

PARLIAMENT OF VICTORIA

**PARLIAMENTARY DEBATES
(HANSARD)**

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

Wednesday, 5 October 2005

(extract from Book 5)

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By authority of the Victorian Government Printer

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House Committee — (*Council*): The President (*ex officio*), the Honourables B. N. Atkinson and Andrew Brideson, Ms Hadden and the Honourables J. M. McQuilten and S. M. Nguyen. (*Assembly*): The Speaker (*ex officio*), Mr Cooper, Mr Leighton, Mr Lockwood, Mr Maughan, Mr Savage and Mr Smith.

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(*Assembly*): Mr Harkness, Mr Langdon, Mr Mulder and Mr Trezise.

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(*Assembly*): Ms D'Ambrosio, Mr Jasper, Mr Leighton, Mr Lockwood, Mr McIntosh, Mr Perera and Mr Thompson.

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

Parliamentary Services — Secretary: Dr S. O'Kane

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FIFTY-FIFTH PARLIAMENT — FIRST SESSION

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The Hon. ANDREA COOTE

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The Hon. P. R. HALL

Deputy Leader of The Nationals:
The Hon. D. K. DRUM

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Coote, Hon. Andrea	Monash	LP	Olexander, Hon. Andrew Phillip	Silvan	LP
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Darveniza, Hon. Kaye	Melbourne West	ALP	Rich-Phillips, Hon. Gordon Kenneth	Eumemmerring	LP
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Drum, Hon. Damian Kevin	North Western	Nats	Smith, Mr Robert Frederick	Chelsea	ALP
Eren, Hon. John Hamdi	Geelong	ALP	Somyurek, Mr Adem	Eumemmerring	ALP
Forwood, Hon. Bill	Templestowe	LP	Stoney, Hon. Eadley Graeme	Central Highlands	LP
Gould, Hon. Monica Mary	Doutta Galla	ALP	Strong, Hon. Christopher Arthur	Higinbotham	LP
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Hilton, Hon. John Geoffrey	Western Port	ALP	Viney, Mr Matthew Shaw	Chelsea	ALP
Hirsh, Hon. Carolyn Dorothy	Silvan	Ind	Vogels, Hon. John Adrian	Western	LP

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Wednesday, 5 October 2005

The PRESIDENT (Hon. M. M. Gould) took the chair at 9.33 a.m. and read the prayer.

**CRIMES (CONTAMINATION OF GOODS)
BILL**

Introduction and first reading

Received from Assembly.

**Read first time on motion of Hon. J. M. MADDEN
(Minister for Sport and Recreation).**

PROPERTY (CO-OWNERSHIP) BILL

Introduction and first reading

Received from Assembly.

**Read first time on motion of Hon. J. M. MADDEN
(Minister for Sport and Recreation).**

PETITION

Water: Creswick–Ballarat pipeline

Ms HADDEN (Ballarat) presented a petition from certain citizens of Victoria requesting that the minister for environment and water stop the building of a pipeline connecting Creswick's Cosgrave Reservoir to Ballarat's White Swan Reservoir and that no further action be taken until an environmental impact study has been undertaken and the Creswick community fully consulted (297 signatures).

Laid on table.

PAPERS

Laid on table by Clerk:

Auditor-General —

Report on Community planning services in Glenelg Shire Council: 1998–2005, October 2005.

Report on Health procurement in Victoria, October 2005.

Report on Results of special reviews and other investigations, October 2005.

PrimeSafe — Minister's report of receipt of 2004–05 report.

Statutory Rules under the following Acts of Parliament:

Prevention of Cruelty to Animals Act 1986 — No. 121.

Road Safety Act 1986 — Nos. 119 and 120.

Subordinate Legislation Act 1994 — Ministers' exemption certificates under section 9(6) in respect of Statutory Rule Nos. 119 to 121.

Victorian Law Reform Commission — Final Report on Workplace Privacy.

MEMBERS STATEMENTS

Horsham Art Is ... festival

Hon. DAVID KOCH (Western) — In late September the Horsham Art Is ... festival was named as Victoria's winner in the art and culture section of the National Volunteer awards sponsored by the National Australia Bank. The 10-day outdoor arts festival celebrated its 10th anniversary this year, with more than 15 000 people coming to Horsham to take part in a variety of events and exhibitions designed to celebrate art, life and community.

As with many community events, without the generous contribution and commitment of volunteers this festival would not have been possible. It is therefore fitting that the great contribution made by volunteers in our community is formally recognised by these awards. These unique annual awards recognise organisations that create a positive and inclusive environment for volunteers and were established in 1997 to honour the 4.4 million Australians who volunteer every year to help others in the community. This year the bank awarded 48 not-for-profit groups across Australia, including the Horsham Art Is ... Festival Inc. and six other Victorian organisations. Each group received a framed certificate plus \$7000 to be used for the organisation's activities.

I congratulate Horsham's 250 enthusiastic and dedicated volunteers who gave of their time and energy to running this very successful program, along with the hardworking committee, on winning this major National Volunteer award.

Parks Victoria: Kookaburra awards

Ms CARBINES (Geelong) — On Monday, as Parliamentary Secretary for Environment, I was honoured to present the Kookaburra awards on behalf of Parks Victoria. The Kookaburra awards are presented every second year to acknowledge individuals and groups who have volunteered their time to make a significant contribution to Victoria's

beautiful parks. We have over 4 million hectares of parks and reserves in our state, and last year volunteers put in over 61 000 hours of work undertaking many tasks to maintain and preserve them.

I would like to acknowledge the 2005 Kookaburra award winners: Peter Skillbeck, who won the healthy parks healthy people award; the late John Dugdale Myers, who won the communication award for achievement in communicating the value of parks; Bob Anderson, who won the community partnerships award for achievement in the establishment of partnerships supporting parks; the late Uncle Norm Hunter Wanga, who won the indigenous award for excellence; Gidja Walker, who won the environmental award for environmental work making a significant improvement in parks; Gilmore Girls Secondary College, which won the multicultural award, and Timboon P-12 School, which won the Young Kookaburra award. The lifetime achievement award went to the late Jack Brooks for his major contribution of a lifetime commitment to our parks.

I congratulate all the recipients of the Kookaburra awards and thank them for all they have contributed to maintain and preserve Victoria's parks.

Ferntree Gully Primary School: future

Hon. B. N. ATKINSON (Koonung) — I wish to comment on Ferntree Gully Primary School in my electorate, where the school council is now considering the closure of the school because enrolments have fallen from 120 students down to about 80. The government would say this is a community choice issue, but in fact — and in contrast with the amalgamation of schools under previous government policies — what we are really seeing with small schools like Ferntree Gully is death by 1000 cuts. As the enrolments for the schools fall they lose a teacher, and once the teacher is lost parents start to look at whether they should enrol their children at the school, and they usually go to alternative schools. The workload of teachers in the smaller schools is similar to the workload of teachers in larger schools, but clearly they are under a lot more pressure. The facilities and services that could be provided to students in those schools are reduced.

It is most unfortunate that the government does not have a policy of either actively supporting the schools or being more honest as to what its intentions are for those schools going forward. It is unfair to students of schools like Ferntree Gully and it is unfair to school councils of schools like Ferntree Gully that they are facing this dilemma about what to do with their schools

because of a government that is really not being honest in its approach to education in areas like my electorate.

Goods and services tax: distribution

Hon. J. H. EREN (Geelong) — Currently Victoria is not getting its fair share from the federal government. Victoria provides \$9.4 billion in GST revenue to the federal government with only \$7.8 billion being returned to the state. For a long time Victoria and New South Wales have been subsidising the smaller states, but that system is looking increasingly archaic and unfair. It is a system that is ripping off Victorians and allowing the federal government a huge advantage when it comes to pork barrelling across the nation in marginal Liberal seats.

The origins of the current state taxation formula go back to the 1930s, when Victoria and New South Wales led the Australian economy with their large manufacturing bases, and the fortunes of the smaller states were based solely on agriculture. While it could be argued that Tasmania and South Australia should still be subsidised, I find it hard to believe that the rich mining states of Western Australia and Queensland need charity handouts from us here in Victoria. The argument that it costs more to build infrastructure and provide services in those states is also looking tired when we have infrastructure projects like the Scoresby project costing over \$2 billion.

More than ever this state needs the \$1.6 billion shortfall in light of the burden of increasing petrol prices and the effect that is having on volunteers such as those who are involved with the Meals on Wheels program. The money from the federal government could be used to assist with the increasing costs to volunteers associated with the increasing petrol prices.

I urge all the opposition members in this chamber to contact their federal counterparts. I urge the Prime Minister to not let Victorians down — —

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

Cranbourne bypass: construction

Hon. R. H. BOWDEN (South Eastern) — This morning I would like to express my concern about the delays in planning and properly catering for the population expansion in the Cranbourne area in relation to the Cranbourne bypass. This bypass is a road system that is urgently needed. For instance, the South Gippsland Highway between Dandenong and Cranbourne is restricted in many parts by several sets of traffic lights. With the population growth and the lack

of investment in the infrastructure in the road arrangements in Cranbourne there is an urgent need for proper, efficient planning and early commencement of what is known locally as a Cranbourne bypass.

There are several options, including land that is already reserved and a proposal by VicRoads and the City of Casey to look at aspects of the area around Berwick. But Berwick and the area to its south present some problems with the expansion of suburban development, and it is probably not the ideal route.

Today I do not have a recommendation as to the specific route that should be taken, but I am concerned in general and in particular that the Cranbourne bypass should be properly engineered and fully investigated. It is a matter of concern to the City of Casey, and it has written to me asking for my support. I urge the government to get on with the proper planning of an effective Cranbourne bypass.

Ride to Work Day

Ms ROMANES (Melbourne) — On this very windy Melbourne day I was literally blown into the city early this morning, on my bicycle, to join a group of MPs and parliamentary staff led by the Speaker who rode from Parliament House to join thousands of others at Federation Square as part of Ride to Work Day.

Ministers Thwaites, Pike and Batchelor from the other house were all there to reinforce Bicycle Victoria's message that cycling is good for the environment, is good for your health, is good for your pocket and helps tackle congestion.

Ministers Thwaites and Batchelor made a very welcome announcement this morning of \$1.25 million in funding to upgrade Melbourne's bicycle trails. This represents a doubling of funds since last year and has been allocated to 11 projects through the Parks Victoria network in the cities of Darebin, Yarra, Casey, Melton, Hobsons Bay, Maribyrnong, Yarra Ranges, Nillumbik and Banyule. These grants will be matched by local government funds to a total of over \$2.2 million for trails this year. Priority for these projects was to further the government's vision for a complete off-road experience for Melbourne's cyclists and trail users.

Ride to Work Day will further encourage new riders and contribute to an enormous growth in the number of city cyclists, which has increased five-fold over the past 10 years.

Silver Brumby Festival

Hon. W. R. BAXTER (North Eastern) — On Friday last I had the pleasure and privilege of attending the launch of the Silver Brumby Festival in the Upper Murray region. It was held at the Towong Hill Station homestead — the home of the late Elyne Mitchell, widow of a former member for Benambra in another place, Mr Tom Mitchell.

It was magnificent on that occasion to stand on that peninsula overlooking the Murray River in flood and see the snow still remaining on Mount Kosciuszko. It really encapsulated the magic of the high country of south-eastern Australia and the Upper Murray in particular. Mrs Mitchell was a prolific author. She wrote a history of the light horse, which was appropriate seeing that her late father, Sir Harry Chauvel, was the commander of the light horse in the First World War. She also wrote *Speak to the Earth*, one of the definitive early environmental books, but of course she is most famous for the Silver Brumby series of children's books, which are very popular.

I congratulate the organisers of the festival for commemorating Mrs Mitchell's work and perpetuating her memory and what she did in involving children in the care of animals and our environment. And I certainly acknowledge the talent of a young lady from Corryong, Madeleine Weybury, who gave several singing renditions. I believe Madeleine has a great future.

New Zealand: general election

Hon. J. G. HILTON (Western Port) — I would like to congratulate Helen Clark and the New Zealand Labour Party on their terrific win in the New Zealand general election. It was a close-run thing, but in the end the voters of New Zealand voted for continued sound economic management and investment in public services and rejected the simple populist message of the New Zealand Nationals — that is, tax cuts and the tearing up of the Treaty of Waitangi.

A number of lessons can be drawn from this result, similar to recent results in Norway and Germany, the main lesson being that tax cuts are not the key to electoral success. In Norway and New Zealand the party campaigning on better social services defeated the party offering tax cuts. In Germany it was only the fracturing of the left vote which denied the Social Democratic Party victory. Some 51 per cent of people voted for parties of the left. There is a lesson here for the federal ALP. Investment in skills, education and better health services are not only good policy for

investment in our future, they are also appreciated by voters. New Zealand demonstrated that good policy would achieve its own reward. It is a lesson that should not be lost on the federal ALP.

Members: communications allowance

Hon. A. P. OLEXANDER (Silvan) — I would like to comment this morning on the importance of the taxpayer-funded communications allowance which is available to state members of Parliament in order that we might communicate with our electorates in an effective and accurate way. It is an important allowance because it allows us to talk to our constituents about issues of importance and allows us to make them aware of government services and programs, and it also allows us to do things of service to the community.

Many MPs have taken to publishing lists of essential telephone numbers and contacts in their local communities. These are very useful to local people, but they are only useful when they are accurate and the information contained in them is correct. Recently the member for Monbulk in another place, Mr Merlino, has been issuing a fridge magnet which tells his constituents that if they wish to contact the State Emergency Service they should dial 000, which of course is incorrect information — 000 is the number of the fire, police and ambulance emergency services. It is not the number for the State Emergency Service. This is a serious issue. Misdirecting those people clogs up the emergency lines, and I believe it needs to be corrected and done — —

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

Multifaith leaders forum

Mr SCHEFFER (Monash) — On behalf of my constituents in Monash Province I congratulate the government, and the Premier in particular, for hosting the recent multifaith leaders forum. The forum was attended by some 30 representatives of Melbourne's faith communities, and its objective was to strengthen community harmony, safety and racial and religious understanding. At the conclusion of the forum a joint statement was released.

I know the idea of this forum and the position the participants expressed in their joint statement is widely supported in Monash Province. The parties to the statement included representatives of the Christian, Jewish, Islamic, Hindu, Buddhist and Sikh communities, along with Victoria Police. The joint statement recognises the dignity of every human being.

The parties to the statement affirmed their shared commitment to abide by the rule of law and respect institutional structures and the democratic processes under which our laws are made. Importantly the participants rejected all forms of violence, terrorism and prejudice.

The forum supported in principle Victoria's Racial and Religious Tolerance Act, which is valued legislation in Monash Province. The forum also agreed to encourage and work to strengthen local interfaith networks and to include young people in this work. The Premier agreed to convene another forum in a year's time, to work on additional opportunities for similar activities and to work with the media to promote the benefits of cultural and religious diversity. The Premier also agreed to work, in conjunction with faith leaders, to improve understanding of the Racial and Religious Tolerance Act and to look at amendments that would clarify the way the legislation operates.

Schools: religious instruction

Hon. H. E. BUCKINGHAM (Koonung) — On Sunday I attended a celebration service at Swanston Street Church of Christ to celebrate 50 years of chaplaincy in government schools and the new Christian religious education curriculum. It was a great service with chaplains who commenced in the 1950s and 1960s explaining what it was like then as compared to presentations about chaplaincy today, including one by Mrs Kate Phillips, who is chaplain at Ferntree Gully and Ferntree Gully North primary schools, both of which are in Koonung Province. Chaplaincy in primary schools has only existed for four years and yet Kate made very clear from her experiences the value of her work to the school and the wider school community.

We also heard from two students who spoke about their positive personal experiences with school chaplains. I admired their candour and honesty. Ms Jennifer Hawkins, the principal of Flinders Peak Secondary College, also spoke about the benefits to her school in Geelong of having a full-time chaplain. The guest speaker at the service was the Reverend Tim Costello, and as always he was insightful, challenging and educative. Some 3870 Christian religious education volunteers work across the state reaching 145 000 students in 945 schools. I salute them and praise the work they do. I also congratulate the Council for Christian Education in Schools and its leader, the Reverend Dr Neville Carr, for the outstanding service which school chaplains have given over the last 50 years and which they continue to give. Their role is invaluable.

Vietnamese community: achievements

Hon. S. M. NGUYEN (Melbourne West) — Yesterday I was delighted to attend an anniversary reception to mark 30 years of settlement of the Vietnamese community in Victoria. It was hosted by the Premier of Victoria, Steve Bracks, and many ministers and members of Parliament were also present. They included Murray Thompson, the member for Sandringham, representing Robert Doyle, the Leader of the Opposition in the other place, and George Lekakis, chairman of the Victorian Multicultural Commission, and other commissioners. There were about 150 guests from the Vietnamese community representing the Catholic Church, Buddhist temples, women's groups, youth groups, students, the elderly, businesses, Vietnamese media and newspapers, and volunteers who have sacrificed their time and effort to serve the community.

I thank the Premier, who announced that over \$500 000 would be provided for Vietnamese community organisations to assist them to serve their members. The community is looking forward to using these funds to develop community benefits and attract more volunteers. The Vietnamese have enjoyed Victoria's multiculturalism. In Victoria we can share our values and live in harmony. We are lucky to live in this state where the Bracks government has committed to promoting multiculturalism. Those in the Vietnamese community, like those in many other communities, have been able to maintain their culture and language while at the same time adopting a new way of life in Australia.

HOSPITALS: PERFORMANCE REPORTING

Hon. D. McL. DAVIS (East Yarra) — I move:

That this house condemns the Premier for seriously weakening the quality of reporting by his government of critical hospital performance statistics and for reducing by half the frequency of this reporting and in particular expresses its concern at —

- (1) the government's decision to hide embarrassing ambulance diversion data that shows a massive blow-out in the frequency of ambulance bypass since the government was elected;
- (2) the government's outrageous decision to remove certain key hospital waiting list data from its now infrequent hospital report;
- (3) the government's stubborn refusal to report to the Parliament, its committees or the Victorian people on which hospitals have faced bed closures since it was elected through a comprehensive public accounting of

how many beds are available statewide and at which hospitals;

- (4) the failure to report properly on critical care services, including the elimination of detailed individual hospital data on intensive care bed and coronary care bed numbers and availability from the half-yearly report;
- (5) the sudden removal of the Victorian critical care bed state web site from public access on 28 October 2004 and the consequent removal from the public domain of increasingly embarrassing data pointing to the alarming lack of availability of Victorian intensive care and critical care beds;
- (6) the exclusion of the key regional hospitals, West Gippsland Healthcare Group and Northeast Health Wangaratta, completely from the elective surgery reports in the half-yearly report; and
- (7) the total deletion of embarrassing data about the government's high rate of elective surgery cancellation from the new half-yearly report;

and calls on the government to provide honest, open and transparent data to Victorians about the performance of Victorian public hospitals, including the reinstatement of data recently deleted from regular hospital reports and the reinstatement of full quarterly reporting to the community on the performance of Victorian hospitals.

The opposition is willing to provide 10 minutes of its debating time on the motion to the Independent member for Ballarat Province, Ms Hadden. Therefore, there will be a reduction in the time available for opposition speakers.

This motion is important because the government has retreated from proper accountability and transparency; it has retreated from the openness it promised. When the Bracks government was elected it promised to fix the health care system, to make it work better and to ensure that Victorians were able to have the health care system they deserved. In reality that openness, that transparency and that quality of health care has not been provided, and the performance of our health care system in Victoria is declining.

We know that the Bracks government has spent much more money — about 54 per cent more — on human services in the six years it has been in power. In acute health outputs it has spent somewhere between 60 per cent and 70 per cent more, which is a significant increase in funding. But the facts are that the performance has not equalled the increase in funding.

There has been a steady and significant increase in population in Victoria over that period — somewhere between 8 per cent and 9 per cent. At the same time the number of services provided in Victoria has increased by around 20 per cent. The point I am making is that the increase in funding has not seen a commensurate

increase in performance by the system. Unfortunately what we have seen is an increase in waiting times and waiting lists, and a decline in the performance of many aspects of our health care system. People are waiting longer — whether they are ambulance bypass patients, whether they are on elective surgery waiting lists or whether they are waiting for an intensive care bed. This is happening whether they are Victorians living in the city or in the country. People all across Victoria are forced to wait longer for the services with which they should properly be provided.

I will focus today particularly on the government's retreat from the accountability it promised. If, with a large health system such as Victoria's, the government is increasingly faced with poor figures, poor statistics and declining performance, it can make two decisions: either it can attempt to fix that declining performance; it can attempt to improve the performance of emergency departments, public hospital elective surgery effort and the functioning of intensive care units; or it can retreat and hide the data. It can remove, fudge or change the statistics, and present them in such a way that comparison with past performance is very difficult.

Unfortunately that is what this government has chosen to do. It has chosen to retreat from the promise of openness and accountability and to hide its failures by changing the statistics and the performance measures. The *Hospital Services Report* was issued quarterly from 1996 and was the foundation of hospital reporting in Victoria through that period.

Hon. J. A. Vogels — It used to be very informative.

Hon. D. McL. DAVIS — As Mr Vogels says, it was a very informative document, but now the government has released a report called *Your Hospitals*, a document that is not to be released quarterly but every half year. This in itself is a significant retreat from accountability. It was a decision to report only half as often — only once every six months instead of every quarter — and to gut many of the key performance measures that were in the previous quarterly report. The reduction in performance measures has been covered by a ramping up of the glossy nature of the book. The Premier's smiling face appears on page 7.

Hon. Andrea Coote — Again.

Hon. D. McL. DAVIS — Yes, again.

Hon. G. K. Rich-Phillips — What is he smiling about?

Hon. D. McL. DAVIS — In this case he is smiling about the opening of the Casey Hospital, and that is something opposition members strongly support.

Hon. G. K. Rich-Phillips — It would be good if it had the emergency services that were promised.

Hon. D. McL. DAVIS — Indeed it would be good if Casey had the emergency services that were promised by the Bracks government. The emergency department at Casey Hospital is a part-time emergency department in that it closes at around 6, 7 or 8 o'clock at night and patients are then sent on to Monash or to Dandenong. But there is no declaration of that or of the issues surrounding the Casey Hospital and no declaration of the fact that the 229 beds at the Casey Hospital are beds that have been purchased by the closure of beds and the operating theatre at Koo Wee Rup hospital. There were 2500 operations undertaken each year at Koo Wee Rup, but those operations have ceased as of January this year and will never recommence. No doubt the money will be wrenched back from that hospital and used to fund the Casey Hospital. When the voters of the south-east of Melbourne were told that a new hospital would be built at Casey what they were not told is that it would be purchased at the expense of the closure of a nearby community hospital. I think that is a good example.

I note that with the Casey Hospital example the Premier is able to say that there are 229 beds there. We do not know how many of those beds are open, but we know that the capacity is 229 beds. I will say something later in this contribution about the issue of bed numbers and about the government's retreat from its disclosure of the number of beds in Victoria and its disclosure of the number of beds hospital by hospital, because again this government has a bad story to tell and has tried to cover up that bad story of bed numbers by not providing the facts and the statistics to the Victorian community.

This retreat and step back from openness and accountability is a concern, and the opposition is very concerned about the fact that Victorians are now unable to make backward comparisons with many of the key performance data of the hospitals because of the changes in reporting that have occurred in the *Your Hospitals* report. I seek leave to incorporate a number of documents through this presentation. I have spoken to the Leader of the Government and to Hansard about this.

Leave granted; see table page 1239.

Hon. D. McL. DAVIS — If members examine the document, they will see that a large number of

measures that for a long time had been included by the government in the *Hospital Services Report* have been dumped — they simply do not exist — and in other cases measures have been changed to a percentage rather than a raw number form. That is a matter of great concern to the Victorian community. Victorians do want to know the comparison of what is available. They do want to see whether their hospital is performing better today than it was a month, three months or a year ago. They do want to know whether a waiting list is growing longer. Currently the number of Victorians on the waiting list for elective surgery is 42 000, which is greater than the number was when this government came to power in 1999, when it was around 41 000.

What we do know is that as you go through the document you find that the figures that were available in the past for emergency departments, elective surgery, and treatment within the ideal time — that is, the figures needed for historical comparisons that are so important to be able to assess closely the performance of a hospital, a network or the whole system — have been deleted again and again. Some of it is quite subtle. With things like ambulance bypass — and I will say more about that in a moment — there has been a shift from reporting the number of ambulance bypasses to a percentage. That might be defensible but I make the point on accountability and performance measures that when it was elected in 1999 this government made a promise to the Independents and the people of Victoria through the Independents charter to continue parallel reporting where performance measures were changed. It has not kept that promise. It has not maintained reporting performance measures in parallel. Time and time again and most spectacularly in the *Your Hospitals* report — the next issue of which is overdue — the government has gutted or removed many of the key indicators.

If members look at the document incorporated into *Hansard* they will see, for example, that the number of people going through emergency departments continues to be reported. What has changed is that the historical comparison with the previous quarter and previous year has been removed, as has the number of patients treated in emergency departments hospital by hospital. Those measures are reduced or disappearing. They are measures that Victorians in local communities would seek to examine to look at the performance of their hospital. The idea that different categories would be reported with historical comparisons by quarter back to the previous quarter and the equivalent quarter of a year ago has also gone by the wayside. The *Your Hospitals* report simply dispenses with all those measures that for many years people have used to assess the performance of their local hospital — that local journalists and local

communities have looked at — and that journalists in Melbourne have looked at to see which parts across the whole system are performing well and which are not. That is a critical issue.

If you look at the number of non-urgent or semi-urgent patients on hospital waiting lists for elective surgery — nos. 61 and 56 respectively on my list — those measures both continue, but the non-urgent historical comparisons with the same quarter in the previous year are dispensed with.

The historical comparison of hospital-by-hospital quarterly reports and reports up to last year have also gone. That data will be difficult for people to access. It will be difficult for journalists and local communities to simply and quickly put their finger on it to see what is happening in their hospitals. Some of the data is available elsewhere but a local journalist or a local community member would need to scurry around, source that data and compile their own tables — which, of course, is the government's objective. It aims to hide or make the information difficult to obtain and collate; it aims to make it difficult for the community, journalists, the opposition and people in the health sector to hold the government to account for its performance.

The government's performance has not been good. It is very important that local communities look at these statistics closely to see what has happened. I, for one, am very concerned indeed. I urge local communities to look at this table to see what they have lost in terms of data and information and their ability to make an easy comparison.

The government will say that there are some new things in the *Your Hospitals* report, and that is correct. There are some new pieces of information in that report and we are prepared to welcome a number of those, but it is nothing compared to the amount of data that has been pulled out of those reports or the data that has been dispensed with by the government. The government has done that to make it as hard as possible for people.

The government will also say it has introduced a web site. When that web site was launched people naively thought it would be updated regularly, but it has not been updated regularly. It will be updated at the same rate as *Your Hospitals* is published — every six months — so the data will be outdated.

It is my strong view that the historical data will be removed from the site so that any point of easy comparison with the past will be lost, and the community will not be able to see the performance of

their hospitals over time. The community will get a single snapshot. The government argues that the community can look at the web site and move from hospital to hospital. That is theoretically possible, but I do not think a great deal of that will occur without the assistance of clinicians and others who would look more closely at the more detailed data that would have been available in the quarterly hospital reports. The ability of community members to get proper information is likely to be greatly reduced.

The next point I wish to focus on is ambulance bypass and diversions. Ambulance diversions concern everybody in the community. Everyone, their family and loved ones, may face a situation where they are at risk, when an accident or a serious illness occurs and the community then needs quick access to their nearest hospital. Under this government the performance in ambulance bypasses has deteriorated. There has been a 13-fold increase in the incidence of bypasses under the Bracks government, which has fudged and cheated with the figures; the government has sought to hide the truth in this serious situation.

The truth is that in 1998–99, the last full equivalent year under the Kennett government, there were 312 listed ambulance bypasses in Victoria. The most recent statistics we have show that in 2004–05 there were more than 1000 ambulance bypasses and more than 3000 hospital early warning system bypasses or diversions — whatever name you want to call them — which totals over 4000 effective bypasses or diversions. In other words, on 4000 occasions the lives of Victorians were put at risk.

Let me talk about the new hospital early warning system (HEWS). This government is very good at cloaking these things in new jargon with new names that hide the facts. How does HEWS operate? I look forward to contributions from government members as to how it operates. The patient is in the ambulance, sick and in an emergency situation and is heading towards their nearest hospital, but the hospital is busy. It could go onto formal bypass or a HEWS diversion could be declared. The beep would go out to the ambulance driver that says, 'Do not come to this hospital. Divert and go to another hospital'. I argue that the patient in the back of the ambulance who is in urgent need would think that was a bypass.

Hon. W. R. Baxter — Of course they would!

Hon. D. McL. DAVIS — Of course they would, Mr Baxter. A bypass is a bypass by whatever name the government calls it. But this government will not release the HEWS data. You will look at the *Your*

Hospitals report in vain to find out on how many occasions HEWS diversions and bypasses have been declared, because you will not find it; it is not there. The reason you cannot find it is that this government is embarrassed. It knows the data is embarrassing and shows that it has failed. From data that has been dug out, usually after huge effort through a freedom of information request from either a journalist or the opposition, we know that in 2004–05 more than 4000 ambulance bypasses or diversions occurred. That is 13 times greater than the number of diversions in the last period of the Kennett government, and that is outrageous. It is a failure, and it is a cover-up by this government. I urge people to look closely at the data, and again I seek the leave of the Leader of the Government and the President to incorporate some data in *Hansard*.

The PRESIDENT — Order! Is it the same table?

Hon. D. McL. DAVIS — No, it is a different one. There are a series of them.

The PRESIDENT — Order! The member is supposed to show it to the President.

Hon. D. McL. DAVIS — I have shown it to the Leader of the Government and the deputy leader and I have also shown *Hansard*.

The PRESIDENT — Order! Under the circumstances I will accept the data, but I remind honourable members that, if they want to have anything incorporated into *Hansard* under rule 5.02, they should be aware that it states:

A member desiring to incorporate material in *Hansard* must submit such material to the President for perusal prior to raising the matter in the house.

I remind honourable members that that is the rule of the house and they should abide by it in the future.

Leave granted; see table page 1246.

Hon. D. McL. DAVIS — One of the other things that has been removed from the system is the facts about local ambulance bypass; the data is now centralised to an overall number of occasions and to a percentage for individual hospitals. It is again worth very clearly making the point that the failure to provide the specific number of incidents by hospital will severely weaken the ability of local communities to understand what is put out. The government's retreat from reporting the number of incidents of ambulance bypass to its decision and its move to a system where it reports on the percentage of time on bypass shows that hundreds of patients are affected by bypass. When one

looks at the hourly spread of bypass one finds it is quite significant.

I want to make some points about intensive care and the government's decision to remove from public examination the proper scrutiny of intensive care and critical care in this state. The *Your Hospitals* report now has just a single table showing critical care bed numbers. The critical care services include just the number of beds occupied and unoccupied. In the previous quarterly report a series of tables provided individual hospital data — for example, in September you could see the number — —

Hon. J. G. Hilton — This is like the half-tolls policy.

Hon. D. McL. DAVIS — You might say that. What I would say is that the number of beds at the Angliss, Austin, Box Hill, Dandenong, Frankston, Maroondah, Monash, Royal Melbourne, St Vincent's, Alfred, Northern, Western and Barwon hospitals were all declared. It showed the number of beds available, the total intensive care beds open and the total intensive care unit and high dependency unit beds. The numbers were declared from a census that was done each morning at 9.00 a.m. In my view the importance of the census is that it enabled local communities to have some idea of how their local intensive care unit was performing. My concern is the failure of this government to continue reporting, which when taken in parallel with the removal of the bed state web site means that that data is no longer available to the community. The Victorian community deserves that data. It deserves to know how its intensive care units are operating.

Through this last period in Victoria we have seen the flight of babies, and indeed some adults, interstate because of the lack of intensive care beds. We know from the intensive care society's most recent reports that the number of intensive care beds in Victoria as a ratio has declined to the lowest of any state, and perhaps the second lowest in the country. We know that the government is very tetchy about the number of intensive care beds; it does not want to be open about it. We also know that the number of intensive care beds has become a significant blocker in the system, preventing elective surgery occurring at the rate it should and when it should. We know that time and again issues have surrounded the cancellation of elective surgery, often for critically ill patients. They may not get their surgery that day; they may be told to come back in a week or a month despite their significant need for surgery.

We also know from the Australian and New Zealand Intensive Care Society data that Victoria's readmission rate to intensive care beds is the highest in Australia. That is a significant issue that has a real and concerning impact on the community. The importance of that for good acute care in Victoria cannot be overstated. You cannot run neonatal units or our larger public hospitals with chaos, poor planning and inadequate intensive care resources. The failure to spend properly on intensive care is dumb on a number of levels. Not only does it result in poor clinical outcomes but it also often generates additional costs. When patients are pushed out of intensive care too early because of the urgent need for beds, they are more likely to be readmitted, generating a poor clinical outcome and in some cases placing their lives at risk. It also — I think importantly — leads to higher costs for the system. It is a dumb, silly economy. It is unfortunate that the Bracks government has not focused on these issues.

I welcome the recent increases in neonatal intensive care beds, but on the data it is still very clear that we are quite short of the required number of neonatal intensive care beds. They provide a critical service, and we have about 66 such beds in Victoria — about 8 short of the estimate provided by researchers at Monash University, who argue that Victoria needs 72. Despite the new beds at the Mercy hospital and elsewhere, there is still a significant shortage of neonatal intensive care beds in Victoria.

I believe that the government's retreat from these issues is a significant one. On 28 October 2004 the government stepped back from its intensive care reporting. I do not seek to incorporate this document into *Hansard*, but members may wish to look at it. It is a significant document, and it is now a rare one. It is the last document that came from the Victorian critical care bed state information web site, which was available to the Victorian community for many years. It gave real-time information about the availability of intensive care beds in Victoria. As members will see, the regular updating of the site provided information about the number of beds available and the predicted availability over the next 8 hours. As members can see, on 27 October last year it was not a pretty sight. Going to the bottom of the document, members can see that Sale and Latrobe hospitals were accepting patients, as was the Royal Children's Hospital, but that only one other metropolitan hospital, the Monash Medical Centre, was accepting patients, with a predicted availability of two beds in the next 8 hours. You would have to say that that is a very tight system. It is a system in crisis, a system that is not being resourced properly by the Bracks government and a system that this data shows is not performing well.

Hon. Andrew Brideson — Those that are accepting are only accepting by consultation.

Hon. D. McL. DAVIS — That is right. As Mr Brideson says, the truth is that those are accepting by consultation. That is not unusual in the sense that there is a cooperative arrangement among our large hospitals. There is a longstanding arrangement that if beds are not available in one hospital, patients can be transferred to another hospital. That arrangement should not be over-pushed or you will have critically ill people ricocheting around the suburbs seeking intensive care beds which they need urgently. I do not believe it is satisfactory for this real shortage to be part of our system. I do not believe it is satisfactory for the community to face these difficulties.

What did the Bracks government do when it was faced with this increasingly concerning data? What did it do when there was public exposure of this disconcerting data? I will tell you what it did: it took down the critical care bed state site web site and closed it from public access forever. It closed that site without consultation with the Victorian community. It closed that site and prevented access to that critical information.

Over the period 17 August to 27 October 2004 the critical care bed state web site was monitored by my office, and in that 72-day period we took 59 samples. It is worth reading these important statistics into the record. During that period the number of days when hospitals like the Alfred and the Austin were accepting was zero. The percentage of days that hospitals like the Alfred and the Austin were not accepting or were on restricted access was 100 per cent. I will give the figures for other hospitals: Box Hill was 96.6 per cent, Dandenong was 96.6 per cent, Frankston was 89.9 per cent, Geelong was 72.9 per cent, Maroondah was 71.2 per cent, Monash was 86.4 per cent, the Northern was 98.3 per cent, Jessie McPherson was 74.6 per cent, the Royal Children's Hospital was 11.9 per cent, the Royal Melbourne Hospital was either not accepting or on restricted access 98.3 per cent of the time, St Vincent's was 86.4 per cent and the Western was 88.1 per cent.

The regional hospitals are important because the options for intensive care are not as great for those hospitals. There is a need for a greater reserve capacity given the distances they have to transfer, which makes transfers less easy than in the metropolitan area. On 100 per cent of the days we sampled, Ballarat was restricting or not accepting patients, Bendigo was 88.1 per cent, Shepparton was 72.9 per cent, Latrobe 64.4 per cent and Sale was 50.8 per cent. Those figures

are an indictment of this government. They show that the intensive care system in this state is in real crisis.

The government's response to those figures, to the public scrutiny that came from the web site and to the public scrutiny that came through the examination of the hospital-by-hospital data that is available on pages 17 and 18 of the quarterly *Hospital Services Report* was to gut that report and restrict it to one tiny, obscure and largely useless table on page 6 of the *Your Hospitals* report. Why would the government do that? It has done that because it is embarrassed, because it is concerned and worried about what the community would think about its performance. Rather than fix the problem it wants to hide it by covering up and by removing the statistics from public view.

Key regional hospitals West Gippsland Healthcare Group and Northeast Health Wangaratta have been excluded from the *Your Hospitals* report. We put out a news release on Monday, and it was interesting that when a journalist rang the government's response was to say it was an omission. Bunkum! What a load of nonsense. The government hid those reports because they were embarrassing and hid the statistics because it did not want the local communities in the north-east and Gippsland to see the facts. It hid the statistics because it wanted to cover them up. The truth is the government's response was that some of the data is on the web site. I have to say that the compilation data is not on the web site. It was impossible to go to the *Your Hospitals* web site yesterday — things may have changed in the interim — and look up the total number of people waiting for elective surgery at West Gippsland Healthcare or Northeast Health Wangaratta. That data does not exist, but it should exist, and local communities should know.

I welcome the government's backdown yesterday, and its decision to put that data into the next *Your Hospitals* report. If this motion achieves nothing else, it will be important because it will get data for those communities. I hasten to add that other important data has been removed from the *Your Hospitals* report. I seek leave to incorporate a further table in *Hansard*.

The PRESIDENT — Order! The member has raised this issue with the Deputy Leader of the Government and proposes to incorporate further documents. I again draw his attention to rule 5.02.

Leave granted; see table page 1247.

Hon. D. McL. DAVIS — The other data that has been removed from the *Your Hospitals* report relates to cancellations. It is a scandal that key data relating to

cancellations of operations should be removed from the government report. Why would that happen? It might be that there is increasingly a tendency for the government to cancel elective surgery. It might well be that the data is embarrassing to the government and that there has been a blow-out in the number of cancellations. In the period 1 January to 30 June 2004 there were 9903 cancellations of elective surgery in the hospitals that were reported on in the quarterly *Hospital Services Report*. The government claims this marvellous new document, the *Your Hospitals* report, shows it is open and accountable, but we know it is just a glossy document which is slim in content and which contains no data on or mention of cancellations. I cannot find any. I would be very happy for a government speaker to show me on which page it might exist. The removal of data on cancellations is a serious matter. I look forward to the new *Your Hospitals* report — —

Hon. T. C. Theophanous — You're just making it up.

Hon. D. McL. DAVIS — I would be happy for the minister to point out where the data is in the *Your Hospitals* report. I would be happy if the government reintroduced cancellation data in the next report or the one after. I would look forward to that. I do not see any evidence that cancellations are recorded in this document. That is a significant matter for the Victorian community. Victorians want to know whether there are thousands of people being bumped in their operations, whether there are thousands of people who are being brought back time and time again. Some hospitals are famous for doing that. In the first six months of last year 780 operations were cancelled at the Monash Medical Centre. The Alfred hospital had a significant number of cancellations as well, and even the Austin Hospital had 649 cancellations.

Why has the government chosen to remove this data? Because the cancellation rate is going up. I have reports of people having surgery cancelled up to five times at Monash. Some of those patients are in the semi-urgent category, and the government's failure to manage the semi-urgent elective surgery waiting lists is nothing short of a scandal. The number on the list has increased by 67 per cent since the government came to power in December 1999; 8457 people were on the semi-urgent waiting lists. The most recent statistics we have from the hospitals, dated December 2004, show that figure had risen by 67 per cent, or 5691 patients, to 14 148. Many of those patients, who should be treated within a very short time, are bumped off the list again and again.

The failure to provide timely treatment is a concern as is the cancellation of operations. Patients run the risk of their conditions deteriorating over that period; in some cases patients run the risk of death in that period. It is nothing short of a scandal that the government should stop the production of data on such cancellations. I do not believe many Victorians would be happy with people being bumped off hospital waiting lists, only to have their cancelled treatment not reported. That information should be a significant piece of data about the performance of hospitals, but its removal is a retreat from transparency.

Hon. T. C. Theophanous — You should talk about transparency!

Hon. D. McL. DAVIS — I am talking about transparency. The government and the Premier promised firmly that transparency would be an important part of what they were about. 'Open and accountable' is what they claimed — —

Hon. T. C. Theophanous — Like night and day when compared with the Kennett government.

Hon. D. McL. DAVIS — I have to say to the minister that that is not the case. When it comes to things like ambulance bypasses and surgery cancellations, all of those were reported much more scrupulously and accurately by the Kennett government than by the minister's government in its new *Your Hospitals* report. The truth is that the *Hospital Services Report* was introduced in 1996 by former health minister, the Honourable Rob Knowles — —

Hon. Andrew Brideson — A good minister.

Hon. D. McL. DAVIS — Yes. This government continued with that document; there was some tinkering — some additions to and deletions from it from time to time, but essentially the document remained — —

Mr Viney — The people of Gisborne did not want him.

Hon. D. McL. DAVIS — I have to say to Mr Viney that if I were the people of Frankston I would be very concerned about the non-declaration — —

Mr Viney — If you want to talk about the Frankston Hospital, go ahead, please do.

Hon. D. McL. DAVIS — I will talk about Frankston.

Mr Viney — That's great. I'm looking forward to it.

Hon. D. McL. DAVIS — There were 633 cancellations in the period January to June 2004. I would be very pleased, President, to see the member for Chelsea Province, Mr Viney, tell me how many people have been taken off the waiting list in the last six months. I would be interested to know how many people were bumped off the waiting list at Frankston Hospital in the period up to 30 December last.

Mr Viney — It was a lot less than it would have been had we not done the 100-bed redevelopment that you didn't do.

Hon. D. McL. DAVIS — I and the community would like to know how many on the waiting list were cancelled.

Mr Viney interjected.

Hon. D. McL. DAVIS — Fifty, was it? I do not believe it was 50; I think it would have been many more. If it were anything like the 633 in the previous period, I reckon the figure may well have been quite a deal higher.

I return to my earlier point now that I have a particular table available — and this relates to the first point in my motion — about ambulance bypasses. Mr Viney used the example of Frankston Hospital. I know Mr Bowden may have something to say about Frankston later. With ambulance bypasses the government does not declare the incidence of the hospital early warning system (HEWS), so we do not know how many HEWS occasions have occurred. Mr Viney may well want to tell me, the house and his local newspapers how many HEWS occasions occurred at Frankston Hospital between July and December last, because that data is not declared in the *Your Hospitals* report, nor is the number of bypass times.

The government's new statistics have changed the presentation, and we now know that the percentage of time on bypass is 3.9 per cent. Over that period I make that to be 184 days or 4416 hours, which indicates that Frankston Hospital was on bypass for 172 hours of that period. That is equivalent to 7.18 full days. In other words, over that period Frankston Hospital was on ambulance bypass for the equivalent of seven days. That would be scandalous and a cover-up because the government does not want to release the full statistics on the HEWS occasions.

We know from the Auditor-General's reports that the incidence of HEWS seems to run at around three times the officially declared bypass rate. The number of HEWS occasions, as a rule of thumb, across the system — and I accept that there are variations — is

around three times. So if they were on bypass 3.9 per cent of the time, you could expect they might be on HEWS for 12 per cent of the time. If that is not the case, I would be interested to hear from Mr Viney what the true number of HEWS occasions is at Frankston.

Mr Viney, and the government, should come clean with the people of Frankston and explain on exactly how many occasions a hospital early warning system was declared at Frankston, on exactly how many occasions the HEWS declarations resulted in bypasses and on exactly how many occasions people were impacted by the declaration of the HEWS.

It is worth quoting the Auditor-General's comments on HEWS. In his 2004 report on managing emergency demand, he states:

There is also a risk that HEWS may be used as a substitute for bypass.

We know HEWS is not declared; we know bypass is declared; we know there are financial penalties for hospitals that go on bypass. It is less clear that there is any direct financial penalty for a hospital that goes on HEWS and hospitals are going on HEWS increasingly. I do not find that surprising, but this government does not declare the number of HEWS occasions, and I think the community has a right to know.

With the forbearance of the minister and the President I seek leave to incorporate one more table.

Leave granted: see table page 1248.

Hon. D. McL. DAVIS — It is worth recording here the percentage of time spent on ambulance bypass at a number of these hospitals: 1 per cent at the Angliss; Austin, 2 per cent; Box Hill, 3.2 per cent; Dandenong, 5.2 per cent; Frankston, 3.9 per cent; Maroondah, 0.8 per cent; Monash, 2.8 per cent; Northern declared no bypass, but I know HEWS occurs; at Royal Melbourne, 4.7 per cent; St Vincent's, 1.8 per cent; Sunshine, 0.7 per cent; Alfred, 8.6 per cent; and Western, 0.8 per cent. The number of hours on bypass across the system in that period is significant — I make it 1567, and that is equivalent to 65 full days on bypass across metropolitan Melbourne.

Some hospitals stand out: Box Hill, at 5.89 full-day equivalents; Dandenong, 9.57 full-day equivalents; Frankston, at 7.18 full-day equivalents; Maroondah, 1.47; Monash, 5.15 full-day equivalents; the Royal Melbourne at 8.65 full-day equivalents of bypass; St Vincent's, 3.31; Sunshine, 1.29; the Alfred, 15.82 full-day equivalents on bypass. They seem to me to be extraordinary figures. The Alfred spent almost 16 days

on bypass in that six-month period, and we still do not have the HEWS data for the Alfred for that period. If that is running at roughly three times, as the auditors' figures strongly suggest is the likely ratio, you would then be talking around 16 times 3. I will let the community do the calculations there, but that seems to me to be many hours, many days, on bypass or undeclared bypass, which is how the HEWS system is increasingly being used.

Hon. T. C. Theophanous — You are just misrepresenting that.

Hon. D. McL. DAVIS — I am not misrepresenting anything at all, Minister.

Hon. T. C. Theophanous — Misleading the house, you are!

Hon. D. McL. DAVIS — I am not misleading the house. I am making it very clear to the house that I believe these figures should be declared properly. I say the government should still be declaring the number of occasions of bypass, and I believe the *Your Hospitals* report should report on each occasion that it is produced the number of times that HEWS has been called.

The minister's response to this at the Public Accounts and Estimates Committee hearing was pathetic. The minister simply refused to release the number of HEWS — —

Mr Viney interjected.

Hon. D. McL. DAVIS — And others. Indeed, my point is that I thought it was pathetic. I do not resile from that at all. I think it was pathetic.

Hon. T. C. Theophanous — We think your contribution today is pathetic.

Hon. D. McL. DAVIS — You may well think it is pathetic, but you can provide the statistics, Minister; it is what your government is not providing.

Hon. T. C. Theophanous interjected.

Hon. D. McL. DAVIS — I have to say, President, that the government has within its capacity the ability to fix these problems. It has within its capacity the ability to declare these statistics. We know that the Victorian data sets — the minimum data sets for emergencies and elective surgery and so forth — are perfectly available and could be tabulated in a straightforward way, and I look forward to the government taking those steps. I would welcome the government taking those steps.

They would be honest steps, they would be transparent steps.

If the government is prepared to improve its reporting, it needs to do a couple of things: it needs to restore many of the measures that have gone; it needs to restore the quarterly reporting; and it needs to restore the key data that was available on web sites like the intensive care data on the bed state web site, which the government has simply taken away, simply removed from public examination.

The government has to be careful, it has to come clean, it has to be honest with the Victorian community, it has to start providing this data and it has to become accountable for its performance, which it is not today.

Mr VINEY (Chelsea) — Once again we have the great conspiracy theorist of the opposition, the Honourable David Davis, running all sorts of conspiracies about data that is being released or not being released. He has been caught out on at least one occasion on the data. I have not had time in the course of the debate to go through it and look at all the documents that have been produced.

Hon. D. McL. Davis — Yes you have.

Mr VINEY — I have not, Mr Davis. Just on one table we have been able to establish that what has been presented to the house is completely misleading and misrepresents the situation. On that basis alone one has to cast a significant amount of doubt not only on what Mr Davis has said but the fact that he has attempted to present this material to the house. He presented to the house a document called — I am not sure whether he tabled it or incorporated it in *Hansard* — 'Cancellations from elective surgery waiting lists'. He has added in his own column headed 'Total cancellations — January to June 2005', and in each case for each hospital he says, 'Deleted from *Your Hospitals* report', when in fact this data is available to anyone any day on the web site by clicking on the relevant hospital. It is a complete misrepresentation for Mr Davis to come in here and say that there is some kind of cover-up on the part of the government about data that is publicly available on a web site — anyone can go in, click on it, and have a look at the information on the web site.

No amount of denying it by you will make it so. It is a fact that it is on the web site. You come into this place and present documents that are completely misleading.

Hon. D. McL. Davis interjected.

Mr VINEY — There is a web site, Mr Davis. Go and do your own research — have a look at — —

The ACTING PRESIDENT (Hon. Andrew Brideson) — Order! Mr Viney will address his comments through the Chair.

Mr VINEY — What we have here is the short-term memory of the opposition, because in 1999, the last year of the Kennett government, it did not release one set of hospital statistics — not one in the entire year. In an election year it withheld all information on hospital data — every single bit of it. Mr Davis comes in and starts talking about the Frankston Hospital. Thank you, Mr Davis. As Dirty Harry said, ‘Make my day’. The Frankston Hospital is a great example of what the opposition did when in government. When the opposition was in government it denied that there was a problem at the Frankston Hospital — ‘No need for additional beds at the Frankston Hospital’.

The former Premier, even in the Frankston East re-election, said that the government had not received any request from the Frankston Hospital for additional beds. That was proved to be absolutely untrue.

Hon. R. H. Bowden — On a point of order, Acting President, I suggest that Mr Viney needs to be a little careful, because during the time of the Kennett government — he is not being specific about years — I personally was a member of a delegation —

The ACTING PRESIDENT (Hon. Andrew Brideson) — Order! I ask Mr Bowden to address his point of order.

Hon. R. H. Bowden — Mr Viney is running the risk of misleading the house in claiming that the Kennett government did not upgrade the Frankston Hospital when I know it did and was a member of a delegation that resulted in improvements.

The ACTING PRESIDENT (Hon. Andrew Brideson) — Order! There is no point of order. It is a debating point, and I notice that Mr Bowden’s name is on the list as a speaker, so he will have his opportunity to refute any points made. Mr Viney is to ignore interjections and continue his contribution through the Chair.

Mr VINEY — Mr Bowden can have his tuppence worth when he gets up later. He can justify his \$100 000 a year when he failed to do anything for the Frankston Hospital. I know the facts. The facts are that in the Frankston East re-election Mr Kennett denied that the government had ever received a request for additional beds at Frankston Hospital. The facts are that during that period there had been a request from the Frankston Hospital to the Kennett government — it was some six-months old — for additional beds, and a

submission to the government at that time was produced. Members of that government were for years denying that there was a problem at the Frankston Hospital and denying that there had been any request for additional resources. In fact the opposite was true. It was only this government that delivered on that submission with a \$21 million, 100-bed redevelopment of the Frankston Hospital. Mr Davis talks about elective waiting lists. Just imagine what the elective waiting list problem at Frankston Hospital would be if the Kennett government had been re-elected in 1999 and no additional services and resources had been put in there because it said they were not needed.

The facts are that this government has been investing in our hospital system. We have had to fix up the mess because when the opposition was in government public hospitals had to sell the silver in order to retain some semblance of recurrent expenditure. Hospitals were selling off their assets in order to keep operating and provide funding. In its last year of office the Kennett government released no data at all on hospital standards and services.

In relation to the *Your Hospitals* report, I suggest that members do not need to go any further than the double-page spread after the foreword, because there in the double-page spread is a map of Victoria. Under the heading ‘Hospitals rebuilt under the Victorian government 1999–2000 to 2004–05’ you are hard pressed to find a rural hospital location or a hospital in metropolitan Melbourne that does not have either a red or a blue cross next to it — the red crosses being projects that have been completed and the blue crosses being the ones that have been commenced. There is hardly a place on the map that does not have some level of government expenditure.

Why is that? Because this government has been investing in the hospital system, an investment of \$2.4 billion since we were elected in 1999. Under this government Victoria has been investing in hospitals. We built the Casey Hospital. I might add for members opposite that when they were in government they wanted it to be a privatised hospital, but this government came in and built the hospital that the former government promised but never delivered. This government rebuilt the Austin and Mercy hospitals in Heidelberg. What the opposition wanted to do was to privatise it.

I am sure Mr Bishop will say that it is a good hospital, but the Mildura hospital was privatised.

Hon. B. W. Bishop — It went well.

Mr VINEY — That is a good example of one that did go well, but I will give an example of one that was a complete failure, and that is the Latrobe hospital. The Latrobe hospital was a total failure and had to come back into public ownership. It was this government that had to save that hospital by investing in it and making it a public hospital again, because we needed to protect hospital services that should be available to the people of Gippsland and the Latrobe Valley.

What the opposition tried to do was to set up a private hospital for profit. We know the opposition was heading down the path of privatisation. In this house two weeks ago during the adjournment debate I challenged Mr Davis to come clean on whether the opposition is going to go down the privatisation path again, because we have had both Senator Minchin and Mr Abbott saying that they want to outsource hospital management services. In other words it wants to go down that path of privatisation of all public hospitals again. Mr Davis ought to come clean at least on that. Even if he cannot come clean on the half-tolls policy, which is a half-baked promise, we would like to know if he is going to come clean on the half-privatisation policies of Senator Minchin and Mr Abbott.

Mr Davis brought up the question of ambulance bypasses. There would not be a Victorian who was not horrified and scared of the state of our ambulance services during the Kennett government's time in office. Day after day, week after week and month after month there were stories about ambulance failures on the front page of the *Herald Sun*. That was absolutely not because of lack of dedication of the staff. That was because the Kennett government was heading down the path of privatisation. It privatised the services in Cranbourne, it was trying to privatise much of the management of our ambulance services and it was failing to invest in and resource those services.

On coming into office this government invested heavily in ambulance services. We have employed over 150 additional paramedics. We have built or rebuilt 15 ambulance stations around the state. We have introduced two-officer crewing. We have introduced advanced life-support training for all ambulance officers. We have introduced new mobile intensive care ambulance, or MICA, stations across the state. We have resourced rural ambulance services with additional services. We have introduced new community ambulance services. This government has been investing in our ambulance services in stark contrast to what the Kennett government did. That has paid dividends. Despite Mr Davis's ambulance-chasing all around the state we do not get the *Herald Sun* front page stories anymore.

Mr Davis brought up the question of HEWS, the hospital early warning system for our ambulance services. He presented that as some kind of example of a cover-up by this government in relation to bypasses and ambulance services. The facts are that the early warning system is exactly that — an early warning system. If there had been a HEWS system in place under the Kennett government every emergency department would have been on HEWS 100 per cent of the time 365 days a year. Every emergency department was under enormous pressure day after day and week after week each year under the Kennett government because of its failure to properly fund the hospital system. The early warning system for ambulance service delivery is exactly that.

Mr Davis brought up a rather emotive suggestion that if an ambulance coming along the road found that a hospital was on HEWS and was diverted, the patient would think the hospital was on bypass. Under the HEWS system that simply would not happen. The ambulance is advised by the dispatch officer at the beginning of the pick-up exactly what hospitals are nearing capacity so that the ambulance and the dispatcher can make a decision as to the most appropriate hospital to send the patient to. If the patient's condition is an absolutely critical emergency those decisions can be overridden for the safety of the patient. That is what the system is about — to keep ambulance officers and dispatch officers informed as to the most appropriate location where a patient can be treated quickly and efficiently. Mr Davis's allegations in relation to this are absolutely spurious. The basis of Mr Davis's allegations as always is conspiracy theories.

Despite his efforts in getting the Channel 10 cameras in here for the beginning of his contribution, I do not think there will be much on the news tonight apart from a pretty boring contribution by Mr Davis. His getting the cameras in here demonstrated that this debate is purely about Mr Davis's current problems with preselection and getting his profile up. It is about the politics of the internal machinations of the Liberal Party at the moment. It is interesting that the Liberal Party benches are just about empty. They are all in their offices punching the digits on the eau de cologne to shore up their preselection votes. Mr Davis's contribution here today — bringing in Channel 10 and bringing in documents that are completely spurious and which misrepresent the facts — will be shown up in this debate for what it is.

The *Your Hospitals* report that the government is now producing contains extensive details of hospital performance. Page after page of graphs are clearly presented and explained. Where occasionally the

numbers have gone in a way that the government might not like, they are appropriately reported. Mr Davis raised issues on elective surgery. The document reports that there has been an increase of a couple of thousand people in one instance. That is a direction we do not like. There is absolute integrity in the presentation of the data. The data shows on page after page and in graph after graph significant increases in the number of patients being treated in the hospital system in Victoria — substantial increases in the number of patients admitted to hospital, substantial increases in the number of people coming to and being treated in emergency departments and substantial increases in the number of people being treated in outpatient departments.

It is absolutely clear from the overriding facts in this report that, despite increased pressure on our hospital system, we are generally meeting the targets that have been set. In the case of urgent elective surgery 100 per cent of patients are being treated within the appropriate time. In non-urgent cases 80 per cent of patients are being treated within the target of 90 days.

The purpose of this process and putting the data on the web site is to give patients, particularly those seeking elective surgery, the opportunity to look at the possibility of being treated more quickly at a different hospital from the one they have been booked into. The new system is flexible enough to allow patients to make changes to their surgery booking so that they can be treated more quickly. In fact the government has introduced a \$30 million blitz on elective surgery waiting lists, and that is already showing dividends. It is imperative in a debate such as this that the truth about the government's record in this area be known and understood.

In terms of patient care, over 1.2 million patients, an extra 200 000 since 1999, have been treated. We treat over 1 million patients in emergency departments, and I want to talk about that. Why has there been such an increase in the number of patients coming to our emergency departments in Victoria? What could be the possible reasons? Has the health of Victorians declined so severely? I do not think so. Where would people normally go —

Hon. D. McL. Davis — It is the ageing of the population.

Mr VINEY — Mr Davis says it is the ageing of the population. That is good point; the ageing of our population may be a factor. What happens when we have an ageing population? As people in our community age, they need nursing home beds. What is

happening to the funding of nursing home beds in Victoria? I think we are about 5000 beds short in Victoria. Has anyone else heard that figure? We are about 5000 beds short — and who is responsible for funding those beds?

Hon. Andrea Coote interjected.

Mr VINEY — I am listening, Mrs Coote. Who is responsible for funding nursing homes beds in this state? The federal government. What has happened with federal funding for nursing home beds? Is it anywhere near the pace demanded? No; absolutely not, because the commonwealth government is abdicating its responsibility. I agree with Mr Davis when he says that one of the pressures on our hospital emergency departments is our ageing population. Mr Davis should go and talk to his mates in Canberra and get them to fund this properly so we take some of the pressure off patients who have to stay inappropriately in hospital beds. We are 5000 beds short. On any one day over 400 patients are in our hospital system in Victoria when they should be in nursing homes. That is the situation.

What happens then? That problem cascades down to our emergency departments, with the result that people cannot get out of our emergency departments and into a hospital bed when they need acute care treatment. The federal government has abdicated its responsibility. It is cost shifting to the states in respect of nursing homes.

There is one other thing about emergency departments. Where would patients normally go if they needed to see a doctor? Generally they would go to see their GP. Suddenly we find that instead of going to see their GP a lot of people are going to a hospital emergency department. Why is that? Maybe it is because bulk-billing has collapsed. So here is the other challenge, Mr Davis: when you are talking to your mates in Canberra about getting some additional funding for nursing homes, how about you get them to put some decent funding into the Medicare system so that bulk-billing rates can actually go up instead of down? People who want to see a doctor can then go and see their family GP, who will have their whole case history and can provide understanding and appropriate care and treatment. People will then not have to wait in emergency departments, sometimes for hours, to see a doctor on essentially non-urgent matters because they cannot afford to pay to see a GP because the bulk-billing system has collapsed.

Mr Davis talked about Frankston. Let me remind him — and he can talk to his mate, Mr Billson, the federal member for Dunkley — that the rate of bulk-billing by GPs in Frankston in the area covered by

the federal seat of Dunkley has gone down to 45 per cent. Mr Davis can come in here and present his misleading statistics about hospital reporting data, but let us have a little bit of honesty about what is actually going on in our hospital system. There has been a substantial increase in the demand for our hospital system, and this government, despite that increase, has managed to maintain appropriate standards for the time in which patients are treated. It has boosted hospital expenditure in this state, as I said earlier, by \$2.3 billion. That is a 71 per cent increase on recurrent funding — from \$3.5 billion to \$5.8 billion — since this government was elected.

We have seen funding for mental health services increase by 62 per cent or \$279 million — an increase from \$453 million to \$732 million. I commend Mr Kennett for the work he is doing on beyondblue, but it would have been a little bit better for any of us and would have made it a little bit easier for us to accept his commitment to this area if he had actually done something about it when he was in government. Instead of causing so much depression in this state he might have put some funding into the mental health area. It has fallen back on this government to increase the investment in mental health services to start meeting some of the backlog in demand it inherited from the former government.

I spent some time talking about ambulance services, funding for which has increased by 86 per cent or \$98 million. It has gone from \$265.5 million to \$363.5 million. As I said, we have built 15 new ambulance stations — 11 in metropolitan Melbourne and 4 in rural Victoria. We have purchased 50 more ambulances and upgraded 39 ambulance stations.

I turn to the issue of hospital staff. This government has increased the number of nurses by 27 per cent, which means more than 5700 nurses are working in the hospital system.

Mr Smith — How many?

Mr VINEY — Some 5700, Mr Smith. They are hands-on people treating Victorian patients. But what happened when the lot opposite were in government? They sacked 3000 nurses from the system, closed 12 hospitals around the state and started to privatise both our public hospital system and our ambulance services.

In stark contrast to that, this government has employed 5700 additional nurses and more than 1100 additional doctors in the hospital system. Compared with 1999, an additional 5700 nurses and 1100 doctors are now

working in the hospital system. They equal real increases of 27 per cent, so we have seen massive investment in hospital services. Also, we have employed an additional 450 paramedics.

As I mentioned at the beginning of my contribution, we have seen a massive rebuild of the hospital system in this state, which is shown on a double page spread of the *Your Hospitals* report immediately after the foreword. There has been massive rebuilding and capital investment in the hospital system. Some \$2.4 billion has been invested, and that stands in contrast to the previous Liberal government, which invested only \$855 million between 1992 and 1999. We have purchased more than \$400 million of new equipment such as CT scanners, radiotherapy machines and monitoring equipment.

I will give some key examples of what the government has done. We have built the new Austin Hospital and Mercy Hospital for Women, which has been the largest rebuild of a hospital system in Australia. We have rebuilt suburban hospitals, including the Maroondah, Angliss, Sunshine and Dandenong hospitals. My mother was recently in Dandenong Hospital, and I noted that the work that has taken place at that hospital over the several months she has been going there has been extraordinary.

We have rebuilt country hospitals at Kyneton, Stawell, Ararat, Geelong and Ballarat. We have built the first new hospital in over 20 years, at Berwick — that is, the Casey Hospital. When the opposition promised to build a hospital out there it was going to be a private hospital. And we are still building. Currently we have commenced construction of the new Royal Women's Hospital and we are fast-tracking planning for the Royal Children's Hospital, where we have commenced stage 1 construction.

We are building super-clinics at Melton, Lilydale and Craigieburn. We are building the Alfred Centre for Excellence in Elective Surgery and a new health care centre in Knox. There are now radiotherapy centres at Geelong, in the Latrobe Valley and at Moorabbin. We are rebuilding emergency departments at Geelong, Bairnsdale, Shepparton, Monash, Williamstown and Werribee hospitals, and there are new mental health beds at Maroondah, Box Hill, the Austin, the Alfred and Latrobe Valley hospitals.

We are fixing the mess that that lot opposite left when they were in government. There always will be work to do in the health system, particularly when the commonwealth government has completely abdicated its responsibility to provide affordable and quality

public health services. As the commonwealth government withdraws its support from Medicare, pressure inevitably will come back onto the states to deliver more and more through the hospital systems.

Instead of moving a motion in this house that condemns the government for its excellent work, I suggest Mr Davis would have been better served not being hypocritical but by spending the time he put into this debate in getting on the eau de cologne to federal health minister Tony Abbott and federal Treasurer Peter Costello. I am not sure which faction he is aligned with. He may well be on the phone to Peter Costello to shore up the numbers, for all I know. I suspect that is where he belongs.

Instead of getting on the phone and sorting out the numbers for his preselection he ought to be on the phone and doing Victorians a favour by making the federal government deliver quality Medicare services in Victoria and provide some decent funding to fix up the shortfall in the provision of aged care beds in Victoria. Those two things would take an enormous pressure off the public hospital system in Victoria and would enable this government to perform better on elective surgery and on treating patients with the additional resources we have put in.

If the federal government were prepared to put some decent funding into nursing homes and the Medicare system, this government would be pretty much able to wipe out elective surgery waiting lists because pressure on our system would be relieved and the additional resources we have put in would be able to deliver additional benefits instead of fixing up the commonwealth government's mess as well as having to fix up what was left to us. I urge the house to reject this motion.

Hon. W. R. BAXTER (North Eastern) — At the outset I acknowledge that The Nationals will be allocating 5 minutes of their allocated time to the Ms Hadden.

Mr Pullen — You're mad.

Hon. W. R. BAXTER — But generous, Mr Pullen. It is a pity that in his response to Mr Davis's motion Mr Viney did not actually address the terms of the motion to any degree. He spent most of his time attacking either the opposition or, more particularly, the federal government. I do not think the motion mentions the federal government at all.

Of course the hypocrisy of it all is that whilst this Labor government is very fond of attacking the federal government for its alleged sins in hospitals and the like,

and aged care in particular, it does not mind, at least by implication if not directly, claiming credit for what the federal government does. If one looks at the document of which Mr Viney is so proud, the *Your Hospitals* report, we see it has a picture of the Maryborough Nursing Home, with the implication that that facility has been provided by the Bracks government. But of course it has not; it has been provided by the commonwealth government.

Again the response to the sorts of very valid notions advanced by the opposition has been hypocritical. Mr Viney would have been much better employed had he tried to rebut some of the very serious allegations made in his contribution by the Honourable David Davis. The allegations were about how the government is obfuscating and hiding information and completely abrogating its promise made before the 1999 election, and repeated ad nauseam before the 2002 election, that it is an open and transparent government. On the evidence Mr Davis adduced this morning, which I intend to add to, we will find that at least in hospital situations in particular it is anything but open and transparent, and the government is doing its best to hide information and material that was previously out in the public arena.

I think it will be health that will bring down this government because it was the members of this government when in opposition who set the hurdle in the health debate very high and made all sorts of claims as to what they would do in government that would be so much better than the former government's record. They peddled half-truths about, for example, hospital closures. Members have heard that again today from Mr Viney. I give just one example from the province that I represent — that is, the Elmore District Hospital.

Maureen Lyster, when she was the Minister for Health in the Cain and Kirner Labor government, took the decision, quite rightly, that the Elmore acute hospital was no longer providing acute services and that it would be better if it were changed and remodelled into a medical centre and renamed so that it reflected what it was actually doing. As it happened, the minister did not get around to doing that before the government changed in 1992. It fell to the Kennett government then to actually execute that correct decision. Ever since, it has been assailed by members of the Labor Party for having the honesty to actually face up to the reality of changing demographics and medical technology and to restructure health services in both the metropolitan and country areas in the light of those changes and realities.

What does this government do? It follows a very devious and dishonest route. It does not close

hospitals — it just removes services from them so that we have an empty shell. In many of our country towns now we have a hospital in name only.

Hon. D. McL. Davis — A Clayton's hospital!

Hon. W. R. BAXTER — A Clayton's hospital, Mr Davis. Now we do not have obstetrics anywhere except in regional centres. We do not have many of the other services that country people took for granted for years and years. We heard what this government was going to do in respect of the Rochester hospital — it was going to replace it, but without an operating theatre. Can members imagine something being a hospital if it does not have an operating theatre? It is an oxymoron. But that is what this government was going to do. Fortunately it has been forced into changing its mind, due to some very good work by local members and the local community. That is the reality of this government: it is remodelling health services in country Victoria by stealth.

The dishonesty of the government in reporting knows no bounds. I have done a bit of work on this. I have had regard to the *Hospital Services Report* produced by the former government. Mr Davis has alluded to that report, which was introduced in 1995 and published quarterly therefrom. There is no doubt that it is a very informative document, which sets out the statistics very clearly indeed. Those of us who are not very gifted in reading tables or do not know too much about mathematics are able to follow it very simply. What do we have as its replacement? We have this very glossy, colourful document called *Your Hospitals* that Mr Viney waved around. It is full of all sorts of columnar graphs that I cannot understand and interpret with any degree — —

Mr Viney — You can't understand a column graph?

Hon. W. R. BAXTER — I will explain to you, Mr Viney, why it is so difficult to interpret the graphs contained in this document. This document comes out only six monthly instead of three monthly. Yes, it contains more pages than the former one, and so it ought, if it is coming out only half as often.

Hon. P. R. Hall — Pretty pictures!

Hon. W. R. BAXTER — But half the pages are full of pretty pictures, including, as I am sure Mr Hall has noted, on page 7 a photo of the Premier. Why we need in a document which is supposed to contain hard-core data about the services hospitals are providing and the statistics that relate thereto so many pages of coloured photographs, including pictures of the Premier, I simply do not know.

Mr Viney — One picture.

Hon. P. R. Hall — Can't help themselves — propaganda.

Hon. W. R. BAXTER — No, they simply cannot help themselves. Whilst the document has in it all the bar graphs that Mr Viney is so keen on, it is full of political propaganda, whereas the former report contained no political propaganda at all — it was simply a straight up and down statistical report of the hard data. Oddly enough, the *Your Hospitals* report does contain a lot of the information that was in the old report. But it is not in a form that the man in the street can easily understand. Hence my admission to Mr Viney — —

Mr Viney interjected.

Hon. W. R. BAXTER — I will demonstrate why it is not easy to understand. It is very, very difficult to extract data and make a consistent comparison with previous periods. I will give Mr Viney a few examples. If you go to the figures for patients waiting more than 12 hours on hospital trolleys, you see that the old Kennett government report stated very simply the number of patients waiting more than 12 hours in emergency departments for hospital beds.

Mr Viney — Except in 1999, when it was not reported at all.

Hon. W. R. BAXTER — If you want to check that out, go to pages 10 and 11 of the particular one I have here, which was an earlier report of the Kennett government. If you go to the *Your Hospitals* report, it does not give that number directly at all. It gives one of Mr Viney's favoured bar graphs, and to the uninitiated, such as me, it gives the impression that everything is going well. You have to look a bit more closely than just at what the bar graph might purport to be telling you, because the number of patients not admitted to hospital beds within 12 hours has to be calculated by deduction. Instead of being like the report of the former government that actually told you that in a table that you could understand, to get the figure for this report you have to get the calculator or at least the pen and paper out and do your own deductions. If you look at the example from July to December, the number is 102 000 minus 84 000 — that is, 18 000 patients waiting more than 12 hours. That is not immediately apparent in this document, Mr Viney. That is why I say that from these bar graphs it is very, very difficult to find out exactly what you want to know. You have to do that calculation yourself, whereas previously the

report did it for you. That is an attempt to hide those sorts of figures.

There is no comparison, either, of the July to December 2004 performance with the same period in the previous year. I would have thought that if we want to know what the trend lines are we have to have in the report some comparative data. We do not get it. We used to get it in the previous report. Again I say to the house: this is an attempt to put a bit of spin on things and not enable the public to make direct comparisons. If you want to do a bit of sleuthing it is possible to establish that the number of patients waiting 12 hours or more on trolleys in emergency departments increased 23 per cent, Mr Viney, in the six months ending December 2004 compared with the same period in 2003. If you want to know what was the number of patients — the actual people — waiting that long on trolleys, it was 17 875 in 2004, compared to 14 497 in 2003. So we can see a significant deterioration in that particular statistic. But that is not immediately obvious from this *Your Hospitals* report; you have to sit down and actually do some work to come up with that conclusion.

The report notes that the government's target of 90 per cent of emergency department patients admitted to hospital within 12 hours was not met, so I suppose we can at least give the government a tick for the honesty with which it acknowledged that it did not meet its target. More important is the fact that the performance of hospitals on this measure is deteriorating, and that cannot be readily determined from the report. That is the significant thing. It is all right for the government to say, 'We did not meet our target', but what it does not disclose is not only that it did not meet the target but that the trend is deteriorating. I think that is what it is trying to hide from the public. If we look at the performance of hospital emergency departments, the old report clearly shows the number of emergency department patients treated within the recommended time. The *Your Hospitals* report gives the number of patients treated and the number treated within the recommended time, but the percentage treated within the recommended time must be calculated. You have to do that yourself, whereas the previous report made that perfectly clear. Again the government is trying to hide the trend, hide the fact that the situation is deteriorating.

The *Your Hospitals* report states that the government's target of 80 per cent was met. Yes, the government set this target, but whether it was a realistic target or not I suppose is a matter of opinion. I would have thought 80 per cent was a relatively low hurdle to be setting, but the declining trend in the percentage of triage categories 2 and 3 patients treated within the recommended times is not obvious from the report. You have to sit down

and work that out yourself. With a bit of assistance, seeing that I am not very good at tables, and I have acknowledged that to Mr Viney, that work has been done. If one looks at the patients treated within the recommended time in triage category 2, in September 2003 it was 88 per cent and by December 2004 that had declined to 85 per cent. If you look at triage category 3, in September 2003 it was 81 per cent and by December 2004 it had declined to 77 per cent. In case someone thinks that I am just picking out two particular times that suit my argument, I point out that I have the complete quarterly table here for the period September 2003 to December 2004 and the decline occurs each quarter, so it is not just a one-off that I have selected to suit my argument. The statistics show a continuing worsening of the situation.

If you look at elective surgery waiting lists in the old report — the Kennett report, for want of a better term — it gives a very clear analysis of the number of people on hospital waiting lists and the number waiting more than an acceptable period. The new report does not give the same level of detail. It skims over that detail and attempts to hide the fact that there is a deterioration. If you look at some of the interesting data on the number of patients waiting for semi-urgent surgery and the number having to wait more than 90 days, it is as follows. In September 1999 there were 3960 people waiting more than 90 days for semi-urgent surgery; by 2003 under this government that had blown out to 6192, which is almost double; and by September 2004, another 12 months, it had gone to 7321.

What was in the December 2004 *Your Hospitals* report? Nothing! It does not disclose that figure, so I can only deduce from that it has got far worse and that is the reason it does not — yet Mr Viney talked about the government being open and transparent. If you look at the percentage of semi-urgent elective patients admitted within the 90 days in September 1999 under the previous government of which Mr Viney is so critical, it was 84.1 per cent. What has it got down to under Mr Viney's government? It is only 78 per cent, which is a considerable deterioration in performance. Is that illustrated openly in the government's report? No. You have to sit down and do the figures yourself to work it out.

Hon. P. R. Hall — That would be admitting the allegations.

Hon. W. R. BAXTER — I think that is right, Mr Hall, those figures are hidden. If you look at the figures for the period September 1999, which was the last quarter of the Kennett government, to September 2004, the number of Victorians waiting more than

90 days for semi-urgent surgery increased by 85 per cent. That is a staggering figure. If you want the raw figures, it was 3960 persons in September 1999 and 7321 in September 2004. That information is hidden in this new reporting system, so the Honourable David Davis was quite right in bringing this motion before the house today to draw attention to what this government is up to, and I commend him for doing it.

If you look at critical care services, the old report gave data on the number of hospital beds available for patients who needed intensive care. Is that in the new report? No, it has been dropped, omitted, left out.

Hon. D. McL. Davis — It has gone!

Hon. P. R. Hall — The government is embarrassed.

Hon. W. R. BAXTER — It has gone. Clearly the government is embarrassed about it, because its performance does not look very good at all. I will give you a few examples of that. First I turn to the number of intensive care beds available in 2003–04 compared with those available in 1998–99. For the benefit of the chamber I will go through the year, month by month. In October 1999 at 9.00 a.m. the average daily number of intensive care beds available was 7.3. In 2003–04 there were 3.1 beds available, which is less than half. In November there were 2.6 to 3 available, which is a slight improvement, and that turns out to be the only month in which there is an improvement. In December there were 6.2 down to 4.6; in January 11.8 down to 5.4; in February 9.8 down to 3.5; in March 6 down to 2.3; in April the status quo prevailed; in May it was 4 down to 2.7; in June 4.2 down to 1.9; in July 3.5 down to 1.7; in August 2 down to 0.8; and September 2 down to 1.

That is a clear illustration of our health services in this state, but is it acknowledged or illustrated in the report? Is it made public for the people of Victoria to take into account? No, of course it is not. It is hidden by this new glossy document this government has turned out. Frankly, I feel really sorry for the members of the bureaucracy in the Department of Human Services, who are forced into, required and directed to produce reports like this, which are designed to mislead, obscure and keep the facts away from the people of Victoria.

I conclude as I began. The people of Victoria are slowly waking up to this government. They are beginning to feel that they are being played for fools. They are beginning to feel that they are being cheated by this government. When they elected this government they relied on the fact that it said it would be open and accountable. In a whole range of areas, but none more

so than in the health area, it is becoming blindingly obvious that this government is anything but open and transparent, and Mr Davis has certainly put the spotlight on that this morning. I believe his motion ought be supported.

Hon. KAYE DARVENIZA (Melbourne West) — I am delighted to rise to make a contribution to this important debate. I certainly do not support the outrageous motion that has been put forward by the Honourable David Davis from the Liberal Party and supported by The Nationals. It never ceases to amaze me that the opposition can be so out of touch that it has the audacity, given its past performance and record, to come into this Parliament with a motion like this condemning the Bracks government, when we have done so much to address the health system; when we have injected so much money through our budgetary processes and made so many changes to make our health system more accountable and to ensure that we are treating more patients and that those in need are being treated faster than they were previously. It is outrageous for Mr Davis and Mr Baxter to make the kinds of accusations they have made this morning.

An accusation that has been made by both opposition party speakers is that the government is trying to hide something. They said we are only bringing out the report six monthly and that we are failing to give important information, particularly around elective surgery and other issues. Both Mr Davis and Mr Baxter went to some lengths to talk about how the report was covering up important information. Mr Baxter told us how difficult it is for him to follow the tables and the mathematical calculations. Never mind that, in presenting some of those mathematical calculations that he slaved over, he failed to mention category 1.

Can I let both members know that they need to move out from the Dark Ages and into the computer age and spend some time looking at the web site that the government has made available. Mr Baxter need not have gone to all his trouble, because the information is all on the web site. It gives the percentages and does the calculations for you. We are not hiding anything. The information is on the web site. It is shown hospital by hospital. It is very easy to find; he just needs to take the time to do it. To say that we are trying to hide information because of the way the report is set out is grasping at straws.

What the *Your Hospitals* report is all about is ensuring that we provide more information in a way that is readily and easily accessible to people via the web site and the report. It is really about being able look at how your hospital is performing. It is a great resource for

doctors and patients to be able to go to the web site and easily determine what is available when they are looking at issues for a patient needing surgery. It is about empowering those in our community who have a health need, a health crisis or a chronic health condition that suddenly needs to be dealt with through hospital care or through surgery, and this web site and our new hospital reporting system make it much easier. We are providing the information in an accessible way. We are providing more information about how our hospitals are performing than any other state in Australia. It is about empowering patients and their doctors.

It gives comparative times on a wide range of procedures, some of which are updated quarterly. Another criticism made by Mr Baxter was that the data is only updated twice a year. That is the case with some data, but other data is updated more regularly, and comparative times is one such area. Information on a wide range of procedures is updated on a quarterly basis. As Mr Viney pointed out very clearly, it makes us a more open, accountable and transparent government. This system gives greater accountability for all hospitals across the state to those who need to use it. Patients and their doctors will be able to look up the average time that a patient waits for particular elective surgical procedures and compare hospitals on the list to find the one with the shortest time for treatment in order to make a decision about where they will seek a booking for the procedure.

I will take up some of the issues raised, particularly by Mr Baxter, whom I listened to in some detail, being the last speaker on the opposition side. All the indicators found in the old reports are retained in the *Your Hospitals* report, with at least 18 extra categories of information that were not contained in the old *Hospital Services Report*. I just want to run through some of the additional information that we are ensuring people, including doctors, have access to. It includes the hospital rebuilding program and the total bed capacity of Victorian hospitals. There is a category on hospital cleanliness, patients treated in specialist outpatient clinics, the percentage of time on hospital bypass, same day treatment numbers, patients treated in community mental health outpatient clinics, urgency categories of patients in emergency departments and median treatment times for elective surgery as well as patient satisfaction survey details and doctor and nurse recruitment — a whole range of very important information.

I stress again — and I know this point was raised by Mr Viney — that the former coalition government, which the Honourable David Davis and Mr Baxter were part of, did not even bother to release the *Hospital*

Services Report in 1999, its last year in office. I would like to have been in the party room when that decision was made, but knowing their former leader they probably were not even consulted about it. However, I would bet not only the Honourable David Davis but also Mr Baxter, since it was a coalition government at the time, did not say anything about it at the time. Why was the report not issued in 1999? Why did the government not bother to release one then? Why not?

Hon. D. McL. Davis — Why are you hiding the statistics now?

Hon. KAYE DARVENIZA — The Honourable David Davis should get his computer skills up — do a bit of training if he needs to — and have a look at the web site rather than accusing this government of being misleading or, as Mr Baxter put it, trying to hide information. The information is out there; it is easy to find both in the report and on the web site — it is very easily accessible.

The 1999 hospitals report was not released until the Bracks Labor government was elected and the then Minister for Health, now the Minister for Environment in the other place, released it so that we could make comparisons and look at what had been done in that year, given the Kennett government's failure to release the report for public scrutiny. The accusations put forward by the opposition are simply outrageous.

I will very quickly pick up on another point made by Mr Baxter in relation to country hospitals. I remind the opposition, as I do every time I speak on a health issue — because I will never forget, I will not let you forget and I know the people of Victoria have not forgotten — that it closed and privatised hospitals, including country hospitals. Today Mr Baxter accused the government of closing certain obstetric and maternity services in country hospitals by stealth.

The problem we have — and I have spoken about this at length — —

Hon. D. McL. Davis — They do not say they have closed them; it is just that babies are not delivered there any more!

Hon. KAYE DARVENIZA — And why are babies not being delivered any more in some of those hospitals, Mr Davis? Because there are no available obstetricians and not enough nurses who have the necessary skills. The previous government ran the hospital system into the ground and sacked some 3000 nurses, including those who worked in maternity and obstetrics. We recognise we have difficulties in attracting doctors and nurses to our hospital system, as

is the case right across Australia. In fact there is a worldwide shortage of both doctors and nurses, so, along with other states, we have some difficulty in getting them to work in rural and regional areas. Our government has placed health right up there as one of the most important issues to deal with. This was partly because we were left with such a basket case by the former coalition government, but I will not go into this because an earlier government speaker to the motion has already covered that ground.

In closing I want to spend a little time talking about the government's achievements. The Bracks Labor government has had enormous achievements over the period it has been in office. We have admitted over 1.2 million patients, an extra 200 000 patients since 1999; we treat over 1 million patients in emergency departments; we treat over 1.1 million patients in specialist out-patient clinics; we have boosted hospital expenditure by \$2.3 billion or 71 per cent of the recurrent budget. We have made very considerable commitments financially and in other ways to our hospital system.

This motion is outrageous, and it deserves to be defeated. It does not deserve the support of any members of this house, and members of the opposition should be ashamed of themselves for bringing this motion to the house for debate today.

Hon. B. W. BISHOP (North Western) — I rise on behalf of The Nationals to support the motion moved by the Honourable David Davis. I suspect that if you go to any electorate around the state and ask people what the major issues are, health and education would be the first two issues they would mention. I suspect it varies between electorates. I know in the electorate of Mildura in the north-western part of Victoria water and toxic dumps are great issues.

This motion talks about the lack of reporting. The Nationals support the motion because it is a government responsibility to ensure that the reporting is very clear and is clearly understood. The Honourable Kaye Darveniza gave a spirited defence of the government's reporting, of which we are critical. She said it is all on the web site, and that may be so, but the fact is that if the government is doing a good job there is nothing wrong with putting it down on paper in a written report so people can read it and it is absolutely clear. My colleague the Honourable Bill Baxter made absolutely clear the difficulties in getting information from that written report.

I want to talk about another issue in relation to reporting. I refer to a hospital Mr Viney mentioned in

his contribution to the debate, and quite correctly he said this hospital is going well. I refer to the Mildura Base Hospital. It is a privately owned, privately run hospital under contract to the government.

Mr Viney interjected.

Hon. B. W. BISHOP — I say it does go well, and I can verify that. As we all know it operates under contract to the government and has been operating for some five years. I think it performs particularly well, and the community believes that as well. It has enormous community support because it has been responsive to the community's needs. I commend the chief executive officer, Dane Huxley, and his team for their management of that hospital.

Earlier this year, as Mr Viney would well remember, we had a funding crisis at the hospital. I suppose some would say the word 'crisis' is a bit strong, but I do not think it is because it was a funding crisis. I strongly suspect it was due to a lack of proper reporting processes. I make it absolutely clear that I am not saying it was a lack of reporting processes from the hospital, because it was on to the issue very early and clearly stated the concerns. It is an issue of a poor process in the government system in picking up the issues. That was recognised by the hospital and its advisory board early in the piece. It got us into a position where emergency services and elective surgery were in real danger of being cut back. We had to get more funding, and it was a real battle.

Do you know what in my view generated the funding that came forward? We had a community rally that was organised by the advisory committee for older people, and the funding arrived. I hope that position does not arise again, and it all comes back to reporting. This hospital has huge demand on it because we have strong expansion in north-western Victoria. It looks after people from South Australia and New South Wales as well. There has been huge expansion in the irrigated agriculture areas and there are many more mature-aged people retiring there, which again puts more pressure on the hospital. I think the issue of reporting wants to be tidied up so we get much crisper messages out of that process.

Another issue I want to bring up in the few moments I have remaining is the Mallee Track Health and Community Service, which originates out of Ouyen. It is a tremendous service and a great example of the multipurpose services model that works so well in country areas of Victoria. I am sure the community and the service itself know the needs of that area. When I talk to its staff they say there is a very strong need for a

family counsellor. I am not talking about financial counselling, I am talking about family counselling, because the difficult years for the farming community have meant people are suffering a lot of stress and certainly need that sort of assistance.

The other area is youth services, and that is particularly an issue for our smaller towns and our more isolated areas. The Mallee Track Health and Community Service provides services across a number of townships such as Murrayville, Underbool and Patchewollock. Bringing those services to those small communities has been a great achievement of the multipurpose service model, which I again commend to all in this chamber.

The reporting and responsiveness of government can stretch to what I call preventive medicine, and that service does that particularly well. I can remember attending a men's night at Murrayville where 130 gentlemen turned up. It was put on by a person named Bernard Denner, who was working out of the service at Ouyen at that time. If my memory serves me right, Alan Hopgood, an actor and writer, was present and did a great job raising the issue of prostate cancer. Diabetes and heart disease were also talked about. Early intervention, prevention and promotion requires a stronger reporting process from government to cater for the community's requirements.

The reporting process raised by the Honourable David Davis needs a lot of work done on it. I again refute the views put forward by the Honourable Kaye Darveniza, who said the information is on the web site. If it is on the web site, it should also be in readable English on paper so people can read about it.

I have touched on a couple of different health services — the Mildura Base Hospital and Mallee Track Health and Community Services. They are quite different in their services, but in relation to the operation of the one based at Ouyen, which uses the multipurpose service system, it is absolutely crucial to have a good board so that you have community responsiveness. It works particularly well, and I congratulate the chair, Ron Vine, and the chief executive officer, John Senior, who have got it about right. They need more resources to do the outreach for early intervention, prevention and promotion. That could easily be attained through a better reporting process from government.

Mr SOMYUREK (Eumemmerring) — It is a pleasure to have the opportunity to speak on the motion moved by the Honourable David Davis today. I thank Mr Davis for giving us the opportunity to debate one of

the top two key service issues of the state — education and health.

The opposition has expressed concern about the quality and frequency of reporting by the government of hospital performance statistics, and it delineated seven specific alleged instances to support its motion. Before I go through these individually I commend the opposition for its courage in broaching this issue. Personally, I do not think I would have had the courage to debate government reporting of hospital performance statistics, especially when you consider that in its last year in office the Kennett government did not release a *Hospital Services Report*. It was left to the then Minister for Health in the other place, Mr Thwaites, to release it in 2000, after we came into government. These are, of course, not the standards the Bracks government seeks to emulate, and obviously the opposition agrees, hence this motion. I should also say that the opposition's new-found enthusiasm for reporting of hospital performance statistics should be encouraged and cultivated. I say to Mr Davis, 'Good on you and keep up the hard work'. But of course the challenge for the Liberal Party is to make the electorate believe him. That is not going to be easy, but he has a few years in which to do that.

The first subparagraph of the motion expresses Mr Davis's concern about:

the government's decision to hide embarrassing ambulance diversion data —

I divert for a second to advise the opposition on the use of language, that perhaps using more neutral language would make the whole thing a lot more credible —

that shows a massive blow-out in the frequency of ambulance bypass since the government was elected ...

Ambulance bypass is a serious issue. A hospital bypass happens when an emergency department alerts the ambulance service that it is experiencing a peak in demand and that it would be preferable that ambulances take patients to another hospital which has available capacity. Even when emergency departments are on bypass patients with urgent conditions will not be turned away. Under this government ambulance bypass is reported on the basis of the percentage of time on hospital bypass, which is a much more meaningful measure than on the number of occurrences of bypass. The target for emergency departments is 3 per cent. During the first half of this year the figure for hospital bypass was only 1.2 per cent, well below the target of 3 per cent.

Concern no. 2 from Mr Davis is:

the government's outrageous —

again, I advise neutral language —

decision to remove certain key hospital waiting list data from its now infrequent hospital report ...

That data was not broken down in the report, but it was available on the web site. There were no sinister motives there. It is just that there is only a certain amount of information you can put in an overview. If Mr Davis had looked at the web site he would have found the information there for him to look at.

The *Your Hospitals* report, together with the web site, provides a vast amount of information for both patients and doctors. I contend there has never been so much information available to the public. For the first time patients can view the comparative data for the time taken to treat various conditions at different hospitals. This gives people a choice of going to a different hospital and in turn gives them an opportunity to be treated earlier. The comparative times for a wide range of procedures are updated quarterly, and that is very important. I am talking about frequency here and quarterly is pretty good. I am sure Mr Davis will admit that too. It is a key component of a commitment to not only make Victoria's health system more open, transparent and accountable but to make it work better for patients. That is a goal I know Mr Davis is striving for in his party.

I move on to Mr Davis's third concern:

the government's stubborn refusal to report to the Parliament, its committees or the Victorian people on which hospitals have faced bed closures since it was elected through comprehensive public accounting of how many beds are available statewide and at which hospitals ...

Bed days are published in *Your Hospitals* and in the health service annual report. Bed statistics are available in the Australian government's annual publication entitled *The State of our Public Hospitals*. They are also published annually by the Australian Institute of Health and Welfare in *Australian Hospital Statistics*.

Hon. D. McL. Davis interjected.

The DEPUTY PRESIDENT — Order! Mr Davis has had his opportunity to speak.

Mr SOMYUREK — Let him have his say, Deputy President. It is a vigorous debate. It is good for therapy. Mr Davis's fourth concern is :

the failure to report properly on critical care services, including the elimination of detailed individual hospital data

on intensive care bed and coronary care bed numbers and availability from the half-yearly report ...

This is not bad. Mr Davis has used neutral language and is being taken more seriously. Well done on concern no. 4!

The *Your Hospitals* report provides data on the average number of critical care beds in intensive care and high dependency units. In the last report this showed an increase of 6.5 beds since 2001-02, an increase of almost 5 per cent. A 5 per cent increase in the space of a few years is not bad. Mr Davis's concern no. 5 is:

the sudden removal of the Victorian critical care bed state web site from public access on 28 October 2004 and the consequent removal from the public domain of increasingly embarrassing data pointing to the alarming lack of availability of Victorian intensive care and critical care beds ...

I have to say that these figures on the web site were only displayed for about two months; they should not have been there in the first place and they were removed promptly.

Hon. D. McL. Davis — Why shouldn't they have been there?

Mr SOMYUREK — They are purely a management tool, they are meaningless for anything else; so they should not have been there in the first place, and they were removed. There was nothing sinister in that. His concern no. 6 is:

the exclusion of the regional hospitals, West Gippsland Health Care Group and Northeast Health Wangaratta completely from the elective surgery reports and the half-yearly report ...

I think he has us there — that was an oversight.

Hon. D. McL. Davis — I am pleased the government has backed down on that.

Mr SOMYUREK — Congratulations! A tick for Mr Davis. The data on cancellations of elective surgery is now available. Concern no. 7 expressed by Mr Davis is:

the total deletion of embarrassing —

again, neutral language —

data about the government's high rate of elective surgery cancellation for the new half-yearly report ...

I have to say: good try, but no cigar. The data on cancellation of elective surgery is now available on the *Your Hospitals* web site. This information was never so readily available; it is very accessible and, as I said, it was available on the web site.

I think I have comprehensively covered Mr Davis's concerns. In closing I might just say a few things about our record on health. The Liberals had planned that Casey Hospital would be private, but it is not — it is a public hospital.

Hon. D. McL. Davis — It is a public-private partnership (PPP).

Mr SOMYUREK — PPP, Mr Davis is right. Casey is an area with the third-fastest growth rate in Australia. It has a very young demographic and the Casey Hospital certainly caters for the needs of the people of the south-eastern region. The Dandenong Hospital has also received vast amounts of funding.

Hon. D. McL. Davis — It was built as a public-private hospital.

Mr SOMYUREK — It has almost been rebuilt since this government came into power. In the six-monthly report of *Your Hospitals*, for July to December 2004, just after the foreword there is a snapshot of what this government has done since 1999 in terms of health. Just before the contents page there is a statement that \$32.4 billion has been allocated to the health portfolio — that is, approved capital projects with the total value of \$2.01 billion. This has allowed Victorian hospitals to admit a total of 336 660 more patients and employ 5766 more nurses. That is magnificent.

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

Hon. P. R. HALL (Gippsland) — This is a timely debate. As my colleague Mr Bishop said, health remains absolutely one of the priority issues in country Victoria, as I am sure it is right across the whole of Victoria, so any debate on health matters is warmly welcomed in this chamber. It is important that we as a Parliament discuss issues relevant to the welfare and concern of people we represent. Health is the no. 1 priority. This motion centres around the reporting of important health statistical information. It is a somewhat narrow debate, but I notice some speakers have broadened it and spoken more generally about health services. I only have a short time today so will focus my contribution on the reporting of health statistics in this state.

To date the debate has largely centred upon the two forms of reporting that have been adopted by governments in recent years, those being the quarterly *Hospital Services Report* that was adopted in 1995 by the previous government and was used by the current government right up until earlier this year when there

was a change to six-monthly reporting in a publication called *Your Hospitals*. I do not think there has been a valid explanation of why the format of reporting has been changed. Looking at both documents it seems that we have moved away from purely statistical reporting to reporting that contains statistics embellished by commentary throughout the report. Essentially the reports are now much bigger — almost twice as big — because they have been embellished by commentary that is largely of a political nature — a government bragging about what it is doing.

I agree with the comments made both by members of the Liberal Party and the Honourable David Davis and by my colleagues Mr Baxter and Mr Bishop that the intent of much of the change in the *Your Hospitals* report is purely to make it harder for people to understand what the statistics mean. I will give an analysis of one reporting statistic from a mathematical point of view. As a former mathematics teacher I have had a fair bit to do with teaching statistics. I showed the kids the tricks of the trade, I suppose. One of the biggest tricks of the trade was that making pictorial representations of statistics in the form of graphs looks good. There are a couple of basic tools that you use.

One is to break the scale of the graph, which is always a good trick to distort the pictorial image of the presentation of that data, and the other is to highlight what you want people to notice first. The Bracks government has utilised those tricks throughout the *Your Hospitals* report. One example is the issue of patients waiting more than 12 hours on hospital trolleys. The standard for admission from the emergency department under the previous government and under the current government is repeated at page 19 of the *Your Hospitals* report. The standard is that emergency department patients be admitted to a hospital bed within 12 hours. That is very clearly the standard.

Page 11 of the quarterly report for the September quarter 2004 refers to patients staying in selected public hospital emergency units for over 12 hours. That is an exact replication of what the standard is. That quarterly report gives the actual numbers of people for that quarter who were on a trolley in a hospital for more than 12 hours. It is very simple. You can look up the hospitals in the state that are reported upon and see exactly how many patients each of those hospitals had on a trolley for more than 12 hours. If you go to the *Your Hospitals* report you can see that the data is presented as the number of patients admitted from emergency departments to hospital beds within 12 hours. It is almost the inverse of the standard, which is how many patients were waiting more than 12 hours.

Firstly, what is recorded is the total number of emergency department patients admitted to hospital beds, and secondly, in a corresponding column it shows the emergency department patients admitted to hospital beds within 12 hours. As my colleague Mr Baxter pointed out, you therefore have to do a calculation to find out how many patients waited on trolleys for more than 12 hours. That is where the deceit lies in the reporting of these statistics. Whereas the former report gave an actual number under the standard that both governments have ascribed to, here you have to calculate the number. As Mr Baxter calculated by simple subtraction, for the July to December quarter of 2004 the number of people waiting on hospital trolleys was 18 000. Therein lies the deceit. As I said before, there is a break in the scale.

There is another way to make a graph look the way you want it to look. In one graph the report has five different columns for a full year and the last column is for a six-month period from July to December, so you cannot make a comparison between the equivalent six-monthly period in any of the previous years. It would have been easier to do that previously because we had quarterly reporting, but the Bracks government has chosen not to do that under this new reporting standard.

When you look across the graph pictorial you see a much lower column underneath the year 2004, and the immediate visual impression is that the figures have been reduced. That is not so. The calculation shows 18 000 people spent more than 12 hours on a trolley in a half-yearly period, but when you go back to previous years, for the whole of the 2003–04 year there were 26 000 and in the year prior to that there were 23 000, so the trend has been a marked increase — from 23 000 to 26 000. On trends for the current year the 18 000 for half the year is likely to translate to at least 30 000 or more for the total year. Therein lies the deceit.

If you want people to focus on the smaller columns presented for the half-yearly figure you make them a different colour or you highlight them. When you look at this graph at page 22 of *Your Hospitals* you see that the final columns have been highlighted and presented in a different colour. You focus on the smaller columns without fully understanding, unless you read the fine print, that it is only for half the year. The differences between the figures in those two columns are the important things to consider.

From a mathematical point of view the government knows all the tricks of spin. It breaks the scale, reports for a shorter period and highlights the smaller columns because that is what it wants people to focus on. That is

consistently repeated throughout the whole of *Your Hospitals*.

I wish to make a comment about dental services, because that issue has not been canvassed much in the debate today. To find the waiting list for dental health services is difficult. We were told by Ms Darveniza and others that it was easy. I went to the 'Your hospitals' web site this morning and the waiting list for dental health services was not there. The Honourable David Davis, the opposition spokesperson on health, has informed me that it is on the Department of Human Services web site, so I will have to go back and look at that.

To say that all of this health statistical information is now clearly presented on a web site is not the case, because it is difficult to find some of these figures. We know that there are huge waits for public dental health services, particularly in country Victoria. Despite this government putting in additional funding for dental health services during the period it has been in government, the number of people treated has been less. While funding increased by 23 per cent between 1999–2000 and 2003–04, the number of people treated has fallen from 404 000 in 2000–01 to 398 000 in 2003–04. Fewer people are being treated. Those dental waiting lists are increasing rapidly, and probably more in country Victoria than anywhere else.

An email I received two days ago from Mr Bert Taylor of Moe, which is in my electorate, contained a press release on behalf of a coalition of pensioners and health care card holders registered at Moe. Those people are concerned that the dental health clinic established in Moe under the previous government in 1997 is struggling to attract staff and that the waiting list for people trying to access public dental health services in Moe is now over 9000. The time people have to wait for treatment is appalling. It is several years in some cases for some types of treatment. The clinic finds it extremely difficult to get dentists to work in the service. It is a good clinic, having been built by the Kennett government. I recall going to its opening. It seems that the government needs to make such clinics work better, perhaps by supporting the appointment of dentists to its public health services. This government may say it is the federal government that has pulled out of dental health funding. While that may be true to some extent I remind this government that it is receiving more than any other Victorian government in untied grants from the commonwealth.

The GST grants coming to Victoria in 2001–02 were \$5593 million. In 2003–04 that figure was \$6961 million — that is, an extra \$1.4 million coming

to this state in the form of untied grants that the government can use for dental health services, or any health services, and to improve the waiting lists. This government should be putting more money into dental health services and helping people like those poor pensioners in Moe.

With respect to these reporting standards on important health statistics, it is an appalling con trick that this government is resorting to in order to hide some pretty embarrassing figures about waiting lists for elective surgery. I could talk about individual cases. I had one last week when a 90-year-old lady in a hospital in my electorate spent more than one and a half days on a trolley. In the end and through sheer frustration her family took her home. That case is being investigated by the hospital now. But it is the sort of incident that the government is seeking to avoid by trying to hide the statistics in this new form of reporting. I think it is a despicable action and the government stands condemned for it.

Ms HADDEN (Ballarat) — I am pleased to be able to make a short contribution today on this very important motion moved by the Honourable David Davis. I also want to place on record my gratitude to both the Liberal Party and The Nationals in this place for allowing me, an Independent member of Parliament for Ballarat Province, to make a contribution because I would not be able to do so during the house's general business program but for the assistance of the Liberal Party and The Nationals. I am not recognised as an Independent member. Because of the sessional orders introduced by the government only political parties are recognised in this place during debate on such a motion.

Mr Smith interjected.

Ms HADDEN — Mr Smith knows all about discrimination.

This motion is a very important one. I have been both a public and private patient of hospitals in this state going back some 25 years and more recently, in the last five years. Also, for the past six weeks my father has been seriously ill at the Ballarat Health Services. I am acutely aware of the strains placed on public hospitals and the tremendous job done by their nursing staff. I do not know how strongly I can emphasise the tremendous job that is done by the nursing staff — and doctors too, but especially the nurses — in our public hospitals and rehabilitation nursing home systems.

I took up Mr Viney's suggestion this morning and tried to get onto the web site. Unfortunately I do not have a

degree in computer technology. My only degree is in law, economics and politics, so I have missed out there, but I found it very difficult to fathom out and get through that shocking web site. If I were on a trolley or at home and needed to call an ambulance and needed to know which was my nearest hospital, how in the heck would I get to a laptop or my computer? What if I had had a heart attack or stroke, as my father did? How could he have accessed a computer? He does not have one. This is serious stuff. Mr Viney might be able to access a computer, but he would not be able to access it if he were seriously ill and needed to go to a hospital.

As for the bypasses, if Ballarat Hospital cannot take patients, where do they get diverted or bypassed to? Warrnambool? Portland? Maryborough? Sunshine? This is serious stuff.

On the quarterly reports, government members who have spoken on the motion have not given any reasonable explanation as to why quarterly hospital service reports are no longer published. They have been published quarterly since 1996, and there is no legitimate reason to change that process other than the government wants to hide the figures. It wants to hide the fact that things are getting worse albeit it is purportedly putting more money into the system. It has also increased the number of bureaucrats in the Department of Human Services by 17 per cent, which equates to some 11 000 bureaucrats. Would that money not be better spent in the hospital system by training more nurses who can later look after ill Victorians?

On the government web site I clicked on the Victorian patient satisfaction monitor. I wanted to see what patient satisfaction figures are. They were introduced, it told me, after casemix funding was introduced in 1993. Unfortunately the last annual survey was done for September 2002 to August 2003. That report to the public covering the 12 months up to August 2003 — and only for the intensive care of adults in Victorian public hospitals — is all that was available. The government is not being transparent nor is it being open and honest. There is only one reason it is doing that — because the figures are not what it would like them to be.

The Auditor-General has tabled two reports on the hospital early warning system (HEWS). I recommend that the general public in Victoria read those reports, which are available from the Parliament. The Auditor-General submitted reports in May 2004 on managing emergency demand in public hospitals and the most recent one, in March 2005, on managing patient safety in public hospitals. The Auditor-General said in his May 2004 report entitled *Managing*

Emergency Demand in Public Hospitals, which was tabled in Parliament, that there was a risk the HEWS system could be used as a substitute for bypasses. He certainly alerted the government to that fact back then. He said:

... some hospitals note that overuse of HEWS may potentially undermine its effectiveness as an internal escalation procedure. There is also a risk that HEWS may be used as a substitute for bypass.

He made a number of very pertinent recommendations, but I have not seen those recommendations implemented and I certainly have not heard government speakers say they have implemented what the Auditor-General recommended — and he made many pertinent and relevant recommendations. He suggested that:

Department of Human Services (DHS) should work with hospitals and MAS to develop collaborative process performance monitoring for ambulance presentations.

He also suggested incorporating emergency management system information, and again I have not seen any evidence that the government has acted on the Auditor-General's recommendations.

With respect to Ballarat base hospital, as we still call it — it has the fancy name of Ballarat Health Services because it covers the Queen Elizabeth centre as well — a press release was put out by the Minister for Health on 14 December 2004. It was prepared by Ben Hart, who has done a pretty good job in trying to hide some figures, but unfortunately he has got it wrong — unless the web site is wrong. I clicked on the web site while I was listening to Mr Viney's contribution to the debate earlier, when he spoke about the report *Your Hospitals*, which is subtitled 'An overview of public hospital activity'. It was pretty alarming, but it did not give me the figures. It did not give me what the quarterly *Hospital Services Report* used to give Victorians. In fact the press release has got it wrong — unless the government's web site has got it wrong. I do not know; perhaps the government might like to clarify which is right and which is wrong.

The press release prepared by Mr Ben Hart reads:

No urgent category patients on the waiting list as at 30 September had been waiting more than 30 days for their surgery.

Wrong! I think Mr Ben Hart should have a look at the web site, as Mr Viney said we should do. I clicked on the web site to see the figures for Ballarat, and the last figures are for July to December 2004. It does not tell me how many patients are waiting on the list to be treated by the former Ballarat base hospital. Under the

subheading 'Elective surgery data — patients who have been treated' it tells me that the total number of patients admitted from the elective surgery list was 1506. It does not tell me what the total number on the list is, it just tells me how many were admitted.

An honourable member interjected.

Ms HADDEN — No, they do not want me to know; they do not want the public to know. The report says the total number of patients cancelled from the elective surgery list was 212. But what is the number on the elective surgery list? There is nothing in the report that tells me. What it says at the bottom, if you add up all the figures for category 1 to category 3 patients under heading 'Elective surgery data — patients listed for treatment', is that 977 are waiting up to one year to be treated. It says 'Listed for less than 365 days', so the press release under the minister's name is clearly misleading.

The other matter related to that is that last year the government's web site that carried Victorian critical care bed state information on the number of intensive care beds available — and I will look at Ballarat in particular, as one of the five regional hospitals listed — showed that between 17 August and 27 October 2004, under the heading 'Bed status, over 59 days, not accepting or restricted access', for Ballarat on 13 days the figures were not recorded at all. There was no report made as to what happened then. Under the heading 'Percentage days hospital known to be not accepting or restricted access' to intensive care beds, the figure was 100 per cent of the time for Ballarat.

Things are not good. I have a copy of another report titled 'Cancellations from elective surgery waiting lists', and again this is for the first half of last year, the quarters up to March and June 2004. There were 218 cancellations for Ballarat Health Services in that short period out of a total of 9903 cancellations from January to June 2004 across the whole of the state's public health system — both metropolitan and regional areas — so it is a fairly huge number. What is happening — —

Hon. P. R. Hall — You wouldn't find out those numbers now.

Ms HADDEN — That is right, Mr Hall; I take up that very important point. The total cancellations this year are not included in the web site and are certainly not included in the government's further glossy brochure, *Your Hospitals*. So Ballarat is not going too well.

The other thing about the Victorian critical care bed state information which was on the web site on 27 October last year but unfortunately is no longer on the web site, is that in Ballarat seven beds were open. The number of predicted beds available over the next 8-hour period was one. This is what the rural ambulance service has to consider. What does the service do if it has two or three people who need emergency critical care at Ballarat Health Services? Does it drive them around on a tour of country Victoria? Does it take them down to Portland and have a look at the whales on the way? This is pretty serious stuff, and the government is not addressing it.

Honourable members interjecting.

Ms HADDEN — The government really arcs up; it gets very defensive when legitimate issues are put to it.

Another issue that is very important in relation to the motion moved by the Honourable David Davis is the number of nurses. Again I refer to the Auditor-General's report of May 2004 entitled *Report on Public Sector Agencies*. In that report he mentions that he warned in his 2002 audit that there was a dramatic decline in the pool of qualified nurses who were not working as nurses, and the number of places in 2002–03 and 2003–04 were capped at 250. So there were problems in that area back then, and the government has not addressed them. Of the 5000 or so nurses — I think 5200 is the figure in media releases — the government says it has employed in public hospitals since it was elected in 1999, only 293 have been employed across the Grampians region, and they were at Ballarat Health Services, Djerriwarrh Health Services, East Grampians Health Service, Edenhope and District Hospital, Hepburn Health Service, Beaufort and Skipton Health Service, Rural Northwest Health, Stawell Regional Health, West Wimmera Health Service and Wimmera Health Care Group.

That is over a four-year period, from June 2000 to June 2004, but it is not a net figure; it is a gross figure. As we know, nurses are leaving their profession and violence in hospital emergency departments is a topic of current concern. It is an enormous problem, and it certainly is at Ballarat base hospital. This concern was discussed on the John Faine program on 4 October by Lisa Fitzpatrick, the Victorian branch secretary of the Australian Nursing Federation. She gave some examples. In Tasmania 64 per cent of nurses had been assaulted in public hospitals and 1 in 10 had resigned because of violence. Clearly it is an issue that needs to be addressed.

This issue has been picked up by the Ballarat *Courier*. Yesterday's edition refers to a secret government report that was leaked to the *Age* which talks about moves to empower hospitals to refuse to treat patients who are repeatedly violent. There is a big problem there. Mentally ill patients enter emergency departments, as do drug-affected patients, so what are hospital staff going to do? Are staff to say, 'Sorry, you do not fall within the government's new guidelines on tackling violence. You are out the door', and then call in the police to have them removed from the premises? Where are they going to go? This is a very serious issue. The editor of the Ballarat *Courier* said yesterday:

It is a sad fact that such socially dysfunctional behaviour can flag more serious personal issues, including substance abuse and mental illness.

To send someone away from a hospital because they don't conform with a code of conduct could well have tragic consequences.

Of course it could. I have not seen any consultation paper on this issue, and I have not been asked or informed about it as a local member for Ballarat Province.

The DEPUTY PRESIDENT — Order! The honourable member's time has expired. The Honourable David Davis, in reply.

Hon. E. G. Stoney — No, Mr Bowden has 10 seconds.

Hon. R. H. BOWDEN (South Eastern) — Government members are increasingly secretive. They believe their own propaganda, and despite 71 per cent more spending they are bypassing significant — —

The DEPUTY PRESIDENT — Order! The honourable member's time has expired. The Honourable David Davis, in reply.

Hon. D. McL. DAVIS (East Yarra) — The motion before the chamber puts the finger on the government's sneaky and slippery approach to health statistics. We all depend on our hospitals, people in country Victoria and people in the city, and we are all entitled to the truth and to the facts about our hospitals and their performance. We have seen from this government a deliberate attempt to hide and bury damaging and problematic figures that cast the government in a poor light.

I am very concerned that this government has not taken the honest, transparent and open step of making more statistics available. Instead it has progressively cut back the number of statistics, as we have seen in documents

tabled today and as has been referred to in a number of contributions to this debate. Even Mr Somyurek was prepared to admit that the government had taken the statistics on the West Gippsland Healthcare Group and on Wangaratta out of its reporting. We know that it has become increasingly difficult to compare current statistics with what has happened in the past to see how a hospital is tracking. Individual hospitals are very properly the concern of their communities, so local journalists and others should be able to examine and check their performance and make that information available to their communities. Instead this government has made those statistics hard to access.

In many ways Mr Baxter best described the difficulty of looking at these statistics and extrapolating information from them with the outright removal of many key statistics from the government's *Your Hospitals* report. It is a glossy document and, as has been pointed out, a picture of the Premier smiles out from it. It is a government propaganda piece, but what has happened is that at the same time as the propaganda, the colour and the movement as well as the dodgy statistics have been ramped up — as Mr Hall pointed out, the statistical tricks have been ramped up — the actual content and material on which the community can make judgments, the factual information and truth about hospitals in this state, has been ramped down. That is my concern.

I am concerned that this government is hiding ambulance diversion figures. We know that more than 4000 ambulance diversions or bypasses occurred in the state to the end of June last year. At the same time we know that the government has presided over 13 times the number of ambulance bypasses compared to the performance of the Kennett government. But the mini, sneaky and hidden bypasses of the government's hospital early warning system, the HEWS system, are not declared anywhere. They do not appear on government web sites or in the *Your Hospitals* report. You need to fight tooth and nail to get those statistics out of the government. If the Auditor-General had not been able to get those statistics out of the government last year in his groundbreaking report on emergency departments, nobody in the community would be any the wiser as to the extent of these sneaky bypasses except Victorian patients who were in ambulances that were diverted and who were sent elsewhere because they could not get the treatment they deserved. Those Victorians have had their lives placed at risk because of the government's overuse of bypass and the hospital early warning system.

I make the point that the intensive care system is in crisis and that as a solution the government has cut all

the statistics. Ms Hadden referred to Ballarat and the disappearance of the statistics from the bed state web site. At the same time we have seen the removal of those statistics with the removal of the *Hospital Services Report*. Not one government member has spoken about intensive care, and not one has been prepared to point to where those statistics can be found. The truth is that they cannot be found publicly. The truth is that the government has a crisis in intensive care and has covered it up by getting rid of the nasty statistics. That is an indictment of the government and a tragedy for Victorians who need to access those facilities.

I call on this house to support the motion, and I call on the government to take the following steps: to restore quarterly reporting, to restore the comparative measures and to restore the measures it has deleted from these critical documents.

House divided on motion:

Ayes, 20

Atkinson, Mr	Forwood, Mr (<i>Teller</i>)
Baxter, Mr	Hadden, Ms
Bishop, Mr	Hall, Mr
Bowden, Mr	Koch, Mr (<i>Teller</i>)
Brideson, Mr	Lovell, Ms
Coote, Mrs	Olexander, Mr
Dalla-Riva, Mr	Rich-Phillips, Mr
Davis, Mr D. McL.	Stoney, Mr
Davis, Mr P. R.	Strong, Mr
Drum, Mr	Vogels, Mr

Noes, 22

Argondizzo, Ms	Mikakos, Ms (<i>Teller</i>)
Broad, Ms	Mitchell, Mr
Buckingham, Mrs	Nguyen, Mr
Carbines, Ms	Pullen, Mr
Darveniza, Ms	Romanes, Ms
Eren, Mr	Scheffer, Mr
Hilton, Mr	Smith, Mr
Jennings, Mr	Somyurek, Mr
Lenders, Mr	Theophanous, Mr
McQuilten, Mr (<i>Teller</i>)	Thomson, Ms
Madden, Mr	Viney, Mr

Motion negatived.

Sitting suspended 1.06 p.m. until 2.08 p.m.

QUESTIONS WITHOUT NOTICE

Emergency services: superannuation

Hon. C. A. STRONG (Higinbotham) — My question is to the Minister for Finance. It concerns the serious issues that the police, firefighters and ambulance officers have about the government's hasty

and ill-considered merger of the Emergency Services Superannuation Scheme, which is run by a board which represents and understands their needs, with the much larger Government Superannuation Office. Specifically, my question is: what representation on the board of the merged fund does the government propose to ensure that the special needs of emergency services workers are properly represented at board level?

Mr LENDERS (Minister for Finance) — As Mr Strong well knows, it is a quite simple proposition, the merger of two superannuation funds, which is really no different in concept from the merger of three funds, which is what happened when the original Emergency Services Superannuation Scheme (ESSS) was established during the time of the Cain government. In my discussions from the initial meetings in July with all the unions affiliated with the Victorian Trades Hall Council which are represented on both bodies, I have said that the issue of representation on boards is something that I have been seeking their feedback on. We have been in discussions now from July until the present on a range of issues.

The composition of a board in these areas in Victoria has always been one of a mixture of member-elected directors. On the current ESSS board there are three: one from the constituency representing police, one representing firefighters and one that is miscellaneous, but predominantly representing ambulance officers. The three member-elected members of the State Superannuation Fund board are from a broad constituency, representing all 30 or 40 different groups. I imagine that the starting point would be that we amalgamate both boards. That is something the details of which I am obviously talking about with the stakeholders across the spectrum, and when they form a view it will certainly be one I will take into consideration before bringing legislation forward to the Parliament.

Supplementary question

Hon. C. A. STRONG (Higinbotham) — I thank the minister for that response, but that response in a way clearly implies there could be a dilution of representation from the emergency services. I wonder if the minister would be able to assure the house that he will not go ahead with this merger unless there is agreement by the emergency services personnel as to the make-up of the new board.

Mr LENDERS (Minister for Finance) — Mr Strong has obviously changed his view on how superannuation is dealt with since his days in government when, without consultation, benefits for members of the

public sector schemes were slashed and legislation was passed in the depth of night. Unlike what happened then, this government is in the process of discussing it with the stakeholders over several months before we even come into the Parliament with a proposition.

But Mr Strong, who is a sophisticated man and again is playing politics in this place, well knows that no-detriment tests can be put in place in legislation in a number of forms, and that a range of options are being discussed between stakeholders to protect the interests of individual members of those funds and classes in those funds. That is a dialogue that will continue and, unlike the government which Mr Strong was a part of, we will actually consult with stakeholders. We have been consulting over a period of time. There is nothing unusual in the merging of funds. Three funds were merged into one previously. We want a good outcome for the taxpayer and particularly for the fund members and their families.

Aged care: funding

Hon. J. G. HILTON (Western Port) — My question is to the Minister for Aged Care, Mr Jennings. Can the minister advise the house of the Bracks government's support for older people and the effects of cuts to budget in the aged care portfolio?

Mr GAVIN JENNINGS (Minister for Aged Care) — I thank Mr Hilton for his question and his concern about the wellbeing of older members of our community. Not for the first time, members of this chamber will hear me speak with great enthusiasm about the commitment of somewhere in the order of \$850 million by the Bracks government through the aged care portfolio to a range of programs designed to support the daily needs of older members of our community.

The major programs that I am responsible for within that \$850 million cover residential aged care and home and community care. In residential care we provide nearly 200 top-quality services right throughout the breadth of Victoria. If you take a diagonal axis, the services range from as far north-west as Red Cliffs through to Bairnsdale, from Portland in the south-west up to Beechworth, and many services in between. About 160 of those services are in regional Victoria. A major commitment of our government is the \$258 million we have spent in redeveloping 39 of those facilities during the life of this government.

We in the Bracks government believe this is core business. We have demonstrated our bona fides in that regard by more than matching our home and

community care funding arrangements with the commonwealth. Victoria is one of the only states in the country that more than matches its funding requirements with the commonwealth program. In the most recent budget about \$194 million was provided by the Bracks government to ensure that we provide innovative and responsive services to older members of our community through home and community care.

It is the hallmark of this government that we recognise our obligation to older members of the community. It is a commitment that we make through funding those programs, but going beyond that I have actually reported to this house on any number of occasions that I see it as my responsibility to ensure that all government programs are responsive to the needs of older people.

In terms of the health budget I work very collaboratively with the Minister for Health in the other place and the department within her responsibility to see that older members of the community are treated as core business. My concern is that sometimes in the public domain there is comment about what is core business in terms of what elements of the budget should be protected, what actually are discretionary elements of the budget and what areas of the budget may be vulnerable to cuts to facilitate alternative directions and other alternative priorities of government. Recently there have been comments in the public domain about the potential for non-core government business in the areas of health, education and community services being subjected to substantial savings.

As I am the responsible minister, I had a look at what the impact could be of these savings. For instance, we hear bandied about in the public domain the notion that consultancies are rampant and that savings on consultancies could lead to major dollar savings across government. I have had a look at consultancies in my area of responsibility and it is not 1 per cent or even 0.1 per cent — it is less than half of 0.1 per cent that could involve consultancies.

It is not half baked to suggest that you can make savings through consultancies, it is doubly stupid, because those consultancies are used to identify savings and opportunities for reinvestment. How is that reinvestment occurring? I have allocated \$1.5 million for buses and cars within home and community care. Savings of \$550 000 have been identified to enable us to provide services in wound management. It is commonsense and good government to increase this, and it would be doubly stupid to have half-baked solutions.

Retirement villages: investment

Hon. ANDREA COOTE (Monash) — My question without notice is to the Minister for Consumer Affairs. There are currently approximately 400 retirement villages in Victoria, with 35 000 residents. With the ageing population in Victoria it is predicted that by 2051 there will be 67 000 people requiring village living. This doubling of demand will require an additional \$8 billion in investment. How will the minister encourage investment in the retirement village sector in Victoria?

Hon. M. R. THOMSON (Minister for Consumer Affairs) — Let me correct a fact for the record: there are 400 retirement villages, with 25 000 residents.

Hon. Andrea Coote — That was last week!

Hon. M. R. THOMSON — It might be true in a year's time, perhaps. In relation to retirement villages and encouraging investment, my role as consumer affairs minister is not to encourage investment. That is not my job. My job as Minister for Consumer Affairs is to have a legislative regime which protects the interests of retirees, which also understands the industry and which takes that into account in developing balanced legislation. My job is also to ensure proper provisions can be put in place so that those who have a dispute, as a member of a retirement village in this instance, have a mechanism to resolve it.

The member is well and truly aware that the government has moved in this house to bring in legislation that we believe provides a balance between the power that those who manage and own retirement villages have and the interests of those who reside in them. We believe we have come up with an outcome which provides that balance, which understands that we have an ageing community and which understands that there will be many ways in which members of that ageing community may wish to take up opportunities for the way they want to reside in the future. Some will want to remain living independently, perhaps in their family home, others will want to move into retirement villages and others will want to move in with their children, and that may be done under many guises.

However, we want to ensure there is a balanced legislative regime that understands the needs of those who may choose to live in retirement villages and that mechanisms can be put in place and be at their disposal to ensure they are being reasonably treated under reasonable conditions. That is what we have done with the legislation, and that is what we are undertaking to do in relation to the dispute resolution mechanisms.

The requirement for a balance between investment and meeting the needs of those who are supposed to be the so-called beneficiaries is something the opposition does not understand. You must have balance. You must have legislation which understands that no-one should be put into a position of power which is unreasonable. In the legislation we bring in we want to see a balanced relationship that is fair to both parties. That is what we do in consumer affairs under the Fair Trading Act, and it is what we do under the retirement villages legislation. It is what we do under all our legislation in consumer affairs — while we understand the needs of industry, we ensure there is balance and redress for consumers.

Supplementary question

Hon. ANDREA COOTE (Monash) — Can the minister guarantee that the six-month rule as promulgated in her recent Retirement Villages (Amendment) Act will not adversely affect investment in retirement villages in Victoria?

Hon. M. R. THOMSON (Minister for Consumer Affairs) — What I promise is the balanced legislation that the Bracks government has committed itself to. It understands the needs of industry but not at the expense of consumer needs.

Information and communications technology: government initiatives

Hon. R. G. MITCHELL (Central Highlands) — My question is for the Minister for Information and Communication Technology. Can the minister inform the house what opportunity exists for government to lower mobile phone costs and the costs of other telecommunications services?

Hon. M. R. THOMSON (Minister for Information and Communication Technology) — I thank the member for his question. On a number of occasions in this house I have talked about the government's aggregated telecommunications strategy, and everyone will know it as TPAMS, which has delivered to the Victorian government the best ever telecommunications deal in Australia, not just in the public sector but anywhere in Australia. It will lower the cost of telecommunications services to the Victorian government by almost \$200 million over the next five years. It will also deliver over \$100 million of telecommunications infrastructure to Victoria at no cost to the taxpayer. With regard to our mobile phone contracts specifically through TPAMS — so TPAMS is not just providing our telecommunications in relation to

our desks and our data but also in relation to mobiles — that will lower costs by approximately 40 per cent.

All I can imagine is that in developing his half-baked policy in relation to EastLink, the Leader of the Opposition in the other place, Robert Doyle, has plucked figures out of the nowhere. He obviously did not understand that mobile phone contracts are part of TPAMS and that we are going to receive a 40 per cent lowering of costs in relation to our mobile phone contracts. Let me say again that we have got the best deal for telecommunications anywhere in Australia. All I can surmise is that Mr Doyle, when he talks about lowering the costs for mobile phones in his half-baked EastLink policy, is in fact saying, 'We are cutting services'. Part of the Bracks government's broadband framework will see the reinvestment of those cost reductions back into more advanced telecommunications to deliver better services right across Victoria. There will be broadband to schools for advanced learning applications, broadband and mobile devices for advanced health applications, mobile devices for environmental monitoring and even mobile devices for law enforcement. If members want to look back at *Hansard* they will find examples of the programs that have been put in place.

The examples of the advanced technologies that the government is now taking advantage of shows we are Australia's leaders in the use of telecommunications and in developing policies for next-generation use of telecommunications. Unlike the Leader of the Opposition in the other place, Mr Robert Doyle, we do not come out with half-baked policies —

Hon. Philip Davis — On a point of order, President, I have no idea what the minister is about to say, but I can say that it has nothing to do with her response to the question in relation to government administration. She should not be referring to members of the other place and particularly to members of the opposition.

The PRESIDENT — Order! As I have indicated before in the house with respect to answering questions without notice, minister's comments should not overtly criticise the opposition and should remain within the bounds of their portfolio responsibilities. The minister has been referring to telecommunications, TPAMS, the cost savings, the reinvestment et cetera. I ask her to wind up her response and come back to the question in her remaining 31 seconds.

Hon. M. R. THOMSON — We on this side of the house do not come up with half-baked policies. Our telecommunications policies are thought out not just for the needs of the Victorian government —

Honourable members interjecting.

The PRESIDENT — Order! It is impossible for Hansard to record the minister's response and impossible for me to hear it. If any members wish to raise any points of order or concerns, I will not be able to rule on them because of the interjections from both sides of the house. I ask members to stop interjecting and allow the minister to conclude her answer, if she has not already done so.

Hon. M. R. THOMSON — Our policies are thought out not just for now, not just for the Victorian government but for the future of all Victorians, and are not half baked like the opposition's policies.

Hazardous waste: Nowingi

Hon. B. W. BISHOP (North Western) — My question without notice is directed to the Minister for Major Projects. Given his position as the minister responsible for the proposal to place a toxic waste dump at Hattah-Nowingi, I ask: given the government's efforts to reduce the volume of toxic waste produced, what tonnage of toxic waste is expected to be disposed of to landfill over the next decade?

Mr LENDERS (Minister for Major Projects) — I thank Mr Bishop for his question. As Minister for Major Projects, I certainly have responsibility for the long-term containment facility in Sunraysia that Mr Bishop refers to. As minister responsible for that project, my task is to proceed through the processes.

However, the broader issue of waste disposal is very relevant and pertinent. I congratulate Mr Bishop on raising it, but the specific details of that issue are ones that he would correctly raise with the Minister for Environment in the other place. I will take note of his specific request for Minister Thwaites on that issue. In general terms, as Mr Bishop and the house know, since the Coleman report, which was chaired by a former cabinet colleague of Mr Baxter who is known to all members opposite, there has been a bipartisan effort by all governments both on the siting of long-term containment facilities and on reducing waste on site before it needs to be stored in landfill or elsewhere.

There are a number of policy issues I invite Mr Bishop to raise with the Minister for Environment, but my particular responsibilities are for that long-term containment facility in Sunraysia which, as Minister for Major Projects, I have been charged with being the proponent of.

Supplementary question

Hon. B. W. BISHOP (North Western) — I must say I am very surprised that a minister in the position of the Minister for Major Projects has no idea what the production of toxic waste will be for the next decade. I find that most surprising. However, whatever the minister's answer has been, I think the general view is that the production of toxic waste will be reduced in Victoria. In fact this is backed up by a GHD Pty Ltd report on the technical design of the proposed facility, which I assume the minister has read. In appendix C it is stated that within two years it will be down to 25 000 tonnes per annum and then to 5000 tonnes per annum.

My supplementary question to the minister is: why build a new facility at Hattah-Nowingi when Lyndhurst will easily carry the task for the next 20 years or more due to those reduced tonnages?

Mr LENDERS (Minister for Major Projects) — Mr Bishop, perhaps to be charitable, rephrased my earlier answer about not knowing about these issues. What I am saying to him is that it is more appropriate — and he knows the procedures of this place — to speak with the environment minister. As Mr Bishop correctly points out on the particular issue of the volume of waste under this government's policy, the volume of waste is coming down — the category B waste for the long-term containment facility that he refers to is coming down. He talked about it coming down to 5000 tonnes, which is a very good figure.

I understand that Mr Bishop is representing his constituency. Of course I understand what he is doing, like the member for Mildura in the other place is doing. However, what the government is seeking to do is deal with what happens when those permits expire at Lyndhurst — —

Hon. B. W. Bishop — In 25 years.

Mr LENDERS — No, not 25 years, Mr Bishop. Mr Bishop is presumably quite blithely assuming that will be rolled over without an environment effects statement. He is also ignoring the policy that this government put into place after the disgrace of his government's actions over Werribee, where we would have a long-term containment facility, not landfill dumping.

Energy: portfolio funding

Mr SMITH (Chelsea) — My question is to the Minister for Energy Industries. Can the minister advise the house whether he has examined the impact on his

portfolio area of budget cuts across government of \$584 million and, if so, what will be the effect of these cuts?

Hon. T. C. THEOPHANOUS (Minister for Energy Industries) — I thank the honourable member for his question. I am aware of proposals that, if implemented, would result in cuts of more than \$500 000 in budget estimates going forward. Those budget cuts would have to be found from government programs. As a responsible minister I have examined the potential impact of those budget cuts on my portfolio area. Cuts of this magnitude would have a significant impact on my portfolio area.

One of the programs that could be at serious risk is the \$2.5 million high-efficiency gas heater rebate scheme, which would probably have to be scrapped. This is a popular scheme with rural and regional Victorians. It is a scheme we introduced to help ease the financial burden on country Victorians accessing either natural gas or liquefied petroleum gas. This was a scheme set up by the Bracks government to help them recover from the neglect they endured under the previous Liberal-National coalition government. This is just one of the schemes that potentially would have to be cut under proposals being put up to cut government expenditure by that sort of order to fund half-baked schemes proposed for this state.

Another scheme that would be under threat, if irresponsible half-baked half-tolls policies were ever put in place and implemented — —

Hon. Philip Davis — You are really struggling.

Hon. T. C. THEOPHANOUS — You are the ones who are struggling. The other scheme — and I look forward to your supporting this scheme — that would be in danger is the network tariff rebate scheme.

Hon. Philip Davis interjected.

Hon. T. C. THEOPHANOUS — I hate to say this, Phil, but you are a lightweight. It is hard to say, but you are a lightweight! The other scheme that would be in danger is the network tariff rebate scheme. This is a scheme worth the \$110 million which subsidises country Victorians for their electricity prices. It is a direct result of the fact that the previous government privatised the electricity industry without any concern whatsoever for regional Victoria. What country Victorians want to know is whether this so-called opposition spokesperson for country Victoria has got in his sights \$110 million that he wants to use to fund these half-baked half-tolls policies for EastLink. This is a policy vacuum — —

Hon. Bill Forwood — On a point of order, President, Mr Theophanous said that we would use \$110 million.

Honourable members interjecting.

Hon. Bill Forwood — He just said it. President, I want you to remind the member that when he comes in here he has to tell the truth. It is not true, and the member is not allowed — —

Honourable members interjecting.

The PRESIDENT — Order! This is why we have certain rules in the house when expressions or hand movements are used that cannot be recorded in *Hansard*. It is a frivolous point of order, and I do not uphold it. I ask the minister to conclude his answer.

Hon. B. N. Atkinson — On a point of order, President, you have previously ruled out hypothetical questions, and I daresay this question begs that ruling to some extent, but the minister for the most part has tried to keep to a position where he is discussing programs that he identifies as being at risk. The reality is he put on the public record and can use subsequently that the program will be cut by another government. The problem is that that is a hypothetical proposition, and it is a hypothetical part of his answer. The question begs the ruling, and I ask that he correct his answer in that respect.

The PRESIDENT — Order! I do not uphold the point of order, but I ask the minister to come back to the question posed to him about his portfolio responsibility and to relate his answer to his portfolio responsibilities. He has only 12 seconds remaining.

Hon. Bill Forwood — On a point of order, President, the rules of the house make it clear that you cannot ask a hypothetical question. I put it to you that if you cannot ask a hypothetical question, you should not be allowed to give a hypothetical answer. In those circumstances you need to consider whether or not the provision of a hypothetical answer is outside the rules of the house.

Hon. T. C. THEOPHANOUS — On the point of order, President, the question asked of me was whether I had examined — so it related to a specific request about an action that I may have taken — the impact on my portfolio of proposals which would result in cuts to government expenditure of \$580 million. As the responsible minister I am responding to the fact that I have examined the impact on my portfolio, and I am responding in that light.

Hon. Bill Forwood — On the point of order, President, Mr Theophanous said he is considering proposals, but he did not make the point that they are his proposals and not ours. If he is making the point that the proposals are ours, he is arguing a hypothetical straw man that he has put up. I put it to you, President, that this is hypothetical. Either they are his proposals — —

Hon. T. C. THEOPHANOUS — They are your proposals.

Hon. Bill Forwood — No, they are not our proposals.

Hon. B. N. Atkinson — On the point of order, President, I am following a similar line to Mr Forwood. The reality is that if the policy in question was considered, the policy did not even name Mr Theophanous's department as being an area of cuts. It is an entirely hypothetical position — —

Hon. T. C. THEOPHANOUS — It is forward looking.

Hon. B. N. Atkinson — He says it is forward looking. He is confirming how hypothetical the answer is. The reality is that it ought to be ruled out because the member is making statements about what a future government may do, and that is not within his administration. It is not even within his power to forecast what a future government may do, and it is not the subject of any current public policy or discussion.

Mr Smith — On the point of order, President, I reiterate that my question — —

The PRESIDENT — Order! Just a moment — I did not hear Mr Smith's remarks, and I had not called him. I ask members to stop interjecting. I ask Mr Smith to raise his point of order again.

Mr Smith — I reiterate that my question to the minister was about examining the impact on his portfolio area. The question was simple.

Hon. B. N. Atkinson — On the point of order, President, I accept the question. The opposition did not query the question but allowed it to stand. Our concern is with the answer and the fact that the minister is putting a hypothetical position and is not responding on his portfolio responsibilities. To that extent he is not even responding to the question that has been put.

The PRESIDENT — Order! With regard to all the points of order raised, the last point made by Mr Atkinson is relevant: there was no issue with the

question asked. The question is in order and is acceptable in line with the rules of the house. The points of order have concerned whether the minister was straying outside his portfolio area.

All members of the chamber know I have said on a number of occasions that when a minister answers a question it should be within his or her portfolio area, but how the minister answers the question is for the minister to choose, bearing in mind previous rulings going back at least to 1991 to the effect that when the minister answers a question, the answer should be relevant and responsive. For more than 3 minutes the minister had been responsive to the question, but he had started to stray. I have brought him back to the question, but he has not been able to conclude. Again I say the minister should keep to his portfolio and respond to the question put to him.

Hon. Philip Davis — On a point of order, President, I do not have an issue, of course, with your ruling, but there is a separate matter. It is quite clear that the minister is making a commentary about what he perceives to be the opposition party's policy. In this respect he is clearly out of order, as you have reflected already in a ruling that you have recited during question time today. It is not appropriate for the minister, in answering a question about his own responsibilities, to be reflecting on the opposition or its policies.

Mr Viney — On the point of order, President, I refer you to standing order 6.01, which states:

Questions may be put to Ministers of the Crown relating to public affairs with which the Minister is connected ...

I put to you, in the context of this, that the question, as you have correctly identified, was in order, as you have ruled, and that the minister in responding to that question needs to deal with matters relating to public affairs with which the minister is connected. In relation to Mr Davis's point, clearly the minister has been dealing with proposals for cuts that are on the public record as matters of public affairs within his portfolio, and his answer is therefore in order.

The PRESIDENT — Order! I will restate my previous rulings for the house. The question was in order; the minister had strayed outside of his portfolio; I brought him back; and I have stated that the ministers' comments should not overtly criticise the opposition. I remind ministers, when they are responding, of the ruling I made in February this year. In the remaining time I ask the minister to respond on his portfolio.

Hon. Bill Forwood — On a point of order, President, I am not expecting an answer to this at the

moment, but perhaps you might care to take on board the issue that standing order R1.02(j) states, namely:

Questions should not contain —

hypothetical matter.

I think you should consider whether or not in answering a question a minister can take a hypothetical position in answering it. It seems to me that in the interests of consistency in this place that if you cannot ask a hypothetical question, you should not be allowed to give hypothetical answers. I wonder, President, if you could take this matter on advisement and get back to the house with a considered view about the use of hypothetical answers.

Mr Gavin Jennings — Further on that point of order, President, I would suggest that in your ruling already on this matter, rather than your actually taking it on advisement and coming back to the house, that you have already given clear direction to the house. The test is whether a question is hypothetical and therefore inconsistent with the standing orders, as Mr Forwood has reminded the house. The prerogative of the minister is to answer the question in any way the minister sees fit. The President has ruled on that matter, and the President has given direction from the chair about the way in which the minister should keep to portfolio responsibility.

The PRESIDENT — Order! I have already given rulings — and Mr Forwood can start another one — but on his last point of order, the question is in order. There are extensive precedents of ministers being responsive to questions asked. When ministers answer a question, they have to be responsive. The basic requirement is that the minister respond to the question. The way in which the minister answers a question is a matter for themselves, and that goes back to at least 1997. A number of my predecessors have come up with that ruling, and that has been maintained in the house.

There were some very unparliamentary interjections on my left — that is, comments about whether a minister was not truthful in their answer. There are other measures in the house for dealing with that. A question cannot be hypothetical, but how the minister responds is a matter for the minister, and that has been ruled upon time and again. Ministers and members who have sat on both sides of the house are aware that that is the practice in the house.

Hon. T. C. THEOPHANOUS — The proposed cuts I referred to would result in dumping on rural energy consumers and having them pay for a half-baked half-tolls scheme.

Hon. B. N. Atkinson — Liar!

The PRESIDENT — Order! I have some difficulty, because I heard some words from my left addressed to the minister which were extremely unparliamentary and which I find very offensive. The only trouble is that unless I take advice, I will not know who actually said it.

Hon. Bill Forwood — What? Calling him a liar?

The PRESIDENT — Order! If it was the Honourable Bruce Atkinson, I ask the member to withdraw.

Hon. B. N. Atkinson — I withdraw that comment. He was totally untruthful!

Commonwealth Games: athletics track

Hon. G. K. RICH-PHILLIPS (Eumemmerring) — My question is to the Minister for Commonwealth Games. Will the minister inform the house where the \$18 million Melbourne Cricket Ground athletics track will be relocated after the Commonwealth Games?

Hon. J. M. MADDEN (Minister for Commonwealth Games) — I welcome the member's question and his particular interest in this issue. What has been under consideration for some time is the way in which we manage the process of taking up the track at the Melbourne Cricket Ground after the Commonwealth Games. There are a number of critical considerations, one of which is to try to get the MCG operating as a venue as quickly as possible. The other consideration, given the significant investment in the track itself, is to try to make appropriate use of as much of the track as is possible after the Commonwealth Games.

In a number of ways these two matters create their own tensions. What is particularly important in dealing with any issues about the track is to remember that, on the advice I have received, even if you were able to relocate the track to some other part of the community, there is a critical question of whether you would be able to set times on that track. While an international standard track going into the MCG, when it is taken out it will not maintain its international status — it will not gain international accreditation. If it is to be relocated after the games, it has to be relocated in a grassroots-type community environment. It probably could not be used for anything but Little Athletics, because you would not be able to set international qualifying times in any form due to the damage caused to the track in relocating it. The advice I have is that

technically if you are relocating the track, you cannot set international times on it once it has been relocated.

What is of critical concern is that it might cost more to relocate that track than to build a new one that could have international status. All things considered, what we are attempting to do is to pull it up but salvage as much as is practically possible in order to get the MCG operating as soon as possible after the games. We want to ensure that there is a grassroots legacy for sport beyond the Commonwealth Games, as a number of members in the chamber have asked about previously. As well as that we want to get the Victorian community back into the MCG as quickly as possible to offset any costs or disadvantage to the MCG and Australian Rules football after the Commonwealth Games. The way things are currently stacking up, to cut a long answer short, we are salvaging as much of the track as is practically possible, but we will get the Australian Football League back into the MCG as quickly as possible so that all Victorians can enjoy the redeveloped MCG with a capacity of 100 000 people.

Supplementary question

Hon. G. K. RICH-PHILLIPS (Eumemmerring) — I thank the minister for his answer. I note that the minister has previously spoken about the legacy of the Commonwealth Games. The track is an \$18 million investment of taxpayers money. If it is to be scrapped after the games, that means the track has cost taxpayers more than \$1.8 million a day for the length of the event. Will the minister ensure that as much of the track as possible is relocated elsewhere and not merely scrapped for the convenience of the Australian Football League?

Hon. J. M. MADDEN (Minister for Commonwealth Games) — I appreciate the member's supplementary question. We want to salvage as much of the track as is practically possible. We want a legacy of a future benefit beyond the Commonwealth Games, but we also want to offset costs by getting the venue up and operating. We must remember that it was the Liberal government that put together the proposal to put the athletics track into the MCG. It was a commitment of the Kennett government at the time, and we are fulfilling a contract that the Kennett government entered into, and no doubt the track was always going to be there regardless of the cost.

We will work with communities to ensure that there is a benefit. Whether the track is relocated or not or part of it is salvaged or not, there will be a significant benefit to athletics through the offsets of what would have been the savings to make sure there is a future benefit to athletics in Victoria.

Housing: supported accommodation assistance program

Ms MIKAKOS (Jika Jika) — My question is addressed to the Minister for Housing, Ms Broad. Can the minister inform the house about the Bracks government's support for homeless people and families in need of crisis accommodation and the effect of a cut to the budget of the Office of Housing?

Ms BROAD (Minister for Housing) — I thank the member for her question and her interest in the very determined efforts by the Bracks government to provide high-quality and timely services to Victorians in need of crisis accommodation and support.

The Bracks government believes all Victorians deserve a decent place to live and decent opportunities in their lives. That is why the government has signed a new agreement with the Howard government and contributed \$222 million over five years to end 12 months of uncertainty about funding for some of Victoria's most vulnerable people — people who are homeless or at risk of homelessness.

Under the new agreement the Bracks government will provide 54.5 per cent of funding for homeless people in Victoria, including an extra \$13.8 million to fill the funding gaps left by the commonwealth government's cuts. In addition, the Bracks government provides another \$10.3 million each year for homeless people over and above this agreement, which does not attract any commonwealth funds whatsoever. These funds Victoria provides for our homeless people and their support agencies like the Salvation Army, Melbourne Citymission, Anglicare and St Vincent de Paul are very important to homeless people.

A 1 per cent cut to the budget of the Office of Housing might not sound very much, but let me tell you what a 1 per cent cut would mean for Victoria's homeless people: it would mean that we would have to provide 282 fewer episodes of support every year to Victoria's homeless people. As well as that, if the government had to make a 1 per cent reduction in funding for its broader public housing and community housing programs, it would mean 34 fewer properties could be purchased each year for low-income Victorians in need of low-cost housing or it would mean 227 fewer of our public housing tenants' homes each year would receive a major upgrade — which is another important part of the Bracks government's commitment to ensuring that we are providing quality housing services to the people who need them.

It will be clear to the house by now, I should think, that a 1 per cent reduction in the Office of Housing's budget would seriously reduce what the government could do to help Victorians in need — homeless people and families in need of crisis accommodation, as well as women and women with children escaping from domestic violence. The goal of the Bracks government is to make sure that these Victorians receive the support and opportunities they deserve so they can build a better future for themselves. This is in contrast to half-baked policies to cut government spending on all services and supplies and to slash the budgets of government departments. It is a half-baked half-tolls policy, and The Nationals are right to reject it — and Victorians should as well.

Hon. Philip Davis — On a point of order, President, I have to be honest: you have been absolutely clear in your rulings today, and you have ministers who have no respect for the Chair and no respect for the rulings that are being given on this matter. It is totally inappropriate for the minister who is responding to a question about her portfolio to be making any observation beyond her portfolio and in particular about policies that may or may not be out there in the public arena. Clearly she is attempting to misrepresent the opposition. In so doing and by discussing opposition policies, as she is misrepresenting them, she is completely flouting your rulings.

The PRESIDENT — Order! I remind honourable members that when raising a point of order they should raise the point of order, be succinct and not debate the issue. The 13 seconds remaining for the minister's answer must be the magical figure! I ask ministers in responding to the question that is put to them to keep within their portfolio responsibilities. I believe the Leader of the Opposition had concerns with some comments made by the minister with respect to The Nationals.

Honourable members interjecting.

The PRESIDENT — Order! No? I ask ministers to be responsive to the questions put to them and to remain within their portfolio areas.

Hon. Bill Forwood — On a point of order, President, at the completion of her answer the minister said, and I quote, 'half-baked half-tolls policy'. I ask you, President, whether those words do not in fact flout the rulings that you have continually given in this place about being relevant and not straying into issues to do with opposition policies.

Ms BROAD — In regard to the Leader of the Opposition's point of order, President, the opposition can relax. I have completed my response.

The PRESIDENT — Order! On Mr Forwood's point of order as to whether the minister was straying outside her portfolio area, I have asked ministers to keep within their portfolio areas. On this occasion, at the conclusion of her remarks the minister did stray outside that. I ask ministers to keep within their portfolio responsibilities.

Hon. Bill Forwood — On a point of order, President, I would ask you what action you intend to take in the future if this occurs.

The PRESIDENT — Order! What action I take about ministers flouting my rulings is a matter for me to decide.

Able Demolitions and Excavations: legal action

Hon. PHILIP DAVIS (Gippsland) — Given the new standards when dealing with the truth in this place I will be interested in the reply I get from the Minister for Finance as I again refer to the government's admitted guilt in relation to the federal workplace relations action with regard to the Able Demolitions tender for the clean-up of the gasworks in Morwell because it was a non-unionised company — the legal action the government fought for two and a half years to cover up its unlawful conduct. I ask the minister: did he, his staff or any public servants from his department meet with representatives of the Construction, Forestry, Mining and Energy Union in relation to Able being awarded the demolition contract for the Morwell gasworks project?

Mr LENDERS (Minister for Finance) — First let me reiterate that this government stands by its tendering process. In this case it has been overseen by the independent probity auditor. Also, yesterday I took on notice from Mr Davis, the Leader of the Opposition, the issue of costings in this area, and I will get back to him on that.

As the house would be aware, in this area there has been a Federal Court decision and this government has pursued in the courts its right to protect its internal documentation from the federal government. There was a ruling in the courts saying that was inappropriate. Therefore the government is going to abide by that decision as would be appropriate. There are a number of those things on the record. In regard to the Leader of the Opposition's questions from yesterday and today,

that is the material thing from the Federal Court's decision.

Above and beyond that he asks a series of questions — which I assume are not related to this — about whether I or anybody in my office has met with the Construction, Forestry, Mining and Energy Union. I have been a minister for nearly four years and in regard to the CFMEU — whether it be its construction division, its mining division, its forestry division, its energy division or whether it be the 40 000 or 50 000 members of the CFMEU in Victoria — yes, I have met with the CFMEU; yes, I assume my staff has; yes, I assume my department has. We have met with the CFMEU on a number of issues. But I reiterate to the Leader of the Opposition that we stand by our tender processes — and this one has been overseen by an independent probity auditor, something the Kennett government was too gutless and afraid to do.

Supplementary question

Hon. PHILIP DAVIS (Gippsland) — I thank the minister for his admission that he and his staff have been meeting with the CFMEU, but he did not clarify in relation to Able Demolitions whether or not those meetings occurred to discuss the awarding of a tender. I ask him to clarify that point and confirm whether the officers of his department met with the union. Did other government ministers meet in relation to this matter? I regard the response by the minister as a test of accuracy as to whether or not he is choosing to note the full extent of the question — which is to discuss this matter concerning Able Demolitions.

Mr LENDERS (Minister for Finance) — The Leader of the Opposition will not like my answer, but I think I have answered his question in full in response to the substantive issue he raised. I repeat that this government respects the decisions of courts. We follow what comes out of court decisions. The opposition may seek to put words in my mouth, but I have answered the member's question and done so succinctly.

Sport and recreation: portfolio funding

Hon. KAYE DARVENIZA (Melbourne West) — My question is to the Minister for Sport and Recreation. Can the minister advise the house of the impact on his portfolio of budget cuts across government of \$584 million?

Hon. J. M. MADDEN (Minister for Sport and Recreation) — I welcome the member's question, because I would never be so brazen as to suggest that we needed to cut \$584 million from any area of

government expenditure. But members of the community have come to me and asked, 'How would you achieve a 1 per cent saving? How would sport and recreation survive in this state if you had to cut \$584 million? How would sport and recreation in this state survive?'. It would not survive, because what we do in this state, what we have done for years, and what we have done better than anywhere else in Australia — in the world, probably — is to invest in facilities, events and participation.

Honourable members interjecting.

Hon. Bill Forwood interjected.

Hon. J. M. MADDEN — Better than anybody else in the world, Mr Forwood. We spend enormous amounts of money in partnering. We partner with communities, we partner with the private sector and we partner with local government, so every cut of \$1 in the sport and recreation portfolio would probably mean a cut of \$3 to \$4 out there in the community, because we partner with the community to build these facilities. The outcome of that has been a significant increase in participation. This has happened not only in metropolitan Melbourne — and I know Mr Drum would appreciate this — but right across regional Victoria. Every dollar we spend in this portfolio is multiplied by \$3 to \$4 in the community, and a benefit that goes well beyond economic expenditure.

I will give an example. We have invested another \$2 million in the State Volleyball Centre in partnership with the Dandenong community. That is the sort of program that would be at risk. This is a facility that needs to be developed in a growth corridor, well down the freeway. Projects exactly like that are at risk every time somebody suggests a 1 per cent cut right across the board. What is even more important is that not only would that impact on the funding of all those projects but that anyone could be so brazen as to suggest wiping out an entire department such as the Department for Victorian Communities. The cornerstone of DVC — arguably though, because I know my colleagues — is sport and recreation in the community. That would wipe out sport and recreation in the community. Where would the money come from? Who would administer it? Who would provide the leadership? It ain't over there, that is for sure!

Let me just say, you can come up with half-baked ideas, you can come up with half-cooked ideas, but at the end of the day there is a saying in sport — and Mr Drum would know this, because I am sure he has used it on a few forwards when he has played against them over the years — that if you cannot go the

distance you are half gone. There is one thing in sport, and that is that you cannot be half gone because you will never get to the finish line.

There is one thing about Victorians: we are committed and we are passionate about our sport. Mr Drum is passionate about his sport; I am passionate about sport. I am not too sure about members of the Liberal opposition who want to eradicate DVC, but there is one thing to know about leadership — if you are going to be half gone, then the people behind you are going to be half hearted. No doubt that is what they are: half hearted when it comes to the community.

QUESTIONS ON NOTICE

Answers

Mr LENDERS (Minister for Finance) — I have answers to the following questions on notice: 1544, 2190, 2797, 2821, 3010, 3053, 3122, 3244, 3296, 3628, 4065, 4066, 4074, 4108, 4113, 4827, 4947, 4952, 5023, 5095, 5096, 5099, 5131, 5132, 5135, 5136, 5138, 5144, 5150, 5154, 5150, 5154, 5155, 5157, 5164–66, 5168, 5181, 5182, 5184, 5185, 5187–89, 5191, 5207, 5213, 5246.

Hon. D. K. DRUM (North Western) — I would like to impress upon the Minister for Energy Industries that my questions on notice are still awaiting answers. They have now gone past the one-year anniversary. They are questions 3916 and 3917.

Mr LENDERS (Minister for Finance) — Mr Drum raised this issue with me in the last sitting week when the Minister for Energy Industries was out of the chamber on government business. I undertook to follow the matter up, and I am assured that the Minister for Education Services will have the answers to those questions asked by Mr Drum, I hope, by the end of this week.

SENTENCING AND MENTAL HEALTH ACTS (AMENDMENT) BILL

Second reading

Debate resumed from 4 October; motion of Mr GAVIN JENNINGS (Minister for Aged Care).

Hon. D. McL. DAVIS (East Yarra) — I am pleased to make a contribution to the debate on the Sentencing and Mental Health Acts (Amendment) Bill. In doing so I indicate that the opposition does not intend to oppose this bill.

This is a difficult area, and I understand the bill has come out of a very slow process that has occurred over the last four to five years. People will be aware of the review by Justice Frank Vincent in 2001, and the sentencing and related aspects of the Mental Health Act have been reviewed in response to the recommendation of Justice Vincent that leave arrangements for patients in Thomas Embling Hospital be examined.

That is what has occurred. In short, the bill aims to improve the operation of hospital orders, hospital security orders and restricted community treatment orders. These can all be made for mentally ill offenders. It is important to place in context the fact that this bill seeks to continue a process that has been running for more than 20 years, through which the number of persons with mental illness who can be treated in the community are treated in the community. In general that approach has had bipartisan support, but I want to make the point that I believe the community increasingly believes there needs to be sufficient community backup for those with mental illnesses whether or not they have infringed in some way, and that they need to be properly supported.

To summarise, the bill amends the Sentencing Act with respect to orders that may be made for mentally ill offenders. It amends the Mental Health Act 1986 with respect to involuntary patients and security patients. It amends the Corrections Act 1986 to allow parole orders to be made for persons in detention under hospital security orders. It amends the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 to allow forensic patients and forensic residents to apply for leave. As I said, the bill comes out of the review by Frank Vincent, and I also note the departmental examination that occurred in 2003.

I also think it is important to put on the record the longer sweep of policy at that intersection of mental illness and sentencing. An increasingly large number of people in our prisons have mental illnesses. I do not propose to read a large number of statistics into *Hansard*, but it is a fact that an increasingly large number of patients have mental illnesses. Of course those in custody with mental illnesses are highly overrepresented compared to community averages for those in custody. I also think it is important in the long sweep of policy to make the point that when in government the Liberal Party took a number of significant steps in this area. In particular I pay tribute to Rob Knowles, a former member for Ballarat Province and Minister for Health, and the work he undertook with the forensic facility at Thomas Embling Hospital and its enlightened approach to the management of often difficult patients. First-rate work

is undertaken by many staff at that facility. I do not for a second imagine that many of the decisions made and management approaches taken with respect to some of these offenders are easy.

Under this bill hospital orders will not be able to be made for persons who have been found guilty of serious offences, which I understand are defined in the Crimes Act, a hospital order will no longer be made for an indefinite duration, a court will be permitted to make a hospital order for a maximum of two years, hospital orders will not be made for people who have been found guilty of serious offences and patients are not to be detained under these orders for long periods. The term 'hospital order' is to be replaced by the phrase 'restricted involuntary treatment order'. The government claims that better describes the situation of patients living in the community who are subject to restricted community treatment orders. To some extent it is an issue of phraseology, but I accept the point. The new phrase mirrors the involuntary treatment orders which apply to civil involuntary patients. The bill also makes it clear that a patient subject to a hospital security order who is discharged to prison can later be transferred back to an approved mental health service on a hospital security order.

The bill also makes provision for the Adult Parole Board to gain the power to grant parole to a patient subject to a hospital security order without the person having to first return to prison. The parole order does not take effect until the person is discharged as a security patient under the Mental Health Act. The bill also proposes amendments to the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 that will ensure forensic patients and residents who are on remand are able to apply for special leave or be granted leave by the forensic leave panel.

As I said, the opposition does not oppose this bill, and it is worth placing this in the context of the broader mental health system. I want to make some more general points about the mental health system, and I begin by making a point in the first instance about the lack of information available to the opposition and the community. We had a motion before this chamber today about the lack of transparency, openness and accountability of this government, and in particular about the lack of statistical support provided by the government on hospital performance. That could also be said to apply in the mental health area. There is a failure to provide updated information about mental health bed numbers and there is the minister's refusal to provide to this chamber and to the Public Accounts and Estimates Committee details of mental health bed numbers. I think that is a significant point that could be

added in the context of this bill to the number of points I made this morning.

I also think that there is a serious issue with the psychiatric work force that we have to address significantly. Obviously that issue is part of a larger national and international problem. Nonetheless the state government could be doing much more in this area at the moment. You only have to look at the number of psychiatrists who are working in the public sector to see that it is a declining number and is becoming increasingly problematic for Victorians. In many areas of the state there is insufficient psychiatric oversight of the system and the quality of some personnel leaves something to be desired. I know there is a general work force discussion. People in this chamber may well be aware of the federal Productivity Commission inquiry into the medical work force, the issues that surround that and the recent position statement the commission has released. Equally there is the Victorian government's submission to that inquiry, and I think it is worth placing on the record in light of work force shortages in areas like the public mental health system that there are some serious deficiencies in the state government's approach, as there was in its submission to the Productivity Commission.

In particular I single out from the state government's submission to the Productivity Commission the draconian and ill-thought-through approach that has been adopted on training health and medical personnel in training positions, in internships or in staffing years and so forth. In that submission the government espouses the concept that because those who would seek that training would derive personal development benefits that would involve financial rewards and personal status — I think they are mentioned — it feels it has the right to recoup or to wrench back some of those gains, as they are described. I am concerned that the state government does not seem to have understood the precise implications and impact of its proposed policy, which I think it would like to see implemented on a national level.

The proposal to recoup the state contribution to internships and staffing arrangements that have trainee components effectively would see under the state government's proposal one of three options being adopted. One option would be bonding students to the state system for an undefined period. The second option would be the agreement that those who went into private practice — and this does appear to be an ideologically driven policy in many respects, with the state government being prepared to snap down hard on those who go into private practice — would initially or

for a defined period treat public patients within that private practice.

The third option under the proposal seems to me to be that a person who has completed their course, a medical doctor or some other health professional, would undertake their internship in a public facility in Victoria and later pay a fee to the state government, perhaps in the form of a state higher education contribution scheme, or HECS. That concerns me greatly. The practical effect of such an additional taxation or increased burden on medical and health trainees — the young work force, as it were — would be to drive them out of Victoria if it were implemented in Victoria alone or out of Australia. My significant fear is that we would lose a good deal of the medical and health work force — in this case, psychiatric nurses and, in the context of the bill, also psychiatrists.

The idea that young psychiatrists undertaking their training in a public hospital would face an additional financial impost by the state government is horrific. I can only imagine that many of those young people would complete their university training and undertake the staffing or internship arrangements in other countries, whether it be in New Zealand, Canada, the United Kingdom or Ireland. There is a real risk that we would lose 10, 15, 20 or 30 per cent of our work force, many of them the best and brightest. I will leave it to members of the chamber and the community to work out the chance of those people returning in their mid-20s or late 20s, after they have completed their requirements. The likelihood is that they would meet partners overseas and perhaps remain in those countries indefinitely.

The state government must face up to the fact that we are in a national medical and health care work force marketplace and that we need to compete by removing some of the undesirable aspects of working in the public sector. In some cases that may be excessive bureaucratic oversight and restriction to genuine practice. Equally, we need to make working in the public sector attractive in other ways. That may well mean, in the case of this bill, looking at wage and salary structures, benefits and opportunities for psychiatrists and mental health nurses. Some serious thought must be given to those areas.

There is a series of statutory obligations on government providers of psychiatric services, including, in the case of this bill, to prisoners and so forth. Those statutory requirements are significant and require a certain work force to deliver them. We need to consider sensible ways of retaining key parts of the work force. It is worth saying something about the need to support

many of the overseas-trained doctors in the system who are psychiatrists. The fact is, of course, that the system in Victoria could not function without their important input.

Because psychiatry is such a culturally specific activity, it is one of those areas where new practitioners need to be very much in touch with the culture, mores and understanding of a particular community. In that respect, greater support from senior clinicians — that is, senior psychiatrists — is required to support those younger psychiatrists and mental health nurses and also the overseas-trained psychiatrists who are such an important part of our system. We need to think about ways of strengthening that oversight and support. We need to do that by allowing sufficient scope for senior clinicians to back up and support many of those who need that support.

It is worth putting on the record that we cannot take the quality of our medical and health work force for granted. In very recent times we have seen examples elsewhere in Australia of a decline in the quality of our health work force. The most famous example is, of course, Dr Patel in Queensland. I do not need to describe the full extent of what has occurred at the Bundaberg hospital and the series of inquiries that have been conducted into that. There was the Morris inquiry and later the Forster inquiry and the replacement inquiry to fill in after Mr Morris was removed. Perhaps a later speaker will fill in the name of that inquiry. The point is that there is every reason to believe that we must focus strongly on the quality and safety of our facilities, including our mental health facilities. In Victoria we as a community and the government must focus on that. Certainly an opposition's task is to hold the government to account and generally prod it from time to time to ensure that it does have that focus.

It is interesting to note that the Premier of Queensland, Peter Beattie, made the point that the issues of quality in the medical work force are not limited to Queensland. After the release of the interim Forster report he made a series of statements on radio and television pointing directly to the situation in other states. On 2 August he said on the ABC:

If any inquiry was done similar to what we've put up here, in New South Wales, Victoria, other states in Australia, you would get a similar result. Now, we're the only government with the guts to actually take it head on.

Premier Beattie did not stop there. He went further and continued. On 4 August he said on radio 4BC:

... the truth is this: we do have a good system. There are problems with it, but no government in Australia has had the guts to do what we did. See, if you went to New South Wales

or Victoria or anywhere else, you would find the system would be in a similar state, or in case of elective surgery, as I read out, worse.

He went on to single out some aspects of waiting list figures at the Royal Melbourne Hospital and correctly identified some of the category 2 patients at the hospital as a particular problem. You do not need to believe every breath of Peter Beattie's hyperbole to be able to accept that we do have some issues with quality and safety in terms of the medical and health work force in Victoria too. Careful thinking must be done about that.

One of the issues with the psychiatric nurse work force is that it is ageing significantly. We really need to be thinking about ways of dealing with that. I am not sure that the state government's submission to the Productivity Commission really got to grips with that matter. I consider that to be one of the disappointments of that submission.

Equally, on the position statement of the Productivity Commission — I do not claim to have read every paragraph of it — the sense I get is that there is actually still a long way to go before it can start to suggest some solutions at a national level. In Victoria we cannot wait for entirely national solutions to all these things. We, including the government, must accept that the Victorian health system is our responsibility. The government must deal with some of the issues surrounding the health work force. In the context of our public system, the need for psychiatrists is very significant. The need for psychiatric nurses will become acute in a quite short time. I note that the smaller changes involved in this sort of bill are just part of the story. We need to be looking a little deeper and saying that within our system there is a real challenge.

With those comments I thank the house for its indulgence and indicate that the opposition will not oppose the bill.

Hon. D. K. DRUM (North Western) — I have been looking forward to the opportunity to talk about the Sentencing and Mental Health Acts (Amendment) Bill. The member for Lowan in the other house, Mr Hugh Delahunty, helped me prepare for this debate, and The Nationals are very appreciative of the assistance we received from the departmental staff in relation to the quite complex issue that is the subject of the bill. Achieving the balance we need to strike between how we look after people in the community who have mental illnesses and who have also offended and how to achieve the security and safety of the community at large is quite a sensitive issue.

This bill will amend the Sentencing Act 1991 and Mental Health Act 1986. They are the main amendments but it also amends the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 and makes consequential amendments as a result of the main amendments. The bill is about getting the balance right between how we offer those people who have offended against the community and who have a mental illness the appropriate treatment, including leave from certain treatment and residential facilities, whilst giving the community the security it expects when this leave is granted. We have looked very carefully at this balance, and we believe that the bill improves the efficiency of this leave of absence regime. We believe the bill achieves a better balance in this regard than that which currently exists, and therefore we will certainly not be opposing the passage of this legislation.

In 2001 Justice Frank Vincent chaired a review panel to consider leave arrangements. That panel tried to get a better understanding of how leave arrangements for patients at the Victorian Institute of Forensic Mental Health could better work. This review followed a number of security breaches, including one where a particular patient, Neville Garden, absconded when he was on day leave from the Thomas Embling day centre. There was another case where Claude Gabriel absconded from Queensland. He came to Victoria whilst on the run and under the law of the day at that time in Victoria he was unable to be apprehended.

The Vincent review raised some concerns over the duration of hospital orders that could be handed out to people who had committed serious crimes. Some of these people had been covered by those orders for more than 10 years. Now each of those orders will be reviewed after a two-year period. Part 5 of the Sentencing Act enables Victorian courts to make hospital orders and hospital security orders for persons found guilty of offences who require involuntary treatment and care for mental illnesses. Parts 3 and 4 of the Mental Health Act provide a mechanism for community treatment of hospital order patients and sets out the circumstances in which this should occur. Those parts provide for discharge from the orders when certain legislative criteria are no longer satisfied. That is a little of the background to how we arrived at this situation.

I think it is also worth talking about how the hospital orders will now be called restricted involuntary treatment orders. That will lead to a clearer definition of how those orders will be handed down in the courts in the future. One other aspect of the Vincent report relates to the completion of the report in 2001 when a discussion paper was put out on some other issues

associated with the recommendations. The majority of those recommendations were inserted into the Forensic Health Legislation (Amendment) Act 2002 but two of the recommendations seemed to require amendments to the Sentencing Act. Those recommendations were held over at that time for further discussion and public consultation with the key stakeholders.

It is also interesting that the discussion paper distributed to key stakeholders in 2003 sought comment on the proposals to implement the outstanding recommendations of the Vincent report. It invited comments and proposals on the amended provisions governing hospital orders, hospital security orders and restricted community treatment orders so as to reflect the current service delivery and legislative framework. This bill relates to a regime of hospital orders and hospital treatment orders that reflect better the current service delivery existing in the community today. In developing this bill the government considered the 12 submissions received as a result of the discussion paper having been circulated.

Some of the other aspects arising from the discussion paper also need to be made clear, and I would like to quote a little bit from the executive summary of the discussion paper put out after the Vincent report. In relation to section 93(1)(d) of the Sentencing Act, the most significant of the proposals include making hospital orders for people with mental illness. It suggests that the proposals include permitting:

... a court to make an order for involuntary community treatment on the advice of the responsible authorised psychiatrist, without requiring the person to be admitted to an inpatient service.

This proposal was put out to encourage discussion about how we can best work towards achieving those goals. The discussion paper continues by saying that the proposals would permit courts to make section 93(1)(d) orders only in circumstances where a non-custodial disposition is being contemplated.

It goes on to refer to aligning the criteria for making a section 93(1)(d) order with the criteria for civil involuntary commitment but permitting additional conditions to be placed on the order by the responsible authorised psychiatrist where necessary because of the relationship between the person's mental illness and offending behaviour. It is good that we are now able to use the authorised psychiatrist to discover the links between the illness and the behaviour.

The executive summary also talks about giving courts greater guidance concerning the matters to be considered prior to the making of orders and, possibly

most importantly, streamlining and simplifying the administrative provisions for managing orders under the Mental Health Act. Those are some of the proposals resulting from the discussion paper following the Vincent report. The submissions that were received have been collated in order to form part of the bill before us today.

It is also worth looking at how the leave arrangements will work, because they are some of the most important aspects of the bill. The bill is not only about changing the name and putting in some provisions to amend how we make and deliver the orders, it is also about the leave regime itself. I looked at some of the graphs in the forensic leave panel's annual report for 2004, which clearly show the process which needs to be followed in relation to a leave application. Leave application forms are lodged by a psychiatrist or psychologist, and the Thomas Embling Hospital will then submit a leave review committee report, so it would also have a say in the application for leave from its centre. There is then notification of when a hearing will be held and the documentation is put forward. After that the hearing takes place and the patient and the support person meet with the treating psychiatrist and other team members as well as the panel members, and from that process it is determined whether leave is granted. So applicants are forced to go through an extensive process in order to receive day leave, and that should give the public a certain amount of comfort about how leave is granted in these situations.

It is also worth looking at the aspects of the bill relating to the Crimes (Mental Impairment and Unfitness to be Tried) Act and the legal framework for a progression under that act. We want to be able to put people into treatment, and we want to see a result at the end of that treatment. We do not want to put people into a process and then forget about them or put them somewhere they will stay or even regress as a result of the treatment they are being given. We appreciate the help we received from the department in relation to the flow charts explaining the process. It starts when a court finds a person unfit to plead guilty or not guilty to an offence due to mental impairment. From there a court would go one of two ways. It could make a custodial supervision order (CSO) where the person is detained in an approved mental health service, and in Victoria that would be an institution like the Thomas Embling Hospital.

The court's other option would be to make a non-custodial supervision order (NCSO) where the person is released into the community subject to conditions imposed by the court. Some of those conditions include that the person meet regularly with a

specialist psychiatrist and that they have the constant support of a local service that would look in on them. Some form of supervised residential arrangement would have to be in place, but effectively those people would be in the community looking at ways to comply with the conditions imposed upon them. It is also possible that a person could be released into the community unconditionally, although that would not happen very often.

It is also worth noting that there is a possibility of orders for clients, patients or prisoners being varied from non-custodial supervision orders back to custodial supervision orders if they fail to comply with any of the restrictions placed on them, if they are seen to be a risk to their own safety or if their actions present a risk to the safety of the community. So they may go backwards and forwards between a CSO and an NCSO. People placed in the Thomas Embling Hospital will go through the process I mentioned before in relation to the granting of on-ground and off-ground leave by the forensic leave panel. Once people successfully complete at least 12 months of extended leave they can apply to the court to vary their CSO to an NCSO. Hopefully that is what this legislation aims to do, so we can get as many people as possible with mental illness to progress through this framework. That is a very important aspect of the legislation.

Before I finish I want to say again that The Nationals will not be opposing the legislation. The bill deals with people who have offended against the community and against the law and who have been judged unfit to plead guilty or not guilty to an offence due to a mental impairment, so we are talking about offenders with mental illnesses. We cannot talk about this bill without talking about people who are suffering a mental illness in general. We need to recognise in this chamber some of the problems being experienced in the community at the moment.

The bill talks about people who have offended against the community. We need to look at what the broader community is being faced with at the moment in relation to the sudden onset of mental illness. Certainly we are seeing more and more instances coming up in everyday life, and in my opinion that is because of the pressures we are placing on so many of our community members to make material gains and to be as successful as possible. The world we are living in at the moment places a lot of material pressures on people. There also seem to be a lot more relationship pressures at the moment. But for whatever reason, we are certainly in the midst of a spike of serious depression and the onset of mental illness, and that is causing the community an awful lot of angst and anxiety.

Families face anxiety when they first realise that a family member's behaviour has gone past being a little bit strange — that they are becoming desperate, incoherent and totally irrational and are showing completely paranoid behaviour. It is an enormous shock for a family to realise there is something desperately wrong with a family member. Whilst that anxiety is bad enough, when the family realises that no places, or an extremely limited number of places, are available to treat their loved one, then the angst spreads into the community. When they turn to hospitals, only to be turned away because no specialist is able to see them — there are no specialists available at major regional hospitals to treat people with mental illness — and there are no available beds, we have a secondary issue apart from the original problems that many families are forced to deal with.

We need to be aware of this problem in the community. Families are literally at their wits' ends trying to get help they need so their loved ones can get better. Many have been told by hospitals that the only way to get immediate help — put yourself in the position of someone with a loved one who is acting totally irrationally in a paranoid schizophrenic way; you would want immediate help — is to hand that person over to the state, effectively handing over total control. That is a very scary course of action that family members have had to contemplate in order to get immediate treatment for their loved ones.

We need to look very carefully at the issue of families being forced into this situation. Most families would not take that option. They would drive into Melbourne, try to find accommodation and hope to find a specialist even though the city may be 2 or 3 hours away from their home.

We need to understand that the mental health system in Victoria is in crisis. We need to experience it, and we need to talk to families who have been through this situation. If the state government does not acknowledge the crisis, it will stand condemned for many generations, because it now has the opportunity to do something about it. Victoria's finances have never been in a better state; there has never been more revenue available to the state than is currently available. We need to make sure that every Victorian who lives with or tries to support someone who suffers from mental illness in one way or another is given the type of mental health service that they would deem to be appropriate and suitable.

It does not have to be something from anyone's wish list; it simply has to be a regime or method of treatment, a residence, an availability of beds and specialists who

can deal with people in an immediate fashion so that we can get on top of some of these illnesses before they turn into long-term problems. The sooner we can hit these people's problems with a bit more immediacy and urgency, the sooner we will hopefully be able to turn the tables on some of these illnesses rather than letting them become long, drawn-out affairs that people can take many months or even years to recover from.

I urge the government to have a hard look not just at what is in this bill and what it does for the offenders who may or may not be deemed guilty of an offence due to their mental illness but just as importantly at the broader community, to see how the mental health system is being crippled by the stress it is under at the moment. With those few words I conclude my contribution.

Hon. RICHARD DALLA-RIVA (East Yarra) — I rise to make a contribution on behalf of the Liberal Party in respect of the Sentencing and Mental Health Acts (Amendment) Bill. The opposition will not oppose the bill, but there are a number of aspects that have a direct correlation to issues and experiences that I have shared in respect of the mental health industry and the sentencing regime that applies to those matters.

I recall when I was working at the Broadmeadows police station many years ago having to deal with a number of matters relating to mentally ill offenders who were involved in a range of serious events, including terms of imprisonment. My father was working in the mental health system, and there were facilities such as Mont Park. I recall visiting my father when he was working at Mayday Hills in Beechworth and subsequently at Larundel and Mont Park, where he finished out his remaining years before retirement. When you go to those facilities you see they are relics of the past and in fact many have become substantial housing developments.

There is no doubt that the de-institutionalisation of the mentally ill has put pressure on the government system. The reality is that even with the best intentions the goal of government to eradicate mental health issues is nonsense. We would like that to be the ultimate outcome, but the reality is that there are issues restraining government. What governments do — I am sure we agree on this — is the best they can under current funding arrangements. Having worked in the disability industry I know there is always a call for funds in that sector. That applies equally to the mental health sector.

Only two days ago we received the 2004 annual report of the forensic leave panel. The panel is established

under the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997, which is one of the acts being amended by this bill. In the context of this debate it is important to acknowledge that the de-institutionalisation of facilities has had a converse reaction in that facilities are still needed for the placement of mentally ill persons for their own protection and the protection of the broader community. I have recently visited a maximum security prison, and I thank the government for giving me that opportunity in my role as the shadow corrections spokesman.

I note with some concern that it is clear from speaking to correctional officers and the corrections commissioner there are a number of significant issues confronting the prison system not just in Victoria but throughout the Western World. Many will have seen the recent *Four Corners* documentary that portrayed the extent to which people with mental illness have pervaded the correctional system in the United States of America and the attempts correctional facilities there have made to address the growing concerns about people with mental illnesses entering the prison system.

There is no question that many of those who commit crimes in our community have a mental illness. It is unfortunate, as Mr Drum indicated, that it sometimes requires a serious offence to occur to result in the proposals put forward in this bill. It is disappointing we are not in the position as a civilised society to provide that support mechanism through the government system. As I indicated earlier, I am a realist in the sense that it is nearly impossible to fully fund those necessities. We see the great work the former Premier, the Honourable Jeff Kennett, is doing with beyondblue. We know there is a fantastic array of organisations working on the impact of mental health issues and working with the afflictions of alcohol and drug dependency which often lead to mental illness. What concerns me is that this amending bill is a recognition that we will now provide that support mechanism after a person is sentenced — in other words, once a person is sentenced under the provisions set out in new section 93A of the Sentencing Act.

New section 93A talks about the fact that a person who commits a serious crime may now be subject to a hospital security order as sentence. It is important to look at what new section 93A will include. It talks about a person being found guilty of an offence and the court being satisfied that the person is mentally ill and so on. It talks about taking into account that a term of imprisonment would otherwise be imposed, forensic history and social circumstances. It is an admission that we are now assuming a role. As I indicated earlier, at the time I visited Mayday Hills as a young boy we had

an institutionalised regime dedicated to treating those in the community who were ill and who could not be released. They were in a facility not because they had committed a crime but merely for the protection of themselves and the community.

We have progressed too far with this bill. There is an acknowledgement that we will still treat those in the community who have a mental illness, but we are now saying these amendments will apply once a person has committed a serious crime. I think that is morally wrong. There are people in our society who have a mental illness at a level that requires incarceration, but it seems odd that we should have incarceration after a serious crime has been committed. It indicates the extent to which we have changed. I put that in the sense that the bill provides for the introduction of parole orders which allow for leave. That is detailed in the bill, and I do not propose to go into detail on it.

I put on the record that I support the notions and principles set out in the bill. However, there is a more serious social problem that is confronting us. There is a range of prisons in our state that hold a number of mentally ill offenders. The Thomas Embling facility is always full. There is no doubt that it does a fantastic job, and I have seen the work it does. As I said, the maximum security prison I was at the other day also had a range of hospital in-jail facilities for treatment. We have replaced the notion of the institutionalised mental health system with the mental health system within the criminal justice system. Those who have seen the *Four Corners* program or who have been to any of the correctional facilities in our state would know that a jail is not the appropriate place for these offenders. It is difficult enough for those who do not have a mental illness to cope with being in jail for the sentence they are serving.

For those who have a mental illness and are incarcerated perhaps for lengthy periods because the crime they have committed has been serious and quite heinous — it may have involved murder — the system is wrong. Whilst there is an expectation in the community that those who commit a crime will be sentenced to a term of imprisonment, states generally around the Western World — indeed, Victoria — have had the mistaken belief that the total deinstitutionalisation of the mental health sector would resolve any problems of the matter being carried on. What we find now is that it is carried on in the criminal justice system, and as a civilised society we are all the poorer for it.

Having said that, the Liberal Party does not oppose the bill. We look forward to it being implemented. I and

those who contributed to the preparation of this amending bill look forward to the operation of the forensic leave panel and hope it will go at least some way towards resolving some of the issues I have raised today.

Hon. J. G. HILTON (Western Port) — I would like to make some brief comments on the Sentencing and Mental Health Acts (Amendment) Bill. Before dealing with the substance of the bill, I would like to make some general remarks about mental health.

Mental illness has a wide variety of forms and affects a significant proportion of our community. I understand it is likely to affect 20 per cent of the population at some stage in their lifetime and that among younger people the percentage is even greater. Mental illness tends to be unacknowledged, because from a physical point of view there is very little evidence of any illness at all, yet the illness itself can be very distressing both for the individuals and their families.

My first experience with mental illness was as a university student when I was taking my degree in psychology. I attended lectures on schizophrenia and manic depression, where the symptoms of mental illness were described. We were also told the history of how mental illness was dealt with in days gone by and had described to us some very horrific treatments, one of which was lobotomy. Lobotomy was the boring of a hole in the temple through the front of the brain and out the other side to sever in a totally haphazard way various neural connections. What usually happened was that the people who were subjected to that so-called 'treatment' were left as little more than vegetables. However, that was an academic lecture.

What made mental illness real for me was when I spent two summer vacations working at a local mental hospital, or the local asylum as it was called in those days. My first experience was being a male nurse on a ward with over 100 patients, some of whom had been in hospital for 30 to 40 years. They were totally institutionalised and were never visited, as far as I could see, by a doctor or psychiatrist. But they were given medication. The purpose of that medication was not to make them better, but to make them docile. Essentially they were going to be in that asylum until they died.

Obviously, in any modern, civilised society that is a totally inappropriate way of treating people. Now, in Australia, in the UK and in the Western World generally times have moved on. We no longer treat people in this way. We no longer have such Dickensian institutions where we house our fellow human beings

until they die. People now receive care and attention in their communities.

However, I believe that a case can be made that still more needs to be done. There are far too many people in our society who are living on the streets and who have some form of mental illness. As Mr Dalla-Riva has mentioned, the prison system has a greater preponderance of inmates with a mental illness than does society in general. Whilst I believe the government can be justifiably proud of the resources it has made available to the mental health system, it could not be argued that nothing more needs to be done.

In a world of unlimited revenue I am sure all governments would make a more significant contribution to the funding of mental health services. However, we do not, unfortunately, live in such a world, and on balance the government has recognised and made a genuine attempt to address the issues involved in mental health.

I now turn to the bill before the house. I intend to be brief, as the bill is not being opposed by the opposition or The Nationals. The genesis of the bill was the May 2001 review chaired by Justice Frank Vincent, who considered leave arrangements for patients at the Victorian Institute of Forensic Mental Health.

Most of those recommendations have been implemented. However, two recommendations in relation to hospital orders were held over for further consideration and consultation. A hospital order is essentially an alternative to passing a sentence when it is determined that the person who has been found guilty of an offence is mentally ill and should be detained in a mental health facility rather than a prison. Hospital orders are of indefinite duration — that is, they have no expiry date — and the person who is subject to such an order remains in the facility until the chief psychiatrist or the Mental Health Review Board discharges them — that is, when it is determined that they no longer require mental health treatment.

There would appear to be two issues in relation to hospital orders. A person can be discharged from an order before a sentence to which they would have been subjected if found to be mentally competent would have expired. And because the hospital orders are of indefinite duration, a person could, in theory, find themselves subject to such an order forever. Accordingly, the Vincent review recommended that the Sentencing Act be amended to provide criteria for when hospital orders should be made and that those criteria reflect that they should not be made where a serious crime has been proven. A further recommendation was

that the Mental Health Act be amended to provide guidance about when a person on a hospital order should be discharged from that order.

In response to these recommendations it has been recommended and determined that hospital orders should be renamed. They will now be known as restricted involuntary treatment orders (RITOs). To overcome the perception that people on RITOs may receive a lesser punishment than people who are mentally sound, a person found guilty of a serious offence, which includes a crime such as murder, manslaughter, rape or armed robbery, will not be placed on an RITO. To overcome the potentially indefinite duration of RITOs it has now been decided that they will apply for a maximum of two years.

In relation to serious offences, the person will still be sent to a mental institution, but they will be sent there with a sentence of fixed duration. In the event that it is decided that the person has recovered from their mental illness and does not require treatment in a mental institution, they will be transferred to a normal prison to complete their sentence.

I believe these amendments are a serious attempt to synchronise treatment in mental hospitals with sentencing requirements for major offences. They are appropriate amendments for a difficult area of the law as it relates to the treatment of people with a mental illness who have committed a crime. Both sides of the house have acknowledged the appropriateness of these amendments, as is evidenced by the decision of both the opposition and The Nationals not to oppose the legislation. I am pleased to commend the bill to the house.

Motion agreed to.

Read second time.

Remaining stages

Passed remaining stages.

ADJOURNMENT

Mr GAVIN JENNINGS (Minister for Aged Care) — I move:

That the house do now adjourn.

WorkCover: assessors

Hon. BILL FORWOOD (Templestowe) — The issue I wish to raise tonight is for the Minister for WorkCover and the TAC. A vibrant WorkCover

system has many aspects and many players, and there needs to be some balance in the way the system works. My attention has been recently drawn to the situation of licensed WorkCover assessors. Part of their task is circumstance reporting — in other words, these people are contacted by the agents of their insurance companies and they go out and take statements from witnesses. They inspect what happened in a workplace accident, usually before it has been decided whether the claims are accepted or not.

The problem that has been brought to my attention is that in 1985 when WorkCare came in compliance reporting WorkCover assessors were paid \$45 per hour, in 1987 it went to \$47.90 per hour and currently they are being paid \$49 per hour — in other words, between 1985 and 2005 the remuneration for licensed WorkCover assessors who are doing circumstance reporting increased by \$4. I am also advised that they currently get a car allowance of 51 cents per kilometre, and honourable members in this place know what is happening with private fuel prices at the moment. These people play an important role in ensuring the integrity of the system. They are private operators who work on an on-request basis from the Victorian WorkCover Authority (VWA), from claims agents and from insurance companies.

Frankly, they are going backwards out the door and cannot survive at these rates — the hourly rate of \$49 per hour or the car allowance rate of 51 cents per kilometre. I know the minister is concerned that we have a vibrant and robust system. We need to have integrity in the system and to have these people being properly remunerated. Will the minister investigate what is being done — perhaps a value-for-work study needs to be done? There needs to be some effort made by the VWA to ensure that licensed WorkCover assessors doing their legitimate job of circumstance reporting are rewarded in a manner not lavish but at least commensurate with the work they do.

Buses: interstate operators

Hon. P. R. HALL (Gippsland) — Tonight I wish to raise a matter for the attention of the Minister for Transport in the other place concerning interstate coach travel, particularly the limitations placed upon interstate coach operators dropping off and picking up passengers in Victoria. As the licensing arrangements currently stand, interstate coach services do not allow passengers to initiate and terminate their journeys in Victoria — for example, if you have a bus coming from Sydney and people at Wodonga want to hop on it and travel on to Melbourne they will not be allowed to get on the bus in Wodonga and terminate their journey in Melbourne.

What they have to do is go over the border to Albury to hop on the bus to travel to Melbourne.

A coach service called Premier operates along the coast through Gippsland and is allowed to pick up passengers in New South Wales. It is allowed to drop passengers at Cann River and go on to Melbourne with other passengers, but a person cannot board the bus at Cann River and go on to Melbourne. The reason is that it would be deemed that the interstate coach service would compete unfairly with V/Line, which is the licensed transport operator in Victoria.

I have raised this with the minister before and argued the point that people who live in regional and remote Victoria have limited access to public transport, as is the case in other parts of Australia of course. Although it is fair to say that a V/Line service does run through East Gippsland and people in Cann River can hop on a V/Line bus and travel to Melbourne in that bus, because of those licensing arrangements they cannot do so on the alternative interstate bus service that comes through exactly the same area.

I am prompted to raise this matter again because I have recently seen an email and press release from Greyhound Australia which is marketing access to the Harvest Trail throughout Australia. That is an admirable program. Members may know that the Harvest Trail essentially allows people to travel for employment purposes from one area to another to harvest crops. They might be in the northern part of Victoria to harvest a fruit crop, for example, and travel on to harvest grapes, so they travel from region to region throughout Australia.

Greyhound Australia is putting out brochures to encourage backpackers and others seeking work to follow that Harvest Trail and is providing services for them. The ability of companies like Greyhound Australia and other interstate bus operators to service the needs of those on the Harvest Trail or those wishing to travel on general public transport in Victoria is very much limited because of the licence agreements with V/Line.

I ask the minister to again look at this matter to see if there cannot be some arrangement whereby country people can get greater access to public transport services. If it requires a subsidy, so be it because passengers on the Melbourne network — the Met — certainly get their public transport subsidised to a far greater degree than do country people.

Water: Campaspe irrigators

Hon. W. A. LOVELL (North Eastern) — My adjournment matter is for the attention of the Premier. It concerns the irrigators in the Campaspe irrigation system. There are about 130 irrigators on the Campaspe system, mostly dairy farmers. The water supplied to them comes through storages at Lake Eppalock and the Campaspe Weir. History has shown the Campaspe system to be one of the most reliable irrigation systems. The average yearly allocation has been about 193 per cent of water right.

However, last season the irrigators received only 39 per cent of their water right. There was a further 5 per cent available, but it was withheld by Goulburn-Murray Water for the supply of stock and domestic water this year. So far this season they have been granted only a 6 per cent allocation of the water right and Goulburn-Murray Water has said there is a 50 per cent chance that that could reach 42 per cent by February.

While the impact of the drought has started to diminish in other areas, the Campaspe area is still being hit hard. Over the past 12 months the local drought recovery officer has issued several requests for the Minister for Agriculture in the other place to visit the area. But despite his office being just down the road in Bendigo, the minister has failed to respond. After significant lobbying I was able to secure a meeting with the Minister for Water in the other place and the irrigators in Shepparton during the minister's visit there last May. Whilst the minister showed empathy toward the irrigators, there were no results or assistance following that meeting. It appears that the Bracks government has turned its back on the Campaspe irrigators.

As the Premier would be well aware, when primary producers are struggling it has an enormous impact on the rest of the district. There is evidence of this in the Campaspe area, with local businesses struggling to survive because they have extended credit to assist the irrigators and there are a myriad welfare and health concerns throughout the district.

Earlier this year the New South Wales government moved to assist drought-affected irrigators by waiving fixed water charges. Currently the Bracks government is requiring the Campaspe irrigators to pay for 100 per cent of water when they have received only 39 per cent last year and this year have been allocated only 6 per cent. One irrigator informed me that his water bill amounts to around \$54 000 and that he is using the exceptional circumstances payments he receives from the federal government — which are supposed to put food on the table for his family — to pay his

Goulburn-Murray Water bill. The Minister for Agriculture and the Minister for Water have failed to offer any hope for or assistance to the Campaspe irrigators. My request of the Premier is that he intervene and take action to explore all avenues for assisting the Campaspe irrigators to survive this difficult period.

Taxis: rural and regional

Hon. D. K. DRUM (North Western) — My adjournment question is to the Minister for Transport in the other place, Mr Batchelor. Last week I took the opportunity to go down to Castlemaine Taxis. The proprietor, Doug Grey, gave me an open invitation to spend as much time as I could afford simply sitting in one of his taxis throughout the course of a mid-afternoon session.

I took the front seat along with a lovely lady by the name of Sharon Butler. Sharon was the driver and is the single mother of a disabled child, so she has quite an extensive range of accounts and bills to pay. She told me of her lot in life, and she is working extraordinary hours in the regional taxi industry for a very minimal financial return. Her employer, Mr Grey, certainly feels for his staff, but under the current pricing structure he feels there is nowhere to go in relation to further increases. Throughout the day we were flat out. During the entire 2 hours I was able to devote to this exercise we did not have a moment of that taxi having no fares. We were constantly on the go but as is the case with many of the smaller towns — and Castlemaine has about 6000 people — there were a lot of small fares. We were going from one end of town to the other end of town for fares of \$7 and \$8. Compare that to the sort of revenue the metropolitan taxidriver gets. Nearly every time you jump in a taxi you are lucky if you can get out with a fare of less than \$10 or \$15.

The fact that there are no traffic lights in smaller country towns and that you can get from one end of town to the other in a reasonably short time means Ms Butler certainly has a range of very small fares. On the odd occasion that she does get a longer fare out of town, she then has to drive all the way back in with an empty taxi. That is unlike the larger fares for drivers in metropolitan Melbourne: if they get a \$40 trip to the airport, they sit there for 40 or 50 minutes and then get another \$40 or \$50 trip back to the city.

We need to look at the extraordinary service delivered by the people in regional areas. I call on the Minister for Transport to understand that country taxi services are essential services. We need to look at a pricing structure that may include subsidies. We subsidise our metropolitan public transport system to the tune of

many millions of dollars each year. We subsidise many country bus services to the tune collectively of millions of dollars every year. We need to understand and fully appreciate the fact that in smaller country towns taxis are an essential service. Many of the taxidrivers have a very personal way of helping the elderly in and out of their homes. We need to consider it in that light.

Responses

Mr GAVIN JENNINGS (Minister for Aged Care) — The Honourable Bill Forwood raised a matter for the attention of the Minister for WorkCover and the TAC seeking that he do a reassessment of the remuneration of licensed WorkCover assessors.

The Honourable Peter Hall raised a matter for the attention of the Minister for Transport in the other place. He outlined some restrictions of trade that apply to interstate coach travellers and bus lines and asked whether there could be a reassessment of the regulations that cover those bus lines and whether they are being disadvantaged vis-a-vis V/Line operations.

Hon. P. R. Hall interjected.

Mr GAVIN JENNINGS — Mr Hall wants me to make it clear to the Minister for Transport that his primary objective is actually the transport needs of residents of country Victoria.

The Honourable Wendy Lovell raised a matter for the attention of the Premier, seeking his intervention and support for irrigators in the Campaspe system to ensure that their need to access water supplies is addressed in view of the impact adverse weather conditions have had on their livelihood.

The Honourable Damian Drum raised a matter, also for the attention of the Minister for Transport in the other place, seeking his reappraisal of the price structures that apply to taxi services in rural areas of the state to ensure they are economically viable.

Motion agreed to.

House adjourned 4.38 p.m.

**Key Victorian Hospital Performance Data contained in the Quarterly 'Hospital services report'
deleted or retained by the 'Your hospitals' report**

No.	Measure	Quarterly Hospital Services Report	Your hospitals – a six monthly report
1	Number of people waiting for residential aged care placement – interim care	Yes	Yes
2	Number of people waiting for residential aged care placement – sub acute	Yes	Dumped
3	Number of people waiting for residential aged care placement - acute	Yes	Dumped
4	Number of patients admitted to hospital	Yes	Yes
5	Number of patients admitted to hospital – historical comparison – comparison with previous quarter	Yes	Dumped
6	Number of patients admitted to hospital – historical comparison – comparison with previous year	Yes	Dumped
7	Number of patients admitted to hospital – hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
8	Number of patients admitted to hospital – hospital by hospital comparison – comparison with previous year	Yes	Dumped
9	Number of patients admitted to hospital – hospital by hospital comparison – percentage change comparison with previous year	Yes	Dumped
10	Number of emergency patients admitted to hospital	Yes	Yes
11	Number of emergency patients admitted to hospital – historical comparison – comparison with previous quarter	Yes	Dumped
12	Number of emergency patients admitted to hospital – historical comparison – comparison with previous year	Yes	Dumped
13	Number of emergency patients admitted to hospital – hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
14	Number of emergency patients admitted to hospital – hospital by hospital comparison – comparison with previous year	Yes	Dumped
15	Number of emergency patients admitted to hospital – percentage change comparison	Yes	Dumped

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	with previous quarter		
16	Number of emergency patients admitted to hospital – percentage change comparison with previous year	Yes	Dumped
17	Number of patients treated in emergency departments	Yes	Yes
18	Number of patients treated in emergency departments – historical comparison – comparison with previous quarter	Yes	Dumped
19	Number of patients treated in emergency departments – historical comparison – comparison with previous year	Yes	Dumped
20	Number of patients treated in emergency departments - hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
21	Number of patients treated in emergency departments - hospital by hospital comparison – comparison with previous year	Yes	Dumped
22	Number of patients treated in emergency departments – percentage change comparison with previous year	Yes	Dumped
23	Number of emergency department patients waiting on a trolley for over 12 hours	Yes	Yes
24	Number of emergency department patients waiting on a trolley for over 12 hours – historical comparison – comparison with previous quarter	Yes	Dumped
25	Number of emergency department patients waiting on a trolley for over 12 hours – historical comparison – comparison with previous year	Yes	Dumped
26	Number of emergency department patients waiting on a trolley for over 12 hours - hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
27	Number of emergency department patients waiting on a trolley for over 12 hours - hospital by hospital comparison – comparison with previous year	Yes	Dumped
28	Number of emergency department patients waiting on a trolley for over 12 hours – percentage of patients comparison – hospital by hospital – this quarter	Yes	Dumped
29	Number of emergency department patients waiting on a trolley for over 12 hours – percentage of patients comparison – hospital by hospital – last quarter	Yes	Dumped
30	Number of emergency department patients waiting on a trolley for over 12 hours – percentage of patients comparison – hospital by hospital – last year	Yes	Dumped
31	Number of emergency department patients treated within ideal time – triage category 1	Yes	Deleted, only percentage shown
32	Number of emergency department patients treated within ideal time – triage category 1 - hospital by hospital comparison – patient numbers	Yes	Dumped

33	Number of emergency department patients treated within ideal time – triage category 1 - hospital by hospital comparison – percentage of patients	Yes	Dumped
34	Number of emergency department patients treated within ideal time – triage category 2	Yes	Deleted, only percentage shown
35	Number of emergency department patients treated within ideal time – triage category 2 - hospital by hospital comparison – patient numbers	Yes	Dumped
36	Number of emergency department patients treated within ideal time – triage category 2 - hospital by hospital comparison – percentage of patients	Yes	Dumped
37	Number of emergency department patients treated within ideal time – triage category 3	Yes	Deleted, only percentage shown
38	Number of emergency department patients treated within ideal time – triage category 3 - hospital by hospital comparison – patient numbers	Yes	Dumped
39	Number of emergency department patients treated within ideal time – triage category 3 - hospital by hospital comparison – percentage of patients	Yes	Dumped
40	Number of times hospitals go on ambulance bypass	Yes	Dumped
41	Number of times hospitals go on bypass - historical comparison – comparison with previous three quarters	Yes	Dumped
42	Number of times hospitals go on ambulance bypass – historical comparison – comparison with previous year	Yes	Dumped
43	Number of times hospitals go on ambulance bypass - hospital by hospital comparison – comparison with previous three quarters	Yes	Dumped
44	Number of times hospitals go on ambulance bypass - hospital by hospital comparison – comparison with previous year	Yes	Dumped
45	Number of beds available for patients who need intensive care – month by month	Yes	Dumped
46	Number of beds available for patients who need coronary care – month by month	Yes	Dumped
47	Number of beds available for patients who need intensive care	Yes	Dumped
48	Number of beds available for patients who need intensive care - hospital by hospital comparison - available	Yes	Dumped
49	Number of beds available for patients who need intensive care - hospital by hospital comparison – total open Intensive Care Unit beds	Yes	Dumped

50	Number of beds available for patients who need intensive care - hospital by hospital comparison – total open ICU & HDU beds	Yes	Dumped
51	Number of patients on hospital waiting lists for elective surgery - urgent	Yes	Yes
52	Number of patients on hospital waiting lists for elective surgery - urgent – historical comparison – comparison with previous quarter	Yes	Dumped
53	Number of patients on hospital waiting lists for elective surgery - urgent – historical comparison – comparison with previous year	Yes	Dumped
54	Number of patients on hospital waiting lists for elective surgery - urgent – hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
55	Number of patients on hospital waiting lists for elective surgery - urgent – hospital by hospital comparison – comparison with previous year	Yes	Dumped
56	Number of patients on hospital waiting lists for elective surgery – semi-urgent	Yes	Yes
57	Number of patients on hospital waiting lists for elective surgery – semi-urgent – historical comparison – comparison with previous quarter	Yes	Dumped
58	Number of patients on hospital waiting lists for elective surgery – semi-urgent – historical comparison – comparison with previous year	Yes	Dumped
59	Number of patients on hospital waiting lists for elective surgery – semi-urgent – hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
60	Number of patients on hospital waiting lists for elective surgery – semi-urgent – hospital by hospital comparison – comparison with previous year	Yes	Dumped
61	Number of patients on hospital waiting lists for elective surgery – non-urgent	Yes	Yes
62	Number of patients on hospital waiting lists for elective surgery – non-urgent – historical comparison – comparison with previous quarter	Yes	Dumped
63	Number of patients on hospital waiting lists for elective surgery – non-urgent – historical comparison – comparison with previous year	Yes	Dumped
64	Number of patients on hospital waiting lists for elective surgery – non-urgent – hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
65	Number of patients on hospital waiting lists for elective surgery – non-urgent – hospital by hospital comparison – comparison with previous year	Yes	Dumped
66	Number of patients admitted from waiting lists	Yes	Dumped
67	Number of patients admitted from waiting lists – historical comparison – comparison with	Yes	Dumped

	previous quarter		
68	Number of patients admitted from waiting lists – historical comparison – comparison with previous year	Yes	Dumped
69	Number of patients admitted from waiting lists – hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
70	Number of patients admitted from waiting lists – hospital by hospital comparison – comparison with previous year	Yes	Dumped
71	Number of patients cancelled from waiting lists	Yes	Dumped
72	Number of patients cancelled from waiting lists – historical comparison – comparison with previous quarter	Yes	Dumped
73	Number of patients cancelled from waiting lists – historical comparison – comparison with previous year	Yes	Dumped
74	Number of patients cancelled from waiting lists – hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
75	Number of patients cancelled from waiting lists – hospital by hospital comparison – comparison with previous year	Yes	Dumped
76	Number of people on hospital waiting list for elective surgery for longer than ideal time - urgent	Yes	Deleted, only percentage shown
77	Number of people on hospital waiting list for elective surgery for longer than ideal time - urgent – historical comparison – comparison with previous quarter	Yes	Dumped
78	Number of people on hospital waiting list for elective surgery for longer than ideal time - urgent – historical comparison – comparison with previous year	Yes	Dumped
79	Number of people on hospital waiting list for elective surgery for longer than ideal time - urgent – hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
80	Number of people on hospital waiting list for elective surgery for longer than ideal time - urgent – hospital by hospital comparison – comparison with previous year	Yes	Dumped
81	Number of people on hospital waiting list for elective surgery for longer than ideal time – semi-urgent	Yes	Deleted, only percentage shown
82	Number of people on hospital waiting list for elective surgery for longer than ideal time – semi-urgent – historical comparison – comparison with previous quarter	Yes	Dumped
83	Number of people on hospital waiting list for elective surgery for longer than ideal time – semi-urgent – historical comparison – comparison with previous year	Yes	Dumped

84	Number of people on hospital waiting list for elective surgery for longer than ideal time – semi-urgent – hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
85	Number of people on hospital waiting list for elective surgery for longer than ideal time – semi-urgent – hospital by hospital comparison – comparison with previous year	Yes	Dumped
86	Number of patients from elective surgery waiting lists admitted within clinically ideal times - urgent	Yes	Dumped
87	Number of patients from elective surgery waiting lists admitted within clinically ideal times - urgent – historical comparison – comparison with previous quarter	Yes	Dumped
88	Number of patients from elective surgery waiting lists admitted within clinically ideal times - urgent – historical comparison – comparison with previous year	Yes	Dumped
89	Number of patients from elective surgery waiting lists admitted within clinically ideal times - urgent – hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
90	Number of patients from elective surgery waiting lists admitted within clinically ideal times - urgent – hospital by hospital comparison – comparison with previous year	Yes	Dumped
91	Number of patients from elective surgery waiting lists admitted within clinically ideal times - urgent – percentage comparison – comparison with number of patients	Yes	Dumped
92	Number of patients from elective surgery waiting lists admitted within clinically ideal times – semi-urgent	Yes	Dumped
93	Number of patients from elective surgery waiting lists admitted within clinically ideal times - semi-urgent – historical comparison – comparison with previous quarter	Yes	Dumped
94	Number of patients from elective surgery waiting lists admitted within clinically ideal times - semi-urgent – historical comparison – comparison with previous year	Yes	Dumped
95	Number of patients from elective surgery waiting lists admitted within clinically ideal times - semi-urgent – hospital by hospital comparison – comparison with previous quarter	Yes	Dumped
96	Number of patients from elective surgery waiting lists admitted within clinically ideal times - semi-urgent – hospital by hospital comparison – comparison with previous year	Yes	Dumped
97	Number of patients from elective surgery waiting lists admitted within clinically ideal times - semi-urgent – percentage comparison – comparison with number of patients	Yes	Dumped
98	Percentage admission source of total hospital activity (ie emergency, elective, other admissions)	Yes	Dumped

99	Number of Victorians with private health insurance hospital cover	Yes	Deleted, only percentage shown
100	Number of Victorians with private health insurance hospital cover - historical comparison – comparison with previous quarter – percentage of population	Yes	Dumped
101	Number of Victorians with private health insurance hospital cover - historical comparison – comparison with previous year – percentage of population	Yes	Dumped
102	Number of Victorians with private health insurance hospital cover - historical comparison – comparison with previous quarter – no. of Victorians	Yes	Dumped
103	Number of Victorians with private health insurance hospital cover - historical comparison – comparison with previous year – no. of Victorians	Yes	Dumped

Information formerly available online in Victorian Critical Care Bedstate Reports***

Measure	Available Now
Hospital by hospital daily *ICU Status Report	No
Daily Unit Status on each hospital (Accepting, restricted or not Accepting)	No
Precise time of last update of ICU bed availability	No
Total **IC beds open in each hospital	No
Predicted available IC beds in the following 8 hours	No

* ICU – Intensive Care Unit

**IC – Intensive Care

***Previous website address: www.svmh.org.au/ccbedstate/reporticu.asp

Ambulance Bypasses and HEWS (Hospital Early Warning System) Incidents

	1998-1999	1998-1999	1999-2000	1999-2000	2000-2001	2000-2001	2001-2002	2001-2002	2002-2003	2002-2003	2003-2004	2003-2004
	Total	HEWS	Total	HEWS	Total	HEWS	Total	HEWS	Total	HEWS	Total	HEWS
Angliss			9		71		23		24		42	
Austin	β		79		234		90		59		73	
Box Hill			85		175		87		44		95	
Dandenong			83		256		105		90		175	
Frankston			451		420		187		91		130	
Maroondah			95		305		115		48		33	
Monash			566		456		250		179		114	
Northern			41		365		102		63		16	
RMH			49		650		228		228		112	
St. V's			96		203		76		34		43	
Sunshine			Nil		Nil		40		36		26	
Alfred			360		294		163		37		87	
Western			107		100		75		156		108	
TOTAL	312	§	2021	§	3529	§	1541	§	1089	*1519	1054	**3000
<i>Source:</i>												
Hospital Services Reports 1999-2004 & Auditor General's Report Managing emergency demand in public hospitals May 2004												
βHospital by hospital statistics not available until September 1999 Quarter												
§HEWS (Hospital Early Warning System) began in December Quarter 2002												
*2003-2004 and 2002-2003 HEWS figures partial figures only. No full financial year statistics available.												
**The Age Sept 29, 2005												

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Cancellations from Elective Surgery Waiting Lists

No. of Patients Cancelled from Waiting Lists

Hospital	March 2004	June 2004	Total Cancellations Jan to June 2004	Total Cancellations Jan to June 2005
Angliss	69	94	163	Deleted from 'Your hospitals' report
Austin	301	348	649	Deleted from 'Your hospitals' report
Box Hill	152	253	405	Deleted from 'Your hospitals' report
Dandenong	268	209	477	Deleted from 'Your hospitals' report
Frankston	301	332	633	Deleted from 'Your hospitals' report
Maroondah	181	133	314	Deleted from 'Your hospitals' report
Monash	341	439	780	Deleted from 'Your hospitals' report
Northern	191	291	482	Deleted from 'Your hospitals' report
Royal Melbourne	393	350	743	Deleted from 'Your hospitals' report
St Vincents	256	223	479	Deleted from 'Your hospitals' report
Sunshine	172	195	367	Deleted from 'Your hospitals' report
Alfred	370	342	712	Deleted from 'Your hospitals' report
Western	215	218	433	Deleted from 'Your hospitals' report
Mercy - East Melb	54	40	94	Deleted from 'Your hospitals' report
Mercy - Werribee	18	141	159	Deleted from 'Your hospitals' report
Royal Children's	139	164	303	Deleted from 'Your hospitals' report
Royal Womens'	103	107	210	Deleted from 'Your hospitals' report
Sandringham	125	99	224	Deleted from 'Your hospitals' report
Eye & Ear	223	265	488	Deleted from 'Your hospitals' report
Williamstown	180	125	305	Deleted from 'Your hospitals' report
Ballarat Health	85	133	218	Deleted from 'Your hospitals' report
Barwon Health	268	162	430	Deleted from 'Your hospitals' report
Bendigo Health	73	78	151	Deleted from 'Your hospitals' report
Goulburn Valley	87	99	186	Deleted from 'Your hospitals' report
Latrobe	109	77	186	Deleted from 'Your hospitals' report
Northeast Health	54	51	105	Deleted from 'Your hospitals' report
West Gippsland	68	139	207	Deleted from 'Your hospitals' report
TOTAL	4796	5107	9903	**Deleted from 'Your hospitals' report

Source:

Quarterly Hospital Services Reports

**the Jan to June 2005 report is due for release

Key Metropolitan Hospitals July to December 2004 - No. of hours on Ambulance Bypass

Report Date	No. of Days	No. of Hours	Equivalent Full Days on Ambulance Bypass	Hospital Early Warning System (HEWS) Ambulance Diversions - No. & Time
July - December 2004	184	4,416		
Key Metropolitan Hospital	*% Time on Ambulance Bypass	Hours on Ambulance Bypass	Equivalent Full Days on Ambulance Bypass	Hospital Early Warning System (HEWS) Ambulance Diversions - No. & Time
Angliss	1.0	44.16	1.84	Not Released
Austin	2.0	88.32	3.68	Not Released
Box Hill	3.2	141.31	5.89	Not Released
Dandenong	5.2	229.63	9.57	Not Released
Frankston	3.9	172.22	7.18	Not Released
Maroondah	0.8	35.33	1.47	Not Released
Monash	2.8	123.65	5.15	Not Released
Northern	0.0	-	-	Not Released
Royal Melbourne	4.7	207.55	8.65	Not Released
St Vincents	1.8	79.49	3.31	Not Released
Sunshine	0.7	30.91	1.29	Not Released
Alfred	8.6	379.78	15.82	Not Released
Western	0.8	35.33	1.47	Not Released
TOTAL		1,567.68	65.32	Not Released

*Source:

Your hospitals - July to December 2004