

PARLIAMENT OF VICTORIA

**PARLIAMENTARY DEBATES
(HANSARD)**

**LEGISLATIVE COUNCIL
FIFTY-SIXTH PARLIAMENT
FIRST SESSION**

Wednesday, 9 April 2008

(Extract from book 4)

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By authority of the Victorian Government Printer

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The Lieutenant-Governor

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Privileges Committee — Ms Darveniza, Mr D. Davis, Mr Drum, Mr Jennings, Ms Mikakos, Ms Pennicuik and Mr Rich-Phillips.

Select Committee on Gaming Licensing — Mr Barber, Mr Drum, Mr Guy, Mr Kavanagh, Mr Pakula, Mr Rich-Phillips and Mr Viney.

Select Committee on Public Land Development — Mr D. Davis, Mr Hall, Mr Kavanagh, Mr O'Donohue, Ms Pennicuik, Mr Tee and Mr Thornley.

Standing Orders Committee — The President, Mr Dalla-Riva, Mr P. Davis, Mr Hall, Mr Lenders, Ms Pennicuik and Mr Viney.

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Dispute Resolution Committee — (*Council*): Mr P. Davis, Mr Hall, Mr Jennings, Mr Lenders and Ms Pennicuik. (*Assembly*): Mr Batchelor, Mr Cameron, Mr Clark, Mr Holding, Mr McIntosh, Mr Robinson and Mr Walsh.

Drugs and Crime Prevention Committee — (*Council*): Mr Leane and Ms Mikakos. (*Assembly*): Mr Delahunty, Mr Haermeyer, Mr McIntosh, Mrs Maddigan and Mr Morris.

Economic Development and Infrastructure Committee — (*Council*) Mr Atkinson, Mr D. M. Davis, Mr Tee and Mr Thornley. (*Assembly*) Ms Campbell, Mr Crisp and Ms Thomson (Footscray)

Education and Training Committee — (*Council*): Mr Elasmarr and Mr Hall. (*Assembly*): Mr Dixon, Dr Harkness, Mr Herbert, Mr Howard and Mr Kotsiras.

Electoral Matters Committee — (*Council*): Ms Broad, Mr Hall and Mr Somyurek. (*Assembly*): Ms Campbell, Mr O'Brien, Mr Scott and Mr Thompson.

Environment and Natural Resources Committee — (*Council*): Mrs Petrovich and Mr Viney. (*Assembly*): Ms Duncan, Mrs Fyffe, Mr Ingram, Ms Lobato, Mr Pandazopoulos and Mr Walsh.

Family and Community Development Committee — (*Council*): Mr Finn, Mr Scheffer and Mr Somyurek. (*Assembly*): Ms Beattie, Mr Perera, Mrs Powell and Ms Wooldridge.

House Committee — (*Council*): The President (*ex officio*), Mr Atkinson, Ms Darveniza, Mr Drum, Mr Eideh and Ms Hartland. (*Assembly*): The Speaker (*ex officio*), Ms Beattie, Mr Delahunty, Mr Howard, Mr Kotsiras, Mr Scott and Mr K. Smith.

Law Reform Committee — (*Council*): Mrs Kronberg, Mr O'Donohue and Mr Scheffer. (*Assembly*): Mr Brooks, Mr Clark, Mr Donnellan and Mrs Maddigan.

Outer Suburban/Interface Services and Development Committee — (*Council*): Mr Elasmarr, Mr Guy and Ms Hartland. (*Assembly*): Ms Green, Mr Hodgett, Mr Nardella, Mr Seitz and Mr K. Smith.

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Road Safety Committee — (*Council*): Mr Koch and Mr Leane. (*Assembly*): Mr Eren, Mr Langdon, Mr Mulder, Mr Trezise and Mr Weller.

Rural and Regional Committee — (*Council*) Ms Darveniza, Mr Drum, Ms Lovell, Ms Tierney and Mr Vogels. (*Assembly*) Ms Marshall and Mr Northe.

Scrutiny of Acts and Regulations Committee — (*Council*): Mr Eideh, Mr O'Donohue, Mrs Peulich and Ms Pulford. (*Assembly*): Mr Brooks, Mr Carli, Mr Jasper, Mr Languiller and Mr R. Smith.

Heads of parliamentary departments

Assembly — Clerk of the Parliaments and Clerk of the Legislative Assembly: Mr R. W. Purdey

Council — Clerk of the Legislative Council: Mr W. R. Tunnecliffe

Parliamentary Services — Secretary: Dr S. O'Kane

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FIFTY-SIXTH PARLIAMENT — FIRST SESSION

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Mr PETER HALL

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Mr DAMIAN DRUM

Member	Region	Party	Member	Region	Party
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Barber, Mr Gregory John	Northern Metropolitan	Greens	Lovell, Ms Wendy Ann	Northern Victoria	LP
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Coote, Mrs Andrea	Southern Metropolitan	LP	Mikakos, Ms Jenny	Northern Metropolitan	ALP
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Darveniza, Ms Kaye Mary	Northern Victoria	ALP	Pakula, Mr Martin Philip	Western Metropolitan	ALP
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Davis, Mr Philip Rivers	Eastern Victoria	LP	Petrovich, Mrs Donna-Lee	Northern Victoria	LP
Drum, Mr Damian Kevin	Northern Victoria	Nats	Peulich, Mrs Inga	South Eastern Metropolitan	LP
Eideh, Khalil M.	Western Metropolitan	ALP	Pulford, Ms Jaala Lee	Western Victoria	ALP
Elasmarr, Mr Nazih	Northern Metropolitan	ALP	Rich-Phillips, Mr Gordon Kenneth	South Eastern Metropolitan	LP
Finn, Mr Bernard Thomas C.	Western Metropolitan	LP	Scheffer, Mr Johan Emiel	Eastern Victoria	ALP
Guy, Mr Matthew Jason	Northern Metropolitan	LP	Smith, Hon. Robert Frederick	South Eastern Metropolitan	ALP
Hall, Mr Peter Ronald	Eastern Victoria	Nats	Somyurek, Mr Adem	South Eastern Metropolitan	ALP
Hartland, Ms Colleen Mildred	Western Metropolitan	Greens	Tee, Mr Brian Lennox	Eastern Metropolitan	ALP
Jennings, Mr Gavin Wayne	South Eastern Metropolitan	ALP	Theophanous, Hon. Theo Charles	Northern Metropolitan	ALP
Kavanagh, Mr Peter Damian	Western Victoria	DLP	Thornley, Mr Evan William	Southern Metropolitan	ALP
Koch, Mr David Frank	Western Victoria	LP	Tierney, Ms Gayle Anne	Western Victoria	ALP
Kronberg, Mrs Janice Susan	Eastern Metropolitan	LP	Viney, Mr Matthew Shaw	Eastern Victoria	ALP
Leane, Mr Shaun Leo	Eastern Metropolitan	ALP	Vogels, Mr John Adrian	Western Victoria	LP

CONTENTS

WEDNESDAY, 9 APRIL 2008

ESSENTIAL SERVICES COMMISSION AMENDMENT		
BILL		
<i>Introduction and first reading</i>	911	
PETITION		
<i>Wallan Secondary College: funding</i>	911	
PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE		
<i>Strengthening government and parliamentary</i>		
<i>accountability in Victoria</i>	911	
PAPERS	911	
MEMBERS STATEMENTS		
<i>Geelong 2020 summit</i>	912	
<i>Tahlia Gorfine-Seedsman</i>	912	
<i>Hon. John Button</i>	912, 914	
<i>Ringwood Highland Games</i>	913	
<i>Felix Wilkins</i>	913	
<i>Welcome Back to Yaapeet</i>	913	
<i>Trans: Knox extension</i>	914	
<i>Bushfires: briefing</i>	914	
<i>China: human rights</i>	914, 915	
<i>Zimbabwe: elections</i>	915	
<i>Abortion: Tell the Truth pamphlet</i>	915	
<i>Transport: east-west link needs assessment</i>	915	
HEPBURN MINERAL SPRINGS BATHHOUSE:		
REDEVELOPMENT	916, 944	
QUESTIONS WITHOUT NOTICE		
<i>Port of Melbourne: container charges</i>	934	
<i>Planning: regional and rural Victoria</i>	935	
<i>Footscray: transit city</i>	936	
<i>Water: national plan</i>	937	
<i>Ballarat Base Hospital: redevelopment</i>	938	
<i>General Motors Holden: climate change</i>		
<i>initiative</i>	939	
<i>Public transport: ticketing system</i>	940	
<i>Solar energy: hot water systems</i>	941	
<i>Alcohol: late-night licences</i>	942	
<i>Floods: Gippsland</i>	943	
<i>Supplementary questions</i>		
<i>Port of Melbourne: container charges</i>	935	
<i>Footscray: transit city</i>	936	
<i>Ballarat Base Hospital: redevelopment</i>	939	
<i>Public transport: ticketing system</i>	941	
<i>Alcohol: late-night licences</i>	942	
<i>Floods: Gippsland</i>	943	
HEALTH: SERVICES	951	
POLICE INTEGRITY BILL		
<i>Introduction and first reading</i>	995	
ADJOURNMENT		
<i>Preschools: special needs funding</i>	996	
<i>Libraries: Colac</i>	996	
<i>Libraries: regional services</i>	997	
<i>Sale Primary School: Japanese program</i>	997	
<i>Glen Eira: sporting facilities</i>	998	
<i>Maroondah Highway: Black Spur speed limits</i>	998	
<i>Planning: Shoreham development</i>	999	
<i>Weeds: control</i>	999	
		<i>Planning: residential zones</i>
		1000
		<i>Eastern Palliative Care: funding</i>
		1000
		<i>Responses</i>
		1000

Wednesday, 9 April 2008

The PRESIDENT (Hon. R. F. Smith) took the chair at 9.32 a.m. and read the prayer.

**ESSENTIAL SERVICES COMMISSION
AMENDMENT BILL**

Introduction and first reading

Received from Assembly.

Read first time on motion of Mr LENDERS (Treasurer).

PETITION

Following petition presented to house:

Wallan Secondary College: funding

To the Legislative Council of Victoria:

The petition of certain citizens of the state of Victoria draws to the attention of the Legislative Council the concerns of the local community that the facilities at Wallan Secondary College have reached their limit because the government has failed to provide funding for the stage 3 development.

Your petitioners therefore request that the state government provide immediate funding to allow stage 3 of the Wallan Secondary College to commence.

**By Mrs PETROVICH (Northern Victoria)
(276 signatures)**

Laid on table.

**PUBLIC ACCOUNTS AND ESTIMATES
COMMITTEE**

**Strengthening government and parliamentary
accountability in Victoria**

Mr BARBER (Northern Metropolitan) presented report, including appendices, together with transcripts of evidence.

Laid on table.

Ordered that report be printed.

Mr BARBER (Northern Metropolitan) — I move:

That the Council take note of the report.

In tabling the report on behalf of the committee I of course speak for all members when I thank the staff for

their diligent work. I will give other members the greater opportunity to speak on this report, but let me just say from the Greens point of view that this is an area we are particularly interested in. While the reference created by the government may have been somewhat more limited than the wider vision of the Greens, we managed to work with other members of the committee to broaden it out and to address many issues which, though they may have been a matter of interest to only a small group of people a year ago, have since become much more current. The number and quality of the submissions also assisted us in broadening the reference out to matters of contemporary interest.

Mr PAKULA (Western Metropolitan) — I rise also to make a couple of brief comments in regard to the report. At the outset I would like to place on the record my appreciation — and I think the appreciation of all the committee — for the work of executive officer Valerie Cheong. I would also like to compliment the chair, the member for Burwood in the other place, for the way in which he guided the committee towards a consensus outcome in regard to this report. It is fair to say that none of the parties represented on the committee got everything they wanted in the report. Significant discussions were held about all of the recommendations, and a lot of goodwill was demonstrated by all members of the Public Accounts and Estimates Committee in terms of the compilation of the report.

I would also echo the comments made by Mr Barber in regard to the quality of the submissions taken. The committee has made some significant recommendations about parliamentary practice, standards of parliamentary behaviour, modernisation of parliamentary practice and question time procedure, and I think it would be incumbent on all members of the house to digest the report. The members of the committee are hopeful that the government will take these recommendations on board.

Motion agreed to.

PAPERS

Laid on table by Clerk:

Auditor-General — Report on Planning for Water Infrastructure in Victoria, April 2008.

Planning and Environment Act 1987 — Notices of Approval of the following amendments to planning schemes:

Greater Shepparton Planning Scheme — Amendment C73.

Horsham Planning Scheme — Amendment C34.

Macedon Ranges Planning Scheme — Amendment C42.

Moreland Planning Scheme — Amendments C58 and C79.

Northern Grampians Planning Scheme — Amendment C16.

Whitehorse Planning Scheme — Amendment C75.

Wodonga Planning Scheme — Amendments C31 and C63.

Yarra Ranges Planning Scheme — Amendment C60.

Statutory Rules under the following Acts of Parliament:

Subordinate Legislation Act 1994 — No. 18.

Veterans Act 2005 — No. 19.

Subordinate Legislation Act 1994 — Minister's exemption certificate under section 9(6) in respect of Statutory Rule No. 19.

MEMBERS STATEMENTS

Geelong 2020 summit

Mr KOCH (Western Victoria) — Nearly 100 people participated in the Geelong 2020 summit held last Friday, a forerunner to the Australia 2020 summit that will take place in Canberra later in April. It was disappointing that other industry leaders were not present, as the majority in attendance were related to Labor mates, not merit.

Attendees were divided into small groups and allocated specific topics. I chaired a group discussing Australian governance and role in the region, nationally and internationally. Our group considered fundamental issues relating to freedom of information, parliamentary reform, removing the dysfunctional dimension of the Australian federation and public policy participation in regional and international forums.

After 3 hours of discussing a range of ideas, our group made three key recommendations. Firstly, as a first principle, Australia must retain its national integrity on the international stage. Secondly, national equality is to be achieved for all Australians through funding frameworks and further reviewing a two-tiered government structure. Thirdly, all Australians should have the full and free right of access to information delivered in a reputable and timely manner.

Other topics discussed included the future of the Australian economy and economic infrastructure,

sustainability and strengthening communities. Adopting the recommendations made in Geelong will play a part in shaping the future of Australia, including how we are governed — —

The PRESIDENT — Order! The member's time has expired.

Tahlia Gorfine-Seedsman

Ms PENNICUIK (Southern Metropolitan) — On 6 February I received a letter from Mr Michael Gorfine-Seedsman on behalf of his daughter, Tahlia Gorfine-Seedsman, who is eight and a half years old. Tahlia lives in East Bentleigh and attends St Patrick's Primary School in Murrumbeena. Tahlia worded and organised a petition that was signed by 62 of her classmates. The petition reads:

We the undersigned primary school children, parents and teachers believe that dredging the bay will pollute the ocean, kill the sea animals and ruin the water and wreck the fishing and prevent us from swimming in the bay we love.

Tahlia wanted her petition to go to the ALP, but after her parents explained to her that it had approved the dredging she was looking for alternatives and they suggested the Greens. Tahlia feels very frustrated but believes she has achieved something by undertaking this action.

On receiving the letter and petition I contacted Michael and Tahlia and undertook to send the petition to the Premier and the Minister for Roads and Ports, which I did on 5 March. On 26 March I received a response from the Premier's office which, while noting that I had also written to Minister Pallas, said that it had referred the letter to him.

Tahlia is representative of many young people who have organised bay walks, swims and other protests, and I commend her and them for taking action on an issue they feel so strongly about. The commencement of dredging at the entrance to the bay, where half a million cubic metres of rock will be removed, is an act of recklessness and vandalism of a precious asset which the government should be protecting for all Victorians now and in the future.

Hon. John Button

Mr THORNLEY (Southern Metropolitan) — In any all-Australian team of the century, John Button would be picked as industry minister. People will say it many times in coming days because it is true — while small in stature, John was a giant of the labour movement and a great Australian. He was the wily goal-sneak of Australian politics.

I cannot say much in 90 seconds, and John would like that. He would reckon we should not make too much of a fuss. And there is not much any of us can say that John has not said better himself in his books and essays. But John was more than a keen analyst and a witty commentator, he was a player. Without him, where would Australian manufacturing and exports be? Without him, Labor may never have reformed its Victorian branch and made the leadership changes it needed to make.

John was always sceptical but never cynical. He saw the special pleadings and sectional interests for what they were, but he never lost the faith. He was respected on both sides of the house, on all sides of the party and by business, unions and the press alike. He loved the ALP and he loved the Geelong Football Club. It is a fitting tribute that both those institutions gave him a grand final win before he went.

John was a friend, a mentor, a role model and a great Australian. I am sure I speak for all in this chamber when I offer our condolences to his partner, Joan, his sons, Nick and James, his sister, Muriel, and all his family.

Ringwood Highland Games

Mrs KRONBERG (Eastern Metropolitan) — The Scots have done it again! On 30 March Ringwood resonated with the sounds of bagpipes and throngs of visitors flocked to Jubilee Park for the Ringwood Highland Games. This event proves that the work of the president, Mrs Sue MacLeod, pays off year after year. For years Sue MacLeod has organised this event with some support from the Maroondah City Council. But it seems to me that the time for a review of the very small amount of funding received by the games is long overdue.

The Ringwood Highland Games bring thousands of people into the district; this year 7000 people attended. It is a greatly anticipated day on the Celtic events calendar. Massed pipe bands compete with each other, as do highland dancers. For me there is nothing as stirring or as hauntingly wonderful as a pipe band playing Scottish airs and anthems. As is the custom, the Ringwood RSL's own highland pipe band was prominent and brilliant in the massed display.

Each year clans from all over Australia assemble with their tartans, coats of arms and other insignia, offering a visual feast. I had the opportunity to meet a real-life clan chief, Alexander Mathieson, who travelled from the UK especially for the event, which was a great pleasure. On a personal note, it was great to meet

members of my own clan, the Lindsays, from Coupar Angus.

Felix Wilkins

Ms HARTLAND (Western Metropolitan) — Felix Wilkins is a student at Kingsville Primary School. He created his own petition against bay dredging and gathered 171 signatures. I congratulate Felix, his school and his mother, Jo Case. I will not be able to table the petition as it is not in the correct form, but I will speak to his argument against bay dredging. Felix says:

The environment is way more important than money! I mean, who wants to be a millionaire and a bad country for looking after the environment? The dredging threatens the bay and the creatures that live in it. The bay belongs to the sea creatures, not the government.

I agree with Felix. Our quality of life is destroyed if we do not have a clean environment. Bay dredging hurts the environment that supports us. You cannot eat money, you cannot breathe it and you cannot drink it.

I met Felix at an MTAG (Maribyrnong Truck Action Group) rally. The rally was about the extra trucks that will roll through our residential streets because of the port expansion. Diesel fumes are already harming schoolchildren in our area. Our children's lungs are more important than money. I quote again from Felix's petition:

John Brumby should know better.

I invite everyone to attend the next MTAG rally, which will be held on 12 April at 11.00 a.m. on the corner of Williamstown Road and Francis Street in Yarraville, where they will have a chance to meet Felix.

Welcome Back to Yaapeet

Ms DARVENIZA (Northern Victoria) — I want to let the house know how delighted I was to officially open the Yaapeet Recreation Reserve last Sunday at the Welcome Back to Yaapeet celebrations. My parliamentary colleagues Peter Crisp, the member for Mildura in the other place, and the federal member for Mallee, John Forrest, also joined me. It was a big weekend in Yaapeet celebrating the opening of a new camping and barbecue area, delivered by a partnership between the Victorian government, which provided \$55 700, and the Yarriambiack Shire Council, which provided \$13 800. Over \$14 000 was provided by community contributions — a great effort by a very small community.

The weekend celebrations also saw the 90th anniversary of the school and the official opening of the pumping

station at Yaapeet, marking a significant point in the construction of the Wimmera–Mallee pipeline. The Welcome Back to Yaapeet celebrations saw over 200 people come together to catch up with friends and family. It was a great success, and I want to congratulate all those who worked so hard to make it happen. I particularly congratulate Mr Ian Herben, the chair of the Yaapeet Recreation Reserve, the Yaapeet Community Club and of course the Yarriambiack shire. It was a terrific weekend with a number of social gatherings, including quite a big dinner and a well-attended lunch on the Sunday. Congratulations to everybody; it was a great event.

Hon. John Button

The PRESIDENT — Order! This is a little unusual, and the circumstances are a little unusual as well, in that I wish to add my condolences to those that have already been offered to the Button family. The reason I do that is that as an old ironworker, someone who worked in the steel industry, and as a union official, I can say without equivocation that John Button saved that industry with his steel plan. He saved the jobs of many, many thousands of workers and the livelihoods of their families. As an old ironworker I feel comfortable in speaking on behalf of my old union. I can say we will forever be grateful to John Button and his courage as a reformist within the Labor Party. To his family I offer my sincere condolences.

Trams: Knox extension

Mr DALLA-RIVA (Eastern Metropolitan) — I rise in dismay at the Labor government and its lack of commitment in terms of its rail and tram infrastructure, and in particular the 1999 promise that it would rebuild the transport network. It made a commitment that it would extend the East Burwood tram to the Knox City Shopping Centre, yet we have seen nothing of the sort occur. That tram service finishes outside my office, and those who wish to travel further on need to catch a bus. It is a bit hypocritical for the member for Forest Hill in the other place to launch into a staged protest against her own government, saying that the bus services are inadequate and they need to be fixed. If she got onto the real promises that were made in 1999 about extending the tram route to the Knox City Shopping Centre she would not have to be barking in the other place or in the media or having a whinge at the government about the inadequacy of bus services.

The government made a commitment to build the tram route to the Knox City shopping centre. It failed to do that — and the honourable member for Forest Hill has failed to do that — and I call on the government to get

on with the job of fixing it and doing what needs to be done for the people of Forest Hill, Scoresby and the surrounding suburbs in Eastern Metropolitan Region.

Bushfires: briefing

Mr EIDEH (Western Metropolitan) — May I take this opportunity to thank you, President, for the invitation sent to us all to attend the science briefing on ‘Bushfires — climate impacts and community resilience’. I further congratulate you on successfully having the name of the briefing changed to recognise both presiding officers of the Parliament.

I attended the briefing and was amazed by what I heard from Professor Michael Manton of Monash University and Mr Alan Rhodes of the Country Fire Authority, as I believe was everyone who attended. Some 50 per cent of all property losses due to bushfires and over 40 per cent of fatalities in Australia since 1900 have occurred in Victoria. Sadly, we are the bushfire state. What is more, all the available evidence of drying from reduced rainfall and increasing temperatures due to global warming suggests that things may become worse unless we are better prepared.

We need to reduce risk and to involve the public in planning, preparation and protecting their own properties, because fire services simply cannot protect every single property and household. We need to be better prepared. To quote from material that we were given at the briefing:

Public safety in large part depends on the capacity of the community to take appropriate action to prepare and respond to that threat of bushfires.

We are all part of the community.

China: human rights

Mr O'DONOHUE (Eastern Victoria) — The unrest seen in Tibet over the last few weeks, with as many as 150 Tibetans killed according to some independent reports, demonstrates that China has not delivered the peace and prosperity to Tibet that it claims it has. Despite Tibetans being made a minority with the influx of ethnic Chinese into their country and in the face of religious and ethnic discrimination, Tibetan culture and identity have survived. Although living in exile since 1959, the Dalai Lama, as the spiritual leader of all Tibetans, continues to command enormous respect from and has authority over both Tibetans and non-Tibetans alike.

The Prime Minister, Kevin Rudd, will be in Beijing this week, meeting with Chinese President Hu Jintao. I urge

the Prime Minister to make the strongest statement possible to the Chinese leadership about our concerns regarding the protection of human rights, including religious freedom. I urge the Chinese leadership to commence the long-awaited official talks with the Dalai Lama so that the Tibetan issue can be resolved.

China has earned much international respect with its One Country, Two Systems policy and the way it has managed the return of sovereignty over Hong Kong and Macau. China should see the Olympics and the world attention that it currently has as an opportunity to address, in a peaceful and diplomatic way, the two other great challenges it faces — Tibet and Taiwan. I hope Mr Rudd will put Australia's position on this issue in a frank and fearless way.

Zimbabwe: elections

Mr O'DONOHUE — Robert Mugabe came to power in 1980 with enormous goodwill and support from the world. He inherited a country which was the bread basket of southern Africa. Sadly, during his 28-year rule he has presided over the slow destruction of what should and could be a prosperous democracy. He started his rule by attempting to ethnically cleanse his tribal rivals, and later evicted all commercial farmers merely because of the colour of their skin. Inflation is out of control. I urge — —

The PRESIDENT — Order! The member's time has expired.

Abortion: Tell the Truth pamphlet

Mr TEE (Eastern Metropolitan) — I am very concerned about graphic images of aborted fetuses that have been slotted into letterboxes in my electorate. This unsolicited material has shocked and distressed many with its graphic display of blood-soaked fetuses and body parts. While the material was addressed to the adult household, there was no warning about the graphic nature of the content. I am particularly concerned that the material could easily have been opened by children.

Although I am absolutely committed to the rights of organisations and individuals to freely communicate their views, as that is a hallmark of free speech that marks out democracy, this graphic, unsolicited material is an obscene abuse of that right. It is offensive and outrageous.

I urge the so-called Tell the Truth Coalition to consider the families confronted by its images. I urge it to consider the distress it has caused. As I said, while I respect the right of organisations to express their views,

I totally oppose this gross violation of and intrusion into the lives of families. I find the approach a repulsive breach of privacy. It is an approach that ultimately will undermine Tell the Truth's ability to convince the community of the merits of its case.

China: human rights

Mr FINN (Western Metropolitan) — Passionate demonstrations against China in London and Paris in recent days and in the United States of America today should come as no surprise. They should have been foreseen by the International Olympic Committee when it inexplicably awarded Beijing the 2008 Olympic Games.

We have been told that China has changed, but it has not. The so-called People's Republic of China today lives as much by the dictum of the evil tyrant Mao Zedong that political power comes through the barrel of a gun as it ever has. After the Tiananmen Square massacre we were told China had changed, but it has not. The government of China today is still controlled by the same sorts of lying, murdering, bullying old thugs as it has always been controlled by since the victory of communism. They are barbarians who oppress their own people in the name of totalitarianism. They hate freedom.

The Australian Olympic Committee should immediately announce the cancellation of the Olympic torch visit to Canberra later this month. If not, the temptation to travel to the national capital to express my own protest may be too strong to resist. This is not about mixing sport and politics; this is about showing our disdain for a totally corrupt regime dripping in the blood of its victims.

Transport: east-west link needs assessment

Mr PAKULA (Western Metropolitan) — I rise to congratulate Sir Rod Eddington and his team, particularly Tony Canavan, on their outstanding work in undertaking and completing the east-west link needs assessment on behalf of the government. The east-west team did a mountain of work evidenced by its 300-page report, 1200 pages of supporting documentation and 20 detailed recommendations. As the Premier has indicated, the government will use the next three months to digest the report and consult widely, as it should, because the ramifications of this report are massive both structurally and financially.

At first blush it is an excellent recognition of the particular issues that confront the west. Whether it be the recommendation for another river crossing, the

truck action plan, the rail tunnel from Footscray or the link from Tarneit to Sunshine, Sir Rod's report has paid great attention to the west's transport requirements in all modes, and for that reason it will be widely welcomed by my constituents.

In discussing this report over the coming months I urge all members to pay particular attention to two of Sir Rod's findings: firstly, there will be a modal shift towards public transport in the range of 20 per cent; and, secondly, notwithstanding that, there will be a 30 per cent increase in demand for car travel by 2031. No simple, one-size-fits-all response could possibly deal with figures such as these.

HEPBURN MINERAL SPRINGS BATHHOUSE: REDEVELOPMENT

Mr DALLA-RIVA (Eastern Metropolitan) — I move:

That this house —

- (1) expresses deep concern with the ongoing mismanagement of the Hepburn Mineral Springs Bathhouse redevelopment; and
- (2) acknowledges the Hepburn Mineral Springs Bathhouse as an icon of Victoria's regional tourism industry and, in particular, acknowledges the importance of the redevelopment to the business community in the Daylesford-Hepburn region.

I welcome the fact that the Minister for Major Projects is in the chamber, because it is important to note that this is not a debate about the minister and the fact of incompetence. There is no such motion. This is a motion that is sensible. It is a motion that should gain the endorsement of members opposite and of the minor parties in the sense that it is expressing deep concern about the government's ongoing mismanagement of the bathhouse redevelopment.

We need to go back to where it all started, in October 2006. There was much hoopla from the government in terms of the announcement. The process was that the government closed the bathhouse for redevelopment, which was set to begin at the completion of the then current tenant's lease, on 22 October 2006.

In all the documentation and evidence that we have seen and the reports by various individuals, which I will go through later, it was very clear that the intention for this project was for the bathhouse to be closed for only 12 to 14 months. The people in the Daylesford-Hepburn region were aware that this was an important project — and certainly I support the project; it is an important project for the region, for Victoria and for tourism —

but they had an expectation that the bathhouse would be inoperable for a short period while the redevelopment project was undertaken.

In October 2006 there was a press release from the various organisations headed 'The new-look, state-of-the-art Hepburn Springs bathhouse'. The press release is very effective, and states:

How it will look: the new north wing (left) will include a new relaxation pool, salt pool, spa couch pool, steam room and much more, while the refurbished south wing —

on the right side —

will include 13 baths and therapy rooms, just to name some of the state-of-the-art features.

This was very good, and the release also indicated — as I said, this was in October 2006 — that the process would be completed 'by early 2008'. We know that the government was confident — in fact the committee that was selected by the government was very confident — that this project would be developed within that time frame. We know, for example, that the government utilised local construction contractors, and we have heard the minister in this place talk about the great work that had utilised local industry. Obviously that is great.

It is interesting to read the government's own statements. In a press release in September 2007 the Minister for Major Projects, sitting opposite, said:

Construction at the bathhouse is on track ...

The minister went on to praise the building contractors and the workers and he recognised its importance, saying:

... one of regional Victoria's most beloved tourist attractions with more than 250 000 visitors per year, the bathhouse is the linchpin of a local tourism sector supporting 2200 jobs and worth more than \$200 million annually.

I agree with the minister, and that is exactly the point that I am raising today. We have so much relying on this development. As the minister said, there are more than 250 000 visitors per year. It has been out of operation now for in excess of a year and it was planned for 14 months. It is expected that the project will support 2200 jobs and be worth more than \$200 million annually, but we have a government with its hands off the wheel.

The government really needs to understand when it undertakes major projects or when it undertakes a simple project like this that it ought to just get on with the job. The government makes the statement that there is more to be done, but there is more to be done because

it has not done it. Now we have the situation where a project that, on the minister's own statements, involves 2200 jobs, 250 000 visitors per year and more than \$200 million annually is being delayed time and again.

The minister continually issues press releases which say this is a great project, and we agree with that, but he should be putting out press releases that say he has taken action regarding the delays, he has sorted out the concerns that have been raised and he has sorted out with the Minister for Environment and Climate Change, Gavin Jennings, the minister he sits next to, the issues regarding the lease arrangements. That lease arrangement was a stuff-up.

I will refer to correspondence about the closure of the bathhouse. The organising committee made a suggestion in Hepburn Springs updated document no. 3, which says:

The redevelopment of the bathhouse is set to begin at the completion of the current tenant's lease on 22 October —

which was obviously in 2006. It goes on:

The state government anticipates the redevelopment will take 12 to 14 months.

The council and the bathhouse business and community liaison group ... are receiving plenty of positive feedback from business and residents regarding the opportunities that will be created by the redevelopment ...

Where are they now? Recent correspondence and recent media releases say those groups want to bail out. They are getting sick and tired of the spin; they are getting sick and tired of being told many things. One individual was quoted as saying that people feel like they have been treated like idiots by this government. I do not think that is quite what the government would expect and what the people in the Daylesford and Hepburn Springs area would expect. I think it will affect the expectation of the creation of 2200 jobs which are reliant on this project. This just demonstrates that the Minister for Major Projects is not getting it right.

Let me put this on the record: recently in this chamber we asked the minister how many major projects there were in regional and rural Victoria. In 6 minutes and 25 seconds he concluded that there was one project. It was this project. Subsequently we ascertained that the minister is not quite sure when it will be completed. In terms of time lines, things are not progressing as smoothly as they could. I am curious about the government members on the other side of the chamber. I wonder what comments and justifications they will make to this house, the residents of the Daylesford and

Hepburn Springs area and the businesses that are waiting for this major project to be done.

This is a major project! It is a bathhouse. We know that the Minister for Major Projects is very proud of the kitchen renovations in Parliament House. I guess the minister and the government can do kitchen renovations, but we should not ask them to do bathroom renovations, because they struggle with those.

Mrs Peulich interjected.

Mr DALLA-RIVA — Yes, I understand that Mrs Peulich has had some bathroom renovations done. It is interesting, as I said, that this government appears to be effective at doing kitchen renovations but cannot build rooms for a bath. That is disappointing. Because the kitchens are for the benefit of members of Parliament, I assume, although no-one can know it, that the kitchens were on time and on budget. Why is the same consideration not given to the dedicated people of Daylesford and Hepburn Springs? Why are they not given the same type of consideration and concern with this significant and important tourism icon? Why is the government content to let time roll by — days fall into weeks, weeks fall into months, and unfortunately, months fall into years?

We now have a ludicrous situation. I go back to some of the correspondence. An article in the *Advocate* of 10 July 2007, under the headline 'Bathhouse on time', reported that:

The \$10 million ... bathhouse will open on time despite reports that the project will be delayed by 12 months because of a government mistake.

We did not need to worry, because the government promised it would be delivered on time. The bathhouse business and community liaison group chairman, Cr Bill McClenaghan, said that the two-month delay would not affect the progress of the development. He said it was only a very minor delay, that it would not be a problem, that the bathhouse redevelopment was still on time and that it would open in late January or February 2008.

Initially we were told it would open by the end of 2007, but we are now well past December 2007. In October 2006 they promised it would open within 12 to 14 months. By the middle of July last year they were saying, 'Hang on, we will still open on time, but we will open on the new time line', which means the old time line was obviously not correct. They said the bathhouse would be built on time and they guaranteed it would be completed in January or February this year.

Cr McClenaghan said February would be an ideal month to reopen the bathhouse. I feel sorry for the chairman because he was obviously being sold a pup in respect of that matter.

On 11 December 2007 there was more drama in the bath. The rubber duckie was bobbing up and down because it was not happening. They were waiting for the builders, but they did not arrive. Many of us have waited for tradesmen to roll up when we have been renovating or redeveloping, and found that they do not always turn up. This time the government did not roll up.

Mr Guy interjected.

Mr DALLA-RIVA — Mr Guy is quite correct. What occurred, as reported in the *Advocate*, was that the Hepburn Springs bathhouse redevelopment had hit a snag. Mr Lenders should be here for the sausage sizzle that he once talked highly about. The bathhouse was due to be finished in February but unfortunately the opening date was pushed back to March. Just for the record, today is Wednesday, 9 April 2008. We have been waiting a long time for that bath and it is getting a bit whoofy for a lot of people. I have to say that, while we may express some joviality about this, it is disappointing for the businesses in the area. They are waiting for this tourism icon, as I have put in my motion, to be built and established. The chairman of the liaison group, who is also the Holcombe ward councillor, Bill McClenaghan, said the delay is very disappointing. I gather he would be extremely disappointed for the people he represents in that area.

Reports refer back to December 2007 when Mr Theophanous, during a visit to the site, said that the project was on track to be finished on time. I recall that he said at the time:

Construction at the bathhouse is on track and going well, with the roof beams for the north wing currently being installed.

This was in December. The time line for the opening in November or December 2007 has blown out. In December we were told it would be opened in February or March 2008. What happened? The bathhouse group was becoming pretty annoyed with the whole process. On 18 December 2007, following further delays, the group wanted the state government to stop feeding it guff about the Hepburn Springs bathhouse. On the website it said it would be completed around February or March.

Mr Koch — Which February?

Mr DALLA-RIVA — February or March 2008. In the minister's own words, this is an important tourism icon. He said that it is recognised as 'one of regional Victoria's most beloved tourist attractions'. In September 2007 he said that, with more than 250 000 visitors per year, it is 'the linchpin of a local tourism sector'. This is not just a local tourism event; this project supports 2200 jobs and more than \$200 million annually, yet the government cannot build it.

After more than 14 months we were heading into March. On 12 March there was a further headline in the *Courier*: 'Bathhouse group set to quit'. Things had got pretty bad. Half the poor Hepburn bathhouse business and community liaison group was ready to quit; they had had enough. They had had enough of the mismanagement, which is the issue I raise in the motion. This is not a motion created out of thin air; it is a motion that has substantial evidence behind it. It has the evidence of the concerns raised by various community groups.

It is interesting that a spokesperson for the Hepburn Regional Tourism Association, which is also represented on the community liaison group, Carol Hulst, said that 'a lack of information from project managers Major Projects Victoria was frustrating members'. What is the government doing? We know that when we asked the Minister for Major Projects to list all the major projects under his direct responsibility it took him nearly 6½ minutes to come up with the Hepburn Springs spa. The minister does not have responsibility for the north-south pipeline and he does not have responsibility for the desalination plant. It is not as though there is a huge workload in the sense of managing this project, but we now have frustration from the members of the tourism association. On 12 March Ms Hulst said:

Members are just frustrated by the lack of communication and embarrassed that the information we are giving the community is continually wrong ...

The chair of the community liaison group, Cr Bill McClenaghan, would have been feeling exactly the same way. He was out there representing the community as a councillor, doing the right thing and saying, 'We are going to have this ready'. Imagine the pressure he and the various other group members were under. Imagine the pressure Carol Hulst was under as president of the Hepburn Regional Tourism Association. All the tourism and business groups and those who were employed through downstream or upstream relationships with the bathhouse would be saying, 'What on earth is going on? We can survive only so long under the pain of rising interest rates'.

Obviously that is going to have an impact on businesses and how they manage to service their debt. If they have no income stream, it is obviously going to be an issue of concern. Ms Hulst also said:

We are upholding the official line — but then the rumours we hear from contractors are actually what is really happening.

She also said that the last report received from Major Projects Victoria was in December. We know that Major Projects Victoria said it proposed that this project would be completed in December. The association was obviously told it would be completed by February or March. Ms Hulst went on to say that the committee had originally been told the bathhouse redevelopment would be completed in December last year. That is exactly what I said.

Hon. T. C. Theophanous — Not really.

Mr DALLA-RIVA — The minister interjects and says ‘Not really’.

Hon. T. C. Theophanous — That is not correct. December was never the completion date. It is just not correct.

Mr DALLA-RIVA — The minister says December was never the completion date; it is just not correct. Why would the bathhouse liaison group in its bathhouse update of 15 August 2006 say:

The state government anticipates the redevelopment will take 12 to 14 months.

That is about right. Twelve months from the date of the then current lease on 22 October 2006. Basic maths would say that if it was October 2006, then in 12 months — —

Hon. T. C. Theophanous interjected.

Mr DALLA-RIVA — Let us say it is not completed in 12 months, but completed in 14 months. That would be December. I have just presented evidence from the chairman and from Ms Hulst who both say they thought it was going to be completed in December.

Mr Koch — They were told.

Mr DALLA-RIVA — They were absolutely told, Mr Koch. I guess they were lied to. It is disappointing that they were lied to.

Hon. T. C. Theophanous — Not by us. Maybe you told them.

Mr DALLA-RIVA — Somebody told them.

Hon. T. C. Theophanous — Maybe it was you — spreading false things around. I do not know, but we never told them that.

Mr DALLA-RIVA — The minister is blaming me. For the record, I have only just been appointed shadow Minister for Major Projects, but I was spreading rumours 18 months ago because I anticipated I was going to be shadow Minister for Major Projects! Mr Theophanous should get a crystal ball. It is fascinating. It is amazing that the minister is blaming me for leaking information that the bathhouse was going to be completed in December. That is disappointing. The minister should acknowledge that this is a simple motion. It talks about the ongoing mismanagement, and it is ongoing. The minister is presumably arguing that the delay or the announcement of it being completed in December is my fault, when in fact that is not the case.

Hon. T. C. Theophanous — You are making a fool of yourself.

Mr DALLA-RIVA — The only person making a fool of himself is the minister. I do not know how the minister can go and face the people in that region and say, with hand on heart — —

Mr Koch — He doesn’t!

Mr DALLA-RIVA — He doesn’t. I am sure the members for that region would like to see the minister go down to the bathhouse and say, with hand on heart — —

Mr Guy — Hand on soap.

Mr DALLA-RIVA — Hand on soap, hand on heart, hand on everything — hand on rubber duckie — and say that this was going to be completed in March.

Hon. T. C. Theophanous — Have you been down there?

Mr DALLA-RIVA — I might go when it is completed, because I do not want to interrupt the workers there. Clearly they are being interrupted by the government. Maybe the government members should get their fingers out of there and let the workers do the job of completing the project.

It is important to understand that not only are we finding the community up in arms, but we are finding the tourism association president up in arms and we are finding the chairman of the consultative committee up in arms. We now find that they feel as though they have been given a dud run.

For all the posturing the government has done, where are we? It is 9 April. It is interesting to note that on its latest updated website Major Projects Victoria reveals that the projected building completion date for the entire Hepburn Springs redevelopment has blown out to June 2008. We now have a new date. We had the date in December, which the minister denies, even though I have provided evidence that the chairman and other individuals suggested and believed it would be completed then. The department released public documentation saying that the project would be completed in 12 to 14 months. The minister rejects that assertion. December 2007 is the first date by which it was meant to be completed, but that date went past. It then said the bathhouse would be completed in February-March. We have passed February and we have passed March; we are now into April. The minister's own major projects department now puts on its website that it will be completed in June 2008. We have been given three completion dates, one of which the minister denies. It will be interesting to hear the response of government members to the February-March completion date. What is their argument? How can they counter the fact that the relevant individuals have been sold a dud?

We now have this new date of June 2008. This is seven months later than the projected completion date. Again I put on the record that it is a bath room, it is a bathhouse. In the context of building big major projects this is not significant. We know the Minister for Major Projects does not have the desalination plant. We know the Minister for Major Projects does not have the north-south pipeline, but in terms of the regional area he has the bathhouse to fix. As I have said before, the major projects department built the kitchen for the Parliament of this state. If it can build a kitchen, why can it not build a bath room? It is just amazing.

Mr Koch — It blew out.

Mr DALLA-RIVA — And that probably blew out as well. It is interesting. Why is there not the urgency in terms of building this bathhouse for the residents of the Daylesford-Hepburn region? Why is there not the urgency to ensure the tourism industry is looked after? As I said, back in September 2007 the minister said that this is one of Victoria's 'most beloved tourist attractions with more than 250 000 visitors per year'. If there are that many visitors coming in each year, then we need to get on with the job of fixing it. But there is more to be done. The minister went on to say:

... the bathhouse is the linchpin of a local tourism sector supporting 2200 jobs and worth more than \$200 million annually.

As I said, this is a simple motion that requires support from government members. They need to understand that the government has mismanaged the Hepburn Mineral Springs Bathhouse redevelopment. It has missed opportunities for the tourism industry; it has missed opportunities for businesses and the like.

The minister can carp all he likes about the fact that it was not meant to be completed in December 2007. Somebody must be lying in respect of the date. That community group brought out reports saying the redevelopment was going to be completed in 12 to 14 months. It just does not make sense. Have they been told a lie? Have they been told mistruths? We know they have been told mistruths because, as I pointed out earlier, in March of this year half of the members of the Hepburn bathhouse business and community liaison group were ready to quit. They had had enough. For the minister to sit there and say, 'I have not been there', in respect of that — —

Hon. T. C. Theophanous — No, you have not been there.

Mr DALLA-RIVA — I put it to the minister that if he is so confident, why does he not go there after the next sitting week of Parliament and confront the people of Daylesford-Hepburn Springs — —

Hon. T. C. Theophanous — On a point of order, President, I do not know whether the member is deliberately trying to mislead the Parliament, but I did not say that I had not gone there. I said the member had not gone there. The way the member presented it could mislead the — —

The PRESIDENT — Order! That is not a point of order. The minister does not get to debate the point — but he may have been successful in what he set out to do.

Mr DALLA-RIVA — I look forward to the minister's contribution on the motion. This is a motion that reflects directly on the Minister for Major Projects and the mismanagement of this redevelopment.

The minister said that I have not been to that site, and that is quite true. I look forward to attending it once it has been opened. But I put it on the record that if the minister is so concerned about my going there, I would like to see the minister go to the site after the next sitting week. Given all the concerns being raised now, I would like to see the minister get out of the comfort of this environment, go there and give an answer to the people of Daylesford and the Hepburn Springs region about why this project has been continually delayed. If the minister is putting it on me to attend, I will put it on

him to attend. We will go together. If the minister wants to take me with him, I will stand back when all the aggression towards him comes out.

Mr Guy interjected.

Mr DALLA-RIVA — He might get lost trying to find it. I say that as part of my contribution to the debate on this motion because the minister has obviously raised it in a point of order. I will put on the record that I encourage the minister to go there to meet the people of that area and explain fully why there has been ongoing mismanagement. I want the minister to explain today when he is intending to have this project completed. Somebody in the government who is going to debate this motion today must be able to say, 'We have built the bath. We have completed the bath, and there is water running in it. And the rubber duckies are in it'.

Honourable members interjecting.

Mr DALLA-RIVA — It must be completed at some point. I will leave it there, because the clear evidence is that there has been ongoing mismanagement. I look forward to hearing government members trying to counter the arguments. It will be interesting to see what their views are about why the project was not completed in December and why it was not completed in February or March. I would like to see a guarantee from someone on the government side that it will be completed in June.

I would go so far to say, 'Tell us the date of the official opening so that everyone can diarise it and go there and so that everyone in the Hepburn Springs and Daylesford area can finally celebrate the opening of this tourism icon'. The fact is that there has been ongoing government mismanagement of this project. This is a very important motion I have brought to the chamber. It expresses deep concern. It does not contain a direct criticism of the minister; it expresses deep concern. It has been worded in a way that I think brings balance. It is about getting support from the government and the government acknowledging that it has real problems. Government members should vote for the motion based on the reasons I have outlined today.

Ms TIERNEY (Western Victoria) — I move:

That paragraph (1) be omitted.

This is a serious issue and a serious debate. It is a serious issue for the local community of Hepburn Springs, Daylesford and the surrounding area. It has not been helpful for us to sit through a debate that has had a sprinkling of jocular comments: we have had comments

about rubber duckies, bathroom renovations, flushing of toilets and kitchen renovations, and I really do not think that will have too much traction with the community in Hepburn Springs and Daylesford. I say to the community of Daylesford and Hepburn Springs that this clearly is a debate brought about by a shadow minister with a new portfolio who is searching for some sort of relevance. The issues we have been taken through so far this morning really show the local community is being held in absolute disregard.

My connection with the area and the bathhouse in particular goes back to the early 1980s. After the historical flush of tourists and families that had used to attend the area to take the so-called waters, there had been a slump, but there was a resurgence in the early 1980s. At that time it was still fairly quiet, but a number of younger people, particularly in regional areas and Melbourne, often travelled to Daylesford to go to the spa.

The first period during which I attended the bathhouse was in the days when there was an old chimney and an open fireplace. One would sit around and have cups of tea and take the mineral spring waters while the baths were filling. It was really quite quaint and had a real sense of character. During that time I also obviously stayed in the area. In those days you could have fired something down the main street any night of the week and not hit anyone. It was very quiet and was a nice, relaxing spot in which to rejuvenate.

Because of the area becoming known to more people, we have seen a massive development of tourism in it. The original quaint bathhouse was developed into a new mineral spas retreat in the late 1980s and early 1990s. A new pool was built, along with a whole range of new bath rooms, massage areas and a float tank area. It was seen to be state of the art — which it was — all the way through the 1990s. However, it became increasingly difficult to get a booking, and one would have to wait up to a month to get an appointment.

It was during that time that we saw the emergence of a strong tourism industry, not just in terms of the development of motels and hotels but also in terms of smaller bed and breakfasts and 4-star guest houses. We have also seen the likes of the Lake House, with its development of a day spa, and Peppers Springs retreat, which also has its own day spa treatment area. A series of Japanese retreats have also come into the area.

The development has not just involved accommodation and restaurants. We have seen a burgeoning number of artists living and working in the area, galleries and exhibitions, drama performances, cultural activities and

a whole range of other events, which have been embraced in the Daylesford-Hepburn Springs area and have added real colour and excitement. It has become a place of choice for many people to reside in, and that is easily understood by visiting there. Now the bathhouse has become a central drawcard on the tourist map. In the 1980s, as I said, it was arguably the drawcard because many of the other attractions simply had not yet been developed. It is correct to say now that the bathhouse is extremely important to the area, but other businesses, such as spa, massage, remedial and catering, have also developed. It is almost a case of choose what you would like to spend your money on and basically Hepburn Springs and Daylesford have it.

We came across this in June last year when members of the parliamentary Rural and Regional Committee went to Daylesford and held public hearings in the township. It became quite obvious that the development of tourism, with restaurants, accommodation and activities, is multileveled and is used by a whole range of people. Activities range from affordable family activities right through to international 5-star activities and accommodation.

The local economy is not totally dependent on the bathhouse. However, the bathhouse continues to be very important, and I would never underestimate or devalue its importance to the area. It continues to be recognised as one of regional Victoria's most popular tourist attractions, it supports over 2200 jobs and is worth more than \$200 million annually. For the record, I think it is important to go through the financials involved in this project.

The project is worth \$10.6 million. Funding of \$8.18 million has been provided by the state government, \$1.2 million by the local council, \$500 000 by the federal government, \$300 000 by the Victorian Mineral Water Committee, \$342 000 by the Department of Sustainability and Environment, and \$50 000 by the Sustainable Energy Authority. The redevelopment was initiated to increase capacity, as I have already stated. The bathhouse was under increasing demand and the need for expansion was apparent to all. The state government took over the project from the council in 2006, and thereby saved the project.

Increasing the capacity of the bathhouse has also meant refurbishing the existing heritage building, specifically in the relaxation area and the therapy and massage rooms. The project includes construction of a new public mineral water pool and spa building. It also provides for a new access bridge to the reception area, and state-of-the-art change rooms, wet areas and

amenities. In anyone's estimation it is a significant project and many people in the area are really excited about it.

Yesterday in the house the Minister for Major Projects also alluded to the fact that the project is quite complex from design and construction and engineering perspectives. It is a world-class facility and will remain so for a very long time. When the community sees that what is being done is not standard and run of the mill but is actually something special and very unusual, it will know that this is an asset which will be in its midst for a long time and will continue to be an icon for a long time.

Honourable members interjecting.

Ms TIERNEY — There have been some delays and I will go through some of them for the benefit of opposition members. Again, the minister touched on these yesterday, but it is worth my going through them as well.

Some of the delays are due to the meticulous attention that needs to be paid to the formwork for the concrete. If the opposition wants more details on the particulars of the concreting work, I am sure that that can be provided, as it is in fact available. It is quite shoddy that opposition members have not availed themselves of that information. Yesterday the minister also talked about the need for special metal to be used in those areas that come into contact with the mineral water because of the corrosive aspects of the sulphur content of the water.

It is also worth pointing out that, in the Hepburn *Advocate* of 26 March, Mr Nicholson, whose construction firm is involved in building the project, is reported as saying:

It's not a four-walls-and-a-roof-type of project. It's a world-class facility that's going to be here for a very long time.

The article about the project continues:

Mr Nicholson said an accelerated work program during January and February had resulted in significant progress at the site.

Contractors have worked overtime and on public holidays to fast-track progress.

It is important to note also that the construction firm involved in building this project is from the local area. The Nicholson Construction company has also engaged local workers and local subcontractors to do the job.

The contracting company, Nicholson Construction, won a 2006 Master Builders Association of Victoria award for the \$6.5 million reconstruction of the Bellinzona Grange hotel at Hepburn springs. It is just up the road from the bathhouse. Anyone who has not just gone past but has had the pleasure of going inside that facility would understand that it is an absolutely superb, top-class accommodation and conference facility in the area.

The construction company is proud of the project and quality of the work. It believes it is a reflection of the construction skills of the local tradespeople in the area. It has been a learning experience, and I am sure that will be translated into new projects and facilities coming up in the area on an ongoing basis. The redevelopment will increase the capacity of the bathhouse, which has been unable to accommodate increasing demand in recent years. I think that at the end of the day all will understand that not only will there be an iconic building but also a range of products will be delivered in a world-class way. I believe that will attract increasing visitation not just by daily tourists but also overnight, including international, tourists.

As far as the impact on tourism in the region in recent times during the redevelopment, despite the bathhouse being closed, tourism is doing well in the area. According to the National Visitor Survey, for the six months to March 2007 the spa country subregion experienced a growth of 3.2 per cent in domestic daytrips and 10.4 per cent in domestic overnight visitation. More recent Tourism Victoria figures, from June 2007, show extremely positive results in the region, with a 24.9 per cent — that is, nearly 25 per cent — increase in international overnight visitation and a 6.3 per cent increase in Victorian overnight visitors, compared to those from June 2006, prior to the bathhouse closure. There was also a 12.4 per cent increase in domestic daytrip visitors over the same period.

In terms of the delay, in December Major Projects Victoria advised the local community of the slippage in the schedule and that there would be a three-month delay. As a person who has been going there from the early 1980s, and a member of the parliamentary Regional and Rural Committee whose current term of reference is to look at tourism in areas that have been affected by drought and bushfires et cetera, and with Daylesford and Hepburn Springs in my electorate, I make sure that whenever I am in the area I go down into the gully and look at the progress of the construction. Members of the parliamentary committee were not able to look at it when we were there, because of the weather.

Mr Drum interjected.

Ms TIERNEY — There was torrential rain at the time as I recall, Mr Drum. I went to the site not last Saturday but the Saturday before, 29 March, to see the progress of the construction from the road. I made my way down to the Chowder House to see the guys and then went to a stall in the main street of Daylesford. I was accompanied by Mr Geoff Howard, the member for Ballarat East in the other place, and Ms Catherine King, the federal member for Ballarat. We were there for some time. There was some talk of the bathhouse, but I can assure members that I was not aware of any negative comments or of people being particularly concerned about the schedule of the work on the bathhouse.

In fact I have checked again with colleagues overnight, and they assure me that the comments about the bathhouse were of anticipation rather than what the opposition is attempting to peddle this morning. I do not believe any opposition members have actually spent time in the main street of Daylesford or advertised in the papers that they will be there so that people who have particular issues about the bathhouse and the scheduling of that project can come to talk to them. People are really looking forward to the opening. We will have a spa complex of international standard. For some time there has been talk within the international community of mineral spa baths about the development. It is seen as world best practice. They think it will create a new benchmark for the industry.

The motion moved by the opposition this morning is not a good use of the time for opposition business. It is a blatant attempt to just stir the pot and grab a few headlines. Those of us who have a long and ongoing commitment to the area really ask you to stop this. We do not want the opposition's negative slant to have a negative impact on everyone's excitement.

Mr Dalla-Riva interjected.

Ms TIERNEY — We do not want the opposition's comments to have a negative impact on our local tourism industry and we do not want its negative comments to have an impact on our local construction industry. The government has produced a document — the opposition is aware of it — called the *Hepburn Mineral Springs Bathhouse Project Update March 2008*, which provides information and photographs of progress to date. I suggest that the opposition simply looks at it and appreciates the work and skill and stops denigrating everyone's best endeavours.

Mr Dalla-Riva — When is it going to be completed?

Ms TIERNEY — I will inform the chamber that the latest information, given as recently as an hour and a half ago, from the construction company on site is that everything is on schedule and it is anticipated that there will be a completion in June.

Again I would like to quote from the article in the *Advocate*, which reports Mr Nicholson as saying:

It's a shame a lot of the hype has taken the focus away from the uniqueness of the project.

I urge members to reject the opposition's motion and support the government's amendment.

Mr DRUM (Northern Victoria) — I support the motion moved by Mr Dalla-Riva today. This is a smallish issue for Victoria as a whole but it is a very important issue for the region itself. The Daylesford-Hepburn Springs region has had amazing transformations in the last 15 to 20 years. A large part of that transformation has centred around this whole new industry that has jumped up, which is the wellness industry — day spas and medium-to-high-level accommodation. The culture that Ms Tierney talked about has created quite an exceptional situation within Victoria. A small country town that is a short drive of an hour or so out of Melbourne has, in effect, become a haven for people wanting to get away, pamper themselves and take advantage of what the natural aspects of that region have to offer.

The history of the bathhouse has been detailed to the house already, but it was closed back in October 2006. The government put together funding for its redevelopment. As Ms Tierney and Mr Dalla-Riva mentioned, the main monetary contributor was the state government, which owned the land. It would be the land-holder and the titleholder of the new bathhouse, and its contribution of just over \$8 million was put forward through the Regional Infrastructure Development Fund.

Those of us on this side of the chamber know the truth about that fund. Of the \$450 million that was promised, less than \$200 million of it has been spent. A whole range of excuses have been put forward by the government, but of the total amount of money this Labor government promised it would spend on regional infrastructure development projects around Victoria, less than one half of that money has actually been spent in any five-year period. This is another example of that happening, and in effect it is about the delays. It is not outside the realms of normality for a project to be

delayed by six, seven or eight months; but the problem is the way the government goes about handling itself when it comes across what may be standard construction difficulties.

This is a complex building because it has pipes that have to work in with the underground natural springs, but again, as has been well documented, the government knew that well before it started the construction phase. Therefore, to be saying that this is a specific issue and that it has very specialised problems just seems to be part of an ongoing theme throughout projects developed by Major Projects Victoria. It does not seem to be able to bring any of these projects in on time and on budget, and for Minister Theophanous to say yesterday in the house that it will be on time is ridiculous. The only reason it will be on time is that every time the government runs two or three months overdue it extends the time line. So it will be finished in June or whenever, but this motion is simply a matter of giving prominence to what might seem a small issue in Victoria, but which is of major significance in the region.

The Daylesford-Hepburn Springs region is unique. When one drives through Daylesford, one sees that it does not look dramatically unlike a lot of other places; but when one continues on through Daylesford into Hepburn Springs one sees it is totally different to other places. It has an array of bed and breakfast accommodation, day spas and resorts, and it is building on some of the great work that has been started by the bathhouse with the Lake House complex, the Peppers resort and a whole range of other fantastic establishments. They have all built on each other's popularity.

Ms Tierney spoke about the fact that the Rural and Regional Committee went to this region to conduct one of its public hearings. One of the problems encountered in this area is its inability to retain and attract staff. Probably it is a common theme throughout many parts of Victoria, but more importantly it occurs in this area, with public transport troubles and so forth.

We need these iconic establishments, attractions and tourism products completed as soon as possible. We need the lessee arrangement up and running. We simply need to get this project completed. The government needs to acknowledge that it has some problems, that there are some mismanagement issues going on. It is up to the government to decide whether it wants to acknowledge it or not, but if the government wants to move to delete the first part of the motion and in effect say that there has been no mismanagement — and I

would say that that is not being fair or honest — it is its prerogative to do that.

There has been significant mismanagement in relation to the construction and the lease arrangements. Mistakes have been made, which caused the government to then readvertise the lease when it seemed to be on the cusp of announcing the lessee. But the project has now been pushed out by approximately 12 months. It is nine months later now, and we still do not know who the lessee will be, and yet the time line for the lessee's arrangement was always going to be July last year.

Lastly, I would like to touch on the inability of the government to communicate. We have a situation where the bathhouse business and community liaison group — which is made up of members of the local community who are getting behind this project — want it to be finished in the best possible way so that the community will gain maximum benefit and so that this project will fit in with the views, the business plans and profile that will suit this region.

Half of the members of that group are now threatening to quit because every time they ask for a time line they have been stonewalled. Their personal integrity has been brought into question. The president is saying that they look like idiots because they cannot get the information they want to pass onto their community, and it is making them look like liars and as though they do not know what they are talking about. Every time they have asked the government to put in place some time frames to use as checkpoints, either they cannot receive them or if they do receive them, things do not get built within those time frames.

The tourism sector in this particular region has been valued at well over \$200 million. That whole region, not unlike maybe five or six others around Victoria, is becoming solely reliant on tourism. Here is an iconic business in that region and it needs to be finalised and fixed up. We need to organise the lease arrangement, finish the construction needed on the site and get this done as soon as possible. We need to get the bathhouse in Hepburn Springs up and operating so that all the associated businesses can pick up the business that will flow on from all the visitors who will come into that region.

I remember going to the bathhouse when I was a kid. I have some early memories of grabbing some bottles out of the boot of the car, filling them up, and taking them back to Shepparton, and spending the next couple of weeks having these 'treats', as it were, of natural

mineral water to drink after we had visited Daylesford. It is unique to Victoria and to the region.

We need to get the bathhouse finished. The government needs to acknowledge that it has a real problem with Major Projects Victoria. Hopefully the embarrassment this has caused to the government will ensure that the next time it ventures into a major project it will put some quality, key people in charge so that it can deliver the projects on time and on budget.

Mr KAVANAGH (Western Victoria) — I rise to make some comments on the motion, which concerns a major development in my electorate. The motion has two limbs. The second limb acknowledges the Hepburn Mineral Springs Bathhouse as an icon of Victoria's regional tourism industry and, in particular, acknowledges the importance of the redevelopment to the business community in the Daylesford-Hepburn region. There is nothing controversial about that, and it is obviously true. Further comment is not required beyond that except to emphasise that many businesses in Daylesford and the Hepburn Springs area depend on the bathhouse and its redevelopment.

I have recently discussed the progress of redevelopment with Cr Bill McClenaghan, who is a ward councillor and chair of the Hepburn Shire Council's Bathhouse Business and Community Liaison Group. I have got to know him over the last year or so. In my opinion he is fair-minded; he is a straight talker, a man of sound judgement and worthy of respect.

Cr McClenaghan informs me that the bathhouse has taken a lot longer to complete than was expected. He also informs me that the reasons for this are that the builder has been determined to do an excellent job, meeting unexpected challenges in the innovative design of the building, which has required the sourcing of specialised materials, some of which need to be specifically manufactured for the project; and this was referred to by Mr Theophanous yesterday and by Ms Tierney a little earlier today. The result is very beautiful. The fastidiousness of the builder has paid off in what is obviously a high-quality building that is innovative and extremely attractive.

There is widespread concern about the detrimental effects that the delays have had on businesses in the Daylesford-Hepburn Springs area. Cr McClenaghan, as chairman of the bathhouse business and community liaison group, does not blame the government for the length of time the development has taken. He is very concerned, however, about the way information about the project has been withheld by Major Projects Victoria. He alleges that up until February-March

Major Projects Victoria was extremely reticent about releasing information on the project, and that reticence has needlessly exacerbated the harm done to businesses dependent on the bathhouse in the Hepburn Springs-Daylesford area.

The motion refers to mismanagement. If this refers to the delays in building, then in my opinion, from the information I have, that is a false premise. However, on the understanding I have that Major Projects Victoria has quite needlessly withheld information from the community to the wanton detriment of local businesses, I will support the motion.

I understand the lessee has not yet been announced. The government needs to do this as quickly as possible, because other businesses are dependent on knowing when the bathhouse will be up and running in order to take bookings for their own businesses, for example. The bathhouse will be beautiful. More importantly it and ancillary businesses will generate and contribute to the prosperity of this beautiful part of Victoria.

Mr BARBER (Northern Metropolitan) — I welcome Mr Dalla-Riva's moving a motion on this subject, because obviously the Hepburn spa is a facility of enormous importance, not just to the local community out there but to many of us who have heard of it, used it or recognised its value within our community. It is certainly worth the Parliament's time to work on holding the government to account on this particular issue.

The spa has been described as iconic. I guess that means that when you think of Hepburn you think of the spa. That is not to say it is the only reason to go to Hepburn. I have been to Hepburn and Daylesford many times but have never been to the spa. I have been there for conferences, I have been there for meals, I have been there for bushwalks and I have been there to visit family. I visited and understood the Italian agricultural heritage of the area. As an iconic facility the spa has the value that it immediately brings to mind reasons for a visit to the area. With an estimated 250 000 visitors to the facility each year there is no doubt about its economic importance either. I also tracked the statistics which show it could organise as many as 250 massages on a peak Saturday. It is obviously a busy and well-used facility.

But in discussing the wording of the motion, which specifically goes to the mismanagement of the redevelopment, members and other people interested in the debate need to understand where I am coming from. As a local councillor I was responsible for stewarding two major projects that have analogies with

the one we are talking about here today. One is the Fitzroy pool and the other is the Fairfield boathouse — boathouse rather than bathhouse. They have many elements in common. In one case we were the Crown land committee of management and certainly heritage was an issue. Heritage became more of an issue during the construction of the Fitzroy pool when the local member helped us out by nominating it for a heritage listing while we were in the middle of construction. Anything involving concrete, water and pipes, I am here to tell you, becomes quite complicated. In this case I note the complicating factor was that in the run-up to the construction the operator went into voluntary administration. Let us be clear about this — all of those issues make any such redevelopment enormously complicated. The question we have to ask ourselves is: was this really mismanaged or was it simply a case of the expectations and the information going back to the community not being clear?

In the short period since the member gave notice of this motion I have obviously not had the time to do the extensive consultations and examination of material and original documents that I would have liked to have done. But I have read all the available material that is out there on the internet — all the previous debates and the questions raised in the Parliament, sometimes by non-government members and sometimes Dorothy Dix-style by members of the government — to get a feel at least of some of the issues that may have been at play here and also to bring my particular perspective to it.

Projects like this are complicated. When we embark on them we should put in place various contingencies around time and budget, and we should make it very clear what the expectations should be. I would not say the material I have seen on the government website that communicates this issue is extensive; I saw four press releases and four fact sheets over about three years. Maybe at the local level the project managers have put in a lot more effort with individual stakeholders and those directly involved, but it is not clear from the paper trail that the government has necessarily communicated on the project as clearly as it could.

When we commenced construction of the Fitzroy pool we realised that time lines were going to blow out over summer, so we ended up restoring the pool for the summer period and then started the construction again over winter. What we did was set up a reference group so that all the interested stakeholders — anyone who wanted to attend — had direct access on a monthly basis to the project manager and the architect and any information they were calling for. We found that to be an enormously fruitful way of engaging with the

members of the community and effectively putting them in the drivers seat.

This building has the highest heritage listing that you can get in the state of Victoria, so clearly you would expect this to be a complicated project; it has to be delivered to the highest standard. I also read with interest that when a parliamentary committee inquiry into tourism issues took testimony in Hepburn the major issue brought up in relation to this and other tourism operations was public transport: the difficulty in attracting and retaining workers due to the lack of public transport into the area. Daylesford once had its own train; maybe that is the sort of issue we would be better pursuing here today.

Mr Dalla-Riva made quite a bit of the committee. He referred to the Crown land delegated committee of management being ready to quit. I too have felt like that plenty of times when dealing with projects like this, but governments, local councils and participants on committees overseeing projects take on a big responsibility. Of course it is difficult and of course at times that makes them subject to some criticism, but that may be simply the business of government.

I am not in any way trying to minimise the effect that the community may have felt from the time span or the delays of this project. I am not doing that in any way at all, I am simply putting forward another perspective, not beholden to either government or opposition, as to what we should reasonably expect in projects like this. People who have been involved in these things will also understand that, while members of the community might be enormously frustrated during the time of the closure, on the day they appear at the opening and get to see what it really looks like all that can be forgotten very quickly and we can be happy with the facility we receive.

As far as I can tell that was the substance of the Liberals' criticism in this case. It went on for quite a while, but those effectively were the bases of what the Liberal Party believes is going wrong. I think the Liberals need to do a little bit better than that. I value the fact that the opposition holds the government to account, but if Mr Dalla-Riva is applying for the job of major projects minister he needs to put forward his relevant experience, as anyone would in any job application.

Among the Liberal frontbench here we have got the ex-chiropractor, the ex-copper and the ex-parliamentary staffer, all lining up to tell the government how terrible it is — and we heard from the ex-footy coach as well — at delivering major projects, but I do not know

what their own credentials are for delivering major projects. I do not know what the last big project Mr Dalla-Riva delivered was. It might have been a renovation to his kitchen.

I think — this is just a suggestion — that if the opposition is going to have heavy hitters along the front row on the issue of major projects it needs to bring down the heavy hitters with local government experience. It should get Mr Atkinson down here, Mrs Petrovich, Mrs Peulich and people who have been in local government and have overseen projects like this. Then maybe it will start to make some hits. That was a gratuitous dig at the opposition, but I am not in any way making light of the seriousness and importance of this issue to the local community.

Although I think Mr Dalla-Riva came very close to making the issue into a bit of a joke, I do not believe it is a joke. I believe with important, iconic, economically crucial projects such as this we need to hold the government to account, but we need to hold it to a standard that is well known and accepted so that we are not simply becoming critics of government full stop.

My advice to the government is that it cannot do too much communication when it comes to projects like this with a high level of government engagement. From my perspective as a local councillor, we never once went wrong by putting all the relevant information into the community's hands and giving the community a seat at the table.

Ms LOVELL (Northern Victoria) — Firstly, I congratulate Mr Dalla-Riva on moving this very important motion today, because the Hepburn mineral springs bathhouse certainly is an iconic tourism attraction in the state and has been for many years. It has now been closed for 18 months, which is a major concern for its local community.

I will firstly address a couple of issues raised in Ms Tierney's contribution to the debate, and in particular I mention my disappointment at the sudden and certainly surprising amendment she proposed to the opposition's motion. There has been a longstanding agreement, in the spirit of allowing public debate, that the government would not amend opposition motions. It is very disappointing that Ms Tierney has a political agenda in trying to amend the opposition's motion.

Ms Tierney also spoke about the project being on schedule. This facility should have been opened last February, and it can hardly be on schedule when the construction has not even been completed. Ms Tierney also said that the entire time the Rural and Regional

Committee was in the Daylesford area it was too wet to visit the bathhouse, but that is absolute rubbish. Yes, it rained on the night — —

Ms Tierney — I did not say that.

Ms LOVELL — Yes, Ms Tierney said that. It rained on the night we arrived, but it certainly was not raining the next day when we took evidence from many people in the local community as to the impact that the closure of the bathhouse was having on the Daylesford region. I drove down to the bathhouse after we had finished, in the middle of the day, as all other members could have done, to have a look at what was happening with the reconstruction. Unfortunately it is a construction zone, so I was not able to go in and have a look.

While on trips during its inquiries into rural and regional tourism the Rural and Regional Development Committee has in the past organised visits to certain venues. One such visit was to the Swan Hill Pioneer Settlement. The committee has stopped organising those visits because in the case of Swan Hill only two members of the coalition turned out to visit the facilities. The Labor members were not interested in going to see the local attraction.

Ms Tierney — That is cheap political point-scoring when we are dealing with Hepburn.

Ms LOVELL — Yes, we are dealing with Hepburn and the disastrous redevelopment which goes back to October 2002 when the redevelopment was announced. It was to be a staged redevelopment which was costed at around \$6.5 million. In true Labor government style the redevelopment was re-announced in April 2006 and there was a budget blow-out; the redevelopment was to cost \$8.2 million. This created a major problem for the community, because the re-announcement was accompanied by the announcement that the facility would be closed for 14 months. The local council was particularly concerned about that. At a meeting with Regional Development Victoria, the Department of Sustainability and Environment and the Premier's office, the council was told there was no other option. If it did not accept the closure of the bathhouse, then the redevelopment would not happen. The closure of the bathhouse for 14 months was a major concern for the local community.

At this point, after the announcement of the closure, I became involved in the issue. As the then shadow spokesperson for tourism, I visited Hepburn Springs and the bathhouse, and I spoke to the then operator of the bathhouse, local councillors, accommodation

providers in the Hepburn Springs and Daylesford area and retail business providers. Since that time, I have returned to the area as a member of the Rural and Regional Committee. Many concerns which had been expressed to me on my initial visit were reiterated during the committee proceedings. During my initial meeting with the operators, they expressed extreme disappointment with the government and its broken commitment to a staged redevelopment. The operators all outlined how important the bathhouse was to the local economy and that the closure of the bathhouse for 14 months was a major concern to them.

Accommodation providers were concerned that the closure of the bathhouse would cost them up to 80 per cent of their business. They said they had already lost about 20 per cent of their business — and that was purely because of the publicity surrounding the closure of the bathhouse; there was confusion that perhaps it had already closed. They also said that other spas in the region did not have the capacity to pick up the extra clientele currently using the bathhouse facilities. They were also concerned that some of the other spas were quite expensive compared to the bathhouse, which would mean the other spas could not provide for the bathhouse clientele who were at the lower end rather than the upper end of the market.

Retailers were particularly concerned with the downturn in trade that the closure of the bathhouse would bring. Recent reports in the local press indicate that there are currently 10 businesses for sale in Daylesford. I have spoken to people in Daylesford who feel that that is a direct result of the downturn in trade due to the now 18-month closure of the bathhouse.

The spa industry attracts 250 000 visitors and \$30 million to the Hepburn Springs and the Daylesford region annually. Local businesspeople and many of the local councillors were concerned about the impact that the closure would have on the local economy. The bathhouse employed 85 staff, who all had to find alternative employment due to the closure. Many of the former staff have left the region and will never return. Despite local concerns, the government pushed ahead with the closure. We should look at the government's record regarding the overall project.

Firstly, we should look at the type of redevelopment that was promised. In 2002 we were promised a staged redevelopment to ensure the bathhouse would not close; there would just be a period of inconvenience with some services not being offered, but the business would go on and support the rest of the local economy, including the accommodation providers and the

retailers who rely on the clientele that visits the bathhouse.

Then in 2006 — long after the staged redevelopment should have been completed, but it had not even been started — the government announced the closure of the bathhouse. The government said it would take 12 to 14 months, but 18 months have passed and the bathhouse is still firmly closed and not looking like it will reopen in the immediate future.

We should also look at the cost of the project. In 2002 we were told the project would cost \$6.5 million; that was then later amended to \$7.2 million. Of that amount, the state government was to provide \$4.5 million. In April 2006 we learnt from John Pandazopoulos, the then Minister for Tourism in another place, that the cost of the project had blown out to \$9.4 million and the state would now provide \$7.5 million of that cost.

In March 2006 we learnt from the press release of the Minister for Major Projects, Theo Theophanous, that the cost of the project was \$10.6 million — and rising! The state contribution had risen to \$8 million. There has been a blow-out from \$6.5 million to \$10.6 million; the government's contribution has also blown out from \$4.5 million to \$8 million. Also in March a local paper reported that it believed the project had blown out to \$11 million — so \$10.6 million to \$11 million, and it is still rising. Who knows what the final cost of the project will be? Who knows what the final cost to the local economy will be? Who knows how much suffering it has caused the local accommodation providers and retailers?

How many jobs have been affected? I spoke to one business owner in the region who told me they had bought their business based on the staged redevelopment of the bathhouse. At the time they were quite happy about that. But the closure of the bathhouse could quite easily send them to the wall. The business said it employed five staff members and that it would have to stand down at least three members. In excess of the 85 jobs which were lost in the region because of the bathhouse closure, a number of additional jobs have been lost in other businesses.

Another thing we need to look at in this mismanagement of the project is the lease arrangement. When I spoke to locals prior to the closure of the bathhouse, the locals said they wanted — and I have raised it in the Parliament before — the lessee to be appointed prior to the closure. They wanted this to happen because they believed if a lessee was appointed prior to the closure they could develop a contingency plan that would offer some services in satellite venues

in the Hepburn Springs-Daylesford area that would take up some of the capacity that was being lost because of the bathhouse closure. One person who was interested in applying for the lease indicated that if he knew he had the lease he would install some baths for water treatment at some of the satellite venues. The main thing that was being lost from the Hepburn Springs area was the water treatment, which was the main attraction of that area. Many private spas do not provide water treatments. Unfortunately the lessee was not appointed prior to the bathhouse closure.

We then had the debacle of the announcement of the tender process for the lease. The tender process was first advertised on 9 May last year with a closing date of 7 June. It was withdrawn because of an administrative error. It was readvertised on 1 August 2007 and closed on 30 August 2007. We have had no explanation from the government as to what the administrative error was, just that the tender process was terminated and re-announced. Although the second tender process closed on 30 August 2007, here we are in April 2008 still waiting for the lessee to be appointed.

Another thing I want to point out about the advertising of the lease is that in order to cover up that it had to re-advertise the lease, the government advertised for two different things. The first advertisement in May had a tender title 'Hepburn mineral springs operating lease'. It was a lease to operate the Hepburn Mineral Springs Reserve bathhouse. The one advertised in August was called 'Operating lease for Hepburn Mineral Springs Reserve bathhouse', which was a lease to operate the Hepburn Mineral Springs Reserve bathhouse. Both were for the same thing but had different titles, which I believe was to cover up the government's bungling of the lease process.

We should look at the completion dates that have been touted for this project. The bathhouse was closed on 22 October 2006. We were told it would be closed for 12 to 14 months, so even if we take the longer period of 14 months, that would mean it should have opened in December 2007. Early in 2007 the community were told the opening would be in February 2008. The community was happy about that opening date. It was depending on a reopening date in February 2008 in order to capture visitations on the long weekend in March and the Easter holiday period. For this to happen those involved said the lessee had to be appointed by October 2007 at the latest. The reason for this was to allow the lessee to have an input into the final fit-out of the facility and the time to recruit staff. To find 85 staff at the last minute would not be easy. The lessee had to be appointed last October for the facility to open in February so it could be ready for the long weekend and

the Easter trading period the next year. This did not happen. We are still waiting for the lessee to be appointed.

In December 2007 the *Daylesford Advocate* reported that the completion date would now be June 2008. However, locals working on the construction site said it would be lucky if the facility was completed by September 2008. We are looking at a severe blow-out in the completion time for this project. Who knows when it will be completed? We have had delays, muck-ups with leases, changes in the style of the development and so on. It is obvious the project has been mismanaged by the government.

What are the locals saying about it? During the meeting I had with the local councillors and tourism operators they said the government consulted with Romney Grange who were the operators of the bathhouse until 2002. Romney Grange then went into receivership and the lease had to be handed over to a new operator who operated the facility until its closure in 2006. The government had consulted with Romney Grange, which had requested additional areas for body treatments and a reduction in the area for water treatments.

The government agreed to this. It went ahead with those plans without talking to some of the other locals. When I met with the operator who took over from Romney Grange and with the locals, they said that what made the Hepburn spa unique was the water treatments. That is what sets it apart from every other spa in Australia, and instead of reducing the number of water treatments we should have been increasing them. In the redeveloped bathhouse we will see a reduction in water treatments. We have seen the spa couches reduced from 6 to 4 and the private baths reduced from 14 to 8, and the saltwater pool is now smaller than the original pool. That was the wrong decision because, as I said, the main characteristic that sets the bathhouse apart from every other spa in Australia is the spring water and the water treatment it offers, and there should have been an increase in those water treatments rather than a reduction. The locals felt it would be a much better match for their current clientele and also for their future market to expand the water treatments, but that is not what is being delivered by Major Projects Victoria.

Jenny Beacham, who would be well known to many of those on the other side of the chamber, was quite vocal about this project. She was quoted in the *Daylesford Advocate* on 20 June 2006 as saying:

The loss of \$30 million from the district's economy through the closure of Hepburn spa should not be treated lightly.

Jenny was then the chair of the Hepburn Spa Community Advisory Committee. In the article she says:

... the committee was concerned about the consequences of the loss to the tourism industry in Daylesford and Hepburn Springs when the Hepburn spa closed for up to 14 months during the redevelopment phase.

She goes on to say that:

... when Hepburn Shire Council undertook the process of redevelopment four years ago, the undertaking given to the community was that there would be minimal disruption with a three-week closure during the redevelopment.

They could live with three weeks, but they cannot live with 18 to 24 months. She says further:

... several people in the new group purchased businesses and took on leases with that understanding.

I have already spoken about one of those people who took on a business knowing there would be a redevelopment and knowing they could trade through that, but had they known there was going to be a closure for 18 to 24 months they may have thought twice before investing their life savings in a business that they were going to struggle to survive in.

Ms Beacham goes on to say:

Suddenly and unexpectedly, when the resumption of the redevelopment was announced, the decision to close down for 12 to 14 months was announced.

There was no consultation before this announcement and the consequences to local businesses and the 85 employees who will lose their jobs in October are major.

Ms Beacham says that the Hepburn Springs community action committee would seek answers to a number of questions, including how you weigh up the loss of \$30 million and what happens to the 85 employees who will be without a job in October. Jenny Beacham was certainly right on the money with that one.

In July 2007 Cr Bill McClenaghan wrote a letter to the local member for Ballarat East in the other place, Geoff Howard, which he copied to a number of ministers including the Premier, John Brumby; the former Deputy Premier, John Thwaites; the Minister for Planning, Justin Madden; the Minister for Tourism and Major Events in the other place, Tim Holding and also to several other councillors. In his letter he says that:

The recent revelations regarding the confidential error of procedure ... within the Department of Sustainability and Environment which has caused the process for expression of interest for the new tenant/operator to be recommenced has caused major concerns within the local community.

He is talking about the botched lease process. He goes on to outline some of the other concerns that he has with the project. He says there was:

... a lack of overall coordination with no sense of urgency on the project or sensitivity to the impacts of delays on the local community.

He says the problem with the lease process would cause delays, and that was seen as being:

... unduly tardy, careless and irresponsible and evidencing the lack of sensitivity or understanding of the impacts of their decisions being demonstrated by DSE.

He says that:

both levels of government lack credibility because of the mishandling of this project and particularly the recent problems. Some members of the public see parallels with the Seal Rocks project of some years ago.

He continues:

The BB&CLG —

the bathhouse business and community liaison group —

have identified the following imperatives required of the government in relation to the project. Commitment to these will restore public confidence in the project and the state and local government's handling of same.

He is now trying to give some ideas about how the state government could gain back some credibility. His first point was that the bathhouse must be open to the public by 1 February. The government missed that deadline. He then says:

That in order to achieve such timing the new tenant/operator is confirmed by the beginning of October 2007 at the latest.

Again, we know that deadline has come and gone and we still do not have a lessee appointed to the bathhouse, and we are now in April. He says that if these goals are not achieved then the consequences for the local community would be that the:

... immediate economic impact associated with the March 2008 public holidays sees a conservative \$3 million–\$4 million at stake —

for the local community. He says further:

The bathhouse is recognised as this area's most significant tourism icon. It has become obvious during this redevelopment closure period that when the facility is functioning it accounts for significant planned visitation to the area. Any delays to the project will negatively impact such visitation.

He goes on to say:

There is an overall knock-on effect from the current perceived problems and delays within the wider local tourism and general business areas and the need to restore confidence across this grouping is critical.

As I said, the number of businesses that have been for sale recently indicates there has been a lack of confidence in the business community in the Hepburn and Daylesford area. The last quote I would like to give from Cr McClenaghan's letter is:

Similarly in the wider community there is growing disquiet and concern over lingering perceptions of mishandling and delays with the project being perceived in some quarters as being 'on the nose'.

I think Cr McClenaghan is right on the money with the comment that it is on the nose. People in the Hepburn and Daylesford region know there is something very smelly about this government's handling of the redevelopment.

The former lessee of the project, Mr Alex Zotos of Hepburn spa, has been quoted in the local media as saying that it may take up to five years to rebuild visitation to the Hepburn spa after the redevelopment, and that every day this government delays this project that five years blows out further and further.

The last media report I would like to talk about is an article dated 7 March in the *Daylesford Advocate*. The headline is, 'Bathhouse group set to quit'. This reinforces Mr Barber's point about the lack of information that has been available about this project. Here we have a report which says that:

Half of the community members of the Hepburn bathhouse business and community liaison group are ready to quit.

Committee member and Hepburn Regional Tourism Association president Carol Hulst said a lack of information from project managers Major Projects Victoria was frustrating members.

Ms Hulst said from the committee's inception it had been stonewalled at every turn.

'Members are just frustrated by the lack of communication, and embarrassed that the information we are giving the community is continually wrong', she said.

'We are upholding the official line — but then the rumours we hear from contractors are actually what is really happening.

'Our personal integrity is now being affected — we look like idiots'.

That is because this government was not communicating with this group, a community group that was the face of the redevelopment. The

government was leaving it out there to dry. The article goes on to say that the last time the group received a report from Major Projects Victoria was in December — and this was in March. It quotes Ms Hulst as saying:

We ask for major milestones but never receive them — I think that is because we would then hold them to that.

It goes on:

Ms Hulst said the committee had been originally told the bathhouse redevelopment would be completed in December last year, then by Easter and now by June or July.

'But the word on the street is that it's now September', she said.

That is certainly what the construction workers are saying. The article quotes Ms Hulst as saying:

We just want Major Projects Victoria to be honest and up-front with us and tell us the issues. The community can handle the truth.

What was the result of that article? The minister quickly arranged a tour of the facility for the community group. He put together a glossy brochure with pictures showing how nice it would look. He had not communicated with the committee for four months and suddenly decided he would do so. Let us hope he has turned the corner and will now communicate with it on a regular basis.

This project has been badly managed from the very beginning. A number of government ministers have had their hands on this project and they have to take responsibility for this. If we look back at the major projects ministers over the time of this project, we see the ministers who need to take responsibility in the area of major projects are the Minister for Community Development in the other place, Peter Batchelor, who was the Minister for Major Projects from 2002 to 2005; John Lenders in this house, who was the Minister for Major Projects from 2005 to 2006; and now Minister Theophanous, for his contribution from 2006 to 2008.

Mr Jennings acknowledged this in the house in the last sitting week. When I asked him a question about the lease of the redeveloped Hepburn spa, he said it was a nice move on my part to try to deflect blame onto him, but a number of government ministers need to take responsibility for the delay in this project. That does not include only the ministers for major projects. I think the ministers for tourism — the member for Dandenong, John Pandazopoulos, and the Minister for Tourism and Major Events, Tim Holding, in the other place — should also take responsibility for this project not being delivered on time or on budget.

In addition, as the environment minister and the person responsible for the lease, Mr Jennings needs to take some responsibility for the botching of that lease process. A lessee needed to be appointed by last October if the bathhouse was to open in February, and by December at the very least if it was to open by June, but here we are in April with the government saying it is going to open in June and still we do not have a lessee. It will take the lessee significant time to recruit 85 staff, do the final fitting out and put the finishing touches on this facility. We are now in the middle of April. If the bathhouse is to open in June — in six weeks — that is not going to happen. That is further evidence of what the community is saying — that there is no way that this facility will open before September.

The community has been badly treated and the Hepburn Springs-Daylesford region has been badly treated by this Labor government since it came to power in 1999. Under this Labor government this community has lost its abattoir, its knitting mill and its sawmill. The extended closure of the bathhouse has cost the community many millions of dollars and 85 jobs. Who knows what further damage it has done to accommodation providers and retailers in the area and how many jobs have been lost in addition to those lost at the bathhouse? The minister and government must take full responsibility for their failure and ensure everything is done to guarantee that the bathhouse is reopened by June, or even sooner if possible. As I said, we cannot see the government possibly meeting that time line. We cannot see a new operator being appointed and being ready to operate by June.

The Minister for Environment and Climate Change needs to ensure that that a lessee is appointed as soon as possible. The Minister for Major Projects needs to ensure that the facility is finished as soon as possible, and that this icon of the Victorian tourism industry is reopened for the enjoyment of the people of Victoria and our international visitors as soon as possible.

Mr THORNLEY (Southern Metropolitan) — I rise to speak against the motion and in favour of the amendment. As other speakers have indicated, this is an important project for the great region of Daylesford and Hepburn Springs. It is a central piece of infrastructure, a central project in the economy and lifeblood of that community. For that reason it is important that we get it right. It is important that the project is built correctly, that the complex but very effective design is given full effect, and that the necessary time is taken to do that because if you do not get it right, you inevitably end up spending more time and more money fixing the problem.

I have listened to several hours of contributions from members opposite to the debate on this project. I think the situation can be summarised pretty quickly. This is a project that the local council originally wanted to see happen. It could not make it happen, and the Victorian government stepped in to save the project. The Victorian government made an announcement through a press release on 4 October 2006 when it indicated that the project would be completed in early 2008. Sometime late last year it became clear that there had been a problem with one of the rather complex concrete pours for the project.

As a consequence and so that that could be remedied, the project was delayed. This was necessary for the project to work effectively and the very good and exciting design of the project to be brought to fruition without error. Therefore it was announced at that time that work on the project would slip by about 10 weeks and it would be completed in June. That is it; that is all there is. It is not a very interesting story. It is an important story because of the importance of this project to the region and the importance of getting it correctly built but essentially the only thing of significance that has happened here is that somebody has made a mistake with a complex concrete pour which has had to be remedied and that has caused a 10-week delay.

You would think from the 2 hours of diatribe from the other side that this was the greatest scandal in the history of the Victorian government. If it is the greatest scandal in the history of the Victorian government, then we are in pretty good shape. That is not to say that it is not important, that it is not frustrating and that the fact that the project has taken longer than we would have liked is not causing hardship for some of the local businesses. I am sure that everybody in this chamber and elsewhere would wish that the concrete pour had gone effectively the first time, but it did not. How does that get turned into some minor scandal which the Minister for Major Projects should feel is all his fault? I am not sure what he should have done. Perhaps he should have supervised the concrete pour himself, though I suspect he would not claim any expertise in that area.

Ms Tierney — He hasn't got a ticket.

Mr THORNLEY — Indeed, he may not have a ticket. That is really the extent of it. We now have the opposition ambulance-chasing the whole situation. I am sure if members opposite can track down whoever it was who did not get the concrete pour quite right they will bring them forward for a public tarring and flogging and some other sort of punishment. Although

opposition members do not seem to be very interested in that particular element of the situation, the only fact in this situation is that a concrete pour has gone wrong and a project has been delayed for 10 weeks. They are trying to create this elaborate political artifice and blame everybody under the sun — three or four different ministers and a whole pile of other people.

There is a little bit of a hotbed of intrigue up there. Obviously people are frustrated that the project has not gone well. There is a little bit of blame shifting going on and there are various political intrigues within the local council and other areas. There are potential lessees who are keen to get the business and see the project in their hands. We have the ambulance-chasers opposite desperately running around trying to stir up trouble, trying to do the bidding of disgruntled councillors or disgruntled potential lessees or anybody else, when all we have is a project with a complex concrete pour that has gone wrong and a decision correctly made that that needs to be remedied so that when this facility opens it works to the terrific standard that has been intended and that it does so for the next 50 years. If a 10-week delay is required to make sure that the project is fixed, that the concrete pour is remedied, then that is precisely what should happen.

The way the opposition is telling it, you would think that this is causing a complete collapse of the local economy. I am not disputing for a moment, and nor would anyone dispute, that it would have been preferable had the concrete pour not gone wrong, had the project been completed on time in early 2008 and had the delays not occurred. However, the closure of the bathhouse has not led to a decline in the local economy.

The facts on that are quite clear. They were outlined by Ms Tierney, but I will reiterate them because they seemed to be lost on those opposite. In the six months ended in March 2007 — after the bathhouse was closed — the region experienced growth of 3.2 per cent in domestic day trips and 10.4 per cent in domestic overnight visitations. Similarly in June of 2007 the numbers show an increase of 24.9 per cent in international overnight visitors and of 6.3 per cent in Victorian overnight visitors compared to the year previous when the bathhouse was open. No doubt those figures will improve further when the bathhouse reopens, and reopens with the facility in its correct form. It is going to be a magnificent project, and I am sure everybody looks forward to the additional economic benefit that that will bring. But the major economic benefit will come from having a project that works, that will not need to be remedied again and that

will be a proud and central part of this region for the next 50 years.

This is a great project. It supports a great region. It is unfortunate that something has gone wrong with the concrete pour. It is important that that be remedied, and it is being remedied. This motion, which seeks to elevate a problem with a concrete pour into an alleged government scandal, is a very poor use of this Parliament's time. I oppose the motion and support the amendment wholeheartedly.

Business interrupted pursuant to sessional orders.

QUESTIONS WITHOUT NOTICE

Port of Melbourne: container charges

Mr DALLA-RIVA (Eastern Metropolitan) — My question without notice is for the Minister for Industry and Trade. I refer to recent reports regarding the planned 100 per cent increase in container charges at the port of Melbourne from \$31.67 to \$67 per container. Whilst I understand major projects fall outside the minister's responsibility as Minister for Industry and Trade, does he concede that this massive increase in container charges results directly from the cost blow-out from \$102 million to \$1 billion in the channel deepening project and that this cost blow-out will be passed on to business and may severely damage the international competitiveness of Victoria's export industries?

Hon. T. C. THEOPHANOUS (Minister for Industry and Trade) — I thank the member for his question. The member correctly indicated that the ports are not part of my responsibility. I am not the ports minister; nor am I responsible for the channel deepening project, a project which is incredibly important from the point of view of the economic development of the state. We on this side of the house have held a consistent line in the face of significant opposition to the channel deepening because we understand the importance of it to our economy — unlike the opposition, which has sought once again to have two bob each way on channel deepening.

Mr D. Davis — Tell us about the increased charges. Tell us what business thinks about those.

Hon. T. C. THEOPHANOUS — I will tell you what I am prepared to tell you about, Mr Davis: I am prepared to tell you about how much support is there from the business community, whether it be the Victorian Employers Chamber of Commerce and Industry or whether it be the Australian Industry Group

or whether it be the Victorian Farmers Federation, you can name virtually any business organisation and it will tell you how strongly it supports what we are doing in relation to channel deepening. It will also tell you how much its members think that the way in which the opposition is pandering and trying to have two bob each way on something as important as channel deepening is disgraceful.

You only need to speak to the heads of some of these organisations I have mentioned to learn that they despair that there is not a consistent line coming from both sides of Parliament in relation to this important development for the port of Melbourne. They despair about it. I do not know what the current situation is in relation to the coalition, because The Nationals had a different position to the Liberal Party. We do not know how they manage that, but we are happy to stand by — and as Minister for Industry and Trade I am happy to stand by — the economic development of this state. I am happy to stand by the economic development particularly of country Victoria.

Let me make this point: more jobs have been created in one year in country Victoria than were created in the entire time of the Kennett government. That is the kind of statistic that the opposition does not want to hear. The Kennett government did not get that kind of development. Imagine an unemployment rate in regional Victoria of 4.3 per cent under the Kennett government! That would have been unheard of. During the Kennett period government members would never have dreamt that it was possible to have 4.3 per cent unemployment in regional Victoria.

Honourable members interjecting.

Hon. T. C. THEOPHANOUS — You don't like the statistics. I know you don't like them! I know members opposite hate to hear about how well the economy is working in Victoria. They hate hearing about the fact that we are creating more jobs — more jobs than any other state; that our population is growing; that the economy is growing; and that our skill base is deepening. All of these things members opposite hate hearing. They hate hearing the good news. They hate hearing that we are spending three times more on infrastructure and major projects than they did. Members opposite hate hearing these things.

Whilst the ports area is not directly my responsibility, I can tell the honourable member that as far as business is concerned it absolutely supports what we are doing with channel deepening, and it supports the economic framework which we have put in place for the economic development of this state.

Supplementary question

Mr DALLA-RIVA (Eastern Metropolitan) — I specifically asked the Minister for Industry and Trade about the impact the 100 per cent increase in container charges would have. It clearly is going to have a detrimental impact upon the competitiveness of Victorian industries. I ask the minister to provide the house with an assurance that the projected 100 per cent rise in container charges will not cost Victorian industry a single job.

Hon. T. C. THEOPHANOUS (Minister for Industry and Trade) — Again, opposition members fail to understand a simple, fundamental fact. I am happy, as Minister for Industry and Trade, to stand by the government's record and the outcomes that it is able to achieve in this important area of industry development. I am happy to look at, for example, the overall taxation that companies are paying today relative to what they were paying under the previous government, and the enormous number of concessions that have been given to those companies to keep them profitable.

I am happy to talk about WorkCover premiums which have been successively reduced by 10 per cent as a result of the management of this government. When you look at all of those inputs, you see that companies are more competitive now than they were under the previous government, and that is what is driving the economy. It is the fact that we have been able to reduce those costs, we are spending more on infrastructure and we have reduced unnecessary regulation. All of these things together are resulting in this record growth in employment, in people coming to this state and in all the other positive statistics.

I am confident that that will continue. I am happy for this government to be judged on its record in economic matters and compared to the previous Kennett government any day.

Planning: regional and rural Victoria

Mr VINEY (Eastern Victoria) — My question is to the Minister for Planning. The Brumby Labor government is coordinating a number of programs to assist with the better planning of suburban Melbourne in light of its growing population.

Mr D. Davis interjected.

Mr VINEY — Regional Victoria is similarly experiencing population growth — and David Davis might know this if he visited it. I ask the minister to inform the house about planning initiatives the

government is undertaking to better plan for regional Victoria, particularly in Gippsland.

Hon. J. M. MADDEN (Minister for Planning) — I compliment Mr Viney on his substantial question on his own region. I know he has a particular interest in making sure that we support growth and development across Gippsland.

It is important that we support sustainable growth and development right across regional Victoria. I know Mr Viney is particularly interested in Gippsland. We know that between the years 2001 and 2006 regional Victoria's population grew by 51 000. The concentration of that growth has predominately been in regional centres. This is in stark contrast to what happened eight or nine years ago. At that time we saw an approach in the regions that resulted in the closure of schools, hospitals and country rail lines. In stark contrast to what happened eight or nine years ago, and before that, we have made considerable and ongoing investment in regional Victoria. That is why our regional centres are thriving, and that extends into other areas beyond those regional centres, which is great for the state and the population.

I will give the house an indication of the sorts of investments we have made to complement and assist growth and sustainable development in those centres. To assist councils with the management of growth in the Gippsland region we have committed \$630 000 to the regional planning initiative. As well as that we have also supported the implementation of rural zones with \$500 000 of funding assistance to the Municipal Association of Victoria for the Rural Land-Use Planning program.

In addition we are seeing growth and development not only across the Gippsland region but also in some of those more sensitive areas such as the coastal areas. We need to manage that carefully, because those natural assets are what people love about Gippsland. We need to work closely with communities and build on those assets. Hence we have invested in Future Coasts and the Victorian Coastal Strategy. As well as that, we have also contributed \$160 000 to a landscape assessment project. This will assist the shires of East Gippsland, Bass Coast, South Gippsland and Wellington to implement the detailed recommendations from the Coastal Spaces Landscape Assessment Study. I have also committed \$15 000 to the review of the local planning scheme on French Island. These initiatives are about growth, but they are about sustainable growth and the management of that.

There is also a lot of work being done in Latrobe with the preparation of the draft Latrobe structure plan and regional town development plan. This is about data collection for inclusion in a land supply and analysis program. I have also recently fast-tracked a number of planning scheme amendments across rural and regional Victoria.

Gippsland and provincial Victoria are not only priorities of this government but are also areas that continue to thrive, develop and grow in a managed and structured way. That will ensure Victoria, and Gippsland in particular, remains not only a great place but the best place to live, work and raise a family.

Footscray: transit city

Ms HARTLAND (Western Metropolitan) — My question today is for the Minister for Planning, Mr Justin Madden. On 7 August in this house he announced that \$52 million would be allocated for the renewal of central Footscray in the form of a transit city program. That is almost eight months ago. It does not appear that any work has started at the station. I just might not be seeing it, but the ramp is still in a state of disrepair. As someone who uses that station all the time, I would really like to know when we can expect some work to start.

Hon. J. M. MADDEN (Minister for Planning) — I welcome the question from the member, because it is always good to hear her re-announcing our investment in the Footscray area. Anybody who has worked in and understands the sorts of works that need to take place — —

Honourable members interjecting.

Hon. J. M. MADDEN — President, I am taking your advice. I know the new microphone system is very sensitive, and I have taken your advice that I do not need to be nearly as verbose as I probably have been previously. I am trying to be sensitive to the new technology and to the President and the audience in the chamber. I just wish opposition members showed the same degree of sensitivity, but we know that they are an insensitive bunch from time to time.

Honourable members interjecting.

Hon. J. M. MADDEN — Can I just say that the Footscray transit city project is a very significant project — there is no doubt about that — and I am very pleased that Ms Hartland is interested and committed to it. But what is particularly important in building over any rail corridor — and I can say this from experience with the bridge that we built through the

Commonwealth Games initiative — is that there is significant technical detail, and you have to get it absolutely right. Because if you do not get it right from the very outset, you will find not only that you will have technical problems with the bridge and the subsequent operation of the bridge, but you will also have problems with the temporary operation of the bridge and the continued operation of the railway line if the planning and the bringing together of the engineering in that planning are not done thoroughly and comprehensively.

What is critical in this instance is that when the building works commence all those issues, particularly the operation through that rail corridor, must have been comprehensively considered to ensure that they do not interfere with the operation of the significant rail lines that run through the Footscray station. To reinforce that, not only do we have the metropolitan rail lines but we also have the three regional rail lines running through that area, so it is a critical station in more ways than one.

What we have already seen out there are significant works undertaken through government investment and investment by the Maribyrnong City Council. We have seen significant investment in the mall upgrade — that is continuing and ongoing and is part of the whole program. No doubt the works around the rail area are critical, and they will take place in the near future, but what also has to be appreciated is that we have opened a one-stop shop so that developers and people interested in taking up this urban renewal opportunity in Footscray have a single gateway to the process.

As well as that, what is also of critical importance across this precinct — and I know members opposite would be particularly interested in this — is the acquisition of land around the station. That might sound like an easy thing to do, but we do not want to be confrontational on this. It has required a fairly extensive and ongoing amount of work with the local community. There are a number of language groups among many of the retailers and traders in that area, and we want to work with them so that there are no shocks to the system and to make sure that when the whole project starts people are informed as it progresses. We want the people to be enthusiastic so that we will see an end result that we are all proud of.

Supplementary question

Ms HARTLAND (Western Metropolitan) — I was aware of all those projects around the station, as I actually live in Footscray. The question I would like to

know the answer to is: when will work on the ramp, which I would consider is becoming unsafe, begin?

Hon. J. M. MADDEN (Minister for Planning) — As I said to Ms Hartland, I expect those works to commence shortly. I am very enthusiastic about the project, and I am sure that when the works commence the community of Footscray and the developers in the surrounding area will be just as enthusiastic about the project as Ms Hartland and I are.

Water: national plan

Mr THORNLEY (Southern Metropolitan) — My question is to the Treasurer and it refers to COAG (Council of Australian Governments) — and I note that under the new cooperative federalism treasurers also attend COAG meetings because these are now working meetings, not blame-shifting exercises. My question is as follows: can the Treasurer update the house on the outcomes from COAG, particularly with regard to water?

Mr LENDERS (Treasurer) — I thank Mr Thornley for his question and his ongoing interest in matters COAG, particularly the national reform agenda, in which he has played a significant role on behalf of the state of Victoria. COAG has now met on two occasions since the change of federal government, and as well as that we have actually had an additional two treasurers and loan council meetings, so we have had four opportunities since the change of federal government to participate in cooperative federalism in these matters.

COAG has addressed some specific-purpose payments to the states — an important issue. It has addressed hospital funding, which I referred to in the house yesterday; it has addressed regulatory review; and it has addressed the national reform agenda and obviously the big issue of water, which everybody in this house has a great interest in.

Ms Darveniza — Me in particular.

Mr LENDERS — Particularly Ms Darveniza, as she informs by interjection. What we saw at COAG was a change from where the commonwealth sought to control everything that moved in Victoria. This was the attitude from the commonwealth. For example, Senator Bill Heffernan, the former parliamentary secretary to the federal cabinet, had views on how COAG should operate and how water should operate, just as he has views on how the conservative parties in Victoria should pick candidates. He has views on everything — on everything. Mr Heffernan has a view that Mr Ingram, the member for East Gippsland in the other

house, should be a conservative candidate for Gippsland, something Philip Davis obviously does not quite like. As well as Mr Heffernan having views on that, he has views on water.

What we have now from the discussions we have had with the commonwealth is stage 2 of the food bowl project agreed to. We know — —

Mr Drum — We have always had it!

Mr LENDERS — I take up Mr Drum's interjection, 'We have always had it'. On the contrary, the previous federal government would not sign up to the second stage of the food bowl project unless Victoria toed the coalition line on a priority for water going to Adelaide rather than to towns in Victoria and unless Victoria kowtowed to the commonwealth and had a federal minister determining, without consultation, what would happen with water supplies in the north of this state. It is a little bit rich to hear from a Nationals MP about a grievance with the commonwealth when, if we had signed off on the last agreement offered by the last commonwealth government, we would have sold Victorian farmers down the drain!

Honourable members interjecting.

Mr LENDERS — What we have now is a voice at the table on water. We also have critical infrastructure being delivered in this state. As I have said before, in food bowl stage 1, 225 gegalitres of water are saved, with one-third going to farmers, one-third going to rivers and one-third going to towns. In addition to that, this is new water; this is part of the 800 gegalitres of wasted water. The second stage, now signed off by the commonwealth, is for a further 200 gegalitres of water — a further 25 per cent saving — half of which will go to farmers, whom Mr Drum claims to represent, and half to rivers. What we have with water — and Mr Thornley asked me about water — in this state are some stark choices. We have choices about what to do with the rivers.

There is a policy proposal from some which talks about damming the Macalister River, damming its tributary the Barkly and damming the Mitchell River as an alternative. Some — The Nationals — would argue that that alternative is a good policy, and some — the Liberals — would argue that it is a bad policy. But what is significant about arguing about damming the Macalister, the Barkly or the Nicholson rivers is the presumption that in damming them you will send water to Melbourne. We have people saying that you cannot take Gippsland water to Melbourne, you have to keep it in Gippsland and send back the sewage — which is

what The Nationals argued — but the same people are saying, ‘Dam these rivers’, presumably to send water to Melbourne.

What we have now is a proposal from the national government, signed off by the state government, that actually frees up 450 gigalitres of water — and to put a measure on that, it is a volume greater than that consumed by the 70 per cent of the population in the metropolitan area — for farmers, for rivers and for towns. Victoria is contributing money in the first stage and the commonwealth in the second stage. Therefore we now have a partnership between farmers putting in to stage 1; the state government putting in to stage 1; Melbourne Water putting in to stage 1; and the commonwealth government putting in to stage 2. We have a seat at the table, we have more water, we have infrastructure, we have certainty and we have a partnership.

This is the result of cooperation between governments — something this state has called for. We are seeing results — more water and fairer distribution — that are making Victoria an even better place to live, work and raise a family.

Ballarat Base Hospital: redevelopment

Mr VOGELS (Western Victoria) — My question is to the Treasurer. Will the Treasurer indicate to the house when the Brumby government will finally fund the desperately needed expansion of the Ballarat Base Hospital, given that there are now more than 6316 patients waiting for all types of desperately needed treatment?

Mr LENDERS (Treasurer) — I welcome questions on health at any time in this chamber. The Minister for Health is in the Assembly, and he is represented in this house by my colleague Mr Jennings. I do not know for sure, but I suspect I am being asked the question because Mr Vogels thinks I am the weak link, and he is not game to ask Mr Jennings the question on the portfolio he represents.

But I am happy to step into the breach. I reiterate my comments to Mrs Kronberg yesterday when she raised the question about the Box Hill Hospital. What I can say is that when we are talking of the Ballarat hospital, we have a pattern here. We have 150 years of history in this Parliament of treasurers not commenting on budgets prior to their release, and I am sure King John signed the Magna Carta under the tree at Runnymede on the same principles.

But if we are talking about the Ballarat Base Hospital and the delivery of health services I repeat what this government has done in the last eight years: we have gone from a million patients treated a year in public hospitals to 1.3 million patients.

Mr D. Davis interjected.

Mr LENDERS — In answer to David Davis’s interjection that we have a bigger population, yes, we have, but we have not had a 30 per cent increase in population since the year 1999. This government has made Victoria a more attractive place to live, work and raise a family, but not as attractive as that — not 30 per cent!

If we are talking about regional Victoria, in the seven very long, dark years leading up to 1999 we saw 12 hospitals — a dozen — either closed or privatised. Speaking of the hospitals that were privatised, I will mention the great region of Gippsland for which Philip Davis is writing his preselection speech as we speak — and all of us have an interest in that speech.

I grew up in that area, which includes the great towns of Trafalgar and Willowgrove in the Baw Baw shire, and in that area we saw the hospitals in Traralgon and Moe close during those seven long, dark years of the Kennett government. We also saw privatised hospitals established to fill the gap. If I recall — and I am happy to stand to be corrected on this — that experiment was such a stunning success that it was sold back to the government for a dollar so that the government could again run a public health system in the Latrobe Valley.

Mr Vogels asks about Ballarat, and I can certainly assure him that we have history on this matter. I can confirm that funding to country ambulances was slashed by 28 per cent during those seven years; we also saw \$7 million cut from community health and \$15 million slashed from country aged-care services.

I could go on — and undoubtedly as I get budget bid after budget bid for hospitals from the opposition from now until budget day, I will go on — but I will say to the house that this government is investing in services, in country hospitals. It is not closing 12 of them. It is investing in country hospitals and in the country workforce, and it is delivering the services. The proof of the pudding is in the eating.

We have achieved from the federal government a 10 per cent increase in funding for hospitals — 10 per cent out of the Council of Australian Governments (COAG) meeting. That has seen investment increase to more than \$10.3 billion from the commonwealth towards the hospital system, of which Victoria gets

24.2 per cent. If you want to measure that, the commonwealth increase alone is \$242 million more for the hospital system in Victoria out of the last COAG meeting. We are not closing hospitals, we are putting services in. We are also treating 30 per cent more patients and we are working with communities.

I say to Mr Vogels that we welcome debate at any time on delivering services to country hospitals. Our minister visits them and encourages them. He does not go out there and close them or slash and burn; he delivers services — 30 per cent more patients. We welcome the discussion, and I urge Mr Vogels to work with us towards improving the health system.

Supplementary question

Mr VOGELS (Western Victoria) — I thank the Treasurer. It is not surprising that the throughput is increasing. After all, the population is increasing and ageing, as are our hospitals. Given that the opposition has promised Ballarat \$88.4 million for 60 more beds and the capacity to treat an extra 9000 patients per year, what is stopping the government from matching that pledge and funding this urgently needed upgrade for the people of Ballarat and district?

Mr LENDERS (Treasurer) — I reiterate to Mr Vogels that 30 per cent more patients are being treated, and I would say to any Victorian who wishes to believe anything said by the opposition on hospitals that they should go to the people of Koroit, Macarthur, Clunes, Elmore, Mortlake, Lismore, Beeac, Birregurra, Altona, Mordialloc, Burwood and Essendon, who had their hospitals closed when the opposition last made these decisions.

I would say to them: if anyone from Ballarat wishes to measure the credentials of this Brumby Labor government versus an alternative government, go to those 12 communities and ask the question. The answer will be: let us deal with the people who have improved throughput by 30 per cent, invested back in the system and are determined to make Victoria an even better place to live, work and raise a family, in cooperation with a national government that is delivering on better outcomes.

General Motors Holden: climate change initiative

Mr EIDEH (Western Metropolitan) — My question is for the Minister for Industry and Trade. Can the minister inform the house how the Brumby Labor government is working with local automotive

manufacturers to address the challenges of climate change?

Hon. T. C. THEOPHANOUS (Minister for Industry and Trade) — I always love getting questions from Mr Eideh because he understands business better than most members in this house. As I think I said in answer to a question yesterday, the automotive industry and the textile, clothing and footwear (TCF) industry are two fundamental manufacturing industries in the state.

We have worked very hard over the last 10 years to create a future for the automotive industry, and I guess it is appropriate to get a question in relation to the automotive industry at this time because one of the architects of the industry and of the car plan that has allowed us to be in the position we are in today in the automotive industry was John Button, a former Labor minister in the federal government, who passed away recently.

In answering the question allow me to also put on record, from the point of view of the government, our condolences to the family of John Button. And let me also say that his legacy to the car industry is one which is ongoing. He saw before others that the car industry needed to have a plan going forward and that that plan needed to include an emphasis on being able to do things better in Australia than you could do them anywhere else in the world. That also included the idea that we had the potential to export vehicles out of Victoria and out of Australia. That is exactly what has taken place. The car industry is now a successful industry precisely because it has refocused itself to become a global manufacturing industry and has begun a significant program of exporting. That means that almost 50 per cent of all cars produced in Australia are now exported, and that adds to our export revenue.

What that means for Victoria is that the automotive industry is still one of the engine rooms of the Victorian economy. It accounts for \$2.8 billion in exports out of Victoria alone. It directly employs 35 000 people in Victoria, and a further 65 000 people are involved in other areas in the automotive sector. This is an industry on which 100 000 people in Victoria rely for their livelihood.

It is also an industry which understands the need to change and meet the challenges of climate change. I was pleased, along with my federal counterpart, Kim Carr, to be at General Motors Holden to launch its Greening the Supply Chain initiative. This initiative is about working out what it is that you can do within your own production processes to reduce the carbon

footprint that comes from producing cars, as opposed to what the cars themselves might have as a carbon footprint. This is a sometimes forgotten but very important part of what these industries need to do going forward.

General Motors approached this by seeking the assistance and support of the World Environment Centre and also a specialist company here in Victoria, Coffey Environments, to try to work out how it could change its production processes in a way that would reduce its carbon footprint. The early signs are of significant success. It has invested something of the order of \$700 000, but the payback has occurred within a short period of time, because as a result it has reduced greenhouse gas emissions by a significant amount.

This is about working with industry to reduce its impact on the environment, but it is also about understanding that it is only through innovation, working with industry representative bodies and understanding that there are opportunities that will arise out of climate change that we will be able to position our industries in the new environment in which we see ourselves going forward. That is why, for example, we are working with the Victorian Employers Chamber of Commerce and Industry to develop the \$10 million Carbon Down, Profits Up program to help businesses reduce carbon emissions. It is only one of a number of programs that we are looking at in this space.

The challenge is there for all of us. I am pleased to say that the automotive industry is keenly aware of this and is looking at how it can add to the project of reducing emissions. I congratulate General Motors Holden on this particular initiative.

Public transport: ticketing system

Mr D. DAVIS (Southern Metropolitan) — My question is for the Treasurer. Last week it was revealed at a Public Accounts and Estimates Committee hearing that the probity auditor who was eventually appointed to the new ticketing system tender was recommended to the failed chief executive officer of the Transport Ticketing Authority, Vivian Miners, by someone from the Department of Treasury and Finance. I ask the Treasurer who it was in his department who made this recommendation to the now disgraced Mr Miners.

Mr LENDERS (Treasurer) — The issue of probity auditors and the like is one in the purview of the minister for finance, who is in the other house. There is a panel of eight probity auditors from which all government departments are required to choose under the government's arrangement for tendering. I stand to

be corrected on the number being eight; certainly when I was finance minister there were eight on the panel. Any government body that wishes to engage a probity auditor will be referred by the department either to the website or to the particular documentation which says there is a panel of eight.

Similarly, if anyone in government were to seek a lawyer, they would be referred to a panel. If they were to seek a particular engineer, they would be referred to a panel. If David Davis, for example, were the chief executive officer of a health body and he wished to find out what the rules were, he would either go tap, tap, tap — www.treasury.vic.gov.au — and find out or he would make a phone call.

Mr D. Davis interjected.

Mr LENDERS — But David Davis enjoys bullying, whether it be shouting at ministers on their feet or whether it be maligning the reputation of public servants in cowards castle here. He likes to distort and do those things. What I say to Mr Davis unequivocally is that if any Victorian government department wishes to engage a probity auditor, then it goes to a panel.

I contrast that with what happened under previous regimes in this state — and I do not use the word 'regime' lightly — where government was treated as personal property and government process as a joke. This is the government that has set up an Auditor-General to oversee government departments because it is not fearful of independent statutory oversight. This is the government that enshrined the Ombudsman into the constitution because it is not fearful of independent statutory oversight. This is the government that has every minister facing the Public Accounts and Estimates Committee because it is not fearful of facing independent probity oversight.

I say to Mr Davis that they are the procedures that have been put in place. For any government department seeking a probity auditor, which we encourage — previous governments did not; they did all these things nice and cosily among mates — we have probity auditors who supervise these things. We have a panel, and anybody who seeks to know who is on that panel will be advised by the Department of Treasury and Finance, which will say, 'Here is a panel of eight. You interview. You do the work you need to do on that. You find out who suits you, and you see who is available. You choose from those on that panel who tendered to the government for the right to be on that panel'.

Supplementary question

Mr D. DAVIS (Southern Metropolitan) — Given that answer, can the Treasurer tell the house why someone from his department, whom he will not reveal, would recommend a probity adviser who was totally untested on any tender of this size, who had only been in business for 10 months and who was not even on his government's own auditing panel?

Mr LENDERS (Treasurer) — I have answered Mr Davis's question in my substantive response.

Mr Barber — On a point of order, President, I picked this up before but I did not want to interrupt the answer. On a couple of previous rulings I have fallen foul of the Chair because of wearing badges and waving documents at the minister. I gather these things are to do with keeping general decorum in the house. Can the Chair advise me whether Mr Theophanous continually waving that piece of paper around falls foul of the same standing order?

The PRESIDENT — Order! The house should be confident that, if I see anything I believe to be disorderly, I will certainly deal with it immediately. I am not aware of Mr Theophanous disrupting the house in any way, shape or form, but I remind all members of the house of the standards that I require. In answer to the original point of order, there is no point of order.

Solar energy: hot water systems

Ms TIERNEY (Western Victoria) — My question is for the Minister for Environment and Climate Change. Can the minister inform the house of how the Brumby Labor government is helping households in regional Victoria reduce greenhouse emissions?

Mr JENNINGS (Minister for Environment and Climate Change) — I thank Ms Tierney for the opportunity to respond to her question and for her concern for the wellbeing of the financial viability of Victorian households, particularly in regional Victoria, and also the support provided by the Brumby Labor government in terms of trying to provide for not only their financial benefit but also an environmental benefit in the way they heat their hot water.

Many members of this chamber will be aware that there have been pre-existing government programs to support the installation of solar hot water systems, but previously these systems have been available only to those in our community who seek to upgrade their gas hot water systems. We recognised recently that there was a gap in the policy cover of those issues, particularly as they relate to people in regional Victoria

who may only have access to electric hot water systems and may not have been able to receive the benefits of access to a solar hot water system.

Certainly there are a number of households — about 150 000 of them — throughout the state of Victoria that are not on reticulated gas services. This is a matter that our government has tried to do something about. We have tried to increase the coverage of the availability of reticulated gas throughout Victoria and to build on that support to communities throughout Victoria.

Honourable members interjecting.

Mr JENNINGS — I cannot quite tell what the interjections from members on the other side of the chamber are, but I am pleased to know that, although they did not stand up for regional Victoria during their time in government, they are now taking the opportunity to stand up in some shape or form in relation to these issues — hopefully in the interests of members of regional communities throughout Victoria, because certainly it is the commitment of our government to try to provide that support.

I am very pleased to say on behalf of the government that we have taken new steps in relation to this support by providing a \$33 million program which will commence on 1 July this year to assist those households to install solar hot water systems. For the first time this program will be providing solar hot water systems that can be connected to both electricity and gas going forward. It will provide a significant rebate to households, something of the order of \$2000, for the installation of those systems throughout regional Victoria.

We recognise the importance of making sure that we have the skills and the capacity to install those systems. Part of the \$33 million will be allocated specifically to training 1400 plumbers in regional Victoria to make sure that we have an enhanced skills base to provide for the installation of those hot water services. That will add to the employment opportunities in terms of installation and the skills base. People involved in the plumbing industry will be able to add additional skills to their local community, which will go far beyond the benefits associated with this particular program.

This program has significant greenhouse gas benefits in its own right. We estimate that over the life of the solar hot water systems that will be generated through this program a total of about 462 000 tonnes of CO₂ equivalent will be saved. There will be significant individual savings to households. They can have confidence that they will be contributing to reducing

our greenhouse gas load, but there will also be significant financial benefit. We estimate that something of the order of \$245 will be saved annually from the energy costs of each of these households right throughout regional Victoria.

Our government is very pleased to be able to provide support to regional employment through the installation of very efficient solar hot water systems that straddle both gas and electricity and to provide significant support to households right throughout regional Victoria who want to make a contribution to the greenhouse gas effort to reduce our environmental load, while also making a very positive contribution to the viability of those households in terms of the effect on their household budgets.

Alcohol: late-night licences

Mrs COOTE (Southern Metropolitan) — My question is to the Minister for Planning, Minister Madden. Alcohol-fuelled violence is endemic in Victoria at present, and Premier Brumby's rhetoric on the issue is concerned with the health and policing aspects of this issue which is threatening the lives of our youth and of our community. In a recent British Medical Association report Victoria, Australia, was listed as one of the worst places in the world for violence associated with licensed premises. Under the minister's watch Melbourne is fast losing its international reputation as the most livable city. How does the minister justify allowing increased planning permits for nightclubs wanting all-night permits and so-called live music venues wanting their permits extended until dawn when Victoria is not coping with the increase of binge drinking and violence at the existing venues?

Hon. J. M. MADDEN (Minister for Planning) — I welcome Mrs Coote's question, because I know that she, like a number of representatives across her area, is particularly interested in this matter because of the concentration of activity in those areas and the concentration we have seen recently of a number of venues and I suppose the number of people attending those venues.

As a government we are very aware of the propensity for young people to concentrate in venues and drink substantial amounts of alcohol for long periods of time and the broader community impact that that has, not only on those individuals but on the broader amenity in the areas surrounding those venues. What we have seen in terms of the social patterns or social behaviour across the community, particularly of people in a certain age group, is the propensity to engage in more substantial

consumption of alcohol for longer periods of time in similar venues.

We cannot tell people how and when they should drink, but what we as a government can do is form a more coherent approach in relation to many of these issues. A number of these issues sit in a number of portfolio areas, and we have had a working group considering these matters. I have mentioned that working group before. Whether it is in relation to particular issues in areas that I know Mrs Coote is interested in or more broadly across the community, there are a number of things that governments can do, but it does require a comprehensive approach across government. Currently within government there are a number of discussions on a comprehensive approach being worked on and progressed.

I look forward to announcements being made in future about a comprehensive approach to many of these matters. I also look forward to work in this space, but we are very conscious of the social behaviour, the change in social norms and the need for us, as a government, to respond in these areas, whether it be on planning matters, liquor licensing laws or just issues in and around the location of these venues and the accumulation of these venues and their hours of operation. A number of these issues are dealt with at a local government front, some of them are policing matters, some of them are planning matters and some of them are liquor licensing matters. It is no good dealing with these matters through a piecemeal approach. I look forward to making further announcements in this space on a comprehensive approach from this government.

Supplementary question

Mrs COOTE (Southern Metropolitan) — I thank the minister for his answer, but will he call a halt to the issuing of nightclub permits in residential areas such as the proposed 4000-patron nightclub in the St Kilda triangle development and the 1000-patron nightclub in Toorak, thereby reducing the potential for alcohol-induced violence in those areas?

Hon. J. M. MADDEN (Minister for Planning) — I welcome Mrs Coote's more specific question in relation to a number of these venues. No doubt these venues will go through a planning process, whether it is a local government planning process or a broader process about liquor licensing. I will take very close and particular interest in these matters.

The venues in the St Kilda triangle are more of a local issue, but there is no doubt that there was a venue there that was in operation for many years but was closed.

That venue, I think, had a patron capacity that was greater than 3000 at peak times of operation. I will pay close attention to these matters. I will work in conjunction with my ministerial colleagues who have responsibilities in these areas. I am also particularly aware of the other venue in the South Yarra precinct which Mrs Coote identified as having a capacity to cater for approximately 4000 patrons.

Mrs Coote — It is 1000.

Hon. J. M. MADDEN — Sorry, it is 1000. I know that the local Labor member for Prahran in the other place, Tony Lupton, has bought that issue to my attention. I am acutely aware of these matters. As I said, we, as a government, are putting together a comprehensive approach in relation to these matters. I look forward to making announcements in this space.

There is no doubt that this is a critical issue that we as a government and we as a community need to be conscious of. We need to work on this issue. I also encourage members from both sides of the chamber to work closely with their communities to help to provide, encourage and offer as alternatives for young people a range of entertainment opportunities that are not just areas where liquor is consumed.

Floods: Gippsland

Mr HALL (Eastern Victoria) — My question is directed to the Leader of the Government in his capacity as the Treasurer of Victoria. I refer the Treasurer to the government's \$60 million Gippsland flood recovery package which was announced on 10 July last year. I was one of the first people to congratulate the government on its prompt response to the flood. I ask the Treasurer to advise the house if that \$60 million has been fully expended, and if so, where I can find an account of those expenditures.

Mr LENDERS (Treasurer) — I thank Mr Hall for his question and his obvious interest in how the Gippsland community is recovering. As we know, the Gippsland community has done it tough with natural disasters. Cabinet ministers, parliamentary secretaries and our members who represent Gippsland, Mr Viney and Mr Scheffer, have been to East Gippsland on a number of occasions following up, firstly, on the issue of fire recovery. We have all heard horror tales from people in East Gippsland who have been recovering from bushfires. There is a horror of the fires in the first place, but then secondly there is also fire recovery. Added to that issue there have been the drought and floods, which Mr Hall has alluded to. It has been a very rugged time for many Gippsland communities, but

Gippsland is a very rugged place and the communities have been extraordinarily resilient.

During the government's meetings with the Wellington Shire Council and the East Gippsland Shire Council to deal with these matters we have had a good dialogue and have worked through the issues. In regard to the specific issue of flood relief funding that Mr Hall raised, I cannot give him an exact figure or whether it has all been acquitted. I do not have that figure at my fingertips, but I can certainly say to Mr Hall that I have signed off that funding to Wellington shire and East Gippsland shire, and I believe from memory also to Latrobe City Council. Flood relief has definitely gone off to each of those shires. In most of those cases through the Minister for Roads and Ports and VicRoads there has been funding to replace roads and bridges and those forms of infrastructure, although obviously there is more to it than just that. In those areas we have had a dialogue with the individual councils and they have presented to us the receipts and expenditures they have incurred when dealing with the floods. Almost without exception we have put forward the funding. There have been a couple of areas where we have had discussions with the shires. It has been a productive approach.

I will take the balance of Mr Hall's question on notice. These things will obviously be reported on by government. I will take on notice what the normal reporting time is for these matters and the form in which it will be reported, but I can assure Mr Hall that we actually had a very productive relationship with the Gippsland municipalities. It has been a very collaborative approach. The Premier has congratulated the councils, their staff and the communities on how they have responded to these three disasters and these three very difficult times in their region over the last year or so. We will continue to work with them in addressing these issues.

Supplementary question

Mr HALL (Eastern Victoria) — I want to thank the minister for his answer, and I look forward to some further detail on the expenditure of that flood recovery package. I acknowledge that there were a large number of items — some 50 or so — identified in the press release of 10 July which comprised the expenditure of the \$60 million. I do not expect the minister to recall whether all of those items were signed off on or not, but I ask whether he recalls some of the major ones which were included in the package — for example, the \$1 million that was allocated to the Cunninghame Arm footbridge in Lakes Entrance. Can the Treasurer advise me if that particular expenditure has been undertaken?

Mr LENDERS (Treasurer) — I think I have addressed Mr Hall's question in my substantive answer. I will take on notice the rest of the issues he raised.

Sitting suspended 12.59 p.m. until 2.03 p.m.

HEPBURN MINERAL SPRINGS BATHHOUSE: REDEVELOPMENT

Debate resumed.

Mr KOCH (Western Victoria) — I look forward to making this contribution in relation to the Hepburn Springs bathhouse. I would like to congratulate Richard Dalla-Riva for putting this matter on the notice paper; I think it is really important. It is an issue that concerns many regional Victorians because of this government's track record of neglecting regional development across Victoria. As my regional colleague Ms Tierney indicated earlier, this lies within our region and, as we heard in my colleague Wendy Lovell's contribution, it has a very big impact on the town.

The bathhouse at Hepburn Springs is what we would recognise to be a tourism icon, especially in western Victoria. The visitations certainly indicate that it runs a close third behind the Great Ocean Road and Halls Gap. It has a significant impact on western Victoria, but more particularly on the communities of Daylesford and Hepburn Springs, which have between 3200 and 3300 residents.

I guess we all recognise that what has taken place at Hepburn Springs over recent times has turned out to be an appalling debacle in relation to the government's management of this redevelopment. It concerns me greatly when I hear other contributions from the government benches, particularly from Mr Thornley, who tried to put a smokescreen across this by saying, 'This has all come about because of the mucking up of one pour of concrete'. For goodness sake! Ms Tierney made a very serious and passionate contribution in relation to the bathhouse. She failed to call at the bathhouse during a recent sojourn of the parliamentary committee inquiring into tourism in that area because there was rain overnight. It was seen that members of the committee did not have the time to be there — —

Ms Tierney interjected.

The PRESIDENT — Order! If Ms Tierney has an objection to make, she can do it in the proper fashion.

Ms Tierney — On a point of order, President, that is not the case. The site visit was cancelled — —

The PRESIDENT — Order! That is not a point of order.

Ms Tierney — The point of order is that Mr Koch made an absolutely incorrect statement.

The PRESIDENT — Order! That is not in fact a point of order. If Ms Tierney has an objection to make about a comment made about herself, she can make it and she can ask for whatever action she may think is appropriate. Just to disagree with the comment being made is not a point of order.

Ms Tierney — Further on the point of order, President, I request that Mr Koch withdraw the incorrect statement he made.

The PRESIDENT — Order! If Ms Tierney takes exception to or objects to or takes offence at a comment made, she can do so, but just asking someone to withdraw a comment they make because she does not agree with it is not going to wash. If she has an objection or if she takes offence, that is fine, but she is not there at the moment.

Ms Tierney — On the point of order, President, I find it offensive. The remark implied that I am not doing my job. That is absolutely incorrect, and I find it offensive.

The PRESIDENT — Order! It may be something Ms Tierney does not like; it may be a criticism is being made that she disagrees with, but she cannot take offence at someone disagreeing with her or taking a political position against her contribution. If something has been said that is actually offensive — —

Hon. T. C. Theophanous — Further on the point of order, President, it is inappropriate to reflect on a member's behaviour in this house, and I understand that — —

The PRESIDENT — Order! Let me remind Mr Theophanous that if any offence has been taken by the member, the member is in the chamber and she can bring it to my attention and ask for a withdrawal. It is not for Mr Theophanous to argue the case for Ms Tierney about something she takes offence at. If Ms Tierney has something that falls into the category of being offensive and she wants it withdrawn then she should ask, but at the moment she has failed in her point of order.

Ms Tierney — President, I seek your guidance, in that an incorrect statement was made. The fact is that the site visit was cancelled by the organisers because it was raining.

The PRESIDENT — Order! I will read the ruling in relation to this matter. It states:

The mere request for a withdrawal is not sufficient to make certain that one must be made. Words used in robust debate should not be taken offence at — if they are held to be a reflection as distinct from robust debate a withdrawal would be requested.

I am not of the view that the member's comments actually reflected on Ms Tierney.

Mr KOCH — Thank you, President.

It is important that we recognise the lack of support Daylesford has had from the government in relation to the bathhouse. What has taken place is a debacle of major proportions in this small community. The spa house has been recognised historically, especially over recent decades, as being the backbone of local employment in tourism in both Hepburn Springs and Daylesford. As I say, that is something that is generational: it is not new. We are aware, and it has been quite widely published, that the annual visitation is of the order of 250 000 visits. The bathhouse makes a direct contribution of between \$7 million and \$10 million but it has been estimated that something of the order of \$30 million has been contributed indirectly to this small centre.

This is not the only business the government has seen fit to not support in the last four or five years to maintain that revenue coming into that community and add to the viability of its economy. I bring to the Parliament's attention that over that period of time we have seen the Daylesford knitting mill close. It was sent to the wall with more than 100 permanent jobs lost. That was closely followed by the closure of the Daylesford abattoir. The government offered absolutely no support in relation to that business and the more than 100 jobs involved; I believe 120 jobs was the number there.

The third incident related to the timber industry, where the government saw fit to overnight take away the allocation of timber in the Wombat State Forest for the many sawmills that worked throughout this part of Victoria. We saw 250 jobs removed across the board in relation to timber activities in the Wombat State Forest. To this day only one small mill remains. It is run by Brian Bose. It is a small mill. It has only been retained because Brian Bose had, in his wisdom, over a period of time taken up private forestry when the opportunity arose. But employment at this sawmill is between five and eight people. We can see that the government has not been generous to the Daylesford-Hepburn Springs area in the recent past.

On top of this we have seen 130 jobs directly affected by the closure of the spa house. As we heard earlier today, from when the redevelopment was first flagged in 2002 it was always indicated that it would be a staged redevelopment, not the removal from the community of a bathhouse that has made such a contribution not only in supplying services but also by being the recipient of the major visitation that has taken place. As we know, the bathhouse was closed on 23 October 2006, after the lease expired on 22 October 2006. The first sod of the new development was turned by the member for Ballarat East in the other place, Geoff Howard, on 24 October. That date has stuck in my mind — I know a couple of people in this house are very close to the date of 24 October. I remember when they indicated that it would take 14 months for this redevelopment to take place, and I know exactly the starting date.

There is no doubt whatsoever that the economy of the Daylesford-Hepburn Springs area started to haemorrhage once it came to pass that we were going to close the bathhouse at Hepburn for this 14-month period. I have indicated to the house the loss of jobs over a five-year period. Suddenly the area had lost not only those jobs but also the visitation to the area and the turnover it had become accustomed to and which was the backbone of that community. Originally, as published in the Ballarat *Courier* on 4 October 2002, this property was going to have a staged redevelopment over a two-year period at a cost of \$6.5 million. Principally those funds were going to come from RIDF — the Regional Infrastructure Development Fund — and from the Hepburn council's budget. What should concern us is that very little or no action was taken at that time. The business at the bathhouse continued to falter. The people who leased and managed the business became insolvent and were no longer able to maintain the capacity they had had in the past.

It is important that we pick up that very little took place from 2002 to 2006. We fell from pillar to post. The government certainly did not kick in and do anything for the people of this community. It was quite happy to swing them in the breeze and watch them suffer. It came along as a last resort in October 2006. It slammed the gate shut on the whole operation and indicated that not only had the price of \$6.5 million disappeared but it had escalated to in excess of \$10 million. The 130 direct jobs would be dissipated but the government hoped some of the smaller private spa houses would take up the slack. I can assure the house that, from what I have been told by those people, none of those businesses have had a boom out of any of this. Their

businesses have increased slightly but certainly not to the extent they anticipated with this closure.

The funding arrangements for this new development principally relied on the government, which put another \$3 million into its commitment, taking it from \$5 million to \$8 million. The council would be using loan funds because it certainly does not have liquid reserves to undertake this redevelopment, and its loan funds have remained at \$1.2 million. The federal government has made \$550 000 available. The Victorian Mineral Water Committee is putting in \$300 000, which I think is a very big contribution from a small committee's point of view. The Sustainable Energy Authority Victoria, as it was then, was putting in \$50 000. This takes us to \$10.1 million. Here today I have searched around to see what the other half-million dollar component is and where it comes from. I believe in the debate this morning I heard that Sustainability Victoria was putting in \$100 000 and the Department of Sustainability and Environment was putting in another \$200 000. A real mishmash of people are putting money into this redevelopment. The original cost has skyrocketed, yet today Hepburn Springs finds itself little closer to an outcome in relation to this development.

Hon. T. C. Theophanous — Do you have any idea what you are talking about? You obviously don't.

Mr KOCH — The minister continues to interject and say I do not know what I am talking about. I think we can equally put it to the minister that he has little idea of the damage and neglect he has offered the small community up there in relation to the redevelopment of this bathhouse. Not only has the cost of this redevelopment escalated by nearly 100 per cent, but the delivery of it has gone from the original 14 months, as was said to that community — it should have been open before the Christmas run in 2007 — and been extended to February.

As indicated earlier there was an acceptance by the community that if that were the case the community would be able to run with it. Suddenly that date has passed; another plaque with the wrong date on it has been thrown away. We had a date in March; that plaque has gone out the window. We are now told it will be June. I think most of the community has stopped believing it, and they will not even stamp that plaque for the launch. Two weeks ago we found there was concern in the community that this might not take place until September.

The community has gained no certainty from government communications on the time it anticipates

the community will see its bathhouse back in action. As recently as 12 March half the community members of the Hepburn bathhouse business and community liaison group were ready to walk away. They are fed up with it. There is no communication from the government. There is no transparency in the process. They are learning more from the contractors and people on site than they can learn from the people who are doing the redevelopment — whom they represent! This is an unbelievable situation. Is it any wonder that people are ready to walk away from a government that is not prepared to share information about this redevelopment and when we might see the bathhouse operating again.

We also need to be wary of some of the figures being bandied about by Tourism Victoria. They relate to the survey of tourism accommodation between September 2006 and September 2007. They indicate that the takings of large operators went up 21.4 per cent and the takings of small operators went up by 14.2 per cent. We are concerned about what base rates might have been used for these numbers, because the anecdotal evidence on the streets certainly is not indicating anything like these increases, especially in accommodation houses, which are hurting dreadfully as a result of this debacle. In relation to overnight stays, again the figure is a 10 per cent increase, but a 10 per cent increase on what, and when?

The employment figure is another interesting one. From Tourism Victoria's point of view employment has jumped by 21 per cent. I can assure members that is not the case and that there is not one businessman in Daylesford who would support the numbers the government is quite happy to trot out as if these visits are going to return overnight to this area and that that process is under way now.

I can give the house another good indication of activity up there as to how well the economy is doing in Daylesford.

Honourable members interjecting.

Mr KOCH — This has been very well spun by the government, but there is a reality here that the government should be getting behind instead of trying to cream over the top of things with spin. This government has completely neglected what is going on with employment. I can assure members that in terms of house sales in Daylesford in the last five years — these are the valuer-general's figures; these are not made up — in 2001 house sales attributed to Daylesford were 376. That figure has been continually falling on an annual basis, and the latest figure shows us a 45 per cent decrease. In 2006 we were down to

216 house sales. The median prices of these houses has not grown whatsoever.

Hon. T. C. Theophanous — What does that mean? What does that mean to you?

Mr KOCH — The minister fails to see what this may mean to the economy of a small town where house sales have fallen by nearly 50 per cent, and yet he is trying to tell me, with the figures he supports from Tourism Victoria, that employment is up by 20 per cent and activities are on the rise all over the place. I can assure the minister that house sales do not indicate that. Accommodation houses that handle the tourism traffic are not indicating anything of that sort.

Hon. T. C. Theophanous — People obviously want to stay there. It is such a great spot!

Mr KOCH — There is no doubt about the minister; he has absolutely no feel for what goes on in regional communities, which you can see by the bland statements he continues to proffer in the house. It is quite openly recognised that from 15 years ago up until 5 years ago Daylesford had a growth pattern; it had many industries up there and offered good, stable employment. Now not only have the economy and jobs dropped back, even house sales now cannot be maintained, and yet the minister sits on the other side, smiling, and says, 'Everything is going well. Everyone is trying to move to Daylesford'.

That is the problem this motion encompasses here today. The Minister for Major Projects cannot even manage to get that redevelopment done on time or on budget. We now have a small community suffering economically to a great degree. As I said before, this is only a community of 3200 to 3300 people. It relies heavily on tourism — at least it has in the past, but there has not been too much profit from that in the 18 months since this debacle has taken place.

The sooner this redevelopment can occur the better. We have no faith in a June opening date. We had a little faith in March and some in February, but we wondered in December 2007 when it was going to get up. All those dates have gone past now, and the bathhouse is still not back in operation and accommodating visitors. People are looking to Daylesford to offer those services. It is so long now since the visits have taken place that it will take a lot to build them back up. People are not going to roll in there in busload after busload the day this reopens; it is something that Tourism Victoria and the community up there, and particularly the bathhouse managers, will have to do a lot of work on to bring about.

In closing, this is a major disappointment for the community up there. Members of that community have not spared me once when I have been up there in relation to what has taken place over the last five years. It is not only the bathhouse; it is also the way business generally has been handled. In particular there has been no support when crisis has come upon the town.

Like everyone else, I seek support for the motion today. I put the government on notice that regional Victoria is getting sick of the lack of recognition of the need for further regional developments to which we strongly believe they are entitled. The government is not prepared to give them the support they so richly deserve.

Hon. T. C. THEOPHANOUS (Minister for Major Projects) — What an extraordinary set of contributions from the opposition! Perhaps I should start by giving the house an overview of the scope of the major projects that this government and I, as the Minister for Major Projects, are involved in, of which the Hepburn Springs bathhouse is one.

We have announced infrastructure projects going forward over the next four years. Those projects are worth in excess of \$13 billion. It is the largest set of infrastructure projects in the history of the state and it is more than three times the level that was conducted under the previous Kennett government. This is our attempt to rebuild the schools, hospitals, railway lines and infrastructure that the opposition closed. That is what this is about.

Major Projects Victoria, which is the government's specialist delivery arm for major projects, is currently managing about 15 projects valued at somewhere in excess of \$3.5 billion. That is the context: \$13 billion overall for the government; \$3.5 billion for Major Projects Victoria over 15 projects; and within that there is \$10.6 million in relation to the Hepburn Springs bathhouse.

I am not saying that it is not an important project. For us it is an important project. What is the history of the project? We found ourselves in the position of having to step in to take over this project when it became clear the council was not going to be able to complete the important refurbishment of what is a tourist icon in Victoria. We came in to complete this project. We made it clear at the outset that the budget for the project when we took it over was \$10.6 million. That has not changed. That is the budget — \$10.6 million — and I expect the project to be delivered within that budget. Whatever else opposition members have said about —

Mr Koch interjected.

Hon. T. C. THEOPHANOUS — How many times do I need to tell Mr Koch before he understands? When the government took it over it was agreed that the project would be done for \$10.6 million, and that is what we are doing. When the council had it prior to that, other figures were involved and so on. But that is not what the government did. The government took over the \$10.6 million project and has progressively developed this important facility within that budgetary constraint. That is the first set of issues.

The opposition keeps trying to bring in imaginary dates.

Mr Dalla-Riva interjected.

Hon. T. C. THEOPHANOUS — They are not actually ours. Let me just make this clear. Yes, there was a press report which said that the project was due for completion in December.

Mr Koch — You denied that this morning.

Hon. T. C. THEOPHANOUS — No, I did not. I said that we had never said that, and we had not. The press report was wrong and the journalist herself has admitted that she got it wrong. There was an incorrect press report making a claim about the government having a target in December, which was never the government's claim. The government always said this would be done in February-March. We always said that. Not only that, when it became clear that the March timetable could not be met, we immediately notified the local community. This was in December. It took the opposition three months to work out what we had told the community in December. We told the community in December that we would not be able to meet the March timetable for a specific reason, and that was because of the complexity of the concrete pour in relation to this facility.

I am happy to say to the local community that the government regrets the delay of three months, but let us not come into the house and try, as the opposition is attempting, to exaggerate something beyond the factual situation. We are happy to admit that we have had a three-month delay. Let me also say that as late as this morning, Nicholson, the main contractor on the site, has assured my department that the project is on schedule to be completed in June 2008.

I can only report to the house on the basis of reports that are given to me, both by Major Projects Victoria and by the contractors that work on them. That is their current advice to me. Certainly we are keeping a weekly eye on the project, and I am hopeful that that

time frame of June, which is reported to me as being still on schedule, will be met. Incidentally, the cost is still within the \$10.6 million budget. Unfortunately we have had a three-month delay on the project. I would have preferred that that had not happened, because it would have been good for the local community to get the advantage of the Easter holiday period. We would have liked that to have happened; that was our original goal. Unfortunately we could not reach that goal, and I am certainly happy to apologise to the local community for not reaching that particular goal.

But I am not prepared to accept what is a set of untruths put by the opposition in its presentation that there had been earlier delays and their allegations about mismanagement, because they are untrue. Not only that, they are a reflection on a group of dedicated people in Major Projects Victoria who manage \$3.5 billion worth of development for this state. Let me say that that \$3.5 billion worth of development is a lot more than was ever done under the previous government. The previous government was in the business of reducing, not expanding, the facilities available to the community.

Mr Koch interjected.

Hon. T. C. THEOPHANOUS — I say to Mr Koch that I do not understand, as I think would be the case for any reasonable, sensible person listening to the debate, the logic of his saying that it somehow reflects that the local community is going downhill because the number of sales of homes in the area has decreased. That logic completely escapes me. What he is suggesting is that, if more people sold their houses in Daylesford and got out of Daylesford, that would be an indication of how well the place was going. The fact that fewer people are selling their places to get out of Daylesford — according to him — is an indication of how badly the place is going. I do not understand that logic. Mr Koch can go and explain that to somebody else. Daylesford is a place which is vibrant and is experiencing a significant increase in tourism — that is what all the figures show — and this is before the opening of the bathhouse.

Let me tell you that in June when the bathhouse opens the people of Daylesford will have a new facility delivered by this government as well as a series of tourism supports to the local community. It is being delivered within budget. Yes, it is a few weeks late — 10 weeks late is our estimate at the moment — and we regret that, but there were important complications in relation to it.

This motion is a huge criticism of the local industry in Daylesford. The opposition is saying that local workers, local enterprise — all of the local people who are working to build this new icon — are incompetent and cannot manage a project. Why is it that the opposition wants to criticise a local contractor — because we were very keen to have a local contractor do this job — Nicholson Construction? The contractor, incidentally, won a 2006 Master Builders Association of Victoria award for the construction of the \$6.5 million Bellinzona Grange hotel at Hepburn Springs, which is just up the road from the bathhouse, which clearly shows the contractor's credentials. This is a dedicated contractor; he is delivering a very complex project, he is delivering it within budget and he has had to deal with a range of complex issues relating to the delivery of the project.

Mr D. Davis interjected.

Hon. T. C. THEOPHANOUS — If you want to go around criticising this important local contractor, let me tell you that we are not going to do it. I am sure that Nicholson Construction will be very interested in what the opposition has had to say about this development.

Let me make one other point about the motion the opposition has moved, because it is becoming a tendency of the opposition to do this kind of thing. It has put up the motion in two parts. Nobody would disagree with the second part of the motion; it is a motherhood statement in support of the development. Members of the opposition attempt to insult the intelligence of this house by putting up a motherhood statement that everyone agrees with and trying to cover it by putting ahead of it their own little political statement about mismanagement. They have not got the guts to just put up a mismanagement motion. That is what they should do. If they had any character, they would put that up instead of trying to be sneaky and put up motions that can only be described as a sneaky way of trying to convince members of this house to vote for the motion. Members of this house understand how sneaky the opposition is.

Honourable members interjecting.

Hon. T. C. THEOPHANOUS — They understand how sneaky they are and how they scratch around trying to find a way to put up a motion and garner support for that motion. They have introduced absolutely no evidence whatsoever that there has been mismanagement.

Mr D. Davis — You have admitted it!

Hon. T. C. THEOPHANOUS — The government has said openly — —

Mr D. Davis interjected.

Hon. T. C. THEOPHANOUS — David Davis should spend a bit more time working on constructing his own website, which he has been doing for the last six months. If we had experienced as many delays in major project construction as David Davis has in putting together one simple website for himself, which I think was delayed by at least six to nine months — —

An honourable member — What has this got to do with Daylesford?

Hon. T. C. THEOPHANOUS — We first saw 'site under construction' on his website about nine months ago, and it took him six months to get that done, so for him to come in here and start putting up his hand like a doll — —

The PRESIDENT — Order! Relevance, Minister!

Hon. T. C. THEOPHANOUS — Thank you, President; I was provoked. I reject completely the first part of the opposition's motion in relation to mismanagement. We have not tried to hide the fact that there has been a delay. That is not — —

Mr D. Davis interjected.

Hon. T. C. THEOPHANOUS — For Mr Davis's information — —

The PRESIDENT — Order! Mr Davis has been incessantly interjecting. I have given him a bit of leeway, given that he is the leader, but he has had it.

Hon. T. C. THEOPHANOUS — We have not tried to hide the fact that there has been a delay, but having a delay due to circumstances which have been largely outside the control of the contractor is not the same as mismanagement. Mismanagement is something that was done by the Kennett government for seven long years. I am happy to stand by the record of Major Projects Victoria in relation to a \$3.5 billion portfolio of major development, which makes it one of the most important construction arms of the government and means it has to deal with an enormous range of complex issues. Out of a \$13 billion infrastructure development program the best the new shadow Minister for Major Projects could do was come up with something that had been announced by the government in December last year, and it took the opposition three months to work it out.

In December last year we announced to the local community that there would be this delay. If, out of \$13 billion of development, that is the best and most pointed criticism that the opposition can come up with, then we are prepared to live with that criticism. We are proud in this state of the new facilities being developed through major projects and other infrastructure projects, because we are building a legacy for our children in this state which is second to none. The Hepburn Springs spa will form an important part of that legacy, and will be there for decades to come. Local people will be pleased that the government was prepared to take on a complex and difficult project, and deliver it within budget, and deliver a world-class facility because the Liberal and National parties would never have even started such a project.

Mr DALLA-RIVA (Eastern Metropolitan) — I must say I have enjoyed the debate today because it is interesting to see who has the thin skin on the other side of the chamber. It is interesting to go through some of the contributions to the debate. Ms Tierney, who clearly has been just driving through Daylesford, does not really understand the concerns, because her contribution — —

Ms Tierney interjected.

Mr DALLA-RIVA — She stopped and listened to people there, but in her contribution she said not one person told her that this was a bad thing. It must have been an ALP branch meeting, because ALP members would be the only people who would agree with her that everything is going right. It was a pretty weak contribution from her.

Mr Thornley gave a very good sermon, as he normally does. His excuse was that it was the concrete pour and that it was not the government's fault — he blamed the contractors and everyone else. The hands were going left, right and centre in blaming everyone.

Greg Barber, on behalf of the Greens, made a contribution about his council work and how great councillors are; and that was the extent of it.

David Koch, Wendy Lovell and Mr Drum made full and frank contributions to the debate. They clearly outlined some of the concerns.

Then finally we heard from the Minister for Major Projects himself. I tip my hat to him, because often when one raises motions in here, the ministers go cowering, but at least he had the guts to come into the chamber and fess up. He admitted the charge that is laid out in the motion before the house — that the house express deep concern with the ongoing mismanagement

of the redevelopment. Whichever way Mr Theophanous phrased it, it was a great admission, because he said, 'I am happy to admit this three-month delay'. That is an admission from the minister that the redevelopment was late. We are now in April. They said it was going to be delivered in March, but it is three months late on the minister's own admission.

Mr Finn — It'll be about June next year, I'd reckon.

Mr DALLA-RIVA — Yes, it will keep on going. The admission from the minister is interesting, and I am pleased that he has fessed up, on the record, in this chamber that he did not get this simple important project done on time and on budget.

It was interesting to note as the debate wore on today that the minister went to great lengths to mention the \$10.6 million budget of the bathhouse. It appears that it may well have stuck to the budget, but has the bathhouse shrunk? We know it has in terms of the number of baths that are available et cetera. This is an admission that not only has the project been delayed, it has also shrunk to boot.

The minister talked about all the major projects under his portfolio. If the minister would like to provide me with all of those I would be grateful, because I was shocked that the number is so large when clearly a lot of the major projects are not within his portfolio and his purview, so that gives me some concern.

The minister said the government never promised that the project would be delivered in December. I quote from the *Hepburn Springs Bath House Update*, issued by Major Projects Victoria and dated 15 August 2006, in which it says:

The state government anticipates the redevelopment will take 12 to 14 months.

I said it before and I will say it again: somebody must have been lying in respect of that statement; somebody must have been telling fibs to the people of that area, when they knew the project was going to take a lot longer than they anticipated. We have heard good evidence in respect of the impact it will have, and clearly the impact is as a direct result of the ongoing mismanagement of this redevelopment. I ask members in this chamber to support the motion and to oppose the amendment by Ms Tierney.

House divided on amendment:

Ayes, 21

Barber, Mr	Pakula, Mr
Broad, Ms (<i>Teller</i>)	Pennicuik, Ms
Darveniza, Ms (<i>Teller</i>)	Scheffer, Mr

Eideh, Mr
Elasmar, Mr
Hartland, Ms
Jennings, Mr
Leane, Mr
Lenders, Mr
Madden, Mr
Mikakos, Ms

Smith, Mr
Somyurek, Mr
Tee, Mr
Theophanous, Mr
Thornley, Mr
Tierney, Ms
Viney, Mr

Noes, 17

Coote, Mrs
Dalla-Riva, Mr (*Teller*)
Davis, Mr D.
Davis, Mr P.
Drum, Mr
Finn, Mr (*Teller*)
Guy, Mr
Hall, Mr
Kavanagh, Mr

Koch, Mr
Kronberg, Mrs
Lovell, Ms
O'Donohue, Mr
Petrovich, Mrs
Peulich, Mrs
Rich-Phillips, Mr
Vogels, Mr

Pair

Pulford, Ms

Atkinson, Mr

Amendment agreed to.

Amended motion agreed to.

HEALTH: SERVICES

Mr D. DAVIS (Southern Metropolitan) — I am pleased today to move:

That this house expresses its concern at the state government's failure to adequately manage the Victorian public hospital and health system on which Victorians depend when requiring necessary and often urgent health care and specifically expresses its concern at the inadequate management of the health needs of ill Victorians through —

- (1) the unsatisfactory length of time sick Victorians are forced to wait for appointments;
- (2) the manipulation of hospital waiting lists, particularly waiting lists for outpatient appointments;
- (3) the state government's failure to adequately fund desperately needed capital upgrades of hospitals and community health centres throughout metropolitan and country Victoria; and
- (4) the growing shortage of doctors and nurses and medical scientists, including specialists, and the state government's failure over eight years to plan properly for Victoria's need for a medical workforce of well-paid and trained doctors and nurses where their pay and conditions are sufficiently competitive to retain and attract that skilled workforce.

This is an important motion in the sense that it deals with a number of key issues that confront our health system in Victoria at the moment. I have to say it is a health system that is in crisis. It is a health system that

faces tremendous stress on the one hand and is being woefully mismanaged by this government on the other.

The Bracks government and now the Brumby government have put more money into health — let us get that right up front at the start of this debate. The acute health output group has increased by around 90 per cent in round figures, a significant increase that has not been followed by a commensurate increase in the throughput of the system and has not been followed by an improvement in the standards and capacity of the system to deal with the issues it confronts.

Some of these debates have in a sense been held in miniature in the chamber in the last two days, as we have heard questions put to the Treasurer on important capital upgrades that are needed for important hospitals — one being the Box Hill Hospital and another being the Ballarat hospital. We have heard the Treasurer obfuscate on those important issues and fail to understand that there is a need to respond swiftly to many of the key issues that face the Victorian system. There has been a 90 per cent increase in acute health funding but a significant failure to get the outcomes that the community would desire.

We heard in relation to the Box Hill Hospital that almost 15 000 people are waiting for all types of urgently needed treatment. These are people waiting for elective and other surgical treatment and also people waiting for outpatient appointments. That to me is a scandalous figure that no government can justify. I note that the Treasurer in response to requests for the capital upgrade that is necessary at that hospital — and I will say something specific about that hospital later in this contribution — did not seek to in any way diminish the need for a proper response that would give that hospital the capacity to deal with the requirements of the local area. In the case of Ballarat the debate in this chamber that surrounded Mr Vogels's earlier question followed a similar pattern. The opposition has made a commitment to the people of Ballarat and the surrounding districts.

Let us understand that the Ballarat Base Hospital is a very important hospital in that whole region around Ballarat and out to the west as well. It is a hospital that desperately needs more facilities, and the opposition has indicated that it would put a significant capital injection into that hospital to deal with the 6000-odd people who are listed on the public waiting lists for the treatment they desperately require.

I make the point, and this motion makes the point, that there is a real question about this government's behaviour with respect to waiting lists. There are official waiting lists presented in its report, but it is a

dumbed down report. In an earlier contribution to debate in this chamber I tabulated the dozens of statistics that have been omitted from it but were available in the previous quarterly hospital services report.

Mrs Peulich — Cleansing and massaging.

Mr D. DAVIS — That is right, cleansing and massaging has gone on, with the removal of detailed information that would give Victorians a much better picture about what is happening with their hospitals. There are the official waiting lists that are detailed in this *Your Hospitals* report — this now infrequent *Your Hospitals* report — —

Mrs Peulich — Not quarterly any longer.

Mr D. DAVIS — Not quarterly any longer unfortunately. The *Your Hospitals* report that I hold here is for July 2006 to June 2007. I have to say that the presentation of quarterly reports that contained detailed statistics was the practice through all of the 1990s and until about 2005. It was a much better and fairer system that gave people much better information. The removal of data from public presentations is a concern.

Mrs Peulich — What have they got to hide?

Mr D. DAVIS — Indeed, Mrs Peulich, what do they have to hide? We are slowly unpicking the picture as to what they have to hide. I compliment the Auditor-General on his report on outpatient waiting lists of several years ago. As I have said many times in this chamber, the previous Auditor-General, Wayne Cameron, did excellent work in looking at human services areas, undertaking performance audits and looking at ways that systems and reporting approaches could be improved. He teased out and established the baseline in terms of outpatient waiting lists. It had been known for some time that the outpatient waiting lists were growing and that people were being shuffled off the formal, official waiting lists by simply being kept waiting for an appointment in the outpatient department. What he found was that a scandalous number of people were forced to wait in the outpatient department, often for extraordinary lengths of time. I will say some more about that in a moment. I again compliment the previous Auditor-General on that important piece of work, which made it very clear that there was a hidden waiting list, a secret set of waiting lists — and I make it clear that it was not just a single list but a series of secret lists — that managed to confuse and hide the true picture from the Victorian people.

I also make the point in this motion about the need for capital upgrade. As I said, there has been a significant increase by this government in its funding of the acute health output group but there has not been the commensurate result in throughput or the linked capital upgrades required to get the output results.

I make the point that bed numbers have fallen in the state. I do not have the most recent statistics because the government has begun to refuse to provide the statistics of bed numbers in a comprehensive way and has even sought to obfuscate when it presents data to the Australian Institute of Health and Welfare. It has begun to argue that a bed is not a bed — it has begun to get into a semantic approach to bed numbers.

I make the point that during the budget process in a previous role as a shadow minister in this chamber I sought from the then ministers of the government in the chamber a list of bed numbers in each and every hospital in the state as at 30 June of that year. The government, in what I regarded as an attempt to thumb its nose at the chamber and at parliamentary accountability, refused to provide a list of the open beds and the closed beds in each individual public hospital in Victoria at a particular census date. I take that to be a shocking admission that in fact bed numbers have been cut.

The most recent available figures suggest that since 1999 around 1000 beds have been closed in Victoria. That is despite a growth in population, which was conceded by the government in this chamber earlier today, and despite a steady but gentle ageing of the population which, by agreement across all officials, leads to an increase in requirements for health services. There are two drivers for those increased needs but I make the point that the throughput in the system has increased incrementally, moderately, predictably, and the government's job, the health minister's job, the Treasurer's job and the Premier's job, is to take account of those changes in population and health needs. Their task is to make proper provision, to plan for steady, predictable growth in health needs and take the preventive steps on one side to try to prevent as much illness and sickness as possible, and a great deal more could be done. Although that is probably not the main subject of this debate, I think it is important to put on the record that preventive health care and the prevention of suffering and keeping down costs in the system is an important part of the equation. As I said, that is not the main point of the debate today.

This government has sought to manipulate the hospital waiting lists. I pick out three hospitals in particular and will indicate the size of the official waiting lists and

compare them to the outpatient numbers. The official waiting lists, on the most recent figures, are: at Bendigo, 586; at Box Hill, 2318; and at the Royal Melbourne Hospital, 2659. To those figures you can add the various categories of outpatients waiting for treatment and the various lists inside the hospital from data obtained by the opposition in FOIs — situations that have been hotly contested by this government, with data not fully provided as requested. I will come back to a couple of specific examples that I know particularly rile some of my colleagues. If you add the various internal and secret waiting lists, the total figures for those on waiting lists are: at Bendigo, 2839; at Box Hill, 14 934; and at the Royal Melbourne Hospital, 7266. That is a massive difference from what is published, but the effect on many of those Victorians is just the same.

You have to wait months and in some cases years to get into a hospital, to get an appointment or to even get onto a waiting list to be re-examined by another specialist. You have to wait a year for your first appointment, then you have to wait a long time for your next appointment, and then you are shuffled across to a different department, perhaps with clinical justification. I concede that on occasions there is need for further review of cases. Of course that is the case, but that does not change the fact that these internal waiting lists are being used by this government to cover up the extent of the mismanagement of the health system and the impact on Victorians. The impact on individual Victorians who are being forced to wait and wait on outpatient waiting lists is cruel and vindictive. This government chooses to make them suffer rather than dealing with the situation with a proper management arrangement.

This government has been winding back the reach of certain aspects of the health system in Victoria. I note that in question time today the Treasurer decided to read out a list of so-called hospital closures under the Kennett government. Let me read out for the Treasurer the list of obstetric, maternity and surgery unit closures, in some cases in hospitals, in Victoria since 2002. This is a list of hospitals where maternity units — obstetric units — have been closed and in some cases surgical procedures are no longer undertaken. Let us face it, a hospital is a hospital; it is a place where you can give birth to a baby and get surgical treatment and a significant range of other treatments.

But let me read out this list for the Treasurer's edification: the Birchip hospital, the Charlton hospital, the Donald hospital, the Moorabbin hospital, the Nhill hospital and the Warracknabeal hospital. Under the Kennett government you could give birth to a baby and

have surgery at the Warracknabeal hospital. But you cannot do that any more if you live in Warracknabeal. You have to go to Horsham or to Mildura if you live far north of Warracknabeal. For all intents and purposes the government has now closed the Warracknabeal hospital for surgical procedures, maternity and obstetrics. If you live north of Warracknabeal you may face a 2-hour drive for a maternity or obstetric service. That is unacceptable in a state like Victoria, which has a government that, when in opposition, complained about hospital closures. I am here to tell the house that this government has in effect closed a lot of hospitals around the state. Yes, there are buildings and there are some services delivered, but a hospital is a hospital. I have to say that the closure of key services has been a significant wind back. I do not believe that Victorians think that is acceptable.

The Wycheproof hospital, the Boort hospital, the Cobram hospital and Nathalia hospital have also been affected. At the Seymour hospital — and other members will talk about this — there has been a recent return of some services, and that has been welcomed, but there was a massive hiatus in service delivery at that hospital which was entirely due to the mismanagement of the system by the previous Minister for Health. She could have fixed the problem; she could have come to an arrangement with doctors and professionals in the town and district; and she could have come to an arrangement that would have meant services were delivered in that town.

The Angliss Hospital midwife caseload program was closed under this government. That is a specific service that was closed. You can still get surgical services and other services at the Angliss, but the government closed the midwife caseload program. At the same time the government sought to close down the heart unit at that hospital.

The Williamstown Hospital now no longer delivers maternity or obstetric services. Ms Hartland will understand the significance of that. These closures are closures. This is what is going on. These services were available and are no longer available.

The Yarram hospital is also affected. I could go on; there are more. The point has been made that this government has been one of wind backs and cuts to country health services; and this government has been one of wind backs and cuts to many city services. It has spent more money, but in many areas there are fewer services available today than there were in 1999. This government is not a good government; it has not managed these services well at all.

If you look at one of the key hospitals which I have referred to, the Royal Melbourne Hospital, you will see that there are 7266 people waiting for all types of treatment. In the *Your Hospitals* report, only 2659 patients were recognised as waiting for treatment, but the outpatient waiting list shows massive numbers of people waiting for very long periods.

There are a number of stark cases from the Royal Melbourne Hospital. Three category 2 patients have been waiting since 2004 for elective surgery. Excluded procedures have recently been classified in a different way. Another category 2 patient has required vascular surgery and has waited for an enormous period. A category 2 patient requiring urological surgery has had to wait 1021 days for surgery, and a category 3 patient has been waiting since February 2003 for a varicose vein treatment. Patients are being forced to wait enormous lengths of time. It is simply unacceptable by any standard. It is simply unacceptable because the government is not presenting the data in this way, and it is simply unacceptable from any sort of human rights view of what is fair and just. There are 167 people who have waited over 1000 days for treatment at the Royal Melbourne Hospital. That is a massive length of time.

Bendigo is an important hospital. My colleagues Ms Lovell and Mrs Petrovich will have more to say about that hospital. I note that the information obtained by the opposition through FOI shows that 2558 people were waiting for all types of treatment at the Bendigo Hospital. But the government only recognised 586 patients in its *Your Hospitals* report. People in the Bendigo district who are waiting for an outpatient appointment for a serious condition, who are unsure about their future, unsure of what will become of them, unsure if their condition is treatable and unsure of what treatment will be needed in many cases, are being forced to suffer as a result of this government's mismanagement.

The Auditor-General uncovered this scam and the manipulation of waiting lists under the Bracks and now Brumby government. He drew attention to the issue in his report. But unfortunately the government has not responded by fixing the problem. It has not responded by coming clean.

I want to draw attention to one example of the government's obfuscation and sneaky behaviour. I know that this issue irritates a lot of my colleagues; it regards the situation at Maroondah Hospital, where outpatient waiting list data — despite a long FOI campaign — has not been provided to the opposition. Finally, Eastern Health was belatedly able to supply information for a hospital like Box Hill Hospital, but

has not been able or willing to provide, at least to date, information about Maroondah Hospital. We can only surmise as to why that might be. We know this is a secretive government; it is a government which seeks to cover up things. But for the people of the eastern suburbs of Melbourne, that data and information is highly relevant. It is information that should be in the public domain. People should know how many thousands of people are being forced to wait for urgently needed treatment and the consequences of that. I think there needs to be a very careful auditing of these lists. There needs to be a real focus on what can be achieved in improving the situation.

I want to focus today on Box Hill Hospital. As I said earlier, according to information obtained from a freedom of information request that the opposition has received after a long fight, there are 14 934 people waiting for all types of treatment at that hospital. Just over 2300 are recognised in the *Your Hospitals* report. There are 4766 people on the Box Hill ESIS (elective surgery information system) list and the non-ESIS waiting list, for a total of 1 287 917 days if you add up the total period. That is an average of 270 days for each person. These are extraordinary figures.

Box Hill Hospital is seen as the worst in the state and I note the focus that has been put on Box Hill by the *Whitehorse Leader*, an important paper that has been prepared to hit the government and hold it to account on some of these issues. In its 5 March edition it states, and I quote directly from the page 1 article by David Stockman:

Box Hill Hospital's new boss says the facility needs to be redeveloped before it can slash waiting lists.

...

Box Hill hospital general manager Clare Douglas said that without the planned upgrade, the hospital would continue to struggle to meet demand. 'I just don't think we will make the green (required) targets without an infrastructure change' ...

We heard yesterday the Treasurer's not quite dismissal but close to a dismissal of the facts of the urgently needed upgrade at that hospital. It is clear that the general manager of the hospital, Clare Douglas, is singling that out as a critical focus for this forthcoming period.

The enormous number of people waiting is of concern in the local area. I refer to the rhetoric of the government. During the 1999 by-election campaign a local member of a nearby area, Mr Bob Stensholt, the member for Burwood in the other place, distributed a video to every local household.

Mr Viney interjected.

Mr D. DAVIS — You know that. I saw it. It was a very clever piece of political chicanery. He promised 290 more beds and that waiting lists would be cut, Mr Viney. I know Auspoll had a lot to do with it!

Mr Viney — I was a director of that video.

Mr D. DAVIS — I knew what you were up to; I knew what you were doing. We have that video and we will hold the member in the other place to account. He said in that video that there would be 290 more beds — that is what he solemnly promised, standing next to Mr Bracks — but there are 1000 less beds in Victoria now, not 290 more! He promised that the waiting lists at Box Hill Hospital would be slashed. They have not been slashed. They have grown. There are nearly 15 000 people waiting at Box Hill Hospital for the various types of treatment and assistance that they require.

Mr Viney interjected.

Mr D. DAVIS — I have to tell you that Box Hill Hospital is a disgrace. This government should hang its head in shame, and Mr Viney should hang his head in shame. Mr Stensholt is a disgrace. He has broken his promises to that electorate. He has gone too far in that initial set of promises. He promised 290 extra beds, yet there are 1000 less — or more by now, given that the figures are ticking on and the government will not release the proper data. At the same time waiting lists have blown out massively. Mr Stensholt must be held to account for his government's mismanagement. He has never spoken publicly and said that the government has deserted his hospital, deserted his people and allowed nearly 15 000 people in the district to wait on the various lists for that hospital. It is a disgrace and I think he and others have to be held to account.

Mr Koch interjected.

Mr D. DAVIS — It is in Robert's electorate — I am engaging in a side conversation. I will explain to the chamber the geography of Box Hill Hospital. It is in the Box Hill electorate, but it is a hospital that draws from the wider area, including the whole of the Burwood electorate towards Kew and Hawthorn and out towards Mitcham. It draws from over the river into Doncaster, too. All those areas have Labor members who represent them in either this house or the other house and each of those members has to bear a share of responsibility. Mr Stensholt, given his boastful and misleading claims in 1999, particularly has to be held to account, given there has been such a deterioration in the position of the hospital.

I am hopeful that this government will finally see sense on that hospital. I am hopeful it will finally see that there has to be a sufficient level of capital put into the hospital to give it the proper upgrades. That has not been the case to date. There is no immediate reason to suspect, given the Treasurer's unfortunate response yesterday, that there will be funding.

Ballarat hospital was also the subject of a question in this chamber. The Treasurer's response today was disappointing. I do not think the people of Ballarat can have any confidence that there will be sufficient expansion of the hospital. There is certainly nothing to match the important commitments of the opposition for dealing with the health needs of that region.

I want to say something about the needs of the medical workforce, which means doctors, nurses, medical scientists and specialists, and other health professionals of various types that are part of our public hospital and health system. It is clear that Victoria faces a real crisis. This government has not treated health professionals well. It does not understand that we are in a new environment nationally and internationally where there is real competition for these highly trained health professionals.

There is a real need to ensure we do everything possible to retain the health-care workforce and to maintain the registration levels of those people. Queensland in particular, as well as other states, is competing very hard for the top people and for a whole range of new graduates and others through various universities and those who are currently in our public hospital system, and unless real attention is paid to this matter quickly we face the loss of key health workforce participants and the risk that waiting lists in certain regional areas will spiral out of control. If that occurs it will be the people in those regional communities who will suffer.

This government has to be held to account for its activities in the retention of the workforce and proper remuneration, and also for its focus on negotiating in a proper way with individual health unions and professional associations. More has to be done here. I know the government's response will be that health training is a federal matter and that the health workforce is a federal matter. That is only partly true. It is an area where the federal government, of whatever political colour, has significant responsibility, but that does not absolve the state government from also having a significant responsibility.

Universities are registered at a state level. The state government could fund places if it chose. It could look at ways of subsidising or strengthening the university

education system, and it has a critical role in training many of our health professionals through the hospitals. Clinical placements and staffing and all of the steps in the education of young doctors and nurses and other health professionals are, in significant measure, the responsibility of the state government. We have to look at ways of making those practical parts of professional education more attractive in order to retain health professionals in Victoria through that training period and beyond. I think there is also a significant gap when they get to the end of their formal training period. There has not been sufficient focus by the state government on the retention of health professionals at that point.

I am indebted to the Ministerial Review of Victorian Public Health Medical Staff. The report of the review panel is dated 30 November 2007 and was undertaken by Dr Sue Morey, Professor Bruce Barraclough and Mr Allan Hughes. I think that paper provides a massive amount of advice to the government about how the issue of the health workforce could be tackled, and I want to make some points about that here. At the last state election the Liberal Party released a plan for Victoria's public hospital system. In it we talked about the creation of an education and training fund worth \$60 million over five years to be directed to training facilities and equipment, staff expenses, clinical skills training and attracting postgraduates from interstate.

There is in fact competition for highly trained health professionals in this state. We need to stop being reactive and we need to be constructive and proactive. The previous health minister did not engage well with many of the professional associations and with some of the unions. I am hopeful that this new health minister — although the signs are not promising — may better understand some of these matters. But time is actually very short.

Also at the last election we had a focus on dealing with the doctor shortage in country Victoria by the establishment of incentive practices for relocation payments and professional and family support. There was \$500 000 a year for the expansion of continuing professional education and skills development, and another \$500 000 to increase locum support. Doctors and nurses in country Victoria need relief times. They need locum support and all of that background support which their city colleagues more often have, although not uniformly, and there is a need to make sure that those matters are dealt with. The review panel pointed to problems in the Victorian public health system, and let me quote a couple of points. They include low pay and poor conditions, not enough doctors, doctors quitting, stress, and not enough beds.

The bed numbers issue is a significant point. The Auditor-General pointed directly to it in his emergency demand review of 2004. He pointed to the fact that much of the public hospital system was under significant stress because it was running at a point of too high a capacity. There is a need for the government to put in proper capital funding. I think the government is beginning to understand the workforce issues a little, but it has been very slow to react and to deal with these issues. I have to say that unless it does I am very concerned about where we will be in two, three and five years time. There is a generational change going on with nurses and doctors who have been in practice for very many years and are approaching retirement. In some cases we will not be able to replace them, and that is a real point of concern.

Another part of the motion relates to the failure to provide the necessary support to community health centres in both metropolitan and country Victoria. A number of people have raised the matter in this chamber and elsewhere. It has become a matter of community debate. One aspect for community health centres that is particularly concerning is the impact of the removal of charitable status for those health centres by the ATO on 29 February.

What worries me here is that the government has allowed this matter to drift on. The issues surrounding community health centres have been known for a number of years. I want to record that I am a strong supporter of community health centres, most of which I believe should be stand-alone centres; they should not be forced to be linked with hospitals. That model is seen in other states and in other countries, but one of the strengths of the Victorian health system — and Mr Viney probably agrees with me on this — has been the significance of the community health sector, which has been independent of the large public hospital sector and has been able to deliver primary care of a type that is difficult to deliver in large institutions. It has been more responsive to community needs and to the particular issues in local circumstances, and it has had a much greater community involvement and much greater community ownership and relationships.

The issue of the removal of charitable status by the ATO is a significant one. I want to quote from a Department of Human Services ministerial briefing dated 4 March. The briefing to the Minister for Health, the Minister for Mental Health, the Minister for Housing, the secretary and others, including the executive directors of a number of branches and regional directors, makes the point in stark contrast. It states:

Issues

9. This determination will affect the 39 independent CHCs currently recognised as either public benevolent institutions or health promoting charities. Their current taxation benefits enable exemption from FBT of \$30 000 per annum for each staff member. The equivalent exemption for public hospital staff is \$17 500 per annum. The total value of these concessions was estimated in 2004 by DHS to be between \$18m and \$32m.

That is a huge suck out of the community health sector. The way things stand now the government is going to have to convince the ATO or the federal government to change its position or change the legal status of community health centres. Merging them with public hospitals would be a halfway solution to retaining that status or partial status but at the same time would imperil the unique nature of our community health sector in Victoria.

What has this minister done? It is this government that put in place legislation that directly imperilled the position of community health centres. This government and the former Minister for Health, who is now the Minister for Education in the other place, put in place legislation that helped to harden the commonwealth position on this. It is this government that has failed to get in and negotiate this properly with the commonwealth. It is this government that has failed to convince commonwealth governments of either political persuasion on this. Let us not get into duckshoving here. It does not matter whether it is a Labor or Liberal government at the federal level, this government has been unsuccessful in convincing it that the Victorian community health sector is unique and deserves proper arrangements.

This memo lays out, amongst the issues, a number of options. One option is to appeal the ATO decision — the memo does not seem to hold out a lot of hope on that — and another is to seek to change the commonwealth legislation. As I said, the problem is that this government has not been able to convince federal governments of either political colour that that is the way they should proceed. I quote from point 18:

The commonwealth government has previously amended legislation to enable public hospitals and state-funded ambulance services to access a capped fringe benefits exemption when they were no longer endorsed as charities, and they retained their DGR status. The previous federal Treasurer had also stated that the amendments to commonwealth legislation with respect to charities were not intended to make entities providing health services worse off.

The memo says the department would be supportive of a lobbying approach to the federal government. At point 17 it states that the new anomaly between the

stand-alone and integrated community health centres would form the basis of the argument.

But this is the sinister part of this memo, and I want to put this on the public record in this chamber today. At point 20 it states:

CHCs may choose to amalgamate with health services. This would provide a mechanism by which they could continue to access taxation benefits, albeit less than those currently enjoyed. The level of benefits would be those currently accessed by public hospitals.

It goes on at point 21:

This option would provide an opportunity to strengthen the integration of service delivery across the health services continuum. The majority of community health services are already integrated with health services.

That is true. Of course community health services have links and reciprocal arrangements and so forth with all of the health services, public, private and charitable, in their areas and regions. They have referral patterns, arrangements and joint case management in many cases. Of course that is part of it, but to actually amalgamate them in this way would imperil the future of community health in Victoria. It would fundamentally change the nature of our system, which has been a strong one.

I note that at point 30, under 'Seek to have the control of CHCs under the Health Services Act reduced', the memo states, in sinister mode:

In considering either of the above approaches, the views of other government entities will need to be taken into account.

- a. The Department of Treasury and Finance (DTF) has recently expressed the view that stand-alone CHCs should be amalgamated with health services to achieve better integration and efficiency. This will be explored further with DTF.

I think community health in this state faces a real challenge. I know the community health sector in my electorate, and I am familiar with a number of the centres, has universally expressed concern. I do not think this memo would give those centres any comfort at all. The government clearly has a plan. People in the Department of Human Services are pushing for that plan and they have the support of some in DTF. The Treasurer is in the chamber now. He may be prepared to stand up in this debate and say that it is not the case that officials and ministers in DTF think it is a good idea to amalgamate the community health sector with the public hospital sector. The opposition would be very concerned to see the loss or destruction of a unique service delivery system in Victoria.

But this is the sinister part: that memo is dated 4 March. A week later, on 11 March, John Brumby, MP, the member for Broadmeadows — the Premier — wrote a letter with reference to ‘Taxation changes to impact Victorian community health centres’. It states:

The government is concerned about the implications ...

At least he understands that it is going to impact, finally. It goes on:

Such a major ... change will potentially result in a loss to stand-alone community health centres of scarce skills and create difficulty in the future recruitment of skilled staff and have an adverse financial impact on current staff.

The government is also aware that this decision will create a discrepancy ...

This is part of the theory, but there is no preparedness to tackle the commonwealth in a really fulsome way. According to this letter the Minister for Health in another place, Daniel Andrews, is going to ask for an urgent meeting and request that the implementation of the decision be delayed until at least the end of the current financial year. It goes on:

In the meantime the Victorian government is monitoring the impacts of this decision closely and exploring all options available. Our intention is to work with community health centres, and their peak bodies, to ensure that the delivery of important services can be maintained.

On the one hand the Premier is making soothing noises in his letter, but on the other hand the official internal memo from someone very senior in the Department of Human Services is actively contemplating the abolition of the Victorian community health sector. The memo contemplates gutting the sector and forcing it to merge with the public hospital system. A solution must be found, and it must be found quickly. The challenge to Victorian community health is real and very current. Unless a solution is found, there will be a loss of resources.

Let me put it in the narrow context of a matter I have raised previously in this house for the attention of the Minister for Health. To my knowledge I have not yet received a reply. On 12 March I raised the matter of Central Bayside Community Health Services. The estimated shortfall at Central Bayside is a massive \$381 000 — either that or there will be a shortfall in the pay it gives to employees. These are massive impacts. The new Rudd federal government has got to step up to the plate here. This government — the Minister for Health, the Treasurer and the Premier — have to solve this issue, and solve it very quickly. I do not believe the government has in any way as yet really understood the

seriousness of the situation and been prepared to step forward.

I have to conclude my contribution by returning to some of the Box Hill Hospital figures and the concerns around Box Hill. This is my local public hospital. It is an important public hospital which has to be the focus of government activities. The member for Burwood in the other place, Mr Stensholt, has to lift his game. He has to be forced to step up to the plate and if necessary to publicly criticise this government.

Mr Viney — He is doing okay.

Mr D. DAVIS — I have to tell Mr Viney that the 14 900 people waiting for treatment do not think he is doing okay. I have had letters from some of those people. I have had correspondence with them, and in quite recent times I have had a number of meetings with people who have been forced to wait and people who have not had sufficient treatment from that hospital because of the enormous wait. This government has covered up the waiting lists. It has sought to blunt — —

Honourable members interjecting.

Mr D. DAVIS — I record that the Treasurer thinks that this is funny in some way. He thinks that the dire situation at the Royal Melbourne Hospital is funny. He thinks that the situation at Bendigo is funny. He thinks that the situation at Box Hill is funny.

This is an arrogant government that does not care, is out of touch and has not served either Victoria or the health of Victorians well. I therefore ask for support for this motion.

Mr VINEY (Eastern Victoria) — It is like the good old days; I am back here debating health with Mr Davis; previously he was the shadow health minister. Firstly I have to thank Mr Davis for putting the motion on the books so we can do this all again, but I also want to thank him for his contribution. His contribution included references that went right back to the 1990s, which now allows me to correct the record and correct some of Mr Davis’s comments. His contribution also included some criticisms and attacks on my credibility, which is great, because we can now open up the whole question of credibility on the matter of health. That is what Mr Davis wanted to do — open up the question of credibility on health.

I think what I should do is to draw the house’s attention not to what we say about Mr Davis’s credibility on health — not to what the government or the Labor Party says about it — but to what his own mates in the

Liberal Party say about it. Mr Davis earlier referred to the Royal Melbourne Hospital and its waiting list figures. That is interesting, because the chair of the Royal Melbourne Hospital, a person I quite respect and whose knowledge I quite respect — we disagreed a lot in the past, but I never disrespected his knowledge of health — commented, about adding up the figures in the hospital's waiting lists, that the figures were only dodgy when they were added up the way a primary school kid would add them up. That person, of course — the chair of the Royal Melbourne Hospital — is Robert Doyle, the former Leader of the Opposition.

Mr Doyle has made previous comments about Mr Davis. After the last election Robert Doyle volunteered that some senior MPs in the Liberal Party had spent far too much time over the past four years on their own preselection and much too little on serious policy development.

Mrs Peulich — On a point of order, Acting President, I would like to draw your attention to the question of relevance. This really does not have anything to do with the motion before the house.

The ACTING PRESIDENT (Mr Leane) — Order! Since Mr Viney is the lead speaker for the government, I will give him some latitude, although he is straying a bit. I call him back to the topic.

Mr VINEY — Thank you, Acting President, but as I said at the outset, Mr Davis questioned my credibility, and I let him go because I knew I would have an opportunity to respond. And I am going to respond — by pointing out that his credibility in health is disregarded not only by us but by his own people. It is disregarded by Robert Doyle and also by Michael Kroger, who on the Sunday after the last election said that in two and a half years as health spokesperson Mr Davis had spent precisely 9 hours developing policy. That was reinforced by the then state president of the Liberal Party, Russell Hannan, who put out a statement referring to the poor development done in the health portfolio between 2003 and 2005 in the Liberal Party. Who was the health spokesperson in the Liberal Party between 2003 and 2005? It was David Davis.

Thus Mr Davis has given us a great opportunity to revisit issues today that he and I have debated on plenty of occasions before. In 2004 Mr Davis and I participated in a debate on the issue of health in this very chamber. In that debate — in an act coming from the Liberal Party very belatedly — he effectively apologised for the previous Liberal government's mismanagement of health. It was a bit of a lame apology, but he said that there were a few things that

the Liberals might have done a bit better. Absolutely — too right there were a few things the Liberals might have done a bit better! They might have managed the waiting lists a little bit better, because when we came into office there were 40 000 people on the waiting lists. Despite increasing demand, we are getting demand down — and we are managing the waiting lists.

Let us look at some of the examples. In the case of the Box Hill Hospital, which Mr Davis spent quite a lot of his speech today on, our funding has increased by 113 per cent — it has more than doubled. And what was the Liberal Party's solution for the delivery of health services in the eastern suburbs of Melbourne? A private hospital at Knox. What was the story there? The Liberals were going to build a private hospital in Knox and a private hospital in Berwick, and they privatised the hospital in Gippsland. They could not get anyone to tender for the Knox or Berwick projects.

They went around the world to try to find a private operator to run the Austin repat hospital and could not get anyone there either. They sent people over to America to try to find someone that would import the American health system into Victoria — God help us! — and they could not get anyone to redevelop and run that. That was the Liberal Party's solution to delivering health services in Victoria. As the Treasurer said earlier today in question time, the hospital it did privatise was in my electorate, in Gippsland — there were two, but I do not know what has happened to Mildura — and that was the Latrobe Regional Hospital. It was such a mess that it could not be sold to anybody. The private operators could not get rid of it quickly enough and in the end they agreed to sell it to the Victorian government for \$1.

That was the Liberal Party's ideological program for running health in this state. It was to run it on the basis of a privatised hospital system. A motion that comes into this house condemning this government on health, coming from people with such poor credibility on the issue of health, is not worthy of serious consideration. But let us go through and detail what the government has done in relation to health at a global level and in some instances at a more specific level.

Since 1999 we have boosted recurrent funding into the health system by 96 per cent. In effect we have doubled it. During that time — —

Mr Koch interjected.

Mr VINEY — Mr Koch says revenue is up.

Mr Koch — By 100 per cent!

Mr VINEY — Mr Koch needs to wait for the completion of the paragraph. In that time the Howard government, in its health agreements with Victoria, brought down the relative funding to the Victorian health system from effectively 50:50 to 41:59. That is what the Howard government did.

Mr D. Davis interjected.

Mr VINEY — In response to Mr Davis's comment, I also remember Bolte's debt. I remember all the promises and all the things that Liberal governments have done. What Mr Davis is really going to struggle with is that since 1982 — that is now more than 25 years ago — the Liberal Party has been in government in Victoria for seven years. This state recognises the political party that actually cares; the political party that delivers for people.

Mr D. Davis interjected.

Mr VINEY — No. The people of this state vote for the political party — and this is what Mr Davis needs to learn — that will deliver services, not the political party that will cut and slash and burn and privatise. Mr Davis brings up the issues about state debt and the guilty party, but what was the Kennett government's solution? The Kennett government's solution was to sell the state off. It was not about good management. It was about very poor management. That was their solution to the difficulties that governments across Australia were facing in that recession period.

Let us just understand that the people of Victoria have consistently voted, for the last quarter of a century, for the party that actually cares about health and education services and social justice. People have voted for Labor because it listens, it connects with the community and it acts. It acted by delivering a doubling of health funding at a time when the Howard government was cutting. It acted by investing in our health system by employing more nurses at a time when the Howard government was failing to invest in the tertiary education of medical students and nurses. This government is the one that acts by treating an extra 500 000 patients in our system with 300 000 more admissions into the system than in 1999. It is a 30 per cent increase in admissions. To put that into context, Victoria's hospitals treated 2.15 million patients in 2005–06. As I said, that is 500 000 more people being treated in our system than in 1999.

I remember when I was a candidate in the 1999 election, and in the period leading up to all of that, there was a whole range of issues about health. I remember a period when the front pages of the newspapers were

constantly full of several health stories. One was about ambulance services and the appalling failures in the ambulance system, and the other was how choked our emergency departments were. In Victoria we now have the best-performing emergency departments in Australia based on the commonwealth's assessment in *The State of Our Public Hospitals Report*.

We have invested over \$4.1 billion into the capital works of our hospital system. I heard Mr Davis say, 'The government has to spend more in the hospital system'. Since 1999 — from 1999 to 2008 — we have invested \$4.1 billion in the health system. Contrast that with the capital works expenditure of the Kennett government over that seven-year period from 1992 to 1999 of \$1 billion — in fact, less than \$1 billion. In one project, the Royal Children's Hospital, we are investing more than that government did in its entire period in office.

In his contribution David Davis made some criticisms of the changes that have occurred and the closure of some maternity and obstetrics units in a small number of hospitals. He said that babies are not being born in these hospitals anymore. He said that in response to the Treasurer's answer to a question today about the closure of 12 hospitals in Victoria under the Kennett government. Well, there are no babies being born in the 12 hospitals that were closed by the Kennett government. Not only are no babies being born there; no-one is being treated there at all. The need for some of those changes at maternity and obstetrics units at some of our smaller hospitals has not been based on funding but on staffing requirements and the fact that it is necessary for there to be a critical level in the number of births each year in a hospital system for the staff to be adequately trained and capable of maintaining a safe service, as Mr Davis well knows.

I want to refer also to what the government has done in ambulance services. Since 1999 this government has upgraded 45 ambulance stations in Victoria, 33 of them in rural areas and 12 in the metropolitan area. In addition to that we have built 25 new ambulance stations — 8 in rural areas and 17 in the metropolitan area. There are now 708 extra operational paramedics across Victoria — 489 in Melbourne and 219 in rural Victoria. There are 101 extra ambulances on the road, which is a 25 per cent increase. Our ambulance services now have the resources they need. We have introduced two-officer crewing in many rural areas where they were down to one officer. We have increased the number of mobile intensive care ambulance paramedics operating across the whole system. We also now have a dispatch system that actually works, unlike what we inherited in 1999.

In relation to the elective surgery waiting lists issue, now every year in Victoria over 130 000 episodes of elective surgery are performed. That means that each year about 15 000 more patients are getting their operations than were when we came to government in 1999. Of course there is more to be done. The government has been investing in this area through the new elective surgery facility at the Alfred hospital, and we have indicated that similar elective surgery facilities will be built at the Austin Hospital and, in the future, at St Vincent's Hospital.

One of the problems that occurs with elective surgery is that patients are given a day and a time when their elective surgery will be done. Sometimes when they turn up there has been a major trauma incident or something else that has a higher priority and the same operating theatres are being used. The elective surgery obviously has to go down the list and that causes a great deal of difficulty in the management of the elective surgery list. The idea of elective surgery units is that those problems in the system are taken out so that people can have more certainty about the time and date of their proposed elective surgery. We have been committing considerable resources to increasing the capacity of our system in Victoria to deliver improved outcomes in that area.

The last area I want to touch on relates to the workforce. When this government came to office the Kennett government had slashed 3000 nurses out of the public hospital system. Since we have been in government we have employed over 8000 — the figure I have been given is 8060 — extra nurses in the hospital system, an additional 1800-odd extra doctors and, as I said earlier, 713 extra paramedics. We have done that during a time when the previous commonwealth Howard government underinvested in nursing and medical positions in our hospitals and tertiary institutions.

I welcome the opportunity to again have a debate on our health system, because this government's record in health is one that we can be very proud of. This government's record in health has been one of investing back into the public nature of our health system, it has been about investing in our workforce, it has been about employing more nurses and doctors, it has been about capital investment to the tune of over \$4 billion back into our health system, it has been about ensuring that the public system is well funded and well supported, it has been about reversing the ideological policy of the previous government of privatising our health system, and it has been about making sure that in particular the rural and regional services of our hospital system are there to meet the needs of country

Victorians. This government has absolutely rejected the Kennett government's notion that Melbourne is the heart and regional Victoria is the toenails of the state and has invested in the regional and rural health services of this state.

Far from passing a motion to condemn the government for what it has done in health services and in the public hospital system, this house should be acknowledging, and taking this debate as an opportunity to acknowledge, what has been done and the reversal by this government of the previous ideologically driven policies of privatising and downgrading our hospital system and forcing people into the private system. This house should acknowledge the outstanding investment in our public hospital system that has taken place in Victoria since 1999, when the Labor government was elected to office.

I urge all members of this house to reject this motion moved by Mr Davis, whose credibility on health has been rejected not only by us on this side of politics but also by Robert Doyle, Russell Hannan and Michael Kroger. The house should reject his attempt at a foray into this policy area again.

Mrs PETROVICH (Northern Victoria) — I rise to speak and join my Liberal colleague David Davis in his condemnation of the state of health services in Victoria. This is widespread; it is an epidemic. Predictably members opposite — and they have already done this — will hiss and spit like vampires in the sun at any criticism of their poor track record on the management of Victoria's health services, and Mr Viney has already given us a blast from the past and kept us up to date on what will happen in the future. The opposition does this because any reality check does not fit in with the overall marketing strategy of the government and its cunning approach to hiding the facts from the people of Victoria.

But how can you hide the facts when patients are waiting longer than ever before? There are fewer doctors, and those who are working are stressed and overworked. Ambulance response times have not improved. This Labor government wails and moans about the Kennett government, but that was eight years ago. Have we forgotten the financial disaster created by the Cain and Kirner governments? This was a state on its knees, but thanks to the Kennett government this Labor government has enjoyed a sound financial base. The Brumby government has at this time a \$1.17 billion surplus while hospitals are crippled by underfunding and bed shortages. Why has there been a systematic failure by the Brumby government in planning for the future of Victoria's health and hospitals? Because of

this lack of foresight it has placed Victorian hospitals under enormous and unsustainable pressure.

In doing this the government has compromised the health of all Victorians and their wellbeing. Hospitals such as the Royal Women's Hospital, Box Hill Hospital, the Northern Hospital, Maroondah Hospital and Western Hospital have been the hardest hit. These hospitals have treated between 3000 and 7800 more patients in 2005–06 than the number predicted for them in that time by the government's metropolitan health strategy. Statistics on inpatient admissions to metropolitan hospitals in the year ended June 2006 show that they treated 18 000 more patients than the government had forecast. It was a sad indication when the Royal Children's Hospital was recently forced to turn away patients because of a lack of resources. This community asset treated 2000 more patients in 2005–06 than the 31 699 predicted for it in 2006–07. Some of these figures reflect the flow-on effect of poorly resourced country hospitals, some of which have no obstetric services. Others have no emergency department, and in many cases there are limited specialist services. They have failing and old infrastructure. Doctor shortages across rural and regional Victoria have become critical.

I would like to go to the Auditor-General's report titled *Access to Specialist Medical Outpatient Care*, as some of the figures reflect the real crisis in our health care in Victoria. The report gives an indicative number of days until the next available general medical appointment for new patients who have urgent problems. In Ballarat we have 10 days waiting time, with 16 days for St Vincent's and 8 days at Bendigo. Looking at semi-urgent cases, we see that the Goulburn Valley Hospital has 14 days waiting time. The wait is 37 days for Bendigo Hospital, 34 days for Box Hill, and 26 for the Austin Hospital. Looking at the table that reflects non-urgent treatment, in the Goulburn Valley we see a wait of 84 days for the next general appointment for new patients, 89 days for general appointments for new patients in Bendigo, and 120 days at the Western Hospital. The Northern Hospital is nearly as bad, with 55 days.

Urgent treatment in orthopaedics includes the treatment of scoliosis, cerebral palsy, knee disabilities, arthritis, orthopaedic disabilities, reconstructive surgery and joint replacement — all conditions which affect a wide-ranging base in the general population. We are looking at a wait of 19 days for urgent patients in the Goulburn Valley, 17 days in Bendigo, 14 days in Ballarat, and 7 days for the Northern. For the Royal Children's Hospital we are looking at 11 days, and that

is a long time to wait for a child in urgent need of medical attention.

I could go on and on. There are some outstanding orthopaedics figures in the non-urgent category — I do not know what that means, because if you need medical treatment, you need medical treatment. In Bendigo there are patients who can expect to wait 635 days for orthopaedic treatment. For the Northern Hospital it is 737 days; the Western Hospital, 210 days; and Geelong Hospital, 546 days. It is a very long time if you are in pain and suffering.

The urology waiting lists are also quite outstanding. For non-urgent cases — I suppose you still need the treatment when you are non-urgent — Barwon Health has a wait of 721 days; the Northern Hospital, 632 days. It goes on and on.

There are many examples of country ambulance services being out of circulation for many hours because of the tyranny of distance and the lack of easily accessible medical and emergency services for country Victorians. For Macedon Ranges patients, in the event of a medical emergency they are either transported to Melbourne in the south or Bendigo in the north. There are simply no hospital emergency facilities between Bendigo and Melbourne.

Recently an ambulance was called to a car accident at Lancefield. The ambulance officer, who incidentally may have been working one-up, as is the case on many occasions, was faced with a seriously injured patient and no emergency facility in close proximity. The choice for that ambo would have been the Northern Hospital or the Royal Melbourne Hospital — a distance of approximately 80 kilometres to both. Either hospital would have required two officers to attend, potentially further immobilising another vehicle. That would have taken two ambulance officers out of the area for approximately 3 hours. Add to that the multiplier effect of two ambulances off the road and two officers out of the area and it is easy to see and understand why in rural communities there are appalling call-out times to other patients who may be waiting for service from the only two ambulance officers in the district.

Because it is impossible for an ambulance officer to attend to a patient and also drive the ambulance, there are some solutions which easily address the stress and overwork inflicted on our ambulance officers, but this Labor government and Rural Ambulance Victoria seem unable to assist these officers to better carry out their jobs.

I would like to give a chronology of the state of affairs for the community of Sunbury and its need for a hospital. It is in a growth corridor that has a burgeoning population of 48 000 people.

Mr Finn — Labor lied on that one.

Mrs PETROVICH — It certainly did, Mr Finn. Historically with the development of Sunbury in the 1970s a site at Racecourse Road was set aside, which has since been sold. In 2002 the Liberal Party promised a hospital for Sunbury after negotiation with a private hospital and its managers. If the Liberal Party had been successful in the last election, that hospital would have been receiving state government funding to allocate one floor to public beds and patients. We still have no hospital in Sunbury and no 24-hour emergency facility, and obviously that is vital for weekends and after hours, when most accidents happen and children get sick. We have no day care procedure facilities for dialysis or chemotherapy, and there are long public transport trips to Melbourne hospitals. Our trains are unreliable, as we know, especially with the summer delays.

In 2006 we had a promise of \$5 million for a hospital in Sunbury by the current Labor government, and when we look at that practically we see that it is only sufficient to build a day care facility. The Kennett government committed to opening a hospital in Sunbury. In 2006 this promised hospital was to be at the site of the current community health centre and a second storey was to be built. Currently we still have no action. The nearest hospitals are the Western Hospital and the Royal Melbourne Hospital, and as I said earlier, ambulances are often delayed. We have an extra 45 000 people in the Calder corridor between Kyneton and Melbourne, and 45 000 people could be well serviced by a hospital to assist them.

I would also like to draw attention to some of the waiting lists applying to our hospital at Bendigo. We have a total of 2500 people waiting for all treatments at Bendigo Hospital. This information came from the latest *Your Hospitals* report. The details show that 1972 patients are ignored, and not publicly reported and counted as waiting for treatment, because they are either deemed to be not ready for care (NRFC) or placed on unreported lists.

Mrs Peulich — That is called massaging.

Mrs PETROVICH — That is called something else. I do not know what that is called.

Mr Finn — Cooking the books.

Mrs PETROVICH — Cooking the books is right. There are 870 people on the Bendigo Hospital lists who have been waiting for a total 107 734 days — an average of 124 days for each person. I have got some examples of the worst cases here.

A category 2 patient requiring a total hip replacement has had to wait a total of 466 days for their surgery. Their last ready date was recorded as June 2006, while their admission date was November 2007, which is a 16-month wait. A category 3 patient requiring treatment for her fallopian tubes waited a total of 521 days. Her last ready date was recorded as April 2006, while her admission date was October 2007 — a 18-month wait. A category 3 patient waiting for a septoplasty procedure has waited 584 days. Their last ready date was recorded as February 2006, while they were allocated an admission date of October 2007 — a waiting period totalling 578 days. That is just appalling data. We are dealing with human beings, and it is appalling that they have had to wait those sorts of times.

I would also like to note an unusual situation in the northern region — that is, the Alexandra ambulance service. It should be acknowledged for its extraordinary work. It is one of the few remaining completely voluntary ambulance services in Victoria. It has built up a stock of five vehicles and runs patients to and from hospitals for treatment on a voluntary basis. The difficulty for these hardworking volunteers is that when they have an emergency or obstetrics case, they have to take the patient to either Mansfield or Marysville. In many cases this will take them out of circulation for up to 5 hours, and this is compounded during peak periods of tourism visitation, such as the snow season or long weekends and an increase in the number of visitors to Lake Eildon.

Hospitals in the north-east, such as Mansfield District Hospital, are this year budgeting for a deficit. This problem has arisen as a result of the increased demand for services — for example, in obstetrics births are up from 65 a few years ago to around 100 now. This is a direct result of an increase in the local population and the reduction in services at the Alexandra hospital.

A matter of significant importance to the community is that it is required to contribute to the capital upgrades. Members of the community have had to dip into their pockets, as happened with the Mansfield hospital recently. The community there had to replace the hospital roof. Surely a country hospital should be entitled to the same sorts of benefits as a metropolitan hospital and other hospitals in the state and have some sort of assistance in such instances.

Another interesting case was mentioned by my colleague David Davis. He referred to the hoopla which has surrounded the reopening of the obstetrics service at Seymour. I am grateful that that service has been returned to the Seymour District Memorial Hospital and the community. There were incredible hardships to the community in not providing for obstetrics services there. Young mums were forced to have their babies out of their area and the community. Obviously that causes a lot of problems for the families at home who have to visit the mums. The net result of that was that mums were having shortened stays in hospital because they felt the pressure of not being in their own community and they had to get home to look after their other children. The other net result of that is that they did not have the required recovery time and the opportunity to rest after the birth of their baby.

As mentioned earlier, this service was returned to Seymour after a long absence. The new chief executive officer and local medical staff are to be congratulated. The state government, including the local Labor member of Parliament, is not deserving of any praise. This circumstance was allowed to go on for far too long in the Seymour community.

Issues such as the upgrade of the emergency department are high on my list of priorities for the Seymour community. It is a busy, growing community with a number of issues that need to be addressed, and I will be pursuing that emergency department issue vigorously on behalf of that community.

As part of my very first job as shadow parliamentary secretary for health services I, along with Helen Shardey, the Liberal shadow Minister for Health in the other place, visited the Ballarat hospital. We saw firsthand on that day a hospital which has had some redevelopment work done, but it was clear that the population growth and increasing demands on that health service had not been accurately projected. It is clear that demand has definitely outstripped supply.

As we hear right across regional and rural Victoria, doctor shortages are a continuing problem because of a lack of government support. Ted Baillieu, the Leader of the Opposition in the other place, and Peter Ryan, the Leader of The Nationals in the other place, made an announcement to offer a real solution to the health issues of regional Victoria and a commitment to the community of Ballarat. That was one of the first things they did as a coalition.

We have already committed to a \$88.4 million plan which was released in Ballarat, under which a Liberal-National coalition in 2010 will provide the

Ballarat hospital with 60 additional beds and the capacity to treat an additional 9000 patients per year. Under the Victorian coalition plan funding will be provided for an additional 20 doctors and 80 nurses at the Ballarat Base Hospital, and another 10 GPs will be recruited from interstate to fill the Ballarat area vacancies. This plan provides a significant boost for Ballarat. We know that Ballarat is certainly underresourced at the moment, with specialists and GPs in short supply. Those services would be offered through recruitment benefits of up to \$50 000 more than we have seen from this Labor government. Unfortunately in Ballarat currently we have 1138 patients on the elective surgery waiting lists. That is up from 812 patients two and a half years ago.

I will also briefly discuss the circumstances in rural and regional community health centres, which are currently in turmoil because of an announcement last month by the Australian Taxation Office (ATO), which sent a shock wave through the centres. The ruling from the tax office will mean that charitable status of the centres will change. This decision is set to have a widespread impact on the way in which these centres operate. In particular it will have an enormous impact on the way staff in these centres can be paid. As a result of this decision staff employed by these centres will no longer be able to have a salary package and receive fringe benefits tax exemptions, which up until now has been one of only a few ways in which workers in the not-for-profit community sector could be at least partly compensated for the huge disparity between their pay and that of similar workers in other sectors.

Fortunately it looks as if the 37 affected centres throughout Victoria will receive a short-term reprieve from this decision while the Victorian government undertakes a review of the governance and accountability arrangements for these centres. The unfortunate part about that is that the reprieve — if the ATO is happy with it — is only up to the end of the financial year. Those in the industry are lobbying for a 12-month reprieve to allow them to get the mess cleaned up. It has certainly caused shock waves in the community health centre sector, and it should never have been allowed to get to this. It is at crisis point. This government has had four years to address the concerns raised by the ATO. Despite the efforts of those representing this centre, the government has failed to do anything. If it wanted to, it could amend the Health Services Act to bring the community health centre workers into line with their interstate colleagues. It is interesting to note that Victoria is the only state in Australia that would be affected because the government has allowed its tentacles to creep way down into the operations of those centres.

In the northern region there is a vast list of centres — I think we have 37 — which will be directly affected by the Australian Taxation Office changes. In Bendigo there are Community Health Bendigo, the Castlemaine District community health centre, the Kyneton community and learning centre and Echuca Regional Health; in Benambra there are the Upper Hume Community Health Service and the Wodonga Regional Health Service; in Murray Valley there are Northeast Health Wangaratta and the Yarrawonga Health Service; in Macedon Ranges there are Macedon Ranges Health Services at Gisborne, Cobaw Community Health and the Sunbury community health centre; in Mildura there are Sunraysia Community Health Services and Robinvale District Health Services; in Swan Hill there are the Swan Hill District Community Health Service and the Kerang community health centre; in Seymour there is the Alexandra District Hospital; and then there are the Benalla and District Memorial Hospital, the Mansfield District Hospital, the Myrtleford community health centre, Beechworth Health Service, Glenview community care in Rutherglen and Echuca community health in Rodney.

When you start to think about the net effect of this lack of support you realise that it will be a reduced ability for those community health centres to attract and retain quality staff. The net effect of the change in salary packaging will be that instead of enhancing, advocating and making it more attractive for specialists to work in rural and regional Victoria, it will be significantly less attractive and uncertain. I believe the real net effect will be reduced services to rural and regional Victoria.

I commend this motion to the house on the basis that attention certainly needs to be given to health services in Victoria and I commend the mover for his initiative.

Ms HARTLAND (Western Metropolitan) — I thank the previous speakers for some excellent presentations. This is an extremely serious issue. While we agree that there are problems and we understand the problems that have been raised, the Greens will not be supporting this motion because yet again the coalition has not put forward a plan about how it would address these issues. It also has to be acknowledged and remembered that when the opposition was in government as the Kennett government it was responsible for bringing the health sector almost to the brink of disaster. There was case-mix, the closing of country hospitals, the outsourcing of services such as cleaning and catering, the famous Intergraph situation when you could not get an ambulance to arrive where it was needed, and the axing of the funding for the Grey Sisters, which I think was one of the most appalling things that has ever happened.

While I am happy to acknowledge that the Bracks government had to put in huge resources to bring the health centres back into line, Labor has now been in government for three terms and it can no longer use that as an excuse.

Now I will talk about what the Greens want for the health sector. Obviously those are things such as fully funding community health centres. As a former worker in a community health centre in the western suburbs, I know the incredible work that those centres deliver on the ground every day. It is the kind of work that cannot be delivered by a hospital. What service can actively encourage someone who has a psychiatric illness or is alcohol or drug dependent to use the emergency wards? Those are the kinds of people who need to be engaged by community health centres.

I have asked questions in this house about the Australian Taxation Office ruling, but have not been able to get an adequate answer from the government. As I understand it from the union, there is a three-month reprieve, but that does not mean that that issue will be resolved.

When I worked in community health centres I was also a shop steward. One of the things that we talked about was that we did not actively pursue the kind of pay increases that we deserved or that would bring us into line with hospital-based workers because we had that exemption. Once that goes, health centres will have an enormous problem in being able to recruit the kind of professionals needed within their sector.

We also need to be looking at the fact that the previous Kennett government and certainly this government have not thought it necessary to pay nurses, medical scientists, allied health service providers or ambulance officers at a level commensurate with the kind of work they do or in line with what they are paid in other states.

Other things that the Greens want include universal access to publicly funded primary dental chairs. In the western suburbs we have an enormously long waiting list for dental services for a number of people. Why do we not have enough basic services?

We need a health system that has strong, well-funded primary treatment and prevention options such as acute hospital-based care. My experience of using the Western Hospital both with clients and on occasion for myself is that, while the staff in the emergency room give the most amazing care, that room and that building are incredibly inadequate. Sunshine Hospital has never been fully funded so that it can work as it should.

Williamstown Hospital has had many of its services taken away.

We need a health system that makes sure that Aboriginal and Torres Strait Islander people have access to good services so that we can close that gap in life expectancy. We need a service that allows people to access early prevention mental health services for children, adolescents and adults.

While, as I said, the Greens do not intend to vote for this motion today, we also will not vote against it. We will be abstaining because we do not believe the government has done an adequate job on these issues either. I urge the government to listen to what has been said today and take on board the fact that many people do not believe that the health system is working well at the moment. Hopefully that will be reflected in this year's budget so that community health services, health centres, waiting lists, dental chairs, and all those other issues that have been raised will be adequately addressed.

Mr LEANE (Eastern Metropolitan) — There are a couple of things that the opposition cannot hide from in moving this motion today. The first is that, in comparison with the Kennett government, of which David Davis was a member, the Bracks-Brumby Labor government has been in office for a similar number of years. The opposition cannot hide from comparisons of achievements in health services. Secondly, actions speak much louder than words. Words are cheap. When opposition members speak on health services in this chamber, their words are worthless. The opposition's poor record more than drowns out any words its members can say today.

I would like to speak about the actions of this government specifically in regard to its achievements in my electorate of Eastern Metropolitan Region. The bottom line budget funding of Eastern Health has more than doubled; there has been a 113 per cent increase in this funding since this government came into office. That is a great achievement and a good sign that this government is serious about health services and funding in the eastern suburbs.

The overall recurrent funding in health services in all regions has been increased by 96 per cent — that is almost a doubling. Across the state there is a commitment to health services. That is reflected in the more than \$4.1 billion investment in capital works at hospitals, including new hospitals like the Casey Hospital, the Austin Hospital redevelopment and the Royal Children's Hospital. This \$4.1 billion of funding represents the largest health construction program in

Victoria's history. It is not only capital works and funding for hospitals; 45 ambulance stations in Victoria have been upgraded since this government came to office and — just as importantly — 25 new ambulance stations across Victoria have been built by this government.

I was privileged to visit the Croydon ambulance station when it was under construction in the last few months. This government has not only invested in new ambulance stations, it has also invested in retrofitting existing ambulance stations with state-of-the-art equipment. The new ambulance stations and the retrofitted ambulance stations have fibre-optic feeds and state-of-the-art communication systems to respond to calls and expedite services.

I refer to some of the spending on hospitals in my electorate. There have been two major projects on the Maroondah Hospital redevelopment in the last couple of years. There has been a \$24.6 million expansion of the mental health facility, which will have 50 acute mental health beds. That project is well under way. We are looking forward to that facility being fully operational in the near future.

There has also been an expansion and refurbishment of the medical imaging department. A lot of work was also done to the foyers of the hospital. New elevators were installed, which were important to the hospital. I visited the hospital after the second project was completed. The hospital staff are pleased about the hospital's operations.

Early last year I visited the Peter James Centre. The government provided funding for eight new chairs in the newly renovated haemodialysis facility. This means that a total of 20 chairs are now operating; they are staffed by two shifts of health professionals from early in the morning to late in the evening, which means those people who live in the area and who regularly need this treatment can now access it closer to their homes rather than travelling to Box Hill or the city. I spoke to some people receiving treatment, and they told me that accessing this service closer to their home is important to them. They were very pleased with the extension of the facility.

Another facility in the east, which I am sure those who live out there are proud and pleased to have, opened last year. That is the Wantirna Health facility, which is basically a new palliative care hospital. It has 30 palliative care beds and 30 complex-care geriatric elevation and management beds. The facility has a community rehabilitation centre. Eastern Palliative Care has co-located within this facility. It does great

work in people's homes, which is where people prefer to be during this sad period of their lives. It provides an outpatient service which is second to none.

There has been a large investment in the Box Hill Hospital. I will expand on that later. I will touch on the extra services that this government has introduced.

This government has employed over 8000 extra nurses, nearly 2000 extra doctors and extra paramedics. This government has thought well outside the square to improve health services — for example, the Nurse-on-Call program, which has been more than successful. I will concentrate on my electorate and refer to some figures which relate to the middle of last year; today the figures would be much greater. To the middle of June last year Yarra Ranges residents made 9112 calls to access the Nurse-on-Call service; in Whitehorse there were 7800 calls to the service; in Knox, 7720 calls; in Maroondah, 7150 calls; and people in Monash made a similar number of calls to those in Maroondah.

The Nurse-on-Call service is now a trusted service. There have been more than 400 000 calls to the service and 70 per cent have resulted in triage where the nurse has discussed the caller's symptoms and provided recommendations about seeking appropriate health care. This is a service that is opening up our emergency departments because people have confidence in the service and can get great advice. It is a shame that the opposition reflects on the people who man the service because they are qualified health professionals.

In talking about lateral thinking and what the government is doing to provide further health services, we have had the recent announcement of a service that is not provided anywhere else in the world: free health checks for workers. Workers will receive free health checks, including tests on their body mass and their diabetes risk. This is a \$100 million state government initiative to fight obesity. As I said, it is a world first. I am proud to be part of a government that is not scared to try new initiatives. It is very important that the diabetes and heart disease epidemics are addressed, and early detection in a workplace will go a long way towards providing better services and freeing up our hospital system because we are attacking the problem at its source.

Mr Viney referred to a number of disappointing actions in the health services area taken by the previous Liberal government under former Premier Jeff Kennett. It closed hospitals, and interestingly the Burwood Hospital, which was in the then Premier's seat, was closed. Mr Viney also referred to the privatisation of

some hospitals. The amount of funding the previous Liberal government allocated to capital works was pathetic. The problem with the opposition is that it hates spending money on infrastructure. I look forward to the budget debate and speeches from opposition members when they take turns to howl about debt which could result in money being spent on new infrastructure that includes hospital infrastructure. A fun time will be had by all!

Mr Lenders interjected.

Mr LEANE — Except for the Treasurer. Yesterday Mrs Kronberg was thumping her fist on the podium demanding that the second stage of the project at the Box Hill Hospital start immediately. It was great theatre, but her words were baseless. If her party was still in government there would be no point in thumping the podium about stage 2 of the hospital project, because stage 1 would never have been started. If her party was still in government there would be no new 16-chair renal dialysis service; if her party, David Davis's party, was in government there would be no new lecture theatre or teaching and research facilities at the hospital as there are now and there would be no new administration facilities and no 600 new car parking spaces.

If the opposition party was in government federally there would be no extra \$500 million committed by the new federal Labor government just a week ago for the Victorian health system. I go back to where I started: actions speak much louder than words. The actions of this government prove its commitment to health services for Victorians. People can see where the commitment is in the dollars and cents, the bricks and mortar, the state-of-the-art medical equipment and the excellent modern-day services such as the Nurse-on-Call service and strategies to prevent serious illness such as free health-care checks for workers on their building sites.

I acknowledge Ms Hartland's contribution to the debate and echo what she said. What is the opposition's policy or plan in this area? We will be waiting to hear the contributions of the members opposite, but I think we will be waiting forever. We will vigorously vote against the motion, and like Mr Viney, I thank the opposition for bringing forward this motion.

Ms LOVELL (Northern Victoria) — I congratulate David Davis on his motion today on the very important issue of health services in our community. I want to go through some of the problems our health services are having in my region.

I will start with the Bendigo Hospital. Everyone in Bendigo knows there is a desperate need for a new hospital in Bendigo. The hospital itself has been patched up and patched up to a point where almost 90 per cent of it needs to be demolished and a completely new hospital built. This government has taken the Bendigo community for granted for the last eight and half years, and it is time it committed to a new hospital in the region.

The hospital itself reports that it is seeing more and more people in its emergency department. In fact in its busiest period on record 113 patients a day were seen in February. That leapt to 118 patients a day in the last week of February, up from 109 patients a day in January 2007. The number of urgent cases attending the emergency department has doubled in the last six years, and the emergency department cannot cope. It cannot continue to wait for a new hospital to be built.

The Bendigo Hospital has come up with an alternative plan that it calls stage zero, which is to expand the emergency department. The plan involves providing additional floor space in the emergency department by moving administrative areas to a new upper level to make room for much-needed patient cubicles. This would enable the expansion of the emergency work area and patient cubicles, increasing the floor space by about 40 per cent. The hospital feels this needs to be done immediately in order for it to continue to cope, and then the new hospital can be built around that expansion of the emergency department. But it certainly cannot go on with the facilities it has at the moment. The Bracks and Brumby governments have condemned the important Bendigo community to Third World-style facilities, and we want to see a brand-new hospital in Bendigo, a health service that provides adequate service to the community, the type of service and the type of facility that the Bendigo community deserves.

Hospital waiting lists are also an issue in Bendigo. A recent freedom of information (FOI) request made by the opposition revealed that 1970 people are on a waiting list to see a specialist or to get an appointment in Bendigo. This is the hidden waiting list; the waiting list the Brumby government does not report. The opposition had to get this information under FOI. The information told us there were 2558 people waiting for treatment at the Bendigo Hospital; the hospital services report recognises only 586 patients, therefore 1972 people are on the hidden waiting list.

As I said, the official waiting list in Bendigo includes 586 people, but I talk regularly with doctors and health workers at the hospital, and in the middle of last year

they told me that, while the official waiting list was around the 580-patient level, they estimated that in 12 months time it could be as high as 6000 people. They also told me at the time that they believed the hidden outpatient waiting list was at 1500 and growing at about 250 a month. That would make correct the figures the opposition received under freedom of information. When the opposition released those figures to the Bendigo community the health minister did not go out and refute them himself; he did not do that. He sent out a ministerial spokesperson, Cameron Scott, to refute those figures. Cameron Scott needs to check with the FOI officers who released that data, because it was government data which confirmed those figures. Certainly it is a desperate try by the Brumby government to put a spin on the figures and to try to hide the number of people on the waiting list for services in Victorian hospitals.

Goulburn Valley Health is another hospital in my region that has been undergoing redevelopment. Several years ago it undertook a study and came up with an 11 or 12-stage master plan. Stage 1 was funded, and that part of the facility, which is the allied health building, has been well and truly completed. But stage 2, which involves new day procedure and operating theatres and some relocation of the services area, is desperately needed. Goulburn Valley Health needs approximately \$30 million to complete stage 2, but there has not been any indication from the government that that money is going to be forthcoming in the immediate future.

In the meantime Goulburn Valley Health is so desperate for theatre capacity that it is having to pass off some of its day procedure patients to smaller hospitals in the region. These include hospitals such as those at Kyabram, Numurkah, Echuca and Cobram, and that is just to keep the waiting lists down at Goulburn Valley Health. This is a health service where the doctors and the administrators are doing their best to provide the best possible health services to the community. It is having to palm off people to neighbouring towns and to smaller hospitals because the Brumby government has failed to commit to the stage 2 development at Goulburn Valley Health.

I know Goulburn Valley Health would also use the Rochester operating theatre; that is, if it was open. But of course the Bracks government closed it down in January 2005. After a heated and well-run community campaign the government was forced to renege on its plan not only to close down operating theatres at Rochester Hospital but virtually to do away with acute services there.

Mr D. Davis — There was going to be nothing left!

Ms LOVELL — No. There was going to be no hospital left. It was going to become a nice community health centre with a nursing home attached to it, and the community knew that. It knew that that was the Bracks government's plan: to do away with their hospital and just give them a community health centre. But the community fought it, and the Bracks government was forced to announce a redevelopment of that hospital which includes a new operating theatre. But the people are still waiting for that operating theatre in Rochester, so unfortunately Goulburn Valley Health has not been able to pass on some of its day procedures there. We hope the operating theatre at Rochester will be completed very soon, and that Goulburn Valley Health will have the funding for stage 2 of its redevelopment.

Another hospital in my region, one that Goulburn Valley Health is using for day procedures, that is also in desperate need and waiting for stage 2 of its redevelopment is the Numurkah hospital. I visited there just recently and the staff showed me some of the problems that are occurring with their building. Their hospital building is 50 years old. It is a war memorial hospital that was provided by the people of Numurkah. The existing structure, which is an aluminium building that was imported from Bristol in England, was originally designed as nurses quarters; it was never designed for or intended to be used as a hospital. Because it was not purpose-built it has never been very efficient because of the types of spaces the staff have to deal with, and due to the building's age it is becoming very difficult to maintain. The master plan includes a new hospital, so it makes it difficult for the board to allocate a large amount of funds towards maintenance when what is really needed is a new building.

Part of the stage 2 redevelopment at Numurkah Health would include building a new acute hospital and theatre facility on the grounds adjacent to the new services building where currently there is a grass and car park area. It would also involve demolishing the current acute ward and the theatre and administration areas, which are the old part of the hospital, and the building of a new, 30-bed low-care facility on the old hospital site. The Numurkah Pioneers Memorial Lodge would be relocated onto the site of the hospital. Currently it is across the road, and having to staff both facilities is not very cost effective.

The current estimate for the cost of this work is approximately \$19.8 million. They are desperate for those funds to come through so they can progress with stage 2 of their hospital redevelopment. However, at the moment we cannot even get the Minister for Health

from the other place to visit Numurkah. We have requested he visit on several occasions. We have written to the minister; I have spoken with the minister here in the Parliament. We are having great difficulty in getting him to commit to even visiting Numurkah. I even offered to make the visit a tripartisan event. I told the minister we would invite the member for Murray Valley in the other place, Ken Jasper, and that the two Labor upper house members for Northern Victoria Region were welcome to accompany us — that is, if they could find Numurkah because they very rarely visit the district. They are hardly ever seen but they would be welcome to come to the Numurkah hospital and see the need for that stage 2 redevelopment.

I would like to go back and talk about the Rochester and Elmore District Health Service for a minute. As we know, on 12 January 2005, in the middle of the Christmas holidays, the then Minister for Health and now Minister for Education in the other place made an announcement that the operating theatre at the health service was to close. The community knew what that meant. They knew it meant that the acute services were the next target on the minister's list and that they would lose their hospital. I do not think the minister quite understood the ferocity with which a local community will fight to save its hospital when it knows it is under threat. The community gathered momentum in its fight to save the hospital.

I chaired a public meeting of around 2000 people in the hall at the high school in Rochester. Mr Davis attended. We invited the then minister, but of course she did not attend. We also invited the then member for Rodney in the other place, Noel Maughan, who did attend. It was a very productive public meeting which led to the formation of the Rochester and Elmore District Health Service action group, headed up by Graham Clarke. The community campaign gathered momentum from there and put enormous pressure on this government.

As part of the process of trying to save the Rochester and Elmore district hospital I conducted a survey of all residents in the district. When asked if any redevelopment or new facilities at the Rochester and Elmore District Health Service should include an operating theatre, 99.13 per cent of respondents answered yes. The residents were overwhelmingly in favour of the continuation of an operating theatre at the hospital. One hundred per cent of respondents thought that the Bracks government should have provided funding over the previous five years to either upgrade the current theatre or to build a new theatre at the hospital. That had not happened, but they all thought that it should have happened. Further, 93.71 per cent of respondents thought the board of the Rochester and

Elmore District Health Service was wrong to announce the decision to close the operating theatre without community consultation. The board made this announcement and took the heat for the minister but, as we all know, it was actually the minister who was responsible for the closure of that service.

Some 98.11 per cent of respondents said they believed that the health minister at the time, Bronwyn Pike, should have gone to Rochester and explained to the community why the operating theatre was being closed. The minister did not come to explain, she did not come to make the announcement. The community campaign gathered so much momentum and there was so much heat on the government that there was press coverage right across the state. In fact I was down in Gippsland and a woman came up to me in the street and said, 'I have seen you before. You're the girl who is fighting to save the Rochester hospital, aren't you?'. She had seen me on the WIN TV news in Gippsland. I was very pleased about that.

The minister knew the heat was on her. When she decided that it was too much and that the community had won, she managed to come to Rochester to announce that she was no longer going to close the hospital and that a new hospital would be built, including a new operating theatre. This is typical of this government's members — they are there for the announcements and the photo opportunities, but they are not there when the community has to receive bad news.

Some 95.51 per cent of respondents to the survey said that they believed the Bracks government's decision to remove doctors and nurses from hospital boards had weakened the level of clinical knowledge on country hospital boards. I agree with them on this. In metropolitan Melbourne there is a huge pool of available people to draw from for hospital boards, but in country Victoria many of the doctors and nurses had given good services to their hospital and were able to give clinical advice to the rest of the board. I believe that process should have continued in country Victoria at least, and doctors and nurses should have remained to serve as board members.

Some 85.53 per cent of respondents said they believed that the board of the Rochester and Elmore District Health Service had been pressured by the state government and the Department of Human Services to close the operating theatre. They knew the minister had made this decision, and the minister had forced the board to go out there and face the community. Finally, 100 per cent of the respondents said they believed it would be harder to attract doctors to the Rochester and

Elmore district and retain them if the operating theatre remained closed. That is quite true. We know there is a significant problem with attracting and maintaining doctors in country Victoria.

I would like to move on to the shortage of GPs. A quick glance today at the Rural Workforce Agency Victoria (RWAV) website shows that in the northern district, which is an area from Swan Hill to Corryong, there are 44 GP vacancies. The western district includes the southern coastal area and the Wimmera Mallee, and there is a shortage of 45 GPs there. In the eastern area, which is the Gippsland area, there are 22 vacancies. There are 111 GP vacancies in country Victoria. When you look at Melbourne on the RWAV site you see there are only three vacancies. We can see where the government is failing in attracting GPs to country Victoria.

I spoke about this in February in relation to Bendigo. According to the RWAV site at that time there were 11 GP vacancies in Bendigo, but the media had reported that there were 12. This government needs to match what some other states do to attract overseas doctors and doctors from interstate. They offer generous relocation packages. Western Australia, South Australia, the Northern Territory and New South Wales are offering relocation packages of up to \$34 000 to help attract doctors to their regional and remote areas. Victoria does not offer any relocation package to doctors. In fact the total package of support offered to a newly recruited doctor in rural Victoria is a maximum of \$3500. Compared to \$34 000 in places like South Australia, the Brumby government is not doing very much to help attract doctors from interstate or overseas to Victoria. The government is letting our doctors be poached by other states. We know Queensland has its eyes on all of our doctors. If that continues, we will see even greater doctor shortages in country Victoria.

These are just a few of the issues facing health services in my area. I have outlined Goulburn Valley Health and the Bendigo and Numurkah hospitals as being in desperate need of funding, but I know there are other hospitals in my region which are also in need of funding. Mrs Petrovich talked earlier about many of them. Once again I congratulate David Davis for putting this motion forward today so we can highlight the government's inefficiencies and its lack of support for rural and regional health services.

Mr DRUM (Northern Victoria) — I commend David Davis for moving this motion in the house today. It is very important for all of us in regional Victoria to be up to date with how our health systems and organisations are coping at the moment.

Ms Lovell spoke about the issues surrounding Rochester hospital, including staff cuts, which are an ongoing issue. The work that has been done — involving Noel Maughan, a former member for Rodney in the other place, and Ms Lovell — to resurrect that community's hospital hopefully will see that region receive the hospital it deserves for the future.

Whilst many of the issues surrounding health in the Bendigo region and in country Victoria generally are based largely on funding, there are also some different issues which impact on the ability of locals to receive adequate funding that do not necessarily imply a need for additional funding but rather a redirection of funding. One of those issues is the shameful way in which dialysis is treated throughout regional Victoria, including in Bendigo. At the moment in Bendigo we have 12 dialysis beds, which is an increase from 9 but still about 6 beds short. A burgeoning group of people is in need of dialysis, and it is increasing by the day. The funding that is allocated to the hospitals for the work that they do is in fact given to the Austin Hospital. There is a hub-and-spoke-type arrangement whereby the Austin Hospital effectively has carry over the dialysis treatment both within its own precinct at the Austin and within in its spoke areas, such as the Bendigo Hospital. If the funding for dialysis treatment were to come directly through to Bendigo Hospital, it would then be able to build up the resources it needs and introduce the infrastructure — the dialysis beds — in the area where the treatment is delivered.

Bendigo Hospital is doing 80 to 90 per cent of the work with these patients yet it is receiving less than half the funding for the job. That is one of those situations I referred to previously. If the government were able to go back and redirect the funding it is giving to metropolitan hospitals in Melbourne for work that is being carried out on dialysis patients in regional Victoria, we could have a vastly increased service in the critical area of dialysis treatment. It is something that the dialysis specialists in the region have been calling for, but they have been getting absolutely nowhere with the government.

We understand that the government has put a lot of money into the health system, but we are not stupid. We understand that the government has twice as much money to spend in every department as it had when it first came into office. So when government members say, 'We have increased funding in the health sector by 85 per cent', members should remember that is actually 15 per cent less of the pie than was being spent when the government first came in. The government's total revenue package has increased by approximately 100 per cent. We need evidence if we are to believe that

the spending in respective areas has increased by 100 per cent. Even if it has, that is just staying in touch with the percentages of spending that applied when the government came into office.

One of the real problems we have in Bendigo and right throughout country Victoria is the issue of the hidden waiting lists. This is an area where the government is leaving itself totally open to criticism. It is one thing to have a waiting list and not be able to fully eradicate the problem if the need for elective surgery is going through the roof. In a sense it is understandable that we cannot give everybody a hip replacement, the dental work they need, the carpal tunnel operation they need, the knee operation they need or any of those other elective surgery procedures that people need as they get on in life. We understand that not everyone can be catered for in a manner that suits them.

However, it is another thing to have the deceitful situation of having lists of people waiting to get onto waiting lists, with unofficial, secret waiting lists being manipulated. A GP might recommend a person to an outpatient specialist for a particular type of surgery. We understand how those particular patients are sourced: the relevant circumstances are correlated, the patient can be kept in the wings, and if a cancellation appears or an opportunity arises, sometimes that patient can be swung in from the unofficial waiting list onto the waiting list for two days and then into surgery. This greatly reduces the average time that people spend on waiting lists. All these practices are being employed on the basis of the direction being given by this government to health professionals, to try to ensure that the official waiting lists look better than they are.

Five people in the region of Bendigo have been waiting more than three years — more than 1000 days — for elective surgery. Some of the specific results this government is throwing up are quite abysmal. We need a government that is prepared to stand up and face the challenge that is being presented by an ageing population and put in place some strategies and some openness that will bring about better outcomes than we are currently getting.

Accident and emergency presentations are also having an impact on elective surgery rates. We are coming up to the crucial midway point of the year — the end of the financial year. The WIES (weighted inlier equivalent separations) funding models of some hospitals are based on what happened previously, so this year's WIES funding will be allocated on the basis of what happened last year. That means that should there be a sharp increase in presentations to accident and emergency departments, that will also eat into the

finite bucket of money available to each of the regional hospitals. Therefore the only way to bring the budget in on target will be to reduce the amount of elective surgery that is undertaken in the months leading up to the end of the financial year.

If 2008 looks anything like 2007, we will find that elective surgery actually starts to dry up to a significantly lesser frequency than would happen throughout the main body of the year. Again, it is another funding anomaly. We face a situation where, through sheer bad luck or fate, if a given region has a dramatic increase in the number of people presenting themselves to accident and emergency departments who need to be admitted to a bed and have a procedure, then something else in the system has to give. As I said, if it happens this year as it happened last year, then we are going to find that there is a bit of a crisis in that area as well.

One of the other problems that we currently face is the problem in relation to the charitable status of health centres. We are crying out for health professionals in regional centres, and one of the few competitive advantages that health centres have — Bendigo Health for instance — is that they are able to operate as charitable organisations. They are able to offer their health professionals salary packaging, which makes their take-home salaries significantly higher than they would be if they were not able to operate in that environment.

Irrespective of whether health care centres are charitable organisations, the end result is that we are going to lose more health professionals in the regions. Our no. 1 problem is the lack of quality health professionals in regional Victoria. Now it will be even worse because of what the federal government is doing through the Australian Taxation Office. At the Bendigo Community Health Centre there are 10 GPs at the moment. In an article in the *Age* of 22 March, the centre is reported as expecting five of those GPs to resign if these tax advantages are lost and they are no longer able to receive the benefits they are currently receiving. The Minister for Health is aware of this. We will just have to wait to see whether the health minister is going to be able to step up to the plate and make representations to the federal minister about these particular issues.

I would again like to congratulate David Davis for bringing this matter to the chamber. Ms Lovell has quoted the fact that Bendigo Hospital is in dire need of a total rebuild. At the last election Labor pledged \$5 million just to try to get the primary care aspects of the accident and emergency department up to an acceptable standard. It really is a sad experience to

present to accident and emergency. The waits are quite phenomenal.

We know that one of the real problems in this state at the moment is the hidden waiting list. Bendigo Health has 586 patients on its official waiting list. The real figure is closer to 3000 — 2703 — on the unreported waiting list. Hiding the true picture of the hospital waiting lists is a desperate tactic by the health minister and the Premier after they promised when they took office that they would be more open, accountable and transparent. We often hear in this chamber about the government being too open and transparent, and yet it is becoming a gold medallist when it comes to creating false waiting lists to be released to the public of Victoria. The government knows that the elective waiting list in Victoria has been vastly underestimated. The secret waiting list is anywhere from 20 000 to 30 000. In a report I have to hand it has been stated that potentially there should be 40 000 patients on the official waiting list for elective surgery.

It is a sorry state of affairs when the only way we can access the unofficial waiting list for elective surgery is through freedom of information requests. We understand that the federal government is already kicking in to help out the state government. We understand that the state government is still in trouble with its inability to get the outcomes that it has said it will be able to get. Every now and then it comes clean and in effect acknowledges that the health system is in an absolute mess. The government can talk as much as it likes about increases in the number of patients treated, but no state in this country has had the level of resources available to it that this state government has. As I said, it has had an increase of almost 100 per cent in revenue since the time it came to office. The health outcomes should be far better than they currently are.

Ms DARVENIZA (Northern Victoria) — I am very pleased to rise and make a contribution to this debate. I am rising to oppose the motion that has been put forward by David Davis. It always gives me pleasure to have an opportunity to talk about what our government has done since it came to office in 1999, and to compare it with what the Liberal-National coalition government did when it was in government.

Mr Drum — You would disappoint me if you said anything else.

Ms DARVENIZA — Mr Drum interjects and says that I disappoint him. Mr Drum is often disappointed with the contributions that I make, because he does not like to hear them. I can hear Ms Lovell yapping in the background. She, too, finds it very difficult to listen and

hear what it was like under the National-Liberal party coalition government.

One of the things that has been said by members on this side of the house — and I have to disagree with them to some extent — is that members opposite have no plan and in their contributions they have not put forward any plan. They do not need to tell us what their plan is, because we know what their plan is — it is to do exactly the same as they did and conduct themselves in exactly the same way they did when they were in government last time.

We have a National-Liberal party coalition; we have the Liberals running the show. We can forget about any health services in rural and regional Victoria: the last National-Liberal party coalition completely gutted health services right across Victoria, particularly in rural and regional Victoria. But it was not confined to rural and regional Victoria; it was felt right across Victoria. You only need look at the situation with the Western Health Network to realise that. When the National-Liberal coalition government left office the Western Health Network was bankrupt. That is the state that that lot, when they were in government, left it in. We know exactly what their plan is, we have seen them in action before, and we know the way they conduct themselves.

I will take up a few of the issues that have been raised by previous speakers, without going through the devastation that the opposition when in government wrought on the health system by sacking nurses, closing hospitals, and privatising whole health services like the one down in the Latrobe Valley where it closed two hospitals and set up a new privatised hospital. We saw it close the Traralgon hospital and the Moe hospital with the setting up of a new privatised facility, and it would have been well on the way to privatising other hospitals too if this government had not come to office in 1999.

But it is not just that the former government privatised our hospitals and had a plan to privatise more of the health system. It sacked thousands of nurses — a lot of them were recruited by Queensland — and privatised many of the services that were provided through our health networks and rural and regional hospitals, such as domestic services, including cleaning, orderly, food and laundry services. All of those were privatised and as part of that process jobs were very significantly cut. It was not just nurses and allied health professionals that were affected; it was also those other very important workers within our health system who are vital to providing a state-of-the-art health system.

The previous government not only closed the two hospitals in Gippsland to set up a privatised hospital, it closed other hospitals in rural and regional Victoria. Twelve hospitals were closed. I know those opposite do not like to hear about it, but the Kororoit hospital was closed, the Macarthur hospital was closed, the Clunes hospital was closed and hospitals at Elmore, Mortlake, Lismore, Beeac, Birregurra, Altona, Mordialloc, Burwood and Essendon were closed. A number of those were health services in rural and regional areas; in fact the majority of them were. So to come here and say that this government is not providing services and to criticise this government for the services we are providing and the work we are doing in rural and regional areas is a bit beyond the pale, given that lot's track record.

Recruitment was one of the issues raised by Ms Lovell. She talked about the shortages of GPs in rural and regional areas. I inform the chamber that the Brumby Labor government is providing \$40 million a year for the recruitment and retention of doctors in rural and regional areas — and that includes areas such as Shepparton, which is one that Ms Lovell raised in her contribution.

Another point is that if former Prime Minister John Howard, over the past 11 years when he was in government, had spent the money in our universities ensuring that there were enough places for training for doctors, nurses and allied health professionals, we would have seen more doctors available in our services now. We would have seen more doctors, more nurses and more allied health professionals being trained and being available to be recruited into our health system.

It is not just that the opposition when in government sacked them, did away with their positions and took the scorched-earth approach and sent them out of the system. Not only did it do that when it was in government, but the federal Howard Liberal-National coalition government failed to put enough money —

Mr D. Davis interjected.

Ms DARVENIZA — into our universities for places to ensure that we — —

The PRESIDENT — Order! I remind the Leader of the Opposition of my views on policy and standards in terms of referring to people on their feet by their first names. I ask him to withdraw the comment.

Mr D. Davis — I withdraw.

Ms DARVENIZA — I was referring to shortages of GPs in rural and regional health areas. Let me pick up

and move on. Bendigo Hospital was raised by Ms Lovell and Mr Drum, and I want to talk about Bendigo Hospital. Since 1999 we have seen a 94 per cent increase in recurrent funding for the Bendigo Hospital. We also see something like 217 additional nurses, many of whom were sacked, retrenched or given redundancies under the previous government. At Bendigo Health we have seen the provision of new radiography facilities of some \$15 million and a residential aged care development of \$8.3 million — all done since 1999, since the Bracks and Brumby governments have been in office.

Honourable members interjecting.

Ms DARVENIZA — I know they do not like to hear about what the Brumby government is doing. I refer to the master plan for the future redevelopment of the Bendigo Hospital. The Brumby government has made \$2 million available for the development of the Bendigo Hospital master plan for the future redevelopment of the hospital. If you had listened to Ms Lovell banging on in her contribution, you would think that this government had not spent a cent —

Honourable members interjecting.

Ms DARVENIZA — Not Mr Drum; in his contribution Mr Drum acknowledged the money that we have spent on the Bendigo Hospital, but from the contribution of Ms Lovell you would think we had not made any contribution, certainly not a 94 per cent increase in recurrent funding. She failed to mention the \$2 million to look at the master plan for the redevelopment of the hospital. Of course Ms Lovell failed to mention the new funds that have gone into radiography as well as the \$8.3 million into residential aged-care facilities.

The Goulburn Valley Hospital was also raised by Ms Lovell in her contribution, so I want to talk a little about the kinds of funds the government has been spending not just on the Goulburn Valley Hospital but in that whole Hume region. We have seen a \$14 million redevelopment of Goulburn Valley Health, incorporating Shepparton Base Hospital, and it includes the redevelopment of the expanded accident and emergency department and a new ambulance care centre. It includes a new public dental clinic with its extra dental chairs and its expanded capacity. It is a beautiful facility. I have been through it on a number of occasions, and it is an attractive, state-of-the-art facility, and I know they are very pleased with it.

Elsewhere in the area of Hume I want to mention Northeast Health's new 62-bed nursing home in

Wangaratta. The \$11 million project contains a number of environmentally friendly initiatives, which is very important in an area like Wangaratta, where they have been experiencing the drought. This project contains some water-saving measures, with three underground tanks storing some 315 000 litres of rainwater that is collected from the roof, for use both in the gardens and toilets.

I wanted to pick up on the Numurkah facility, which was also raised by Ms Lovell in her contribution. Numurkah District Health Service has had a redevelopment of its residential aged-care facility which has amounted to \$7.7 million.

The Cobram District Hospital has had a significant injection of funds to improve its health-care facilities to ensure that there is a high quality standard of care for the residents not only in the Numurkah area but also in the Cobram area; and Nathalia District Hospital, which is in the Legislative Assembly seat of Rodney, has had a redevelopment. The new hospital includes a 26-bed facility, with 6 acute and 20 high-care residential aged-care beds, an emergency department, a GP clinic, allied health facilities, a day care visiting room as well as an administration area, so very significant funding is going into the Nathalia District Hospital.

Yarrowonga District Health Service has had a \$10.5 million redevelopment, and the project includes a new hospital ward as well as a redevelopment, which was very much part of our government's commitment to ensuring that there were high quality health services in that area.

Ms Lovell mentioned Bendigo, but I would like to move a little further north to Echuca. In the case of the Echuca hospital we have seen the government commit \$7.7 million to overhaul the 120-year-old Echuca hospital, and that revamp has delivered a whole raft of upgrades including two new operating theatres and day procedure suites as well as a new central sterilising supply department.

I could go on and on about the increase in funding and the redevelopment of services in my electorate in northern Victoria, and the redevelopment of those services right across Victoria. I will not mention the big ones because I know they have already been mentioned by others on our side of the house, with the big redevelopment of the Royal Children's Hospital, the Austin Hospital, the Casey Hospital and the Royal Women's Hospital. But I do want to mention the upgrade to 45 ambulance stations in Victoria, because that has had a big impact in rural and regional Victoria. Some 33 of those 45 ambulance stations are in rural and

regional areas — that is double the number that were upgraded in metropolitan areas.

A number of not only redevelopments but also new ambulance stations have been built in my electorate in northern Victoria. We have a new ambulance station at Bright, a new ambulance station in Mooroopna, and a new ambulance station in Irymple. The government is certainly ensuring that our emergency services are being looked after; and as well as the 8 new stations in rural and regional Victoria, 18 new ambulance stations have been built in the metropolitan area.

We now have 708 extra operational paramedics right across Victoria, and 219 of those are in rural and regional areas. There are 101 extra ambulances on the road, which is a 25 per cent increase in our fleet numbers; so not only have our large and important hospitals in the city had billions of dollars injected into their redevelopment, but significant amounts of money are being put into rural and regional areas to redevelop our facilities in those important hospitals and to ensure that there are facilities available, such as magnetic resonance imaging (MRI) machines.

That highly technical equipment is important. In Goulburn Valley Health's redevelopment of Shepparton Base Hospital we have put in place a \$4 million MRI machine that is already being used to treat local patients; and that \$4 million for the MRI machine includes \$360 000 for the specially constructed building which houses that very important machine that is so vital to determining a diagnosis and treatment of patients.

I want to touch quickly on waiting lists because members of the opposition have been going on about them in their contributions. Over 130 000 episodes of elective surgery are being performed every year, and that means that over 15 000 more patients are getting their operations each year than was the case in 1999. We know that more has to be done, and that is why in January the Victorian government, in partnership with the commonwealth, committed an additional \$60 million to health. An amount of \$26 million from the state and \$34 million from the federal government is going towards cutting the waiting lists for elective surgery.

According to the most recent *Your Hospitals* report, 38 109 people are waiting for elective surgery, and that is down by 5.4 per cent on the 40 301 people who were waiting at the end of December in 1999. I know that the opposition has been bandying around figures about waiting lists, but they are the statistics according to the most recent *Your Hospitals* report.

I want to touch very quickly on workforce-related matters to highlight what the Bracks and Brumby governments have done in terms of the medical workforce since coming to government. We have employed an additional 8060 nurses, an extra 1888 doctors and an additional 713 paramedics.

We certainly are committed to providing a high standard and quality of care for all Victorians, not just in our metropolitan areas but right across our rural and regional areas as well. We know what the plan is for the opposition. We know that if the Liberals ever got into government again they would do exactly what they did last time, and that is to cut all hospital services, particularly in rural and regional areas.

Mr KOCH (Western Victoria) — I am looking forward to my contribution to the debate on this motion on health services. It is a very valid motion, as well as very timely, and it clearly outlines what the situation in this state is. I am going to speak purely on Geelong, it being in my region.

As we know, Barwon Health is the largest non-metropolitan health service in Victoria. I have to say that as a health provider Barwon Health is well respected, but regrettably it is underresourced. We have marvellous doctors, we have marvellous nurses and we have marvellous ambulance officers and paramedics servicing the health needs of those at Barwon Health, but there are not enough resources for them to excel in what they do best, and that is looking after people. Barwon Health is responsible for providing services to a static population of something of the order of 350 000, but of course that is the all-round number; we see that grow to over 450 000 during holiday periods, especially in the summer.

The regional service centre at Geelong accommodates accident and emergency services; all levels of surgery, both elective and non-elective; cancer patients; orthopaedic services; paediatric services; and of course public dentistry. We do not want to forget public dentistry, but today I have not heard a great deal about public dentistry, which is in disarray across the state, particularly in western Victoria. The services that Barwon Health offers the south-west are principally from the primary health services at Colac, Warrnambool, Hamilton and Portland hospitals. They are a great support arm to the other health services across western Victoria. I can assure the house that those services are well sought after by those communities.

But like so many of our regional centres, Barwon Health's waiting times continue to grow. Recent

statistics for Barwon Health reveal that there were 1816 patients on the elective surgery waiting list — that is 116, or 7.5 per cent, more than at the same time last year. There were 129 fewer patients admitted for elective surgery in 2006–07 than there were in 2005–06. Some 3107 patients waited for more than 8 hours on a trolley in the emergency department before being admitted to a bed; 3823 patients waited in an emergency department for a room for more than 4 hours before being discharged; there was a 14 per cent increase in one year in the number of patients on the semi-urgent waiting list for more than 90 days; and there was a 120 per cent increase in the number of non-urgent surgery patients who were not treated within one year compared with the number at the same time the previous year. The system obviously cannot cope, and the government refuses to listen to our doctors, nurses and paramedics who are being forced to speak out publicly in relation to these issues. I have to say that our doctors are disillusioned, our paramedics are frustrated and our hospital staff are overworked and struggling to cope with the increased demand.

Documents obtained by the Liberal Party under FOI reveal that there were 8641 people on waiting lists for treatment at Barwon Health, but for some reason the government has seen fit to report that the number on waiting lists at Barwon Health is 1945. This indicates that 6696 patients are unreported. The only thing at Barwon Health being reported and published is the elective surgery information systems in relation to ready-for-care. There are another five sections that are unreported, representing nearly 7000 patients. Although we are being publicly given a figure of 1945 on the waiting list, the actual number is 8641. A recent health review — when I say ‘recent’ I mean it is as recent as last Thursday, 27 March — carried out by an independent ministerial review reveals that our health system is crippled by increasing pressure, low morale and a dismissive state government.

Geelong is not immune to the doctor shortage crisis, and this is something that really concerns all regional Victorians. We look to Geelong as our centre of excellence for health in western Victoria, as delivered by Barwon Health, but we see that our doctor shortages are continuing to grow. Currently there are 15 vacancies for GPs that need to be filled, and we find that further to the west of Geelong we also have vacancies. Obviously this government is not doing enough to not only retain but also recruit medical professionals to fill these gaps. The government has to be far more serious in relation to medical practitioners and trying to gain their services right across the board, most particularly from my point of view in western Victoria.

The other thing I mentioned earlier and said we should not be ignoring is dental health. We all recognise that dental health and dental hygiene are imperative and that all patients requiring those services should be seen within an acceptable time. A more timely service is sought, especially further west. I know the waiting times at Hamilton, Warrnambool and Portland are some of the worst in the state of Victoria, and in some cases exceed 48 months. I have personally had in my office mothers with children, especially teenage children, who have required attention but have been unable to procure it through either the public dental system or through the heavily engaged private dental system.

From Barwon Health’s point of view the statistics tell us that the Barwon Health service in Belmont has 1875 patients waiting for general dental treatment, a 7 per cent increase over the previous six months; and 291 patients waiting for dental care, a 94 per cent increase over the previous six months. That is quite dramatic, and we should reflect on how large those numbers are. That is just over a six-month period — over half a year the number of people with dental requirements is rising by nearly 100 per cent. On average patients at Belmont have to wait 22 months for general dental care and 23 months for denture care right across the board.

That in itself sounds terrible, but at Barwon Health in Corio we have more patients; we have 2249 patients waiting for general dental treatment and 571 patients waiting for dental care. They are a 15 per cent and a 19 per cent increase respectively over the previous six months. Again patients have to wait some 30 months for general dental care and 37 months for dental care.

The figures go on. Barwon Health in Newcomb is only slightly better off than in Corio, with 2046 patients waiting for general treatment and 361 waiting for dental care. Again the waiting time here is far too long, at 37 and 31 months respectively. Statewide dental care systems, as we know, have waiting lists that are far too big and currently have accumulated patient waiting lists totalling some 112 000 patients for general care and 20 005 for dental care.

This motion has certainly brought about a good debate, especially from our own side, but there has been quite a bit of rhetoric in some of the things that have been proffered from the government in relation to improved health services right across the board and many of those do not measure up. The government continues to tell us how many hospitals have been closed in previous years by previous governments. Somewhere along the line the government should come clean and reflect on the hospital units, particularly in regional Victoria, that

have been closed by the government since 2002. I refer principally to maternity and obstetrics units that have either been closed permanently or suspended. In many cases where it was thought the action was indefinite, they have closed permanently.

I will make reference to quite a few hospitals. Ms Darveniza was quite gleeful about the number of hospitals that the Kennett government closed prior to the Bracks government coming into power, but the numbers under the Bracks government certainly are damaging, when we look at the Birchip Hospital, the Charlton Bush Nursing Hospital, the Donald Hospital, the Nhill Hospital, the Warracknabeal Hospital, the Wycheproof and District Health Service, and Boort, Cobram, Nathalia and Yarram hospitals. We know that the Seymour District Memorial Hospital was reopened recently after its obstetrics and maternity unit was closed for a period of some two years.

All those hospitals are or were in regional Victoria. We have also found that these closures have not been restricted to regional Victoria. The Angliss Hospital suffered the same fate, as did the Moorabbin Hospital and the Williamstown Hospital. I do not think the fault can forever live in hindsight and the buck-passing from which the government members appear to get a lot of joy. The government has certainly seen fit in its own capacity to remove services from the community, especially in the health sector.

In closing, the ongoing campaign for an emergency helicopter service in the south-west is a very relevant point within our health sector especially for distant patients if they are to gain timely services particularly in Melbourne to assist with tragic trauma cases which, regrettably, happen on far too many occasions in regional Victoria. As we all know, the south-west is the only region in this state that is not serviced with an emergency helicopter and I am sure in the very near future — —

Mr D. Davis — Thousands on Facebook recognise the need.

Mr KOCH — Yes, they certainly do. There are thousands on Facebook — Mr Davis is dead right — but there are in excess of 30 000 signatures on petitions on this matter that have been presented in this Parliament. I certainly hope that the government not only makes more funding available for our health resources statewide and particularly in Barwon Health but also sees fit to make funding available to offer the opportunity of having an emergency rescue helicopter service for those in western Victoria.

I urge the house to support the motion before the Chair tonight, which is for gaining better health services. I believe it is probably one of those areas to which we have a rich right and deserve it along with education and other very important services. In an ageing community, especially in regional Victoria, health is playing a major role, and it deserves more government support and resources.

Mr ELASMAR (Northern Metropolitan) — I rise to contribute to the debate on this motion. I do not intend to go over ground or repeat what other members on this side have already said, but I think it is also important to put this debate into perspective.

We are all aware that we have an ageing population and that health services are being called upon increasingly to provide the highest quality medical treatment to the members of our community in most need. The federal government's injection of \$34 million is a most welcome boost to the additional funding provided by the state government.

I agree with some of Ms Hartland's comments. The state Labor government — the Bracks and Brumby Labor governments — improved the health system in Victoria. It is a fact that hospital waiting times have dropped and that many millions of dollars have been spent by this government on upgrades to existing establishments and new health facilities that have been constructed from scratch. Nursing qualifications and hospital staff numbers have been improved dramatically, both to give those in our nursing profession a decent career path and also to improve even further the quality and quantity of medical treatment for patients in Victoria.

I do not want to repeat the figures regarding staff numbers and ambulance numbers. I want to speak on a personal level. Recently a constituent in my electorate was taken by ambulance from work to the Royal Melbourne Hospital with a suspected heart attack. He is normally an energetic and physically fit man who rarely seeks hospital attention for anything. He was so impressed with the compassionate and professional treatment he received that he wrote a letter of commendation to the hospital administrators. This is a far cry from the days when patients would sit for many hours before being seen by a doctor. We can name quite a few of those patients and the hospitals that were affected in those days. But what more can I say? More challenges are facing our health industry every day, and we have to be ready as a government to meet those challenges head on. We are ready.

Mr VOGELS (Western Victoria) — I want to make a few comments on the motion moved by David Davis about the failure of this Labor government to adequately manage the state health system. I will confine my remarks to my region of Western Victoria.

We continually hear the Treasurer saying, and he did so in question time today, that patient throughput has increased by 30 per cent since the government was elected in 1999. In my region the fact is that hospitals are now churning out 140 patients per bed per year compared to approximately 100 patients per bed per year in 2002. That 40 per cent increase has resulted by churning through patients much faster. Obviously that increase has to do with better medical equipment, microsurgery and things like that. But I believe a lot of patients are fast-tracked because hospitals lack bed space.

Finding health care professionals in country Victoria is becoming very difficult. If you go around to most country regions you find that they are short of doctors. Wendy Lovell previously said that Western Victoria Region has a shortage of 45 GPs. The city is only short 3 GPs. There is a message here; maybe before Medicare provider numbers are given to doctors, some of them should come to country Victoria and do some time there. We need to do some hard work to get doctors to country Victoria. After all it costs an enormous amount of taxpayers money to train GPs. Members have already heard that since the election of the Bracks government in 1999 state revenue has increased by approximately 100 per cent. Members from the other side of the chamber say, 'We have increased funding by 50 per cent, 60 per cent or 70 per cent', but that should be the case because revenue has doubled.

I want to spend a few minutes speaking about the Ballarat hospital. Since Labor came to power there has been no significant investment to increase the number of beds at the Ballarat hospital. In Ballarat more than 10 per cent of GP positions lie vacant. The present waiting list has 6316 patients who are waiting to have their medical conditions sorted out or treated. The opposition has already stated that it would provide an extra 60 beds at Ballarat hospital, 20 extra doctors, 80 nurses and the capacity to treat an extra 9000 additional patients per year. We would also fund recruitment packages and the relocation of doctors — that is important. We have also promised a package of \$50 000 to doctors who are prepared to relocate to Victoria.

The Warrnambool hospital is on my doorstep. If ever there has been a Victorian regional hospital that has

been neglected, it is the Warrnambool hospital, which is part of South West Healthcare. The magnificent staff, including the doctors and nurses, at Warrnambool hospital work in a 1950s-style building. The hospital has been promised upgraded facilities year after year, especially around election time. An article in the *Warrnambool Standard* of 1 July 2006 says under the subheading 'Project moves closer':

Warrnambool is a step closer to getting a new hospital with the state government providing \$900 000 ... to continue detailed planning for the proposed \$130 million facility.

Last week health minister Bronwyn Pike gave a strong indication that South West Healthcare would be funded for the long-awaited development as part of Labor's pre-election promise.

That was two years ago. Another article in the *Warrnambool Standard* entitled 'Budget commits 16 million' which refers to last year's state budget, has a photo of the Premier, John Brumby, and says:

Warrnambool hospital's major redevelopment will begin in months after \$16 million was committed to the project in yesterday's Victorian budget.

The chief executive officer of South West Healthcare, Mr Krygger, was reported as saying:

... the expansion would meet the needs of the region. The \$16 million will be unlocked during the next three years, with no money forecast for 2010–11.

The amount of \$130 million was promised in the previous year by Bronwyn Pike, the then Minister for Health in the other place, and then the Premier committed \$16 million up to 2010–11.

Another article in the *Warrnambool Standard* under the subheading 'Hospital plan unveiled' refers to the present Minister for Health in the other place, Daniel Andrews:

Mr Andrews toured the hospital and outlined the project's \$16 million first stage ...

Stage 1 is expected to be completed by 2011 —

which is another three years down the track. Once again Mr Krygger is reported:

South West Healthcare chief executive officer John Krygger said emergency admissions had increased in the past 10 years from 13 000 to 26 000 —

which is a doubling —

and he was 'excited' that work would begin ...

Another article in the Warrnambool *Standard* headed 'New hospital takes shape' has the subheading 'It will be a 'world-class' facility: expert' and says:

South West Healthcare will be a world-class hospital by 2010 —

so we have come forward a year —

making it Warrnambool's most important building, says architect Ted Doufas.

Mr Doufas said the hospital, which will cost an estimated \$175 million, would be state of the art.

We are now back up to \$175 million. The South West Healthcare chief executive officer, John Krygger, said the development proved the 150-year-old hospital was moving forward.

I refer to a report in the Warrnambool *Standard* of December 2005, three years ago, which states:

Moving Warrnambool's hospital and ambulance station closer to Deakin University to form a health precinct should be explored, according to Western Province member John Vogels.

Under the bold plan, Mr Vogels said the hospital could tie in with the university's proposed medical school to train doctors and nurses.

He said the precinct could include moving the city's ambulance base from Koroit Street to the site and be home to an emergency helicopter.

...

'It would be fantastic to train doctors and nurses and build a helipad for the emergency helicopter'.

Head of Warrnambool's Deakin University campus Rob Wallis, said it was the first he'd heard of the plan, but it wasn't unusual for medical schools to have a hospital close by.

'It would be greatly supported by Deakin ...

Mr Krygger, the chief executive officer, was reported as having said that the greenfield site would be too expensive as it would cost \$198 million. That was three years ago. My prediction is that nothing will happen in Warrnambool because by the time they get through the next 10 years of knocking down a bit and building a bit, with nurses, doctors and patients tripping over each other the Warrnambool hospital rebuild will cost at least \$250 million, yet we had the opportunity to build a brand-new facility next to Deakin University where the doctors and nurses are training, and they could have been part of that new facility when it was built. After two or three years at a new site you could sell the old site to a developer, and it is probably worth \$30 million to \$40 million, so you would actually make money.

That proposal was knocked on the head and here we are having been promised by every health minister in the Labor government a brand-new hospital over time with different funding all the time but very little, if anything, is happening.

I want to emphasise the importance of a radiotherapy unit as part of the new hospital when it gets off the ground. Cancer patients in my region have to travel to Ballarat, Geelong or Melbourne for radiotherapy. It is a long way when you have to go one day a week. The radiotherapy takes about 10 minutes, but your wife or someone has to drive to Melbourne and bring you home again. It is important that a radiotherapy unit is part of the new hospital if and when it gets built.

I conclude by saying, as mentioned by David Koch, that there is a dire need for a rescue helicopter in south-west Victoria. It is the only part of the state that is not covered and people are losing their lives because of it.

Another issue dear to my heart is the need for an ambulance station at Timboon, which has been an ongoing fight for about 10 years. In last year's May budget I was pleased to see that the Bracks-Brumby government promised a new ambulance station at Timboon. As I live in the town I watch closely, and I know that not a brick has been laid and no sods of soil have been turned and nothing is happening. I hope and pray that when the May budget comes out this year a new ambulance station with full-time paramedics will be on the list. Having said all that, I support the motion moved by David Davis and hope that every member in the chamber does the same.

Mr KAVANAGH (Western Victoria) — Health care is one of the major responsibilities of state governments. We should always be concerned about the state of health services in Victoria. The government says that it is spending much more money than its predecessor, the former Kennett government, on public health, while the Liberal opposition responds that during the Kennett years cuts in spending were necessitated by the incompetence of the governments of John Cain, Jr, and Joan Kirner. Both sides are correct. It strikes me as superficial, however, to equate public health care with expenditure. More important than the dollars spent are the results achieved.

The amount of time we have spent on this debate would have been better used in considering ways to improve our health system. I am not yet sure how to vote on this motion.

Mr TEE (Eastern Metropolitan) — I am very pleased to talk about health because in my view the residents in the eastern suburbs have been served very well by this government. The neglect which the Liberal Party delivered in spades has been replaced by the delivery of the very best of health services. These health services have not just been delivered in Melbourne's central business district, but across suburbs and throughout Victoria. This government has invested over \$4.1 billion in capital works. It is fair to say — and I think Mr Leane has already indicated it — that the eastern suburbs have been well represented in receiving the dividends of that investment.

As you go through the eastern suburbs you see an unprecedented level of construction of medical facilities. What you are seeing is what happens when you have a commitment to modernising and bringing health services to the suburbs and to those communities where they are needed most. For the benefit of patients, particularly outpatients and their families who spend time transporting and visiting patients, it is critical that services are provided locally.

As I said, this government is delivering those high-quality local medical services in the eastern suburbs. In the last 12 months or so we have seen the opening of theatre 3, a day procedure unit and community rehabilitation unit at the Angliss Hospital in Ferntree Gully. The Box Hill Hospital has had a particularly big year. Stage 1 of the Box Hill redevelopment began in November 2006. The building will provide accommodation for a dialysis service and teaching, training and research facilities.

Maroondah Hospital, too, is a hive of construction activity with three projects under way. These include the construction of a building to house the Eastern Centre Against Sexual Assault crisis care unit, which provides 24-hour crisis care services to meet the emotional, psychological, medical and legal needs of victims of sexual assault. Refurbishment and expansion of the medical imaging department at the Maroondah Hospital has also meant new ultrasound and mobile X-ray services.

In 2007 the Peter James Centre expanded its dialysis services by providing an additional eight chairs to bring the total to 32 chairs. At Wantirna Health there is a new 30-room purpose-built facility providing palliative care and rehabilitation services.

As we know, the health system faces a number of serious challenges. We have a growing population, we have an ageing population and we are faced with the consequences of an obesity epidemic, including the

associated increases in diabetes and other health-related issues. Certainly, demand for medical services is going up in the eastern suburbs, and the government is responding with the construction of state-of-the-art health-care facilities. The increase in health-care demand is for the whole range of medical services, including emergency services, births, medical imaging, pathology and other services.

There is no doubt that this government is up to the challenge of meeting the increasing demands on our health services. There is no doubt that this government has the commitment and compassion to prioritise the delivery of health-care services in the communities where they are needed. There is no doubt that this government has the managerial and the fiscal skills and experience to deal with the emerging health-care needs in the eastern suburbs. I want to congratulate the government for making health a priority, and I want to congratulate it for delivering health services to the eastern suburbs. I urge the house to dismiss this motion.

Sitting suspended 6.26 p.m. until 8.02 p.m.

Mrs KRONBERG (Eastern Metropolitan) — I have waited all day to speak in support of David Davis's well-thought-out and important motion. Before I draw the attention of the house to some of the catastrophic problems with hospital waiting lists in the eastern region, I think it is important and interesting to note that the two people I was going to direct my statement to have scurried out of the chamber.

I would like to refer to the ramblings of my colleagues Mr Leane and Mr Tee. These people were fed information by the government to defend the indefensible, to create an illusion that could substitute for some sort of activity — token gestures, puffery and other things — suggesting that something is being done to solve the health crisis in this state, and in particular in Melbourne's east. In a way it is probably not fair that people like Mr Tee and Mr Leane stand to defend the government's position on the Box Hill Hospital and its immediate precinct. I know every crack in the footpath there, having worked in the Box Hill Institute precinct for a decade, so I have an unfair advantage over them. They were ill-equipped because they were relying on this government's facts and figures, and we know those to be fundamentally flawed.

When we talk about the problems at the Box Hill Hospital we hear members of the government saying that not so long ago the government opened Wantirna Health. That is a 30-bed palliative care environment. I went to the opening and I have to agree that it is a very pleasant environment which has been well thought out.

It will serve the community well as far as palliative care regimes are concerned. However, we need to remind the house that Wantirna Health was the government's answer to what was to be a full-blown public hospital serving the people of Knox. Instead of a public teaching hospital with hundreds of beds and all of the facilities one would expect in a full-blown public hospital serving a catchment of hundreds of thousands of people in Melbourne's east and outer east, we find a 30-bed palliative care unit. You do not have to be too good at arithmetic to see that that is a long way short of meeting the need.

The Spring Street facility in Box Hill, which has car parking, a renal dialysis unit, teaching components and training facilities, falls a long way short of what was expected to be the redevelopment of an entire public hospital. People were expecting the government to spend in the vicinity of \$600 million on the redevelopment of the Box Hill Hospital. What did they get? The government built a facility on a little street corner which had previously been a car park and applied \$38.3 million to it. The government built up expectations in the community by saying in November 2006, 'We are going to redevelop the Box Hill Hospital'. People were excited. The overstressed medical staff, the allied health staff and the general community thought their prayers had been answered. That was not so. There was more smokescreen, more illusionary behaviour, more puffery, more things to draw attention away from the fact that this government was not doing something to solve an endemic problem with far-reaching consequences for public health and society and the wellbeing of the citizens of this state but had come up with a quick and nasty token gesture. This is a long way short.

By the way, I am very pleased that the government provided some parking relief in the area. Parking is in crisis in that precinct. It was not thought through at all when the government approved the building of Epworth Eastern. There is enormous pressure on that precinct. As a teaching professional in new building 8 of the Elgar Road campus of Box Hill Institute, I was amazed that I could never park in the car park of the building I worked in. One day somebody told me not to worry, that I would never get a car park because there was a deal done to allow the people from the hospital to park in the Box Hill Institute car park. Teachers were not allowed to park anywhere near their place of work, and were subject to zealous revenue collecting on behalf of the Whitehorse council. We endured that for a number of years.

I want to remind my colleagues Mr Leane and Mr Tee that they really are amateurs in the game when they are

talking about the provision of public health and the application of the right level of capital funding to solve the problem of Box Hill Hospital. To find out just how bad things are at Box Hill Hospital, the opposition has accessed, through freedom of information, secret, unreported waiting lists. What these documents reveal is chilling, scandalous and a total abrogation of the state's duty to provide the citizens of this state with access to the health system. Official lists published on page 43 of appendix 1 to the *Your Hospitals* report for July 2006 to June 2007, show the number on the waiting list for Box Hill Hospital as 2318 people. That is 2318 people — 2318 souls — suffering on a waiting list. You might say, 'That is a number in the stratosphere'. Try to imagine what 2318 people look like. They are all suffering; they are all anxious. This is impacting on them. We all know that when someone has an ailment it will directly affect at least eight other people within their orbit — within their family, at their place of employment and so on. Think of the multiplier effect of 2318 people waiting and suffering on a waiting list. This is the figure the government tells us about, and we are supposed to be able to digest that and acclimatise ourselves to that number.

I am pleased to see there are some members in the chamber. I hope they are listening. Listening is an acquired skill. We are all given the ability to hear, unless that is taken away from us in some way, but listening is an acquired skill. I challenge the members of the government to listen — for the first time perhaps on this issue. They need to take the cotton buds out; take the ear protectors out.

I will tell members what the discovery of these secret documents through freedom of information revealed. The reported list, as I said, has 2318 people on it. There is another category on the elective surgery information system of unreported NRFC (not ready for care) with 501 people in it. There are 1253 unreported on the non-elective surgery information system, category RFC (ready for care). In the category of unreported on the non-elective information system, NRFC, there are 495. The unreported outpatients waiting list with appointments — hold on to your seats — has 10 168 people on it.

An honourable member — Not reported.

Mrs KRONBERG — Not reported. The total waiting list of people suffering, those desperately needing access to the services of the Box Hill Hospital, is not 2318 — which we had accepted was a brutal, cruel number — but 14 935. Thank God we have an opposition in this state, otherwise the people in this state would never have known.

Box Hill Hospital also wears the ignominy of having the highest number of outpatients on a waiting list in the entire state. Some 10 168 souls are desperate to see a specialist to alleviate their suffering. If one stops to think about just how much suffering that would represent, not only in terms of physical pain and anxiety but the increased likelihood of moving from a moderate condition to a life-threatening one or the development of a chronic condition, the loss of mobility, the loss of a limb, the loss of vision and the loss of income, one sees that each of these people would need care. And what would we do about that? How does this government measure the effect on families being placed in this cruel, invidious position with no end in sight? I wonder whether this government has figures showing a correlation between those on waiting lists and those who lose their homes or jobs or suffer from depression and other conditions as a direct result of the frustrations, agonies and delay.

The average waiting time for an outpatient appointment in Box Hill Hospital is — hang on to your seats again — 187 days. We have evidence here that points to the fact that some people wait more than five years to see a specialist. How many would you think would wait that long? Thirty? Forty? What would seem to be tolerable and palatable to this government? Let me mention the number to the house. It is a number up in the stratosphere. There are 1890 people who have waited more than five years to see a specialist — and this government has the temerity to keep on taking taxation income from people like that.

Back in February this year, when these figures were first announced by the Leader of the Opposition in the other place, Ted Baillieu, the Minister for Health deliberately avoided answering questions on this secret information. No wonder! I have to ask — and all members are probably waiting to ask this by now — how do these people sleep at night? I had an emotional response to this. An image was conjured up in my mind which I think might help members empathise with me in my anxiety about the health minister's response. The minister's response reminded me of an escaping octopus, with a cloud of dark ink left in his wake. This cloud of ink was manifest in the usual gobbledygook of this government, such as the usual misrepresentation, attempts to confuse and failure to acknowledge the true pressures inflicted on medical staff and patients.

What I have to say here — and what is in the public domain — is not news. We have sharpened it. We have lifted the embargo on the information, but guess what? A lot of really intelligent people out there were onto him already.

Let me talk about David Stockman's report in the *Whitehorse Leader* of 19 December 2007. He points out that:

Seven patients were forced to wait up to two hours in ambulances before they could be admitted to Box Hill Hospital's emergency department in what has been described as one of the busiest years on record for Victorian hospitals

And 2296 seriously ill people waited more than 15 minutes to be treated in the hospital's emergency department during the same period ...

The opposition's shadow health minister, Helen Shardey, is quoted in that article as saying:

Patients are not only waiting for hours and hours once they reach the emergency department, but now patients are waiting hours before they even go through the doors.

Has that happened to any member of this government?

I will give another example. This is in the catchment area of Box Hill and was reported in the *Lilydale Leader* on 12 March:

Box Hill Hospital's overworked emergency department is being blamed for a decision to send a 64-year-old Lilydale grandfather home minutes before he was due to enter the operating theatre.

What was the impact on this gentleman? This gentleman, as reported:

... has to take 22 tablets a day to fight the osteomyelitis that has infected the bones in his left foot.

He is quoted as saying:

It's bloody painful, there's a gaping hole in my foot. I can't walk properly and their solution was to give me stronger painkillers.

The gentleman, who also has diabetes, is reported as saying that:

... the 15 hours of fasting before the cancelled surgery and lack of insulin had affected his health as well.

The article states also that:

His wife ... is worried that if the infection spreads and damages more bone in her husband's foot, he could lose his leg.

Who cares? Does this government care? Let me talk about something else here.

In another article in the *Whitehorse Leader* of 26 March — the journalists in the area are vigilant — members of the Labor Party came out in a panic. This is it: the new federal member for Deakin was like a frightened rabbit in a spotlight. He had been doing his hand wringing before the Rudd government, saying,

'This is a crisis and I need a bandaid solution pretty quickly'. It is like launching the four flags or a little bit of landscaping. The government has come out again with a great fandango and a panoply of attachments to get more media spins and actually say, 'We are going to alleviate these problems with a few crumbs'.

Mr Leane interjected.

The ACTING PRESIDENT (Mr Vogels) — Order! Mr Leane is out of his place.

Mrs KRONBERG — The reputation of Box Hill Hospital continues to spread. On 1 March this year — wait for this — the *Geelong Advertiser*, a long way from Box Hill, reported that the Box Hill Hospital is the only hospital in the state with a longer queue than that experienced by the hospital under the aegis of Barwon Health. The *Whitehorse Leader* of 12 March reported:

... the situation was becoming critical for local residents.

'Unless there are new buildings and car parks the residents will suffer', Cr Chong said.

For those who do not know who Cr Chong is, he is Cr Robert Chong, to be precise, a former and failed Labor candidate who still remains a member but has some sense of duty because he is an elected representative as a councillor of the Whitehorse council. He sees this firsthand.

Mr Leane interjected.

The ACTING PRESIDENT (Mr Vogels) — Order! Mr Leane!

Mrs KRONBERG — This is what he says about the government:

The old hospital is like a rabbit warren and it is very hard to come up with an efficient service in the present state.

Mr D. Davis — He is actually on the community consultation committee for the hospital.

Mrs KRONBERG — Exactly! He knows firsthand. I suggest you, Mr Leane, pick up the phone and have a little chat with the guy who aspired to be a colleague of yours in this Parliament. If you do not believe me or all this evidence, he will tell you what is going on.

The ACTING PRESIDENT (Mr Vogels) — Order! Mrs Kronberg, through the Chair!

Mrs KRONBERG — Sorry. I think it is worthwhile at this point to talk about the president of the Whitehorse division of general practice, Dr Chris Pearce, who is reported in the same article as having

said, in a very couched, apolitical way — a little bit like the language we see in the Auditor-General's reports — that 'while he would like more money for health across the board, a new hospital would be a boost to the community'.

That is couched in politically correct language, wound down to the most neutral, bland-as-blancmange statement a medical practitioner with these responsibilities can make. That is the bottom line, but he is still asking for it to be done.

Mr Leane — Are you going to talk about stage 1? Are you going to compliment the work that has been done?

Mrs KRONBERG — You have already missed that.

Honourable members interjecting.

Mrs KRONBERG — The article goes on, quoting him as saying that:

... a new building was 'certainly overdue' to help the hospital see critically ill patients and cut through elective surgery waiting lists.

For members of the government, that is as bland as it is going to get.

The DEPUTY PRESIDENT — Order! Mr Leane has been warned on a number of occasions by the Acting President. He is warned again. I suggest that if he wants to chatter, he leave the chamber and chatter elsewhere. I will not tolerate persistent interjections and chatter from that side of the chamber while a speaker is on her feet. Be warned!

Mrs KRONBERG — As more evidence of the community being awake to this government's malfeasance and neglect, a report in the *Whitehorse Leader* of 12 March, headed 'Minister's no to interview', states:

Health minister Daniel Andrews has refused requests for an interview on Box Hill Hospital's future.

I wonder why. In a statement the minister's media adviser said:

The hospital received \$38.2 million in the 2006/07 budget for its first stage of development.

This is more illusionary behaviour, more things to distract and pretend that something is being done. We know stage 1 was delivered but stage 1 is a ruse to show that there was some activity while they come to grips with the reality of how they are going to produce

the development of a public hospital — not a training facility and renal dialysis unit. We want a public hospital. I am sorry that Mr Leane is disappointed; I would be, too, if I were him.

I refer to a piece — again from the *Whitehorse Leader*; it is pretty vigilant — headed ‘Stress bleeds spirit at Box Hill Hospital’, written by Jon Ryan and published on 2 April, which states:

Doctors and nurses at Box Hill Hospital are under ‘considerable stress’, according to their industry body.

The Australian Medical Association ... said staff were being placed under pressure by the lack of beds available for patients.

The situation reflects a wider problem in Victorian public hospitals, with a new report warning of low morale and resignations across the state.

...

‘When hospitals run at near capacity, they start to run inefficiently with cancelled operations, delays in clearing patients from emergency departments, increased inpatient length of stay, poor responsiveness to patients’ needs and worse patient outcomes,’ ...

It is quoting a Dr Travis.

I go to the Eastern Health annual report of 2007, which was tabled in this house. At page 35 the report of the board of Eastern Health states, in black and white:

A final business case for the hospital was endorsed by the Eastern Health board and the Department of Human Services in December 2006.

As wounded and frustrated as the board felt, it went on to talk about the \$38.2 million redevelopment and said that it:

includes four storeys of patient/research/training and office accommodation and six levels of car park and is on track for completion in 2008.

It is a long way short of a full, functioning, modernised public hospital with hundreds of beds. Under the heading of ‘Moving forward’ on page 3 of the report is a piece written by Dr Tracey Batten, chief executive of Eastern Health.

Hon. T. C. Theophanous — Are you going to give a speech instead of just quotes?

Mrs KRONBERG — I think it is important to incorporate this statement of factual material. It states:

The ... key priority remains securing funding to progress the major redevelopment of Box Hill Hospital.

I have to now ask: what happened when the opposition, through freedom of information, requested outpatient lists for the Maroondah Hospital? The government refused to release them. No wonder — it would have been doubled up in the foetal position, very concerned by what had already been revealed. I have to say this: what horrors will these lists reveal when they finally see the cold light of day? This is just a little shot across the bows of the government here. What could come into sharper focus is some of the commentary from the people who are dependent on the Maroondah Hospital.

I go to an item that was retrieved from news.com.au on 23 September 2007. It reads like this, and this is why I have asked government members to listen. I remind them that they have got two ears and one mouth, and I suggest that they listen to that degree and apply that ratio to this statement. It goes like this:

A key Melbourne hospital has been labelled ‘the killing fields’ at a high-level meeting of doctors.

The damning indictment on the health system is revealed in a letter from a leading doctor to Premier John Brumby ...

In the letter Dr Peter Lazzari reveals how Maroondah Hospital has become known as ‘the killing fields’, as it is forced to rely on undertrained doctors to manage life-and-death cases.

...

In the letter, he says: ‘... the chairs of medical staff of Victoria’s major public hospitals at the August meeting at AMA House were appalled to hear the Maroondah representative speak gravely of his hospital’s reputation among doctors on rotation as the ‘killing fields’.

The last time I think anybody used the term ‘killing fields’ in this Parliament was probably to do with the genocide and the excesses of the mad Pol Pot in Cambodia. I hope that term has great resonance. These are highly trained people I am quoting; these are people who study in excess of 12 years to be in a position to be qualified to make this analysis.

An example is embedded in the article that is also worth exposing. A gentleman described as a 41-year-old truck driver:

... broke his leg more than a year ago, but is still off work. When his plaster cast was removed 12 weeks after his initial operation at Maroondah Hospital, he was left with a painful, gaping wound near his ankle. Ten months later that wound has not healed.

The initial operation saw 18 screws and a plate inserted in his leg but months later —

the gentleman —

was still complaining about pain in the leg.

He says it took more than 30 visits before he was taken seriously and doctors discovered five screws holding his fracture together had broken and the plate was protruding out of his skin.

That sounds like something that you would see on the fields of Normandy, not in practice in an advanced economy here in this state.

I have a letter here which is an awful indictment on the waiting lists at Maroondah. To lead in we should look at how one of the paragraphs starts. I think this is a signature statement, another thing to resonate. It goes like this:

We had terrible trouble. He was in Maroondah ...

There is the cruel odyssey of a family who reported that their father was admitted to Maroondah Hospital for a bowel operation and how that progressed through neglect of his sutures, how he ended up coughing with a wound open so that he could see his bowel. He moved into a state of hallucination, and he was told that his kidneys were collapsing. Through all of this ordeal his family were seeking to speak to a community liaison officer at the Maroondah Hospital, but they never got to talk to one.

He developed pneumonia, which was later diagnosed as a potential tuberculosis. This family talks about breaches of barrier nursing, about keeping him in isolation and how cavalier the hospital was about maintaining a strict isolation regime while he was having tests for tuberculosis. People were given a choice of robing up in this isolated environment, but barrier nursing — through happenstance — was available from time to time, and that is documented at great length.

I am coming to the point of this story, and I think it is worth quoting:

On the day —

and I will leave out the gentleman's Christian name —

decided he no longer wanted his life to be prolonged (Friday, 20 July), he requested a power of attorney to be signed ...

On 23 July he passed away. His family found out two days after his death that he had been suffering from tuberculosis. The precautions to protect visitors and staff from tuberculosis were flagrantly disregarded, and I would like to know what the outcome of that contamination was and whether it remains within Maroondah Hospital.

If you think about a family who over a period of months are looking after their 81-year-old father in his

final months, I think this statement sums it all up as to how cruel it all was — and this has very little to do with medical care. It says:

We also have concerns regarding the final death certificate completed after ... passing. There were three different causes of death crossed out and replaced with other causes. This also showed us a lack of confidence and a lack of professionalism on the signing doctor's behalf.

To see causes of death scribbled out and replaced looks appalling on a death certificate. After all that we had been through that was just the final indication of the lack of —

respect of the staff and their communications with the family.

Hon. T. C. Theophanous — I didn't hear you screaming when the Kennett government was closing hospitals.

Mrs KRONBERG — Speaking like this is very draining because I can imagine what this means to families and people.

Hon. T. C. Theophanous interjected.

The DEPUTY PRESIDENT — Order!

Mrs Kronberg is reaching the conclusion of her speech, and the minister's interjections, particularly posing provocative questions, are not helpful to the debate. Mrs Kronberg to continue.

Mrs KRONBERG — Thank you, Deputy President. If the government had been listening to this account, taking notice of its own numbers on this occasion and adopting a preparedness to deal with the situation and grasp it with two hands, if it were prepared, in the cold light of day to be honest about the crisis in this state, then it could do nothing else but support my erstwhile colleague's motion.

Mr Davis has put it aptly and succinctly, and it is a very important message for the people of Victoria that their opposition, their Liberal Party, knows what is going on, and we will continue to hold this government to account. There is nowhere for it to hide.

Mr EIDEH (Western Metropolitan) — I rise to oppose the motion from the Leader of the Opposition in this house, David Davis. The motion is based more on the Liberal Party's not being able to understand its own many failings when it was last in government than on being able to understand how tirelessly Labor has worked to overcome them. I wish to acknowledge the dedication, commitment and leadership of both the former minister, Bronwyn Pike, and the current minister, Daniel Andrews — both members of the other place — for all they have done to overcome years of

neglect by former state and federal Liberal governments.

This motion turns a blind eye to the years of absolute disaster that permeated health policy under Dr Wooldridge and Dr Nelson in Canberra, and how their policies had a terrible effect on health delivery across the nation. The state Labor government has boosted recurrent funding for health services by 96 per cent, and most of the problems were as a result of Mr Davis's federal colleagues reducing funding in real terms. Our health system, which is manned by amazing nurses, brilliant doctors, incredible radiographers and all the other great health workers, will treat 500 000 more patient attendances than in 1999.

The government has revitalised the Austin Hospital, committed to a new children's hospital, begun works for the revamped Royal Women's Hospital, and announced the new Casey Hospital. By sharp contrast the former Liberal government closed 12 hospitals across Victoria when it was last in office.

Within my own electorate, we now have a new short-stay unit for emergency patients at the Western Hospital, a new mental health short-stay unit in Werribee, a new multimillion dollar magnetic resonance imaging machine at the Sunshine hospital, and a new multimillion dollar health service in the growing suburb of Craigieburn. Each of those wonderful new health services, along with all the other initiatives, have already delivered great health outcomes to the people who live within my electorate. This government has worked tirelessly to bring more nurses back into the health-care system, to improve their pay and conditions and to significantly boost the number of nurses being trained to better serve the people of Victoria.

This government has upgraded 45 ambulance stations to date, and built 25 new ambulance stations. We have funded 708 additional paramedics. We have over a hundred additional ambulances on the road. We are investing more in health services in country hospitals.

I must also pay my respects to the federal Minister for Health and Ageing, Nicola Roxon, part of whose own electorate cuts across my electorate. The minister has already committed additional health dollars for Victoria as part of a positive new relationship between the state and federal government — something that did not exist when the Howard Liberal government was in power in Canberra.

Mr O'Donohue — On a point of order, Deputy President, I do not mean to be pedantic, but the member is reading word for word from a pre-prepared speech.

The DEPUTY PRESIDENT — Order! I do not think there is a point of order on this occasion. I have been following Mr Eideh's speech and he clearly is referring to notes, but he has looked up and engaged the Chair on a number of occasions. I believe he is simply alluding to what might be copious notes but nevertheless are notes. Mr Eideh to continue.

Mr EIDEH — I will conclude by saying that I am sincerely proud of our government's commitment to the health care of all Victorians, and even more proud that the new Rudd Labor government in Canberra will work with us to ensure greater health care in the years ahead.

Mrs PEULICH (South Eastern Metropolitan) — I wish to make a few comments on the motion moved by the Leader of the Opposition in the upper house, David Davis:

That this houses express its concern at the state government's failure to adequately manage Victoria's public hospital and health system on which Victorians depend when requiring necessary and often urgent health care and specifically express its concern about the inadequate management of the health needs of ill Victorians through —

- (1) the unsatisfactory length of time sick Victorians are forced to wait for appointments;
- (2) the manipulation of hospital waiting lists, particularly waiting lists for outpatient appointments;
- (3) the state government's failure to adequately fund desperately needed capital upgrades of hospitals and community health centres throughout metropolitan and country Victoria; and
- (4) the growing shortage of doctors and nurses and medical scientists, including specialists, and the state government's failure over eight years to plan properly for Victoria's needs for a medical workforce of well-paid and trained doctors and nurses where their pay and conditions are sufficiently competitive to retain and attract that skilled workforce.

I need to get that in there, because I hope anyone who reads *Hansard* will be able to retain a modicum of context. My opening comment would be that, after listening to government members you would think health is absolutely rosy, that it is all about words, it is all about public relations, it is all about managing perceptions and it is all about campaigns, when certainly the many anecdotes that Mrs Kronberg referred to and what we read in our daily newspapers does not match those claims. The polls during the most recent federal election and at every state election — certainly since I have been contesting state elections —

have shown that health is the no. 1 issue in the community, and health will continue to be a major concern. The most that governments can expect to do is manage it as best they can, given the growth in demand and the growth in the cost of capital works and equipment and the sophistication in being able to diagnose a greater number of diseases with the expectation that people will be treated. The exponential growth in demand in the area of medicine means that it will always be a problem.

What I find to be a problem with Labor governments is their absolute inability and their perpetual state of denial. They are turning a deaf ear to the genuine concerns that exist in the community and to the statistics and empirical data which show that waiting lists continue to be a problem. There are some improvements in some areas, but nonetheless the vast and overwhelming evidence is that government members do what they do best — that is, they massage, they manage and they engage in PR and spin, while in actual fact those hidden waiting lists belie the picture they have been attempting to convey. I suppose they have — —

Hon. T. C. Theophanous — I think you would be better at massage than I would be.

Mrs PEULICH — I can deliver whatever treatment is necessary, Mr Theophanous. I can belt it out with the best of them, but I can also hopefully be factual and impartial in trying to communicate what is very important in terms of this issue to the community, certainly to the community that I represent.

The anecdotes, the experience, the perceptions are not as members of the government suggest. Where those guys were better when they were in opposition is that they were able, through their union representatives in all the hospitals, to get out those examples. They were able to deploy the former member for Albert Park, Mr Thwaites, the professional ambulance chaser, to get a good news story up on every TV station and create the perception that the whole system was falling part.

Hon. T. C. Theophanous — Which it was.

Mrs PEULICH — If you were fair dinkum, you would concede that some of the reforms that were put in place by the Kennett government continue to be there.

Hon. T. C. Theophanous — Which ones?

Mrs PEULICH — For example, the elements of case-mix funding still remain. The focus on output

rather than just input, which is your obsession and essentially the reason for your failure — —

The DEPUTY PRESIDENT — Order! I ask the member to address her remarks through the Chair, because all she is doing is turning her speech into a duet with Mr Theophanous. She is encouraging his remarks. I ask her to direct her remarks through the Chair.

Mrs PEULICH — Deputy President, I will take on board your guidance, but let me say that I had to sit through the perpetual baiting and commentary on the previous opposition speaker — one might even say that it was bordering on a form of bullying. I thought it was unfair and uncalled-for, and it certainly has not been reciprocated by this side. If I am a little tempted to dish it out, I apologise, but the provocation has been there. We have had to put up with Mr Theophanous's ongoing provocation for some time now.

The DEPUTY PRESIDENT — Mrs Peulich has made her point. Can I assure her that the Chair has intervened where it is appropriate to intervene. I ask that she return to the substance of her speech.

Mrs PEULICH — Going back to the substance, Victoria now has the longest queues for hospital beds and certainly the most crowded waiting rooms for people wanting to see a triage nurse or get access to treatment. The number of patients languishing in Victorian waiting rooms has jumped 141 per cent in three years. This is the worst rate of any state in the nation, and according to the most recent annual snapshot from the Australasian College for Emergency Medicine's report that appeared in the *Herald Sun* of 12 August 2007, the Victorian Labor government provides the lowest level of per capita funding of public hospitals and has the fewest number of beds per capita of all the states and territories.

The facts speak for themselves; it does not matter what spin the government puts on them. I endorse David Davis's comments and the community's frustration that Labor is so hell-bent on keeping the performance indicators a secret that it now only publishes the *Your Hospitals* report once a year. The Kennett government published that report on a quarterly basis so the performance of hospitals was able to be monitored regularly and closely, unlike this government, which has a lot to hide. The latest *Your Hospitals* report shows that in the last six months 38 109 people were on the elective surgery waiting list, an increase of 1655 people from the same time last year; 34 337 people were waiting on trolleys in emergency departments for more than 8 hours. People may say a trolley is just like a hospital bed in that you still get the treatment, but under

the Kennett regime when this government was in opposition it was an unacceptable standard; yet it is now acceptable to the government.

The report also shows that 68 172 people in the last six months waited for more than 4 hours in the emergency department waiting room before being treated and discharged; in the last six months 8426 people categorised as emergency patients waited longer than 10 minutes for treatment in an emergency department, an increase of 116 per cent since June 2006; in the last six months 42 780 people categorised as urgent waited more than 30 minutes before being treated, an increase of 68 per cent since June 2006; and the urgent surgery list has increased by 87 per cent in six months — more than ever before. All those indicators show quite clearly the state of health in Victoria and the perpetual denial of this government and lack of preparedness to be open and up-front.

In the South Eastern Metropolitan Region the hospital statistics show that elective surgery waiting lists at the Casey Hospital have swollen by more than 20 per cent to a total of 1211 patients; 734 patients waited on emergency department trolleys for more than 8 hours — —

The ACTING PRESIDENT (Mr Vogels) — Order! Apparently the sound system is not working for Hansard, so we will take a break for a few minutes.

Sitting suspended 8.54 p.m. until 9.09 p.m.

Mrs PEULICH — That was a long pregnant pause. I suspect I was saying something that government backbenchers did not want to hear. I have my suspicions that there has been some attempt to sabotage the system and deny me this opportunity to speak! But anybody who knows me knows that I cannot be silenced.

I was talking about some of the performance indicators for Casey Hospital. Casey is a catchment area and is one of the fastest growing municipalities in Australia. Something like 50 new families move into the area every week. I referred to the inability of the Casey Hospital to cope, the need to develop its capacity and a range of services that the hospital offers. With perhaps the exception of Mr Somyurek, who has a genuine commitment to these issues, what do we hear from local lower house members about these issues in local papers? Not a word! In actual fact, one lower house local member is absolutely obsessed with trying to bring down the local council rather than focusing on trying to build up the local hospital.

Mr D. Davis interjected.

Mrs PEULICH — They are indeed. The Frankston Hospital had 4742 patients waiting on trolleys in the emergency department for more than 8 hours, but what have we heard from the member for Frankston in the other place, Dr Harkness? Not a word. Similarly, 4780 patients waited for more than 4 hours at the Frankston Hospital emergency department waiting room before being discharged. This clearly shows that the local Labor members of Parliament, who enjoy the lurks and perks of office and who take their holidays on a regular basis, are not pounding down the doors of their ministerial colleagues to make sure the community is getting the services it deserves and that they are delivered efficiently and effectively.

Throughout the South Eastern Metropolitan Region there have been some significant problems and cancellations that are obviously proof of the Brumby Labor government's failure to properly manage the health system. I concede that managing a health system is a challenge for any government. Between January and July 2007 more than 1100 ambulances were left waiting between 30 minutes and 1 hour at Casey Hospital emergency department, making them essentially out of service due to lack of beds. Guidelines published by the Department of Human Services state that patients should be transferred from an ambulance to an emergency department within 15 minutes — clearly this is not meeting that particular performance standard.

There are lots of anecdotes and we read them in the local papers all the time. The most recent story I read was about a young woman who was pregnant with twins and who went to Casey Hospital, only to be turned back. She returned again and at the behest of her partner was admitted, and very soon after that she lost her twins. No doubt many medical staff work hard under the pressures of underresourcing and the failure of the government to invest sufficient capital funds to manage the system efficiently and effectively. It begs the question of whether the loss of the twins would have occurred if the young woman had been admitted in the first instance.

In September 2007 Endeavour Hills resident Sunith Kitulgoda had quadruple bypass surgery postponed twice in a fortnight. I hear all the time of reports of patients being sent back supposedly, to use Mrs Kronberg's expression, under the ruse of not being ready for surgery. I believe this is a tactic for managing those issues.

In September 2007 an 88-year-old woman was taken to the Monash Medical Centre, but she died of a cardiac arrest while sitting in the emergency department

waiting room. That is not what you expect when you go to an emergency department. You expect to be looked after, notwithstanding age. If it were my mother or grandmother or the mother or grandmother of any other person in this house, we would expect that person to be looked after properly in the emergency department waiting room.

All of these statistics are stories in themselves. In September 2007, 72-year-old Stewart McKenzie left Frankston Hospital emergency department after a 5-hour wait without being treated for a suspected heart attack.

Mr D. Davis — Shameful!

Mrs PEULICH — It is shameful. Some people will say there are lots of people clogging up emergency departments and they should not be fronting there because they ought to be going to their GP first. That is an absolute nonsense, and clearly those emergency departments need to be managed far more effectively than they currently are. This government has failed to come to terms with that challenge.

In October 2007, 14-month-old Jessica Beet was taken to Casey Hospital at 5.00 p.m. after her temperature had spiked to 41 degrees Celsius. It was 7.00 p.m. before she was able to see a doctor — that is a 2-hour wait for a young child with a very high temperature. At 10.00 p.m. Mrs Beet had to drive Jessica to the Dandenong Hospital.

Mr D. Davis interjected.

Mrs PEULICH — Absolutely! The 10 beds at Casey Hospital to service Casey's 19 000 under five-year-olds and 38 000 primary and secondary school children were no longer available. That is a disgraceful example of how ineffective and inefficient our hospital service is.

Mr D. Davis interjected.

Mrs PEULICH — That is right. In particular there is the restructure of mental health services which requires mental health service patients having to front up to the emergency department of the hospital rather than being able to access services after hours, which in many instances is when they need them. That is not an effective way of delivering mental health services. Experts in the field know that an informal setting is a much more effective context.

I refer to Rachel Murray, who suffered a miscarriage in the waiting room toilet of Casey Hospital after visiting the emergency department twice on the same day and

waiting patiently for medical care. That story was pasted over the front page of the local paper and has received a significant community response. Similarly, other people have been turned away for no good reason. Despite all the figures and the projected budget surplus of \$842 million, the Brumby government waited until the last minute to inject just \$15 million as bandaid relief to less than 20 per cent of the existing waiting list, which one thinks and understands is a media stunt.

The way that hospital waiting lists have been manipulated, particularly waiting lists for outpatients appointments, is deplorable, and we all have examples of that. At the start of 2008, 38 109 Victorian patients were on the published waiting list, and there were tens of thousands of patients on the Brumby Labor government's secret waiting list. It is a secret waiting list that the government is very loath to disclose to the public, but in fact the opposition and the media have been instrumental in bringing it to the attention of the public.

The leaked document in October 2007 showed a secret Royal Melbourne Hospital waiting list cataloguing very deep-seated neglect, and many would assume that it is no different in many other hospitals, including those in the South Eastern Metropolitan Region, where people are waiting years for crucial operations including coronary bypass, bowel resection, hip and knee replacement, removal of cancerous growths, spinal operations, removal of lumps in the breast, and brain surgery. Much of that elective surgery is not really elective. These medical conditions impact very dramatically on the quality of life and on the ability of these patients to go about their normal business, and of course, many of them are in substantial pain and wait for unacceptable lengths of time for treatment.

The fact remains that many Victorians are waiting at the Monash Medical Centre, which services the lower house electorates of Mount Waverley and Mordialloc as well as the electorate of Carrum. There are 1486 patients listed on the unreported outpatient list with appointments, and 1268 patients are waiting to get an appointment. At Monash Medical Centre the average waiting time for obtaining a general practitioner's referral to see an outpatient specialist is 90 days. That is absolutely deplorable. Of the 2754 hidden patients waiting at the Monash Medical Centre, six patients have been waiting for 320 days for an appointment. It is an absolute disgrace. Obviously these hidden waiting lists are something that this government and future governments need to address. All Victorians, including the residents of Casey, Greater Dandenong, Kingston, Monash and Frankston, deserve to have access to information about the

performance of our key services, especially our local hospitals, and expect to be treated within a reasonable time.

This is clearly a government that is more interested in manipulating those numbers than in meeting the health needs of Victorians, and when it claims that health is its no. 1 priority, let me say that it is clearly not telling the truth. The member for Mount Waverley in the other place, Maxine Morand; the member for Mordialloc in the other place, Janice Munt; the member for Carrum in the other place, Jenny Lindell, and the member for Frankston, Alistair Harkness, all need to be held accountable for this absolutely sad, sorry and disgraceful state of affairs.

The state government's failure to fund desperately needed capital upgrades of hospitals and community health centres throughout metropolitan Victoria is another key area. According to the Australian Medical Association's public hospital report card of 2007, Victoria has poor results for the number of beds per 1000 of weighted population, which is 2.3 per cent compared to 2.6 per cent nationally, and runs the system dangerously close to 100 per cent of capacity, and this is clearly the problem. What that shows is that there is not sufficient capacity to accommodate some flexibility, and so when people turn up to emergency departments or when they need a bed, they cannot get one.

Victoria comes in last for recurrent expenditure per person with \$588 compared to \$665 nationally. Hospital expenditure per person in Victoria in 2000–01 was \$374; in 2005–06 it was \$588 per person, a 57.2 per cent increase, the lowest in the nation. In Western Australia the increase was 115.4 per cent over the same period. The source of that information was the 2004 report on the state of our public hospitals and the 2007 report on state and territory government recurrent expenditure per person.

In a Victorian patient satisfaction monitor report, a survey undertaken between March 2006 and February 2007, Dandenong Hospital and Monash Medical Centre featured in the top 10 of Victoria's least favourite hospitals. Of the 15 800 patients surveyed many said they did not think their hospital stay helped their health. That is ironic. Of the 15 800 patients surveyed many said they did not think their hospital stay was helpful to their health. With which Western World country can we match that sort of experience? I think it is a shameful reflection of this government's performance.

The Australian Medical Association said that hospitals lacked the resources to cope with demand. It said that

patients wait for half an hour, 1 hour, 2 hours and they walk out. What we need is a commitment from the government to understand the fact that we do not have enough capacity in the system.

This applies in particular to the South Eastern Metropolitan Region, which is one of the fastest growing regions in the state and contains some of the fastest growing suburbs in Australia. Southern Health recorded a \$6.6 million operating deficit in 2006–07 compared with a \$2.4 million operating surplus in 2005–06. Over the last five financial years there have been four operating deficits totalling \$54.546 million.

Capital purposes funding from the Department of Human Services was \$7 million, 18 per cent less than in 2005–06. Capital grants from the government have been slashed from \$36 444 million in 2005–06 to just \$21 251 million in 2006–07, a 42 per cent reduction in capital grants funding. Where is the substance of the argument about health being managed effectively by this government?

Ambulance bypasses increased from 94 in 2005–06 to 149 in 2006–07, a 37 per cent increase. The number of coronary beds has decreased by 10 per cent since 2003–04. Freedom of information documents for July to December 2006 reveal that 6613 Casey community health service patients waited for general dental treatment, and 521 patients waited for denture care.

In recent times I have received representations from other community health centres concerned that the revocation of their charitable status is going to dramatically impact not only on their capacity to remunerate through salary sacrifice but also on their ability to keep important health and allied health staff. It will also impact dramatically on their services. In particular I have received representations from MonashLink Community Health Service as well as from the Central Bayside Community Health Services with very compelling arguments. I know they have a temporary reprieve, but this government needs to get its act together to make sure the community health centres have the resources they need because they play a very important role, not only in the delivery of health services, but also in prevention.

Is it any wonder that patients are being turned away from hospital doors? Is it any wonder that people are waiting too long to have their health needs attended to? Is it any wonder that the community still continues to have serious concerns about the state of our health system? There is a lack of confidence, and the government needs to be up-front and set some

performance indicators on which they report on a regular basis if that trust is to be regained.

The last point is the growing shortage of doctors and nurses, including specialists, and of course, the state government's failure over eight years to plan properly for Victoria's need for a medical workforce is an issue. In the next five years Victoria, which already has an understaffed health system, will face the largest shortage of doctors, nurses and medical staff that the state has seen. Obviously the ageing of the population and the increase in chronic illnesses are placing increased demands on an ageing health workforce that is already overworked and poorly distributed. In particular I am referring to the lack of medicos in the rural and regional parts of Victoria, and although I do not represent them certainly many of my constituents have family who have much less access to health services than even those of us in the fairly poorly run system in the central business district.

Increasingly new entrants to the workforce are female, and research indicates that they are generally looking to work fewer hours in areas and specialities that will offer financial rewards to offset the educational costs that sometimes total over \$200 000. The increasing push for a better focus on prevention, publicly funded dental care, early intervention, and a team-care approach to the management of chronic illnesses will continue to exacerbate the current shortage of doctors, nurses, dentists, pharmacists, midwives and allied health professionals.

With other states actively trying to poach our doctors and medical graduates, it is vital that the benefits of working and training in Victoria are positively promoted by this government. Unfortunately, attracting and retaining doctors has not been a high priority for the Brumby government, and our best and brightest are being lured away, not only by more attractive salaries but also by relocation packages that are much better in other states. Victoria needs to be more competitive. We need to offer more generous relocation packages to be able to compete.

I know there is difficulty accessing general practitioners. Many of them have closed their books. As a result people are turning to their pharmacists, who have always been a point of contact for health information and advice. Clearly this is an issue and we need to make sure that members of our community can access expertise and health services when they need them.

Lastly, when this government came into office it promised to fix the health system. It has not. It now

looks to the Rudd federal government to do that for it, but I suspect that will not work either. We cannot continue to be in a state of denial. These problems are serious, they are ongoing and they need to be resolved. The community deserves better than it is currently getting.

Mr ATKINSON (Eastern Metropolitan) — This has been a long debate. In some ways it has been a fairly emotional debate. A lot of members have very strong views about issues concerning health, and clearly there are some horror stories. Some of those stories have been visited in the course of this debate.

I am mindful to some extent of a remark that was made by a former Minister for Health in this place and member of my party, Rob Knowles. He once said to me, 'If you had to be sick, where in the world would you choose to be?'. The reality is that Victoria would probably be fairly high on the list of places to be if you had some very serious illness. That is not to say that some tragic mistakes have not been made within the system. Some of them have been systemic mistakes, some have occurred because the system is clearly under stress, some have occurred because of miscommunication, and some of them have been caused by changes in the health services delivery models that we have had and our failure as policy-makers and particularly, given that the government is at the wheel, the failure of the government to adjust and change those models to reflect changing circumstances.

One of the ones that is in my mind was alluded to by the previous speaker, Mrs Peulich. She commented on the fact that many general practitioners and the clinics they usually operate from are now closing much earlier and have less involvement in home visits than they have traditionally had. The result of that is that now you see people presenting at pharmacies for advice and also presenting at emergency departments with what might be characterised in some circumstances as niggles. No doubt these matters cause some anxiety to the people who are suffering them but the characterisation of the ailment they present with might be that it is not quite as serious as some of the other ailments that people present with at those emergency departments, particularly on weekends.

When I think of emergency departments and some of the other places I have seen, I have nothing but admiration for the people who work in those centres within the hospitals. In many cases medical professionals are at some risk of injury because of the nature of some of the people who present in those emergency departments — people who are charged

with alcohol or drugs or are quite aggressive and angry for a range of other reasons. The result is that on a weekend many emergency departments in hospitals look something like mobile army surgical hospitals. There is a need for them to deal with circumstances that are well beyond what might be expected of them in delivering immediate emergency medical care. They need to diagnose the circumstances of the people who present and determine whether they require hospitalisation or immediate surgery or whether they can be sent home with an aspirin.

The system has changed. As I said, I do not think we have adapted anywhere near well enough to those changes. In this debate we have heard a lot of comparison between the Labor years of government and the Kennett years of government. Members in this place will know that I have some real trouble with those comparisons because, apart from anything else, to talk about those two governments is to talk about quite different economic circumstances and taxation bases. When it comes to things like hospitals, we are even talking about vastly different medical technologies and capabilities. I always despair when the approach of members of Parliament, the policy-makers in a state like ours, is an absolute enthusiasm for looking back and ridiculing — trying constantly to look in the rear-vision mirror at some of these crucial issues. The reality is that there is very little profit in comparing this government's performance with that of the Kennett government. As I have said, the budget parameters are entirely different. This government criticised the GST for all it was worth, but it happily accepts the cheques. Those cheques have been enough to almost double the state budget since 1999 — in a period of eight and a bit years we have virtually doubled the state budget. You would expect some serious outcomes from that.

One of the real concerns I have with the debate beyond this foolish and futile comparison with the past is that again there seems to be an intent or expectation in the government that if you spend more money, that is the measurement or achievement. The reality is that what we ought to be talking about in a place like this is not who spends the most money, because successive governments will always take the mantle. The current government will always have spent more money and raised more taxes than the one before because of inflationary factors and a range of other matters, unless of course it takes a massive cut to its taxation base. We as policy-makers ought to be talking about outcomes. My real concern with this government is that too often its members are not focused sufficiently on those outcomes but are far too focused on what I call the Kodak opportunities that come with simply taking a cheque to wherever they visit. They are not terribly

concerned about what is achieved by the expenditure of that money.

The reality is that we are in a very fortunate position here in Victoria. Our health system, no matter what arguments we might put and concerns we might have, is world class. But it could be so much better. The sorts of tragedies members have talked about today and the emotions that have been raised in this debate are evidence of the fact that we should be doing better. The loss of talented people from our system is an indication that we should be doing better. As I said, circumstances have changed. General practice is one area that I alluded to. Another fact that we could do something about if we were really serious in a public policy sense — and I challenge the government to look at this as a matter of looking forward — is that so many very talented, experienced, skilled, capable doctors leave the profession too early. At the very least they leave seven years too early — I think it is seven; it is either five or seven. The time frame is important — and I regret I do not have that exact figure, whether it is five or seven — because what determines the time frame of those early departures from medicine of very talented, skilled and experienced people is the insurance system. It is the fact that there is a time lag between when they complete their last operation and how long they carry a liability in insurance terms in case they are sued.

Mr D. Davis — It is seven years.

Mr ATKINSON — It is seven years. Many good people leave the profession before they want to, simply because they cannot afford to let that seven years stretch on, perhaps into their dotage. The cost to the profession and the community of that one thing, particularly in rural and regional areas, is a significant factor that governments have not addressed. Yet it would simply be a matter of having a look at some of those insurance aspects and saying, 'Can we do better? Can we reshape the system? Can we provide support to some of those doctors to ensure that we have a better process in terms of retaining medical experience, particularly in country areas?'

The loss of medical practitioners prepared to do obstetrics throughout Victoria is extraordinary; obstetrics is one of the most litigious areas in medicine. Doctors think to themselves, 'I am not prepared to do that, because I am running a real risk of litigation if I do not deliver the perfect baby. Frankly, if I deliver it in a small hospital instead of a major regional centre, or preferably in a metropolitan centre that has everything on tap if something goes wrong, I am running a real risk to my reputation, to my livelihood — to the works'. We need to think about that sort of issue. It is

not going to be sufficient to simply train up more doctors or import more doctors from overseas and send them into the country and think that we have fixed the problem, because some of the basic issues will still remain unless we address those as well.

I am very concerned about doctor training here in this country. I am concerned that the college of surgeons has far too much influence on how we train doctors and the basis on which they will be allowed to practise medicine. I am outraged, in fact, that to become a doctor you need to achieve, at the age of some 17 years, a 99.5 per cent score in your Victorian certificate of education. If you do, you are obviously going to be a suitable person to be a doctor! But if you get 99.1 per cent or 99.2 or, heaven forbid, 89, you are not a suitable person to be a doctor. What rubbish!

We ought to be taking into account many more attributes in terms of allowing people access to medical studies, because the community needs people who are competent, empathetic, good doctors. Achieving 99.5 in a single set of exams when you are 17 years of age does not determine your worth right through life. Because of that restriction, because of the practice that we have in this country, we have to bring doctors in from Iraq, Pakistan, India, Eastern Europe, South Africa and other countries. These doctors are much more needed in their countries of origin — countries which, though much poorer, have spent a great deal of money on training those doctors up and giving them skills. I know that such doctors go through a fairly rigorous process to test their abilities when they come to Australia, but I nonetheless wonder how many of those doctors, who we rely on to supplement our medical services here in this state, would have got 99.5 per cent in their exams at 17 years of age, wherever they were domiciled.

We have to get serious about this. I have heard a lot of criticism of the previous federal government. I notice that the previous federal government in fact invested considerably, and members who represent the Geelong region will know that, because Deakin University, one of the major beneficiaries, invested considerably in additional training of nurses. Whether or not that investment was sufficient is a judgement we can all make. Clearly we need to train more people in the medical professions. We need to train people in many more professions, because one of the major problems we have right across this state is our deteriorating skills base. Skills shortages are going to be a significant factor for us going forward.

However, when you train people you also need to be able to guarantee them that going forward they will get the remuneration rewards that are commensurate with

the investment they have made of their time, energy, experience and skills, and the investment they are prepared to make on an ongoing basis to treat people in the medical system. We also need to ensure that we provide them with the resources to do the job properly. I have spoken to some doctors who have been imported to Australia from countries such as India, Pakistan and Iraq. One of the reasons they gave for seeking to be part of the Australian, American, British or Singaporean systems is the fact that it gives them the opportunity to use the best technology. From that point of view we need to support them with the resources that enable them to do their job and deliver a higher standard of health services in our community.

I join with my colleagues from the Eastern Metropolitan Region in imploring the government to invest funds in this next budget for an upgrade of the Box Hill Hospital. I am not going to go over the statistics; a number of members have gone over them, including David Davis and Mrs Kronberg. They have illustrated clearly that this hospital is well overdue for support from the government. I understand there has already been some work done there and that a number of initiatives that they have undertaken, particularly in renal medicine and in some of the maternity facilities there, have been significant and world class.

I acknowledge that this government has spent money to ensure that facilities have been put in place to achieve standards of medicine in some of those fields that we would expect. As Gordon Ashley, a former colleague and member for Bayswater in another place, used to say, Box Hill Hospital in effect services an area in the eastern suburbs that has a population that is greater than the city of Adelaide. It is important to recognise that when we look at the status of the Box Hill Hospital. I implore the government to invest the funds that are necessary so that hospital can do an effective job in serving that population.

I hope there are no clouds on the horizon for either the William Angliss Hospital or the Maroondah Hospital, which have both been constrained by this government's policies in recent years. It has been the opposition which has raised those matters, particularly in terms of cardiac care at William Angliss and mental health care at Maroondah. I would also hope that those two hospitals continue to receive the level of funding support for facilities that are necessary and commensurate with the work that they do in the community.

Given that this has been a long debate and many members have made contributions involving statistics and so forth, that is more than enough said. In public

policy terms let us stop looking in the rear vision mirror. Let us stop looking at a blame game and rather start looking at what ought to be done to improve on our health system going forward.

Mr O'DONOHUE (Eastern Victoria) — I am also pleased to rise and support the motion moved by the Leader of the Opposition, Mr Davis, because health is core business for state governments. Regardless of what some government members have said today, there are significant issues affecting our health system throughout Victoria. I will keep my contribution brief, given the time constraints.

We have heard much from government members about dollars spent, but not about outcomes. We have heard much about the years under the Kennett government, and I think opposition members have responded to those claims more than adequately. I will just pick up on one comment made by one government member. Mr Tee said, if my recollection is correct, that it is critical that services are delivered locally. I could not agree more with Mr Tee that it is critical that services are delivered locally.

Ms Lovell interjected.

Mr O'DONOHUE — What an absolute tragedy it is that when there was an opportunity for the new federalism that was promoted by Mr Rudd — an opportunity for cooperative federalism, Ms Lovell — the government failed at the first opportunity.

The Warley Hospital, which had been operating for 84 years on Phillip Island, was in desperate crisis earlier this year. Late last year the federal member for Flinders, Greg Hunt, secured \$2.5 million worth of funding for that hospital, which the then opposition failed to match. After the election, Steve Bracks, the then Premier, stated that he would not be providing funding for Warley as it was a private hospital and it was not the responsibility of the state government. The state government flicked it to the federal government, and the federal government refused to take responsibility. The sad reality is that the people of Phillip Island, after 85 years, have been left without a hospital.

If people have accidents on the grand prix circuit or the elderly community down there have health problems, they have nowhere to go. They have to go to Wonthaggi. If Wonthaggi is not open for whatever reason, which it is not from time to time, they have to go to Traralgon or to Dandenong, or potentially Casey. I agree with the comments made by Mr Tee that it is important that services are available locally.

Sadly, in the Eastern Victoria Region that is not a possibility. If you live in Gippsland, you need to get to Traralgon Hospital for most major procedures, whether that is from Cann River, Yarram, Phillip Island or elsewhere. If you live in the Upper Yarra, the services provided at Healesville often leave much to be desired, and there is no public transport from Upper Yarra towns such as Warburton or Yarra Junction to Healesville Hospital. This government has closed the birthing unit at Rosebud Hospital, so if you live on the Mornington Peninsula, you now need to travel to Frankston. If you live in Portsea or at Cape Schanck, you potentially have a long drive to get to Frankston Hospital.

If you live in the local government areas of Casey, Cardinia or the Bass Coast and are in need of respite care, there is a real chance that the only 24-hour, 7-day-a-week respite centre at Koo Wee Rup will not be open, because this government has recently announced it is refusing to provide the capital required to fund the new respite centre.

Throughout the Eastern Victoria Region there is a real crisis in health care. I will just finish with one other comment. I have heard very little said today about the need for preventive health. We all know that younger people these days do not exercise enough, but this government has not invested enough in physical education, physical education teachers and time at school to teach younger people the importance of keeping healthy and staying fit. Preventive health makes an enormous difference to the health-care system, and we will unfortunately not be able to reap the dividends in the future because of the lack of investment in preventive health by this government.

Mr Leane interjected.

Mr O'DONOHUE — Through you, Acting President, I advise Mr Leane that this government has a lot to do in relation to health. Its record in health is not good. It may have increased investment, but it has not improved outcomes. I congratulate the Leader of the Opposition on moving this motion, which I will support wholeheartedly.

Mr D. DAVIS (Southern Metropolitan) — I am pleased to wind up what has been a long and productive debate in this chamber today on this motion to express concern at the state government's failure to manage the Victorian public hospital and health system. There are a number of important parts to the motion. One deals with the length of time that people are on waiting lists for appointments. Another part deals with the manipulation of hospital waiting lists, particularly the

outpatient waiting lists. Another deals with the need for capital upgrades. From talking to Mr Vogels, it is clear that the Warrnambool hospital is one example of a hospital that needs an upgrade. Prior to the recent election the opposition had committed to that upgrade, but the government has failed to come forward and match that. The opposition has committed to upgrade the Ballarat hospital, and that commitment is a very important one, given the region it serves. We have heard about the need to upgrade a critical hospital like Box Hill Hospital, which serves so much of Melbourne's eastern suburbs, and we have heard about the need for other capital funding throughout the system.

In the debate we also talked about the critical threat that faces community health centres. I am particularly concerned that the guts will be ripped out of community health in Victoria if the current steps by the ATO are not ameliorated with additional funds from somewhere or a change in structure or arrangement. It is clear from the memo I read earlier in the debate that the Brumby government is actively contemplating forced mergers of community health centres with large hospitals. As I said in the earlier part of the debate, I am deeply concerned that that will see an end to community health as we know it in Victoria.

The debate also covered the shortages of doctors, nurses and other health workers. This government has not managed its industrial relations activities in the health sector well, it has not managed its relationships with the professional associations well, and it has not lived up to its responsibilities with respect to training. This government could have done much more with training. We are now in an international marketplace where there is enormous competition for skilled health professionals — Mr Atkinson made that point clear — but this government has not yet fully woken up to the extreme competitiveness of the marketplace for skilled health professionals nationally and internationally.

On the matter of the waiting lists, it was the Auditor-General's report of a few years ago that broke the story, as it were, about the secret waiting lists under the Labor government, and what the shadow Minister for Health, the member for Caulfield in another place, Helen Shardey, has done with a series of FOI requests has shown Victorians and the community that these secret waiting lists are enormously long. They are composed of individual Victorians who are waiting inordinate periods, in some cases just to get their initial appointments, before they can register on the official waiting lists that are publicised and before they are counted as people who are waiting. These waits on the outpatient lists can be several years in length, and in

some cases it is clear that people are shuffled from one list to another.

There is no doubt that the Premier, the present Minister for Health in the other house, Mr Andrews, and his predecessor, now the Minister for Education, Ms Pike, have to bear the responsibility for the growth in these waiting lists, for the secretive way they have been manipulated and for the deceit that has been involved in misleading Victorians. It is a cruel deceit, because this is about the individuals who are forced to wait; it is a cruel deceit because this is done without regard to the impact on people and their families. It is for those reasons that I invite the house to support this motion today.

House divided on motion:

Ayes, 16

Atkinson, Mr	Koch, Mr
Coote, Mrs	Kronberg, Mrs
Davis, Mr D.	Lovell, Ms
Davis, Mr P.	O'Donohue, Mr
Drum, Mr	Petrovich, Mrs
Finn, Mr	Peulich, Mrs (<i>Teller</i>)
Guy, Mr	Rich-Phillips, Mr
Hall, Mr	Vogels, Mr (<i>Teller</i>)

Noes, 19

Broad, Ms (<i>Teller</i>)	Pakula, Mr
Darveniza, Ms	Scheffer, Mr
Eideh, Mr	Smith, Mr
Elasmar, Mr	Somyurek, Mr
Jennings, Mr	Tee, Mr
Kavanagh, Mr	Theophanous, Mr
Leane, Mr	Thornley, Mr
Lenders, Mr	Tierney, Ms
Madden, Mr (<i>Teller</i>)	Viney, Mr
Mikakos, Ms	

Pair

Dalla-Riva, Mr	Pulford, Ms
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Motion negatived.

Business interrupted pursuant to standing orders.

POLICE INTEGRITY BILL

Introduction and first reading

Received from Assembly.

Read first time for Hon. J. M. MADDEN (Minister for Planning) on motion of Mr Lenders.

ADJOURNMENT

The PRESIDENT — Order! The question is:

That the house do now adjourn.

Preschools: special needs funding

Ms LOVELL (Northern Victoria) — The issue I raise tonight is for the attention of the Minister for Children and Early Childhood Development in the other place, and it is regarding the kindergarten inclusion support program. My request is for the minister to conduct a thorough audit of the unmet need for the kindergarten inclusion support packages with a view to increasing funding and expanding the eligibility criteria so that an increased number of Victorian children can benefit from the program.

More state government funding is desperately needed to assist Victoria's underresourced kindergartens struggling to cope with special needs children. Kindergarten is an important stage in early education, and statistics show that children who attend at least one year of kindergarten are better prepared for their early years at school. However, in Victoria many children are missing out on a kindergarten experience or are not receiving the full benefit due to a severe shortage of assistance packages through the kindergarten inclusion support program.

At the end of March I met with a group of Bendigo parents who expressed a need for increased funding to help their kindergartens afford desperately needed teachers aides. In the Bendigo region there are only 22.5 packages of 10 hours each available to cover the five local government areas of Greater Bendigo, Macedon Ranges, Mount Alexander, Campaspe, Central Goldfields and parts of Loddon.

The Golden Square Kindergarten alone has 16 students with special needs enrolled, but it receives funding for only one child. The lack of support packages means that children who really need one-on-one attention to gain the full benefit of the kindergarten program are missing out and often do not interact with others or participate in activities because teachers do not have the time to engage them.

This results in diminished preschool programs for the special needs children. The kindergartens cannot afford to employ additional staff out of their budgets to spend individualised time with special needs students who struggle with learning or behavioural difficulties. Currently eligibility for funding is so strict that students have to be a risk to themselves or others or have a disability or medical condition that demands constant

supervision to qualify. I have heard of several children diagnosed with autism and other children who obviously need additional care and attention who have been denied funding because they simply do not fit into the box.

The special needs funding structure also affects other students, with teachers too tied up with special needs students to provide the other students with the full preschool program they deserve, and kindergarten committees are particularly concerned about the organisation of special needs students in an emergency situation such as a fire evacuation.

I urge the minister to conduct the audit of unmet need and to increase funding accordingly to provide Victoria's kindergartens with better access to desperately needed teachers aides so that more children can enjoy the full benefits of kindergarten in Victoria.

Libraries: Colac

Ms HARTLAND (Western Metropolitan) — My adjournment matter tonight is for the Minister for Local Government in the other place, Mr Wynne. The government is planning to close the Colac Public Library in favour of a school library with public access at the new Colac Secondary School, which will be called the Beechy Centre. This is a bad move, as it will result in less public access to the library for the people of Colac and regional areas near Colac. It is also a cost-cutting exercise.

Currently there are school libraries in the eastern suburbs of Melbourne which are also public libraries, but these suburbs also have public libraries. Why can Colac not have both? The current library is close to other council services in the central part of Colac, and it is convenient for shoppers at the shopping centre. It is near the train station, so people can drop in when waiting for a train or waiting to be picked up from the station. This is obviously a great help for people in regional areas near Colac.

Closing the library in favour of the Beechy Centre will lead to a net loss in library services for the community. The new library will not replace the old one. The location of the Beechy Centre is not so convenient, so fewer people will be able to access it. Also there is a serious issue about internet access at the new library, which is likely to be restricted because the library is part of a school. An example of this would be an adult woman researching breast cancer, who might find herself restricted by the school's net nanny, which might block internet sites containing the word 'breast' and so on.

The action I request of the minister is to keep the Colac Public Library open.

Libraries: regional services

Mr KOCH (Western Victoria) — I also raise a matter in relation to library funding for the Minister for Local Government in the other place, and it concerns state government funding for regional library services. The recent Auditor-General's report on local government shows that all 12 remaining regional library corporations are struggling to make ends meet and that the financial sustainability of five of them is at serious risk because they do not have enough recurrent funding. Public libraries are struggling to survive due to the Brumby government's cost shifting of its share of funding, forcing councils to pour in more and more ratepayers funds to keep libraries open.

Council contributions range from 62 per cent to 80 per cent, while government grants range from 30 per cent down to just 18 per cent. The Brumby government would do better if it adopted the Liberal Party policy taken to the 2006 election of increasing library funding to an average of \$9 per head of population. This would restore state government funding to a level of about 40 per cent instead of the 25 per cent the government now begrudgingly allocates to councils.

This is another example of this government's ongoing cost shifting. Public library costs far exceed growth in state government grants as demands for more information technology grow. Local governments urgently need a substantial increase in recurrent library grants so that regional library service demands can be met. The funding formula adopted by the Living Libraries program for country libraries is forcing library operating costs back onto ratepayers while library collections become obsolete.

The Auditor-General also reported that half of all regional library corporations are unable to spend sufficient money on maintaining their book stocks. Many collections are old and desperately need renewal, and libraries are not adequately funded to invest in the recommended eight-year replacement cycle.

Operating costs continue to go through the roof while contributions from the state government continue to fall even though the Brumby government spends at least \$150 million annually on self-promotion. Over recent years staff morale has plummeted as library managers try to keep up with public demand on a shoestring.

The Brumby government crows about its support for regional Victorians and the growth in industry and jobs,

but it is not prepared to match or adequately fund library services so that they can meet the demands of growing populations in many local government areas. My request is for the minister to genuinely review the current situation and to increase recurrent library funding so that local governments can meet the growing demand of ratepayers for their library services.

Sale Primary School: Japanese program

Mr P. DAVIS (Eastern Victoria) — I raise a matter for the attention of the Minister for Education in the other place in relation to a shortfall in accommodation at the Sale Primary School that is jeopardising its highly successful LOTE (languages other than English) program in Japanese.

I have previously made representation to the minister on this matter on the basis of concerns put to me by the Sale Primary School subbranch of the Australian Education Union. I am sure I will have the support of all members of the government on this matter. The minister's response was regrettably dismissive. She said that based on the 2008 first-day enrolment of 563 students, Sale Primary School has sufficient classrooms to meet its entitlement, and that the department will continue to monitor student numbers at Sale Primary School and, should enrolment numbers increase, an appropriate facility will be provided. In short, the minister has applied a standard formula based on the sole criterion of enrolment numbers. Given the government's rhetoric of the past week about the importance of raising standards in education, I find this an incredible approach by the minister.

Sale Primary School — that is, Sale 545, as it is known in the local community — has long been recognised for providing an outstanding quality of education. Indeed I am a former student of that great establishment. The LOTE program in Japanese is just one of its notable achievements. Despite many schools having found it difficult to establish and maintain quality LOTE programs, Sale 545 has done so very successfully. The growth of the school and the popularity of the Japanese language program have created the need for an additional classroom to provide a separate room for the program to continue.

The government expects schools to offer a LOTE program, so when they do it is reasonable to expect that the funding and facilities are made available. The lack of a facility at Sale 545 has compromised this program, affected the morale of the teacher who runs the class, and aroused the ire of the rest of the school community, particularly the staff and undoubtedly the families involved in that community. In this situation the

minister has failed to take account of the standard of education service the school provides, the teacher's commitment and the school community's support of that program.

I therefore request that the minister accept the submission for an additional classroom for Sale 545 and apply the criterion of quality in education services when making that decision.

Glen Eira: sporting facilities

Mrs COOTE (Southern Metropolitan) — My adjournment matter this evening is for the Minister for Sport, Recreation and Youth Affairs in the other place. It is in relation to funding for the Glen Eira City Council's sports facilities. This is really important particularly with ongoing droughts. The City of Glen Eira recently conducted a survey of over 700 people, all of whom said that their sports grounds were amongst the most treasured aspects of their community and that they were very precious to them.

I welcome the state government's contribution, which will ensure that Bentleigh Recreation Reserve is operational for the next summer sporting season. That is a really good initiative of the government. However, there are still a number of parks in the Bentleigh electorate that will be lost forever if the government does not provide some additional funding. These parks include Allnutt Park, Bailey Reserve, Centenary Park, Duncan Mackinnon Reserve, Halley Park, Joyce Park, King George VI Memorial Reserve, Mackie Road Reserve, Marlborough Street Reserve, McKinnon Reserve, Moorleigh Community Village, Victory Park, Virginia Park and Wattle Grove Reserve.

All those grounds enjoy a large patronage of sporting groups with members of all ages and at all times during the week, but they are under severe stress because of their state. People are concerned to keep the parks alive during the winter time so that they can be ready for sporting activities during the summer.

We know that obesity is on the increase in our community. It is important, if not imperative, that people of all ages in our community get an opportunity to enjoy sporting activity, and they need well-watered and safe sporting grounds in order to do that. The City of Glen Eira is particularly concerned about this. It wants to be involved with the government in doing something to protect its park facilities.

The action I am seeking this evening is that as a matter of urgency the minister provide to the City of Glen Eira funding which is adequate to employ strategies to save

Bentleigh's parks and sports grounds, such as the use of drought-tolerant grasses and improved irrigation methods.

Maroondah Highway: Black Spur speed limits

Mrs PETROVICH (Northern Victoria) — My matter in the adjournment debate is for the Minister for Roads and Ports in the other place. It relates to a reduction in the speed limit through the Black Spur near Marysville. I have been contacted by local constituents who are alarmed that the government has proposed the introduction of an 80-kilometre-per-hour speed limit through the Black Spur section of the Maroondah Highway. The locals who know this area believe this would be a disastrous backward step that would not solve any of the problems there.

It is not possible to travel safely along most of the Black Spur at much more than 60 to 70 kilometres an hour, and in many places even less than that, so the 80 or 100-kilometre-per-hour limit is largely meaningless. However, in a number of places through the Black Spur it is perfectly safe to travel at 100 kilometres per hour. These facts are well known by locals who regularly travel the Spur and who will now be caught speeding in areas where it is perfectly safe to travel at 100 kilometres per hour.

The real cause of most of the accidents along this stretch of road is when it is wet and slippery due to weather conditions, and that is the case regardless of the speed limit. In those instances it is unsafe to travel at much above 40 to 50 kilometres per hour. The local community knows this and wonders why the government has chosen to ignore the fact that the Black Spur has been used as a motorcycle racetrack. This is a real danger.

Another foolish decision by this government which will have little or no effect on the real problem relates to motorcycle racing. According to my constituents, this is just another ill-informed and ill-conceived knee-jerk reaction to ban everything. The locals would rather have a serious police blitz on motorcycle racers. Slow-moving traffic is already a major problem on the Black Spur. Reducing the speed limit will only exacerbate that problem as some people, especially tourists, will think that they should now travel even more slowly.

The Maroondah Highway is a major arterial road, and its passage through the Black Spur is already very clogged, especially by large commercial vehicles. The action I seek is for the minister is to ensure that the government looks at ways to improve the traffic flow in

country Victoria. In this particular case a number of sensible alternatives should have been considered. An example is that it should have looked at building widened double overtaking lanes at intervals to allow vehicles to overtake. I suggest this would be a good course of action. I suggest also that signs should be erected to instruct slow vehicles to pull over and that more shoulders should be constructed to enable them to do so. I suggest further that a strong police presence at certain times would also assist in controlling motorcycle racing.

Planning: Shoreham development

Mr GUY (Northern Metropolitan) — Tonight I raise an issue for the Minister for Planning that concerns the small, peaceful township of Shoreham, located in the heart of the Mornington Peninsula. I am sure no-one in this chamber would disagree when I say that the Mornington Peninsula is a special place. It is the only regional area contained within the Melbourne statistical area and included in the Melbourne 2030 plan, yet it has a distinct feeling and many distinct towns all of its own. It is also one of Australia's best wine grape-growing regions and has some of the best beaches in the state, and indeed the country. It is not an overstatement to say that the peninsula as a whole is a gem of a tourist attraction for Victoria.

Among its great assets are the sleepy, peaceful towns located outside the urban growth boundary on the peninsula, but the peninsula and its small towns, particularly Shoreham, are under threat. With a population of 900, Shoreham is a small town that has a post office, a general store, tennis courts and a Country Fire Authority station. It is located off the main road and has no major hotels or shopping strips. It is a quiet peninsula town. Shoreham is not the place for high-density, high-rise development, but high-density development is planned for this sleepy seaside village.

There are plans afoot for a huge, three-storey monstrosity, which is totally out of character with the town, to be built right in the centre of Shoreham, and just down the road a second development of a similar nature is planned. Both are high-density developments that bear no real architectural or urban design similarity to any other buildings in Shoreham. Both would change the streetscape of the main street and would thoroughly change the town landscape from its existing small, one-storey wooden structures to large-style apartment buildings, which are better suited to the inner city areas of Melbourne. As I have stated in this chamber before, I do not oppose high-rise development and I do not necessarily oppose high-density development in certain areas, but any inspection of Shoreham will show that

this small town is not the place for the style of buildings that are planned to be built.

A design and development overlay (DDO) drawn up by the Mornington Peninsula Shire Council to protect the town from inappropriate development is now with the Minister for Planning, and I am advised it is awaiting his signature. If it were approved, it would provide a significant level of protection for the town's character and allow it to grow in a manner consistent with the current identity of the town.

Tonight the action I seek from the Minister for Planning is for him to sign off the DDO as soon as possible to ensure that the town character of this beautiful peninsula village is preserved, not just for this generation but for generations to come.

Weeds: control

Mr O'DONOHUE (Eastern Victoria) — My matter this evening is for the Minister for Environment and Climate Change. There is a crisis in the Dandenong Ranges and in parts of the shire of Cardinia with the proliferation of noxious and unwanted weeds. Unwanted weeds such as ragwort, sweet pittosporum, blackberries and other feral species are taking over. We have a situation where there is disagreement between local government and the state government as to who is responsible for eradicating roadside weeds. This dispute has been going on for several years. Despite a meeting taking place last Wednesday, 2 April, between the Municipal Association of Victoria, the Department of Primary Industries and the Department of Sustainability and Environment, no decision has yet been made and no announcement has been made. Every day that this government dithers about who is responsible, the weeds grow more and the eventual job of eradicating them becomes larger.

The Shire of Cardinia is most concerned that it does not have the resources to adequately deal with this problem, as is the Shire of Yarra Ranges with its problems in the Dandenongs. The beautiful Dandenongs, one of Melbourne's great tourist areas, is a beautiful area for our native flora and fauna, but more and more it is being taken over by the aggressive species of feral weeds and plants.

The action I seek from the minister is to take responsibility for roadside weeds and fund local government so that weeds can be eradicated and roadside vegetation can be preserved.

Planning: residential zones

Mrs PEULICH (South Eastern Metropolitan) — I wish to raise a matter for the attention of the Minister for Planning in relation to the recently released *New Residential Zones for Victoria — A Discussion Paper*, which is dated February 2008. The action I seek from the minister is his response to a request that the date for the closure for submissions, which is 18 April, be extended to allow more consultations to be organised, given that the minister has only scheduled 10 across the entire state of Victoria.

In particular there are enormous concerns in the electorates of Mordialloc, Carrum, Frankston and Mount Waverley, which are made up of fairly dense suburbs with good access to services, particularly public transport such as buses and trains, which would basically make them eligible to become what is commonly known as the go-go zone.

The go-go zone basically means that these electorates would be subject to extensive development, and providing they meet Rescode requirements notices will not be required to be advertised with the purpose of the zone when an application is advertised. There would be no appeal to the Victorian Civil and Administrative Tribunal, which basically means that there would be a denial of any sort of voice of the local community on the proposed developments.

In the brief time that the community and I have become aware of this issue, which has gone under the radar, the community has become extremely concerned at the dramatic impact that this potentially could have on its neighbourhood and communities. The heights would be up to four storeys and the density would be substantially higher.

Clearly a community needs to have someone to lodge objections with and a means of having its views considered when these proposals come up for planning consideration. Given that no consultations have been scheduled for Mordialloc, Carrum and Frankston, and I believe only in one part of Glen Waverley in the South Eastern Metropolitan Region, I call on the minister to urgently schedule these public consultations so that the discussion paper can be considered and the community can have an opportunity to have its input before the decision is made. The deadline of 18 April is too short a time line, and the amount of public awareness of this discussion paper has been inadequate. I call on the minister to respond at his earliest possible convenience, given the concerns and the angst this issue is causing in the electorate I represent.

Eastern Palliative Care: funding

Mr ATKINSON (Eastern Metropolitan) — The Eastern Palliative Care organisation is a not-for-profit, community-based, palliative care organisation that is well known and very highly regarded in the eastern suburbs of Melbourne. Mr Leane, a government member for Eastern Metropolitan Region, on a previous occasion reported on a visit that he had made to one of its events and spoke very favourably of its activities. That is not surprising, as this organisation has been a longstanding supporter of people within the eastern suburbs — basically people who are facing a limited life expectancy as a result of serious illness, very often associated with cancer.

The Minister for Health in the other place would no doubt be well aware of the role of this particular organisation. He would perhaps also be aware of the dilemma it finds itself in today, because there may well be other organisations similarly placed. We have heard a lot about organisations like community health centres which have been affected by an Australian Tax Office ruling.

In the case of Eastern Palliative Care, the public sector negotiation of the enterprise bargaining agreement, which recently increased nurses' salaries, has resulted in a significant shortfall for this organisation. Because nurses' salaries are around 50 per cent of the salary cost of Eastern Palliative Care — and that in part reflects a high volunteer component in the work of the organisation — the unfunded component of the organisation's activities is now approximately \$70 000 a year. There is no parity between the government grants and the nurse's salary increases which the organisation must meet. The figure of \$70 000 is exclusive of long service leave and WorkCover costs which are additional.

Obviously Eastern Palliative Care does not wish to cut services. I suggest to the Minister for Industry and Trade, Theo Theophanous, who is at the table, and you, President, that the community would be adamant that those services ought not to be cut because they are very important to it.

I request the minister to review the funding of this organisation and look at a way to alleviate this shortfall which has put some of its services in peril.

Responses

Hon. T. C. THEOPHANOUS (Minister for Industry and Trade) — As the Leader of the Government said last night, many matters raised in the

adjournment are nothing more than budget bids. In that sense they are actually transparent tactics by the opposition to try to claim credit if that funding later appears in the budget.

I was asked a question by Wendy Lovell in relation to children's services and a request for an increase in funding for kindergartens. I say to Ms Lovell that that will be considered in the context of the budget.

Ms Lovell — On a point of order, President, I believe that the Minister for Industry and Trade wrongly heard my request. I asked for an audit of the kindergarten support inclusion program to identify unmet need and to increase funding accordingly. I said that.

The PRESIDENT — Order! There will be no debate on matters raised by members during the adjournment. I have stated this before: the responses given by the minister are a matter for the minister on duty and are given in the way that they see fit. I have no capacity in any way, shape or form to direct ministers about the way they will or will not respond to matters.

Hon. T. C. THEOPHANOUS — The member sought an increase in funding for kindergartens; that will be considered in the budget. Therefore I consider her matter discharged.

Ms Hartland raised a matter in relation to local government and the closure of the Colac library. I will refer that matter to the Minister for Local Government in the other place for his consideration.

Mr Koch raised a matter which was entirely and generally about library funding. That will be considered in the context of the budget; I consider that matter discharged.

Philip Davis raised a matter in relation to the formula regarding enrolment numbers for a LOTE (languages other than English) program at a local primary school and also the need for an additional classroom at that school. I will refer that matter to the Minister for Education in the other place for consideration.

Mrs Coote raised a matter in relation to funding the Glen Eira City Council for sports facilities and parks in that area. That will be considered in the context of the budget. I consider that matter discharged.

Mrs Petrovich raised a matter for the attention of the Minister for Roads and Ports in the other place in relation to the reduction of a speed limit — which she took exception to — to 80 kilometres an hour. I will refer that matter to the minister for consideration.

Mr Guy asked a question in relation to developments in the Shoreham area of the Mornington Peninsula which he took exception to. I will refer that matter to the Minister for Planning for consideration.

Mr O'Donohue raised a matter about noxious weeds; I will refer that matter to the Minister for Environment and Climate Change.

Mrs Peulich asked about new residential zones and extending the closing date for submissions — —

Mrs Peulich — And consultation.

Hon. T. C. THEOPHANOUS — And consultation! I will refer that matter to the Minister for Planning for consideration.

Mr Atkinson raised a matter for the Minister for Health in the other place in relation to additional funding for Eastern Palliative Care, which will be considered in the context of the budget. I consider that matter discharged.

Mr D. Davis — On a point of order, President, the minister's response to a number of these matters is to indicate that they will be considered in the context of the budget. Members have raised these matters completely separately from the context of the budget. The budget may or may not be a relevant vehicle. But the minister has again failed to treat these matters with sufficient respect and decency. He has again sought to dismiss these matters without appropriately referring them to ministers. He does not have the capacity to dismiss a matter where he does not have responsibility for budgetary allocations in the way he has outlined.

The PRESIDENT — Order! There will be no debate. I can only reiterate my previous comments and rulings on this matter. I understand the frustrations of those on my left, but the fact is the minister is entitled to answer in the way that he sees fit. If the house is not happy with that, the house has the capacity to change it and do something about it. Until that happens I have no ability to address the issue one way or another.

Mr Atkinson — On a point of order, President, I understand your ruling, but I make the comment that the minister has made the assumption that all these matters will be considered as part of the budget process. I have raised a matter tonight, and I do not know whether it is part of the budget. I do not know whether — —

The PRESIDENT — Order! This is not about Mr Atkinson's commentary or views on whether the minister can or cannot answer the question in the way he has. I have made very clear the predicament the

house is in and that I have no capacity to do anything other than what I have done.

Hon. T. C. THEOPHANOUS — I have a written response to the adjournment debate matter raised by Ms Broad on 5 February 2008, which will be incorporated in *Hansard*.

The PRESIDENT — Order! The house now stands adjourned.

House adjourned 10.40 p.m.