

openness and honesty and transparency in health is a really important factor. My family too has been touched in many ways by that.

But to the bill at hand: I refer very much to the Minister for Health's second-reading speech, where he said:

Victorians should have confidence in the safety and quality of our health system.

That is something that is severely lacking in Victoria today. We heard in question time today example after example after example of where the quality of health care in Victoria is being badly compromised. This is a healthcare system that, unlike any other healthcare system in Australia, has had the Premier not only as the Premier but as the health minister for the best part of 20 years. One person has been responsible for the outcomes we see in this state. No matter the excuses given regarding the once-in-100-year pandemic, which is now the catchcry for every problem in health, let the record show that these are not new problems. These are problems that have been around a long time. I can speak to this because I was on a health board for 16 years—a country health board, an underfunded country health service surrounded by 10 others in my electorate—and I know only too well how much our health system relies on the goodwill of people to provide essential services.

Some of the heartbreaking stories that we heard in question time are only the tip of the iceberg. Young children are being denied health services—important surgery for cleft palates. We have heard endlessly about people with delayed cancer treatments. We have heard endlessly about how if you needed hip or knee surgery back two years ago, you are probably still waiting and enduring the pain and discomfort. The question quite simply is: Minister, will your truth telling in health actually deal with these people, and will you let them know what the reason is for years taken from their lives, years added in pain and discomfort? Will this truth commissioner, this truth teller in health, actually reveal to Victorians why they have had to endure that?

One of the starkest, most troubling examples of how under pressure and out of whack our health service is in my electorate, where the local ambulance services have nearly doubled their workload—and it is good that the minister is here today and hopefully he is listening. The workload has been doubled not by COVID—not one extra COVID patient has added strain—but because people have been living in fear for two years. They have not been getting their medical treatment. They have not been travelling from their isolated country home into the nearest town to see their GP and pay for that service. They have been sitting at home in fear too scared to come out and worried that their presence and seeing to their own health care will in fact put a strain on your health system, Minister. Night after night you can tell that people cannot cope with the stresses of COVID. These good country people believe they are doing the right thing, but the reality is they are harming themselves and they are reducing their life expectancy, and it is simply not good enough.

For example, on the statistics of that, there has actually been more than double the number of ambulance call-outs the operators tell me for the hardworking ambulance officers. Keep in mind that four of the ambulance services in my electorate are actually provided by volunteer ambulance crews—to think in this day and age that we have still got those people out there providing essential ambulatory care to go to heart attacks, go to strokes, go to fatal car accidents and tragedies and, in a tragic case recently, a very sad workplace accident in our area. Minister, these people's workloads have doubled because these are 100 per cent avoidable medical interventions. They are for people who should have and could have gone into our health services and gone to their doctors to prevent it.

When we see a bill that comes in here that speaks to the value of telling the truth—giving people honest answers about what is happening in their health service—it is unsettling for me. On one hand the government is wanting the practitioners and the people working at the coalface in health to be honest about what has gone on, and there is no doubt that that is a good thing. For most people if they just know what has happened or how it can be prevented or that it will not happen to someone else, it sets their mind at ease. But, Minister, we have the government setting this standard and then not

applying it to its own operations, not coming out and being truthful with people. Where are the 4000 ICU beds? Where are the container loads of ventilators that were promised?

A member: Hotel quarantine.

Mr RIORDAN: Where are the hotel quarantine beds that are going to keep people safe from each other? All these things, night after night—

The ACTING SPEAKER (Ms Settle): Member for Polwarth, through the Chair, please—not directly to the minister.

Mr RIORDAN: I was just hoping the minister heard it.

The ACTING SPEAKER (Ms Settle): The ruling is through the Chair, please.

Mr RIORDAN: No, I accept that—thank you, Acting Speaker. Night after night we have heard these promises from the government, and like the intent of this legislation, the Victorian community will benefit greatly from the truth being told about where our health system is. The biggest truth the Victorian community want to hear, and they want to hear it very, very immediately—they want to hear it today, actually—is when we are going to get back on track with health care. When will we get back to biting into that massive waiting list? The government says it is 80 000 people. The minister was unable to tell us how many people are waiting in the private system, but if it is 80 000 in the public system, we can guess the number is going to be somewhere near that or close to that in the private system as well. There is a massive backlog. Of course we know that that waiting list is so manicured. It is like an English bowling green: it is kept very, very tight and well cured, but the reality is there is so much more around it. There are so many people that have not even got on to the waiting lists yet.

And so Victorians want to know when that is going to be seen to, because we know the long-term health benefits to people in pain, to people who have had to give up jobs waiting to get their hips or their elbows or their backs or whatever fixed. The consequences of poor health lead to so many other negative outcomes for people in their homes, in their lives and in their families. As Victorians we know that truth telling has its benefits. We support the concept of truth telling in our private health care, but we want the government to do it as well.

The other issue that is of great concern to me, particularly in our rural health services, and the concern I would have about this particular piece of legislation where it starts legislating more obligations for health services, is so many of our country health services are very burdened by the bureaucracy and the demands of the Department of Health in order to fulfil its bigger claims. All our health services, and there are 10 in my electorate, are really required to carry out the same bureaucratic and process systems as the largest metropolitan health services in Melbourne with many, many more times the staff and budgets at quadruple and many, many hundreds of millions more than a small country health service.

It would be my hope that the government will see good sense and make sure that any attempt to add greater transparency to the health services will come with the required funding to support those health services, because I know from going around my electorate talking to the various health services that I have that many of those organisations are under enormous pressure to provide this type of service. Going forward, if we are to have the necessary truth telling, if we are to work with patients and medical workers and people in the health system, they need to know that the resources will be there to support both the workplace and the clients that come in, because often they require a lot of attention. They will require time spent with them to go through it, and our smaller rural health services will definitely need support in order to keep their end of the deal in making sure legislation such as this sees the light of day.

Ms HALL (Footscray) (18:52): I would like to begin by acknowledging the contribution of my friend the member for Tarneit and thanking her for sharing her very personal story and experience with the health system and the importance of those little decisions every step of the way and the impact that they can have on your life. Of course I also want to acknowledge the many families in Melbourne's

western suburbs and beyond who would carry the very heavy burden of loss from those tragic losses at Djerriwarrh.

I remember that time very clearly because I was going through IVF myself. It was when I first met the member for Tarneit, and I remember telling her the story of my complex pregnancy. She was kind enough to share with me her encouragement to always check if you felt like something was going wrong. There was something wrong with my pregnancy, and I will be forever grateful that the care I received at Sunshine Hospital was perfect. I had great care. When I first became pregnant we were told that we had a baby with trisomy, trisomy 18, which is Edwards syndrome. Babies with Edwards syndrome do not normally survive longer than a week after birth. Almost miraculously, after a very difficult few months we were told by the geneticist that in fact the placenta had the trisomy and we had a condition called confined placental mosaicism, which is where the trisomy is located just in the placenta but the baby is fine. But what that meant for my pregnancy was that I had to be monitored very closely throughout it, because there was a risk that the placenta would fail. Throughout that time I felt so well supported by the health system, even though I was second-guessing every day, every time I could not feel the baby move. Many of you would be familiar with Matilda, who charges around the Parliament from time to time and is often given ice creams by the member for Yan Yean and was told by the member for Preston where the chocolates are hidden in the library—as it should be. I was so saddened to hear that story from the member for Tarneit, because I have heard a lot about Vivienne over the years, and I know how hard it is for the member.

We need of course to have the highest standards in our hospital system, and as the member for Melton said, our brilliant clinicians do not intentionally make mistakes. They are all there for the right reasons, but having these processes in place safeguards everyone. It is about openness and transparency and for patients to have the answers that they deserve in our world-class health system. I feel very fortunate as well that the Minister for Health is in the chamber, and I would like to acknowledge his work in our health system. I think about it daily when I pass the site of the new Footscray Hospital, which has many cranes coming out of the ground. Not only will they have those right processes in place for patient care and best practice, but the staff will also have the best facilities in the world to work in, and that is a marvellous thing for the people of Footscray and Melbourne's western suburbs. At \$1.5 billion it is the largest capital investment in a hospital in Victorian history and something that we are enormously proud of.

I would also like to reflect on the contribution of the member for Altona, an amazing reformer in this government. Her work to ensure that we have a health system in Victoria that is accountable to the highest clinical quality standards has been remarkable. It is crucial that we have a robust framework that has the confidence of patients and clinicians. When I think about her reforms in Victoria in a broader context, I think that most of us would be happy to leave this place having made a fraction of that extraordinary contribution she has made. Victoria is a leader in patient-centred health care in many regards because of the member for Altona.

In health care the highest standards of clinical practice are supported by great infrastructure, and we are going to have that in Melton. We have it in Sunshine in the new, beautiful hospital for women and children, the Joan Kirner Women's and Children's Hospital, and of course emerging out of the ground in Footscray. I think having best practice care from the clinicians and processes that patients feel supported by and can trust is a remarkable thing.

We are very lucky in Victoria to have such an outstanding health system. But I do reflect and I did reflect when I was writing this contribution on that very heavy grief that those families must feel. I hope that these reforms in some way bring them some comfort that those mistakes will not happen again. It was a very distressing time, I think, in our health system in Victoria to learn of those mistakes, those gaps and failings.

The DEPUTY SPEAKER: Order! I need to interrupt the member. I am required under sessional orders to interrupt business now. The member may continue her speech when the matter is next before the house.

Business interrupted under sessional orders.

Adjournment

The DEPUTY SPEAKER: The question is:

That the house now adjourns.

ESPLANADE, MOUNT MARTHA

Mr MORRIS (Mornington) (19:00): (6196) I raise a matter for the Minister for Roads and Road Safety, and I am seeking urgent action to ensure the continued safe passage of cars, bikes and pedestrians and management of the interaction with pedestrians on the Esplanade between Lempriere Avenue and Bruce Road in Mount Martha. The road is like a short section of the Great Ocean Road. It was literally cut out of the side of Mount Martha. It has spectacular views, and for most of its life it carried traffic more than adequately. But of course with an increased population, lots of subdivision on the hills above it and a particular increase of people on bikes and so on, there is far, far more traffic than it has ever carried before. It has been a problem for a number of years, but it is just getting worse and worse.

The comparison that comes to mind—every morning I walk or run across the Anderson Street bridge to South Yarra. When I was 19 or 20 I actually used to drive across it in the mornings, with all the trucks and cars going across it. It had completely outlived its usefulness at that point back in the late 1970s and early 80s. The Esplanade is in a similar situation. The traffic it is carrying is way beyond its capacity. There has been an issue relating to the pillars that I have raised here on numerous occasions, and that has basically resulted in finger-pointing between the Minister for Energy, Environment and Climate Change and the former minister for roads. It is sort of, ‘It’s their fault. It’s their fault’. That is a contributing factor, but there are frequent failures and frequent landslips, sometimes closing the road for six months at a time. I think most recently 2020 was the last one.

The other issue is the issue of the management of the road. VicRoads have been trying to offload it to the shire council for many, many years. Probably for the best part of 10 years VicRoads have been saying, ‘No, you can have it; you can have it’. The council, quite rightly, is saying, ‘We don’t believe the ratepayer should take on this sort of liability, which will probably run into millions of dollars, to stop the Esplanade slipping into the sea’. So it is not just one issue. It is not just a traffic issue. It is not just conflict with bikes. It is the whole issue of the road between Mount Martha village and effectively Safety Beach. This is not a quick fix. It needs some urgent attention. It needs a working party perhaps established with the council and some serious action taken, because this road is rapidly becoming a serious issue. So I would appreciate the minister’s support with urgent action and getting something happening with this.

WATTLE PARK FACILITY UPGRADES

Mr FOWLES (Burwood) (19:03): (6197) My adjournment matter this evening is for the Minister for Energy, Environment and Climate Change, and the action I seek is for the minister to join constituents of my electorate for an online discussion about the upgrades to Wattle Park. Wattle Park is a very special place to the people of my community. In 2018, during the campaign, the Premier and I announced a \$4.3 million investment in Wattle Park to replace the tired old playground and create a new Tan-style running track. In 2020 and 2021 Parks Victoria, despite the challenges of the pandemic, undertook two rounds of public consultation, taking on board community feedback on what our community really wanted to see from these new facilities. And now in 2022 the designs have been released and the upgrades are set to be delivered this year as promised.

As I have said before in this place, Wattle Park is something of an oasis hidden in Melbourne's metropolitan eastern suburbs. Vast sections of the park remain as native bushland, with remnant vegetation, including acacia wattle and eucalyptus. The area is currently listed as having 112 species of birds, including the Australian magpie of course but also the kookaburra and the sulphur-crested cockatoo. There are 11 species of mammals, including possums and bats, and five reptile species, including skinks and geckos.

The community feels very strongly about protecting the natural environment at Wattle Park as well as its history, and the park is rich with many historical structures and items that were installed over the course of the last century. In the 1920s Wattle Park developed a very strong theme around transport thanks to its ownership by the Hawthorn Tramways Trust. Former materials from tramway infrastructure were repurposed as picnic tables, former rail cables were used for fencing, retired W-class trams were converted into picnic shelters and other materials were used in the construction of buildings such as the chalet and the curator's cottage. The park also took on historical significance as a war memorial in 1933 when a former soldier in the World War I 24th battalion planted a seedling from a pine cone he had collected from the Lone Pine at Gallipoli, one of the few directly descended from the Lone Pine still existing in Australia. In the 1950s a stone clocktower was constructed adjacent to that Lone Pine seedling, dedicated to a soldier who fell in World War I.

My community has a strong connection to Wattle Park, to its flora, fauna and history. Designs for this redevelopment have received overwhelming support, likely owing to the well-attended engagement sessions and high volume of surveys completed offering such terrific feedback over the course of the journey. There will be a fantastic new playground. It will have shapes and play elements that fit the natural setting and look like natural animals and plants, and rocks and natural materials will feature throughout. I look forward to discussing the project with the minister and my constituents.

REGIONAL AND RURAL ROADS

Mr D O'BRIEN (Gippsland South) (19:06): (6198) My adjournment matter this evening is for the Minister for Roads and Road Safety, and the action I seek is an investigation and a proper explanation of the failures of a road-spending program in my electorate, and indeed across the state and across Gippsland, last year. The project in particular was funded about 80 per cent by the federal government. There were quite a number of aspects to it, but in particular my concern is about shoulder sealing that occurred on a number of roads in and around my electorate, including Bengworden Road, Rosedale-Longford Road, Longford-Loch Sport Road, Seaspray Road and Traralgon-Maffra Road.

What happened is this was funding that I had been fighting for and that the federal member for Gippsland, Darren Chester, had been fighting for. His government provided, as I said, the bulk of the funds, and the project was to widen the shoulders on a number of those arterial roads. They are major roads but operated by Regional Roads Victoria. That was great. What we actually saw was that these shoulders were sealed, and within literally weeks we started to get potholes. Now, we understand it was a very wet season, and that has certainly caused some of the issue, but the seal—literally the line between the old road edge and the new shoulder seal—became a debacle. We had within weeks, months in some cases, potholes appearing and the road base building up and becoming a massive road issue.

This is an issue that I want the minister to investigate, because I have written to the minister and very uncharacteristically for him—because he has been very good at getting back to people and getting back to us very quickly—he asked Regional Roads Victoria to call me and said, 'You will not be getting a formal response'. The response from Regional Roads Victoria was, 'Oh yes, it was not our finest hour. We're going to be doing some rectification'.

What I really want to know is how are the contracts established? There is now additional money having to be spent to rectify those roads. Literally in the last couple of weeks there have been crews out repatching the bits that were done last year. This is something that my community and I are really angry about. We hate to see waste, particularly when it comes to our roads. Our roads are poor in the

first place. It was great getting this project up and going. To see it botched so badly—and now for us, the taxpayers, to be having to pay for it again—is simply not acceptable.

That is the answer I seek from the minister. What went wrong? Was it in the specifications and the directions that Regional Roads Victoria gave to the contractors? Was it the contractors themselves? Was it simply a mistake of timing? And I do want an explanation as to who is paying for the rectification, because these roadworks were terrible and it is not good enough.

WANTIRNA COLLEGE

Mr TAYLOR (Bayswater) (19:09): (6199) I wish to raise a matter for the Minister for Education. The action I seek is for the minister to join me at Wantirna College in Wantirna to help me celebrate some fantastic educators there, particularly the VCAL team. Last year I was absolutely stoked to hear that Wantirna College's VCAL team took home the Team Teaching Innovation in Lockdown award in the teacher award category at the statewide VCAL awards, an amazing achievement. This team—Daniel, Matthew, Anthony, Kimberley, Katrina, Christopher, Hervaye, Alex, Rohan, Kathleen and Tim—were rightly acknowledged for their work to ensure their students kept engaged with their education throughout COVID over the last couple of years.

The team went above and beyond throughout a really tough period in education and one they never trained for or expected but of course did not shy away from, and they continue to innovate and inspire. Indeed Wantirna College is an incredible local school, one of many we are lucky to have out our way, and I have worked closely, very proudly, with them and their principal, Kevin Murphy, better known as Kev, since I was a local councillor and now as a local member of Parliament. I should probably clarify: I call him Kev. I am not sure about others. He is a ripping bloke, that Kev; he is an absolute gentleman. It has been a great journey, and they have gone from strength to strength. It is their staff, students and parent community that form the core of their supportive culture. They have got a very big future ahead of them, and I am so proud to be backing them in every step of the way.

I thank the minister for his consideration of my request, and I am looking forward to hopefully welcoming him out to my community to hear about the successes, achievements and wonderful people at Wantirna College.

HEALESVILLE-KOO WEE RUP ROAD

Ms McLEISH (Eildon) (19:11): (6200) It is no surprise that my adjournment tonight again is to the Minister for Roads and Road Safety, and the action I seek from the minister is to ensure urgent repairs are made on the Healesville-Koo Wee Rup Road between Healesville and Woori Yallock. It is a very long road, but it is between Healesville and Woori Yallock. I recently drove between these two towns—it is only about a 10-, 12-minute drive—and I counted four 'Rough surface' signs and there were lots of dodgy parts of the road. But what I was really surprised about was how much the road resembled being in a small boat at sea, because it was extremely rocky. The camber is all over the place, and I was shocked, really, by that. I should not be, because when I read all of the comments on Facebook, people have said, 'Well, fancy being in a truck on that. It's absolutely a lot worse'.

Now, there are many dangers on this road. There have been a number of fatalities, and the fixes are not real fixes. They only ever partially get done. There are lots of twists and turns, blind corners, sharp bends and some hills, and it carries all manner of traffic because, being the major road from Healesville to Koo Wee Rup, a lot of people use it as a bypass heading from the northern part of the state down to Gippsland through Warragul. Resurfacing is needed in spots. The sealing of shoulders is needed, the bitumen is crumbling, bits flick up and hit your windscreen—it can be very dangerous for drivers and for those who need to pull over. The line markings need to be redone. In some spots the lines have completely faded, and they have not been redrawn after they have just had those little quick patch-up jobs. Pothole repairs are needed. Winter will be here and the potholes only grow, so it is time to get those potholes fixed now. Reducing the speed limit and putting up those warning signs does not fix

the road. Locals are tired of having their commute prolonged due to the lower speed limits, with no promise that the road is going to be fixed.

Now, I hope that the minister can actually see the significance and urgency of this matter. The road upgrades are an ongoing request of mine, and I am sure it will come again as no surprise that I am calling for this—new year, same issue. People across the region are sick and tired of the bad roads: Healesville-Koo Wee Rup Road; Warburton Highway; Melba Highway, on which there was a fatality only a few days ago; Maroondah Highway, Healesville-Kinglake Road—the list goes on. I ask the minister: please address the problems with the roads rather than just sticking up signs and slowing the speed down. People are really fed up and want to see real work.

COVID-19

Mr MAAS (Narre Warren South) (19:14): (6201) The matter I wish to raise is for the attention of the Minister for Education and concerns the Andrews Labor government's supplying of schools with rapid antigen tests and air purifiers. The action that I seek is that the minister provide an update on the provision of rapid antigen tests and air purifiers to schools in my electorate of Narre Warren South.

The state government's response to the global pandemic has seen us go through various phases, including lockdowns and remote learning in schools. Thankfully there are now more tools to combat and manage COVID-19 and its variants to allow schools to return to face-to-face learning. I know the minister has been working to keep our students safe in the classroom, and as we have seen throughout this pandemic, things change; new variants do come along. More is learned, however, and advice is updated, and we continually need to adapt to stay ahead of the virus.

Now, air purifiers and rapid antigen tests have been rolled out as a key part of the return to school of our students. Alongside children's vaccinations, I hope these measures will help keep our students attending school in person to interact with their friends and teachers in a more normal environment. Schools are so important for a great start in life, and this government is taking steps to ensure that our students, staff and families have the tools that they need in this new COVID-safe world. I would appreciate if the minister could provide an update to me on how the rollout of rapid antigen tests and air purifiers in schools is progressing in my electorate of Narre Warren South, and I look forward to sharing the minister's response with my community.

VICTORIAN ABORIGINAL LEGAL SERVICE

Dr READ (Brunswick) (19:16): (6202) My adjournment is to the Attorney-General, and the action I seek is for the Attorney to commit to funding the first tranche of the VALS, the Victorian Aboriginal Legal Service, expansion to provide service hubs in the priority areas of Mildura, Geelong, Latrobe, Shepparton, Bendigo and Frankston. The number of First Nations people in the Victorian prison system has increased at record levels since the Labor government came to power in 2014, and this has created unprecedented demand for culturally specific legal services. While the government has made eye-watering investments in prison capacity and police, the required increase in funding for culturally safe legal aid for Aboriginal people has not kept pace. VALS's lawyers have been stretched to their limits providing tailored and complex services to hundreds of clients. A new sustainable funding model to support their work has never been more important.

Aboriginal Victorians are still grossly overrepresented in this state's prisons compared to non-Indigenous Victorians, and this gap is widening. Aboriginal Victorians are still less likely to receive bail and more likely to be held on remand for offences that do not warrant jail. Aboriginal children are more likely to be held in solitary confinement in youth detention and to be damaged by this experience. The consequences are tragic. In recent years there have been multiple Aboriginal deaths in Victorian prisons. The coroner also reported a 75 per cent increase in Aboriginal suicides in the last year alone, of which engagement with the criminal justice system and recent release from custody is frequently a causal factor.

This government has implemented some positive initiatives: a legislated spent convictions scheme, investments in court-integrated services and the Yoorrook Justice Commission—but the success of these initiatives can only be achieved if culturally appropriate legal services are available to help First Nations communities make use of them. In an election year no doubt the focus of the government will be on funding announcements involving hard hats and hi-vis vests, but in this instance I ask the Attorney-General to commit to funding some of the more important things as well.

TARNEIT ELECTORATE SCHOOLS

Ms CONNOLLY (Tarneit) (19:18): (6203) My adjournment is for the Deputy Premier and Minister for Education, and the action I seek is that the Deputy Premier update me on the government's efforts to purchase land for a new secondary school in Tarneit. As the Deputy Premier knows, if anyone wants to see what our government's promise to build 100 new schools across Victoria looks like, they can look to my community in the City of Wyndham, where in just four years alone we have built a whopping eight schools, with another four set to open next year.

Mr Wynne: Four?

Ms CONNOLLY: Four! And I am very pleased to say that my electorate of Tarneit encompasses half of those new schools built in Wyndham, with another three set to open in just two years. Now, on top of this our government has shown no sign of stopping on delivering the schools we need for future generations of our young kids who will call Tarneit home. Land acquisition funding came through in last year's state budget for a further two schools in Tarneit, including a much-needed and much-elusive secondary school. At the moment there is only one government school in Tarneit for senior secondary students—that is for students in years 10 to 12—and that is our wonderful Tarneit Senior College, which is also getting a fabulous upgrade to take on another 300 students. Now, with Truganina North Secondary School set to open in 2024, the high school in Tarneit is the missing piece in the puzzle to cater for Tarneit's growing population of secondary school students.

It is certainly something that is on the minds of many, many families living in Tarneit, particularly for our growing estates in Tarneit West. Like me they are absolutely out of their minds with happiness that these schools are in the pipeline and that their kids are going to have fantastic new schools to go to, most importantly when they start year 7 in the coming years. That is why I know they will gladly welcome an update from the Deputy Premier on where our government is at with securing the land for this school.

BENAMBRA ELECTORATE SCHOOL BUSES

Mr TILLEY (Benambra) (19:20): (6204) I wish to raise a matter for the attention of the Minister for Public Transport. The action I seek is for him to immediately fund additional bus services that will meet the existing and growing needs of Wodonga's growth corridors, including Killara, Baranduda and Leneva.

Yesterday in this place we heard from the Minister for Education talking about Wobbly the Wizard and saying how Labor had delivered on getting kids back to school. Well, that is precisely the problem we have got in the north-east. Kids cannot get to school. It is all wobbly. There are children literally stranded at a bus shelter where no bus can pick them up or the costs are so prohibitive that the parents cannot afford it. Their crime is simply they do not live 4.8 kilometres from a school or they are not going to their nearest school. Killara is exactly 4.3 kilometres from Bandiana Primary, and the cut-off for the school bus passes is 4.8 kilometres. So being just 500 metres inside the rule their alternative is just simply to walk to school, crossing the Murray Valley Highway and the Kiewa Valley Highway. Others who started their education at other primary schools in the area and who have relationships with friends and teachers but have moved to Killara, which is the new growth area, are frozen out.

Killara is a rapidly growing estate in Wodonga. There are 540 new homes in the estate and 600 new homes in the nearby Baranduda estate. There are, through the government's own formula,

approximately 11 000 vehicle movements every day. The advice provided by the Department of Education and Training to families in these areas caught up in this mess is to catch public transport, but the problem with that is they simply cannot—there is none. It goes on. There are multiple reports highlighting the need for an additional bus route in Wodonga's growth corridors, but a Department of Transport report dating back to 2011 acknowledged the limitations of existing bus routes and warned that the situation would only deteriorate as the city grew. Wodonga has grown 20 per cent since 2011, and the Wodonga council's *Wodonga Integrated Transport Strategy 2015* also highlights the need for the Victorian Labor government to add services to the growth areas. I understand a potential bus route for this side of Wodonga was under Treasury's consideration just a few short years back but was never heard of again.

Without a public transport bus the only option for a Killara mum with three primary school students is to apply to get her children on a country school bus that is going through, but that is cost prohibitive—a spare seat costs them \$120 per term. If someone comes along who is eligible, those kids get thrown off even though they have already paid the \$120. Look, one of the problems is—social media is not an exact science, but it turned from 50 parents overnight, within 5 hours, to get more kids on buses— (*Time expired*)

STATE EMERGENCY SERVICE WHITTLESEA UNIT

Ms GREEN (Yan Yean) (19:23): (6205) The adjournment matter that I would like to raise this evening is for the attention of the Minister for Emergency Services, Jaclyn Symes, in the Legislative Council. The action I seek is for the minister to visit the fabulous Whittlesea SES unit in Schotters Road, Mernda. I would really like for her to see the fantastic work that these volunteers do 24/7, 365 days a year. They are still one of the newest units in the state. I was privileged to be the Parliamentary Secretary for Police and Emergency Services when the then minister, Bob Cameron—I know you are very aware, Deputy Speaker, of the former member for Bendigo West—officially opened the Whittlesea SES unit in Schotters Road, Mernda.

Gary Doorbar, which is a perfect name I think for an SES unit controller, is a recipient of the national Emergency Services Medal. I want to congratulate him and another member, who have recently undertaken training with Ambulance Victoria so that they can back up Ambulance Victoria if they are short while fighting the pandemic. I want to congratulate the unit as well. They have just done a sterling effort, particularly over the last year. With the impact of La Niña there have been so many storms and flood events. In late October I think the unit received about 120 requests for assistance in one night. They have been involved in rescues locally in the Plenty Gorge. They work with the other fire brigades in the area, all other units and Victoria Police. That horrific murder in Mill Park only a couple of weeks ago that we are all really very shattered about—VICSES were asked to back up, and what a difficult job that would have been. There was the beautiful find of a little boy on Mount Disappointment about two years ago who was lost there.

Those volunteers are there all the time to help our community, but despite the unit being a new unit, because of the number of volunteers their turnout area is now not quite big enough. Their meeting room is not big enough for all volunteers. There are many people who would like to join, and the unit is not actually able to have them join. They have got a waiting list. So I think it is really important that the minister sees it firsthand, congratulates the unit on the great work they do, being such a new unit—the rescues, the road accident rescues, the flood and storm responses—and just takes a look and works with SES to see how we can expand the unit to support the volunteers.

RESPONSES

Mr WYNNE (Richmond—Minister for Planning, Minister for Housing) (19:26): The member for Mornington raised a matter for the Minister for Roads and Road Safety seeking that the minister investigate the Esplanade between Mount Martha and Safety Beach particularly as it relates to ongoing maintenance questions and the reliability of that road network.

The member for Burwood raised a matter for the Minister for Energy, Environment and Climate Change seeking that she attend I think a Zoom community meeting to discuss with his local community the upgrades to Wattle Park—the beautiful Wattle Park, which is gorgeous.

The member for Gippsland South raised a matter for the minister for roads seeking clarification on the contracting arrangements for our road spending program, which is jointly funded primarily by the commonwealth but also by the state, around the sealing of shoulders, and I will make sure that matter is brought to the attention of the minister for roads.

The member for Bayswater raised a matter for the Minister for Education seeking that the minister visit the Wantirna College VCAL team to congratulate them on the magnificent effort that they have put in through the whole of COVID these last couple of years, and I am sure the minister would be delighted to take up that opportunity.

The member for Eildon raised a matter for the minister for roads seeking a further upgrade of the road network between Healesville and Koo Wee Rup, and I will make sure that is brought to the minister's attention.

The member for Narre Warren South raised a matter for the Minister for Education seeking further advice in relation to the RAT program and air purifiers within his network of schools, and I will make sure that matter is brought to the minister's attention as well.

The member for Brunswick seeks advocacy from the Attorney-General in relation to further funding of that magnificent organisation the Victorian Aboriginal Legal Service, which does such important work for our community, and I am sure the minister will be interested to take that request on.

The member for Tarneit raised a matter for the Minister for Education seeking that the minister fund the purchase of land for a new high school in Tarneit in the City of Wyndham. I do not think I counted up how many schools the member for Tarneit got, but I reckon I probably got to at least double figures there.

Ms Connolly: What a good problem to have.

Mr WYNNE: That is a good problem to have—fantastic.

The member for Benambra raised a matter for the Minister for Public Transport seeking support for enhanced bus services in Wodonga, particularly in the growth corridor there, which is a booming area for Wodonga, which I know very well from my planning portfolio responsibilities, and I will make sure that request is taken forward as well.

Finally, the member for Yan Yean, that great advocate for our emergency services, raised a matter for the Minister for Emergency Services asking the minister to come and visit the Whittlesea SES, which does such a magnificent job in the community, as all our SES units do on a voluntary basis. They do fantastic work in our times of need. And that is it.

The DEPUTY SPEAKER: That house now stands adjourned until tomorrow.

House adjourned 7.30 pm.