

**PARLIAMENT OF VICTORIA**

**PARLIAMENTARY DEBATES  
(HANSARD)**

**LEGISLATIVE COUNCIL**

**FIFTY-SEVENTH PARLIAMENT**

**FIRST SESSION**

**Wednesday, 24 October 2012**

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**Procedure Committee** — The President, Mr Dalla-Riva, Mr D. Davis, Mr Hall, Mr Lenders, Ms Pennicuik and Mr Viney

## Legislative Council standing committees

**Economy and Infrastructure Legislation Committee** — Mr Barber, Ms Broad, Mrs Coote, #Ms Crozier, Mr Drum, Mr Finn, #Ms Hartland, #Mr Leane, #Mr Lenders, #Mr Ondarchie, Ms Pulford, Mr Ramsay and Mr Somyurek.

**Economy and Infrastructure References Committee** — Mr Barber, Ms Broad, Mrs Coote, #Ms Crozier, Mr Drum, Mr Finn, #Mr Leane, #Mr Lenders, #Mr Ondarchie, Ms Pulford, Mr Ramsay and Mr Somyurek.

**Environment and Planning Legislation Committee** — Mr Elsbury, #Mr Finn, #Ms Hartland, Mrs Kronberg, #Mr Leane, Mr Ondarchie, Ms Pennicuik, #Mrs Petrovich, Mrs Peulich, Mr Scheffer, #Mr Tarlamis, Mr Tee and Ms Tierney.

**Environment and Planning References Committee** — Mr Elsbury, #Mr Finn, #Ms Hartland, Mrs Kronberg, #Mr Leane, Mr Ondarchie, Ms Pennicuik, #Mrs Petrovich, Mrs Peulich, Mr Scheffer, #Mr Tarlamis, Mr Tee and Ms Tierney.

**Legal and Social Issues Legislation Committee** — Ms Crozier, Mr Elasmr, #Mr Elsbury, Ms Hartland, Ms Mikakos, Mr O'Brien, Mr O'Donohue, Mrs Petrovich, #Mr Ramsay and Mr Viney.

**Legal and Social Issues References Committee** — Ms Crozier, Mr Elasmr, #Mr Elsbury, Ms Hartland, Ms Mikakos, Mr O'Brien, Mr O'Donohue, Mrs Petrovich, #Mr Ramsay and Mr Viney.

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**Drugs and Crime Prevention Committee** — (*Council*): Mr Leane, Mr Ramsay and Mr Scheffer. (*Assembly*): Mr Battin and Mr McCurdy.

**Economic Development and Infrastructure Committee** — (*Council*): Mrs Peulich. (*Assembly*): Mr Burgess, Mr Carroll, Mr Foley and Mr Shaw.

**Education and Training Committee** — (*Council*): Mr Elasmr and Ms Tierney. (*Assembly*): Mr Crisp, Ms Miller and Mr Southwick.

**Electoral Matters Committee** — (*Council*): Mr Finn, Mr Somyurek and Mr Tarlamis. (*Assembly*): Ms Ryall and Mrs Victoria.

**Environment and Natural Resources Committee** — (*Council*): Mr Koch. (*Assembly*): Mr Bull, Ms Duncan, Mr Pandazopoulos and Ms Wreford.

**Family and Community Development Committee** — (*Council*): Mrs Coote, Ms Crozier and Mr O'Brien. (*Assembly*): Ms Halfpenny, Mr McGuire and Mr Wakeling.

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**Law Reform Committee** — (*Council*): Mrs Petrovich. (*Assembly*): Mr Carbines, Ms Garrett, Mr Newton-Brown and Mr Northe.

**Outer Suburban/Interface Services and Development Committee** — (*Council*): Mrs Kronberg and Mr Ondarchie. (*Assembly*): Ms Graley, Ms Hutchins and Ms McLeish.

**Public Accounts and Estimates Committee** — (*Council*): Mr P. Davis, Mr O'Brien and Mr Pakula. (*Assembly*): Mr Angus, Ms Hennessey, Mr Morris and Mr Scott.

**Road Safety Committee** — (*Council*): Mr Elsbury. (*Assembly*): Mr Languiller, Mr Perera, Mr Tilley and Mr Thompson.

**Rural and Regional Committee** — (*Council*): Mr Drum. (*Assembly*): Mr Howard, Mr Katos, Mr Trezise and Mr Weller.

**Scrutiny of Acts and Regulations Committee** — (*Council*): Mr O'Donohue. (*Assembly*): Mr Brooks, Ms Campbell, Mr Gidley, Mr Nardella, Dr Sykes and Mr Watt.

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

*Parliamentary Services* — Secretary: Mr P. Lochert

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**FIFTY-SEVENTH PARLIAMENT — FIRST SESSION**

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Kronberg, Mrs Janice Susan	Eastern Metropolitan	LP	Viney, Mr Matthew Shaw	Eastern Victoria	ALP



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## Wednesday, 24 October 2012

**The DEPUTY PRESIDENT (Mr Viney) took the chair at 9.33 a.m. and read the prayer.**

**The DEPUTY PRESIDENT** — Order! I inform the house that I have been advised that the Economy and Infrastructure References Committee will be meeting this day following the conclusion of the sitting of the Council.

I have also been informed that it is the birthday of the Clerk, Mr Tunnecliffe, and of the Government Whip, Mr Koch. Congratulations to both of them on their shared date.

### PAPERS

#### Laid on table by Clerk:

Auditor-General Reports on —

Collections Management in Cultural Agencies, October 2012.

Effectiveness of Compliance Activities: Departments of Primary Industries and Sustainability and Environment, October 2012.

CenITex — Report, 2011–12.

Greater Metropolitan Cemeteries Trust — Report, 2011–12.

Ombudsman — Report on the Investigation into allegations of improper conduct by CenITex officers, October 2012.

### MEMBERS STATEMENTS

#### St Mary's House of Welcome

**Mr ELASMAR** (Northern Metropolitan) — On Tuesday, 16 October, I participated in Anti-Poverty Week by helping serve lunch to the many people who frequent St Mary's House of Welcome in Fitzroy, which they do on a daily basis. It was sad to see so many disadvantaged people in need of a decent meal; however, St Mary's House of Welcome has been providing this food service since 1960. For me the day was a real eye-opener and made me realise the wonderful job carried out by religious organisations every day.

#### Australian Greek Ex-Servicemen's Association

**Mr ELASMAR** — On another matter, on Sunday, 21 October, along with many other MPs, I attended the Australian Greek Ex-Servicemen's Association's memorial service for the 72nd anniversary of the 28 October 1940 Greek Remembrance Day for World War II. The mass was held at the Axion Estin memorial

site in Northcote, where I laid a wreath to commemorate those sad events.

#### Bali bombings: 10th anniversary

**Mr ELASMAR** — On another matter, all too quickly 10 years have passed since the disgraceful Bali bombings, in which many Australian tourists became victims of political extremists. Australia must remain ever vigilant in terms of threats to our people who travel internationally. The recent anniversary commemorations in Bali are a timely reminder to us all.

#### Moe: work and learning centre

**Hon. W. A. LOVELL** (Minister for Housing) — I would like to thank the Premier, Ted Baillieu, for officially opening the Moe work and learning centre last week. The Moe centre is one of five new centres that have been delivered as part of an election commitment to improve outcomes for those who need assistance in accessing education, training and work. The centres target areas with high levels of public housing and low levels of education and employment. The Moe centre is run by Gippsland Employment Skills Training (GEST), which has a long history of training locals, and the Brotherhood of St Laurence. The centre will focus not only on Moe but will also deliver outreach services to Morwell.

The Premier and the member for Narracan in the other place, Gary Blackwood, who also attended the opening, were understandably impressed with what they saw. They were treated to a morning tea catered for by the centre's social enterprise, Zest cafe, and they were able to see the wonderful work of the GEST nursery where locals can gain horticultural skills. They also met locals who are benefiting firsthand from this coalition government initiative.

Our first two work and learning centres are kicking goals, with 366 clients registered at Geelong and Carlton. Of these, 114 clients have already been supported into employment, and another 118 clients are taking part in training. These figures are impressive, and we expect to see the same sort of results in Moe and at our other two new centres in Ballarat and Shepparton.

#### Frank Fisher

**Ms PENNICUIK** (Southern Metropolitan) — Last night an e-book was launched at Swinburne University of Technology in Prahran. The e-book is a compilation of works by family, friends and students of Professor Frank Fisher, who passed away on 21 August.

Throughout his life Frank touched the lives of thousands of people with his gentle way of challenging the way we think about, look at and see the world.

Professor Fisher was the inaugural Australian Environmental Educator of the Year in 2007. He was committed to social transformation to a more sensitive and self-aware world through what he called sustainability education. He was involved with sustainability education for over 35 years, much of that time as an associate professor in the school of geography and environmental science at Monash University, which is where I took a number of courses run by him. More recently he was a professor at the National Centre for Sustainability in the faculty of design at Swinburne University of Technology. Anyone who knew Frank, in whatever setting, would have been profoundly influenced by him: by what he said, by how he said it and mostly by what he did — by how he really walked the talk, on his bicycle mostly.

Science and systems theory was one of the courses taught by Frank. It was hard work, but it was worth every minute. I rarely missed a class. So thank you, Frank, for the journey you took us on, which most of us are still on today. I still ask myself, ‘What would Frank think?’, or, ‘Am I approaching this in the right way? What are the social constructions here? What are the non-technical solutions?’.

Frank will be missed by all who knew him. I extend my sympathies to his partner, Mairi-Anne Mackenzie, and his family. Vale, Frank.

### **Academy of Technological Sciences and Engineering: parliamentary briefings**

**Ms BROAD** (Northern Victoria) — The presiding officers of this Parliament and the Australian Academy of Technological Sciences and Engineering regularly host briefing seminars where matters of concern to policy-makers, legislators and scientists are discussed. Most recently the presiding officers and the Australian Academy of Technological Sciences and Engineering were host to an eminent scientist from the CSIRO on the topic of the impact of rising sea levels.

There is no expectation that there will be agreement on these matters at these seminars; however, there is a commitment to discussing issues in a civilised and respectful manner with due regard for the contribution of science and the interests of future generations, not just the interests of those who will not live long enough for their personal interests to be affected. There is, I believe, a recognition that science is critical to the decisions we make and the actions we take on matters

ranging from medicine to earthquakes, and there is a commitment to discussing the evidence rather than attacking individual scientists.

This is in marked contrast to those legislators who trash individual scientists they disagree with, with sniggering support from their colleagues, including government ministers who find entertainment in the denigration of science and scientists.

### **Greens: future**

**Mr FINN** (Western Metropolitan) — Early this year, in the course of addressing this house, I made the prediction that the Greens party days are numbered; not all that sad but very true. My words were based on the unmitigated failure of the Greens in the most recent elections in Victoria, New South Wales and Queensland. Since those words left my lips, more disaster has befallen our Greens friends. They were so confident of winning the by-election for the Assembly seat of Melbourne that they had ordered the cupcakes and widely distributed the running sheet for the victory party. It was not needed. I cannot vouch for the fate of the cupcakes, but even Fitzroy and Carlton rejected the Greens on that occasion.

Much anticipation surrounded the recent Northern Territory election, with truckloads of hippies hitting the streets of Darwin in support of their sun-blessed Greens of the north. The result: they polled a miserable 3 per cent. Some have suggested that many Greens voters smoked their ballot papers, but I cannot be sure of that. Then last Saturday our Green friends suffered their greatest humiliation yet. In the natural home of the Greens, a place where cardigan-wearing Volvo drivers are further removed from reality than anywhere else in this nation, the Greens bombed big time. The voters of the Australian Capital Territory sent the Greens packing, slashing their vote and costing them at least two and probably three of the four seats they held prior to the election.

Predicting the demise of the Greens is not a result of any gift. One does not have to be a prophet to know the Australian Greens are on their last legs — a move that will make our state and our country — —

**The DEPUTY PRESIDENT** — Order! The member’s time has expired.

### **Marine and Freshwater Discovery Centre: research staff**

**Ms TIERNEY** (Western Victoria) — On Sunday, 7 October, many Queenscliff residents expressed their

anger at the Baillieu government's decision to slash funding from the Queenscliff marine fisheries and research centre. The centre, which was built in 2004 under a Labor government, and its researchers are responsible for helping to save the state's mussel industry and the regeneration of Lake Connewarre after the drought. The rally displayed the community's disdain at the decision, which will make these researchers redundant from the facility and damage the fisheries industry. This is yet another blow to primary industries in this state delivered by the Baillieu government.

### **Ballarat Trades and Labour Council: civic ceremony**

**Ms TIERNEY** — On another matter, on Monday, 15 October, I attended a Ballarat City Council civic ceremony to commemorate the 125th anniversary of laying of the foundation stone at the Ballarat Trades and Labour Council. The ceremony was a timely reminder of the many issues unionists have fought for over the years — occupational health and safety laws, the 8-hour day, weekend work provisions, maternity and paternity leave, equal pay and a fair go for all. As Councillor Harris, the mayor of the City of Ballarat, stated at the event, all families in Ballarat have direct or indirect links to the Ballarat Trades and Labor Council.

The council should be congratulated for taking the initiative to hold the civic ceremony in the historic Trench Room — a fitting venue that saw the community come together and work collectively during the war years. It is somewhat disappointing that coalition government MPs could not see the commemoration as a priority. Their absence was noted.

### **9th Caulfield Scout Group, Murrumbeena: hall refurbishment**

**Ms CROZIER** (Southern Metropolitan) — On Monday evening I was invited, along with the member for Caulfield in the Assembly, David Southwick, to attend the opening of the renovations at the 9th Caulfield scouts hall in Murrumbeena. Together with the chief commissioner of Scouts Victoria, Bob Taylor, and the mayor of the City of Glen Eira, Cr Margaret Esakoff, we were able to see firsthand the many improvements that the refurbishment has made to the hall, which has been in existence for over 50 years.

The refurbishment includes an upgrade to the kitchen, a vast improvement to the bathroom facility, new flooring, a proper storage area, a coat of paint and new wiring for the hall. The hall looks fantastic, and what a great tribute to all involved in working to ensure the

hall's transition and upgrade. Not only did the local community, together with the parents and supporters of the club, raise somewhere in the vicinity of \$30 000 — a fantastic effort, I might add — but they pitched in and have done a terrific job in bringing the hall and its surrounds to their current state.

I would also like to acknowledge the Minister for Youth Affairs, Ryan Smith, and the election commitment to provide \$4 million of funding for upgrades to scout and girl guide facilities across the state. The 9th Caulfield scout group was a worthy recipient, receiving a grant of \$50 000. The skills and experiences that so many young Victorians receive through the scout and girl guide movement have been long established. I am sure many young people from the Caulfield and Oakleigh areas will continue to participate in the movement in great numbers.

However, recognition of the many parents and supporters should not go unmentioned. In particular I would like to congratulate Andrew and Dianne Howard on their untiring service to the group and all those responsible for the 9th Caulfield scout group receiving the mayor's group of the year 2012 award, being a regional finalist for the hall of the year and receiving the chief commissioner's award. I also congratulate the five leaders on receiving the Good Service Award for scouting. It was a fantastic effort by all.

### **Agricultural shows: Northern Victoria Region**

**Mrs PETROVICH** (Northern Victoria) — Recently I have had the pleasure of attending the Sunbury, Lancefield and Maldon agricultural shows. Agricultural shows are an important part of the culture in many communities in my electorate of Northern Victoria Region. They are a highlight of the local social calendar and a chance for people to come together and celebrate all that is great about country Victoria.

These shows have traditionally relied on a dedicated band of volunteers. I congratulate Margaret and Bill McKnight and all others involved in organising the Maldon show on the outstanding job they do. I was honoured to again sponsor and present the winning trophies in the Horseman's Challenge event. I congratulate senior winner Catherine Creek and junior winner Olivia O'Reilly on their excellent displays of all-round horsemanship. I also commend the organisers of the Sunbury and Lancefield shows on a job well done. Agricultural shows offer something for everyone. As well as a variety of classes and displays of horses, sheep, home crafts and art, the Maldon show included a 'beaut ute' competition and ferret racing.

I am always pleased that the Victorian coalition government is supporting agricultural societies throughout Victoria with grants of up to \$10 000 to develop showground facilities, up to \$8000 to upgrade show amenities and up to \$5000 for associated society activities. A range of other grants are also available, including local history grants for those shows celebrating milestone events such as Maldon show's 150th celebrations next year. I urge everyone to support their local show as a volunteer, sponsor, entrant or visitor. These shows need volunteer, community and financial support to ensure that they are around for another 150 years.

### **Floods: category C recovery grants**

**Mr O'BRIEN** (Western Victoria) — Today with some regret I draw to the attention of the house the plight of the farmers near Joel Joel in the Upper Wimmera catchment area who have been affected by the severe flooding event of December 2011. These farmers are still waiting for the federal government to provide assistance under category C of the natural disaster relief and recovery arrangements. The pitiful excuses from the federal Attorney-General, Nicola Roxon, and recently from Senator David Feeney as to why these funds are not forthcoming to needy farmers in not only the Upper Wimmera catchment area but all across Victoria throughout this year are absolutely outrageous.

The situation is that the applications for these grants are put together firstly by the local community — that is, the farmers themselves — and then they are collated by the council. The council has sent through to the state government copious information which has been forwarded to the federal government for consideration. Senator Feeney, to my knowledge, has not met with the affected landowners in the Upper Wimmera catchment area and nor has Nicola Roxon. The farmers are desirous of a personal meeting with the federal Attorney-General to put to her their views and their case as to why they are equally affected by flooding events that ripped through their homes and farms again in December 2011. The Attorney-General and Senator Feeney need to consider that it is the farmers they are criticising when they attempt to criticise the state government in their feeble attempts to justify their failure to pay up. There is nothing worse when you have not come up with the money than to criticise the victims rather than stumping up and doing what you should do as a federal government that cares for farmers.

### **Children's Week**

**Ms MIKAKOS** (Northern Metropolitan) — This week is Children's Week, when Victoria celebrates the right of children to enjoy childhood and recognises their talents, skills and abilities. Thousands of children and their families will be involved in activities and events at schools, playgroups, kindergartens and cultural and community groups across Victoria as well as at local libraries.

Coincidentally this is also the National Year of Reading, so there are a number of Children's Week activities that reflect this. It is never too early to start reading to babies, which is why the former Brumby government introduced the Young Readers program. This was a program all about introducing children to the enjoyment of books and literacy from an early age. Under this program every two-year-old in Victoria was given a free book when they attended their two-year-old maternal and child health visit, and parents were encouraged to read to their children. However, in her very first state budget Minister Lovell, the Minister for Children and Early Childhood Development, cut this program — just as she cut the Take a Break occasional child-care program.

On Monday night I attended the inaugural Children's Protection Society address and was pleased to hear an excellent lecture by Professor Iram Siraj-Blatchford, an early education expert from the University of London. The professor spoke about the importance of parents reading to their children. I call on the minister to reflect upon all the research and evidence on this matter and reconsider her axing of this funding.

Minister Lovell also failed to invest a single dollar in kindergarten capital infrastructure in this year's state budget. Families in growth areas in particular are reporting to me difficulties in enrolling their children in kindergarten, and as a result this year's Department of Education and Early Childhood Development annual report shows that Victoria's kindergarten participation levels have declined. The minister does not seem to understand that to maintain children's services she actually needs to invest in them.

### **Victorian Goldfields Railway: 150th anniversary**

**Mr O'DONOHUE** (Eastern Victoria) — We have a rich legacy from those who lived before us during the gold rush and other times, a rich legacy of important infrastructure that still has relevance today. In that context I was pleased to represent the Minister for Public Transport, Terry Mulder, in Bendigo and

Castlemaine on the Sunday just gone to mark the 150th anniversary of the opening of the railway line to these beautiful regional centres. The community celebrations held to commemorate these milestones were both wonderful events. They showcased the important role the iconic goldfields towns have played and indeed still play in Victoria's development.

In what was an amazing feat at the time, there were over 1500 staff working on the construction of the Bendigo line between Woodend and Castlemaine in 1862. Today the coalition government is building on and strengthening this legacy for the future with the construction of the regional rail link program, the largest public transport project in Australia currently under construction. I would like to acknowledge the work of the Bendigo City Council, Steamrail Victoria, the Victorian Goldfields Railway volunteers and all others involved in the project.

### **Trafalgar railway station: centenary**

**Mr O'DONOHUE** — I was also pleased to represent the Minister for Public Transport in my electorate on Saturday, 13 October, for the 100th anniversary of the Trafalgar railway station. Railway stations are the lifeblood of country towns such as Trafalgar. This station has allowed locals to commute to Melbourne and regional towns in Gippsland for 100 years. It also allows other Victorians to visit the town and the surrounding Strzelecki Ranges. I congratulate members of the Rotary Club of Trafalgar, the Trafalgar Community Development Association and the Trafalgar and District Historical Society for organising the wonderful celebrations.

## **HOSPITALS: GOVERNMENT PERFORMANCE**

**Mr JENNINGS** (South Eastern Metropolitan) — It does not give me any joy to rise in the Parliament this morning to draw to the attention of the Victorian Parliament and the Victorian people something that they instinctively already know. What they know is that the health system in Victoria is failing to provide a timely and appropriate response.

**The DEPUTY PRESIDENT** — Order!  
Mr Jennings needs to move his motion.

**Mr JENNINGS** — I move:

That this house —

- (1) condemns the Minister for Health for the disastrous impacts inflicted on the Victorian hospital system through the poor budget outcomes the Baillieu

government has provided the health portfolio since coming to office;

- (2) notes that the deteriorating performance of hospitals has occurred despite Victoria receiving in excess of \$3.6 billion this year from the commonwealth government in health funding alone;
- (3) expresses concern on behalf of all Victorian patients who are waiting longer for elective surgery, as a result of waiting lists blowing out to 46 131, the longest waiting lists in Victoria since current recording methods were introduced in 1992;
- (4) calls on the Baillieu government to correct this situation by augmenting the health budget to support Victorian hospitals before waiting lists grow to in excess of 50 000, as they are expected to do under current funding arrangements; and
- (5) expresses support for the statewide provision of public health services staying in public hands and opposes the attempts of the Baillieu government to privatise the hospital system by stealth.

Deputy President, I have moved the motion. As I have indicated to you and to the chamber, it does not give me any joy to highlight these matters. This is something that I believe the Victorian public has unfortunately come to understand and expect from the Baillieu government. It promised a lot but has delivered very little. In fact it has delivered far less than its promises led the Victorian people to believe they would receive when they narrowly endorsed a coalition government after 11 years of Labor governments.

People in Victoria have every right to expect, as citizens in a highly developed, sophisticated community such as ours, to be able to access and receive quality health care in a timely fashion and in a way that accords with their needs. No-one can underestimate the growth demand pressures in the hospital system that make this a great challenge — the ageing of the population, the prevalence of chronic health conditions and the acuity of disability and impairment. There is a need to create services in accordance with those demand pressures as the population grows and ages and where there is a demonstrable need within the community. An example of that in the last 24 hours has been the community concern expressed about the level and provision of maternity health services.

The government's response once it came to office was very different from the expectation that was created prior to its election. It undertook to fund elective surgery procedures to achieve greater numbers, to reduce waiting lists for elective surgery by providing an additional 800 beds and, very importantly, to provide the resources required to staff those bed allocations across Victorian hospitals. It made a very prominent

commitment to the Victorian people that it would deliver on that undertaking. Yet we have seen no evidence of a growth in either elective surgery numbers or hospital beds. In fact, quite alarmingly, we have seen the opposite. I will be pleasantly amazed if any government member who speaks on this motion this morning can identify, on behalf of the health minister, any delivery of additional bed capacity and any increase or potential for increase in the amount of elective surgery that will be performed.

**Mr Lenders** — They rely on the member for Frankston to do their deliveries.

**Mrs Petrovich** — On a point of order, Deputy President, the member is reflecting on a member in the other place; I ask him to withdraw.

*Honourable members interjecting.*

**The DEPUTY PRESIDENT** — Order! I am giving some consideration to the point of order. I struggle to see how the interjection was unparliamentary in the normal terms of being unparliamentary behaviour, so I will not uphold the point of order.

**Mrs Peulich** — On a further point of order, Deputy President —

**The DEPUTY PRESIDENT** — Order! I remind Mrs Peulich that I have ruled on the point of order.

**Mrs Peulich** — I understand that the Chair has ruled on it being unparliamentary. The point of order was in relation to reflecting on a member; you have not ruled on that point.

**The DEPUTY PRESIDENT** — Order! It was by way of interjection. Mr Lenders, did you want to contribute to this?

**Mr Lenders** — If the member finds it offensive, I am happy to withdraw.

**Mr JENNINGS** — I am sure my leader was attempting to assist me in the flow of my argument; I have no doubt about that. He may have made a valid point, but it is lost on me now.

I would like to continue to talk about the sorry discrepancy the Victorian community sees between what the Baillieu government promised was going to be delivered and what has actually been delivered. Whilst government members may operate on a hair-trigger in relation to accusations about delivery — that has been a key concept for them — I would be keen to see them stand up and act with the same hair-trigger to remind

their ministers of the commitments they made to the people of Victoria and the expectations that were created by those commitments, because what we see is significant budget pressure in the health portfolio.

For the last two state budgets the opposition has drawn attention to the fact that the growth of demand in hospital budgets has not been in accord with the growth of demand that exists in the real world. In fact on both occasions when the Baillieu government has introduced state budgets our response has been to say that not enough investment is coming into the health portfolio to deliver the outcomes that were promised. The government's response is, 'Well, these are world record times in terms of levels of investment in the portfolio'. They may well be because of the sheer size and nature of the state budget; in its own right the CPI component of indexation takes it there.

**Mr Drum** interjected.

**Mr JENNINGS** — The extraordinary thing about it is that whilst the Victorian government is very happy in this context to talk about world record numbers in terms of investment within the portfolio, at the very same time, and much more loudly, it indicates that despite commonwealth investment in the state of Victoria being larger than ever before in relation to its contribution to health — now in excess of \$3.6 billion specifically allocated by the commonwealth to Victoria —

**Mr Drum** interjected.

**Mr JENNINGS** — After the cuts! In fact I would be very interested to know what Mr Drum understands the variation before and after the cuts to be, but it may be in the order of \$18 million off a base of \$3.6 billion. I almost guarantee that not one government member will acknowledge the \$3.6 billion —

*Honourable members interjecting.*

**The DEPUTY PRESIDENT** — Order! We are hearing from Mr Jennings, not from everyone else in the chamber.

**Mr Drum** interjected.

**The DEPUTY PRESIDENT** — Order! I have just called the house to order and Mr Drum has not given it 2 seconds!

**Mr JENNINGS** — At least there is a pulse somewhere within the government — there is an actual recognition that we do have a debate. It is also extraordinary that the Baillieu government has been

successful in spinning a yarn that there has been a reduction in GST revenue. It has become part of the popular commentary within Victoria, in newsprint, in media commentary and certainly in the public domain, that GST revenue has been reduced. Yet the startling fact is that in the budget brought down by Treasurer Wells budget paper 5 identifies that this year's GST revenues are larger than ever before. They were estimated at that time to be \$11 billion.

**Mr Drum** — Very selective.

**Mr JENNINGS** — It is very true! The GST revenues coming into the state of Victoria are larger than ever before, and the update announced by the commonwealth government this week indicates that GST revenues to Victoria this year will be \$11.1 billion, whereas in fact in May — —

**Mr Drum** interjected.

**Mr JENNINGS** — For those who are arithmetically challenged, \$11.1 billion is higher than the \$11 billion that was estimated in the budget brought down by the state Treasurer in May, which, it has to be acknowledged, is the largest amount of GST revenue that has ever come to the state of Victoria. Despite the spin, despite the unbelievable determination of the Victorian government to indicate that revenues from the commonwealth are being reduced, in fact it received \$11.1 billion in GST and \$3.6 billion for health expenditure. At every turn the state government in Victoria cries poor about its challenges in meeting its budget obligations and its election commitments. In the health portfolio those election commitments included an additional 800 beds beyond the capital program it inherited from the Labor government. This government also promised to increase the number of elective surgeries performed in Victoria. It guaranteed that it would do that and that it would reduce elective surgery waiting lists.

On that measure alone, the number of elective surgeries performed, what have we seen? The health data that was delivered by the Minister for Health in the last week indicates that during the period 2011–12 the number of elective surgeries performed in Victorian public hospitals in the last financial year — the number funded by the Baillieu government was even fewer than this number because some hospitals across the state showed initiative and undertook surgery on a private basis, trying to make up for the shortfall in the funding gap provided to them by the Baillieu government — was 153 316. This is around 3000 fewer than the year before and fewer than in the last full year of the Labor government, when the figure was 155 326.

Every person in the state of Victoria who is a health consumer and reflects on this matter for a minute understands that hospital demand growth, including elective surgery, because of the size of the population, keeps growing steadily, and you would expect that to keep pace with that demand you would be performing more elective surgeries. You would assume that just because of population growth, but you would doubly assume it because the Baillieu government got elected in part because it promised to do more. However, what we have seen is that it is funding and delivering fewer elective surgeries. Despite how this government tries to spin it, despite the fact that the Premier of Victoria got up in the current Parliament and indicated that his government would be funding more, the outcome is demonstrably and cruelly less than it was under the last full year of the Labor government.

What has that meant for elective surgery waiting lists? The current Premier, when he was Leader of the Opposition, said waiting lists under Labor were a disgrace. The last full year of Labor managing the health system saw the number of people on waiting lists at 37 194. Two years later under the Baillieu government that figure has grown to 46 131. It is an appalling record for this government that within two budget cycles the waiting list situation has been allowed to deteriorate by some 8000 people. When he was Leader of the Opposition it was quite okay for now Premier Ted Baillieu to indicate to the Victorian people that it was scandalous that under Labor the waiting list was 37 000 to 38 000. What is it today? What is the appropriate adjective today, Mr Drum, when that number is 46 131?

**Mr Drum** interjected.

**Mr JENNINGS** — This is the highest number of people on Victorian waiting lists since records have been kept, going back to 1992. The number is higher than at any other time since 1992, and in political life that is a very long time. I have been watching the clock in relation to this matter since 1992, and the outcomes today under this coalition administration are the worst they have been since 1992.

**Mrs Petrovich** — You must be amnesiac.

**Mr JENNINGS** — I understand the real world, and despite the way the minister tries to patronise me, I understand how government administration works. I was a minister for quite some time. I know what the budget papers and health data say, and I listen to the Victorian community and ordinary health-care consumers. They are reported on a daily basis in the media and are saying to their hospital services, to the

opposition and presumably to government members that they are just not happy with the quality of care and the delivery of service under the Baillieu government compared to the high expectations that were raised prior to the Baillieu government being elected. It is a huge, cruel discrepancy between what was promised and what has been delivered.

**Mr Lenders** — So, record commonwealth money and record waiting lists.

**Mr JENNINGS** — Record waiting lists, no delivery of any new capital program beyond the program the government inherited, no new beds as the government promised and record revenues coming to the state of Victoria to do that with. That includes the haircut received this week. The haircut given by the commonwealth in relation to its revenues this week — —

**Mr Drum** interjected.

**Mr JENNINGS** — In fact, according — —

**Mr Drum** interjected.

**The DEPUTY PRESIDENT** — Order! Mr Drum has just done it again. I know he sits in the back pocket, but this is the Parliament, not the football ground. Enough of the sledging! I do not mind some interjections and will allow those, even though they are disorderly, but I have had enough of the constant interjecting.

**Mr JENNINGS** — I thank you for your assistance, Deputy President. I did not feel as if I was struggling, but in terms of my delicate health condition, at any time you feel the need to protect me, I appreciate that, because I might not get into a hospital if I need to. If we called 000 and wanted an ambulance, it may not get here as quickly as an ambulance would have got here previously.

I was very fortunate that I had my heart attack in 2009 under a Labor administration. I was very pleased with how quickly the ambulance got to me, and it took me to a great public hospital, St Vincent's Hospital. Today I might not have the same confidence, not that the Parliament is very far from St Vinnie's. We might have to get a trolley and wheel me up there; I might get in there quicker! In fact it is probably very likely that we would, though that would not necessarily be the wisest thing to do, because, notwithstanding the pressures the paramedics who would arrive are under and the difficulties of their rostering arrangements and how those impact on their timely response to Victorian

patients, they still have skills and expertise that can well serve people in emergency situations.

That is a great challenge for this government. It is a great challenge for any government, but this government clearly understands how challenging that has become — well, I hope it does. This motion I have moved today starts off with a condemnation of the health minister for promising a lot and delivering little and trying to avoid responsibility. Avoiding responsibility is a critical issue. It is a very critical issue for a minister to refuse to accept responsibility for what is in the minister's power of administration. What is required in the state of Victoria is for the Victorian government to provide leadership and resources.

During the committee stage of the bill there was consideration of the pooling arrangements between health resources allocated by the state of Victoria and those allocated by the commonwealth, which are matched under that agreement. I asked the Minister for Health, whose bill this was, about what thought he had given to ensuring that the Victorian government captured matching funds from the commonwealth by increasing the Victorian health budget and then seeking an agreement with the commonwealth to match it, thereby guaranteeing a growth factor in the Victorian hospital system under the terms of that agreement.

First of all, the health minister did not seem to understand that course of action was available to him. He did not seem to appreciate that Victoria could play a leadership role by allocating resources which would then be subsequently matched by the commonwealth. He did not seem to appreciate during the committee stage of that bill that if the performance of Victorian hospitals reached certain benchmarks, then bonus payments would come to the state of Victoria. He did not appreciate that \$3.6 billion would come from the commonwealth; he did not even acknowledge its existence, let alone the fact that some government members know that it is identified in budget paper 5, from page 175 onwards, the inadequacies of which I am sure will be parroted back to me later on. Government members are not quite sure what is in it, but I would encourage them to have a look at it.

The health minister could not tell me, without advice and confirmation from the box, what is the combined contribution from the state of Victoria's budget and the commonwealth budget in terms of the size of the health funding pool for the state of Victoria. He did not know the answer to that question, but that does not stop him coming into this chamber and patronising me about my lack of knowledge of the portfolio. It would be terrific for the people of Victoria, and particularly reassuring

for patients in Victoria, if the health minister were to provide any details about those cost pressures, including: the contribution of the commonwealth; the leadership role that Victoria could play; what he believes the growth contribution of the Victorian budget should be; how many doctors and nurses he should be able to recruit into the system; and where the beds would be likely to be located. If he answered any of these questions — any of them — it would be an upside for the people of Victoria, but he has not and so far cannot give any of those details.

*Honourable members interjecting.*

**Mr JENNINGS** — This is clearly distressing for some members on the government benches, who feel as if this message is being delivered to them personally. It is not necessarily; it is a collective responsibility of the government to step up and do something about this, and it would be great if the health minister were to intervene in this space and do something about it.

As recently as yesterday, when there was a public outcry in relation to the provision of maternity services, the health minister in Victoria sought wholly and solely to shift blame for this situation to the previous Labor administration and the federal government. His stock standard response is that he will not accept responsibility for anything. The extraordinary thing is that he tried to tell the Victorian people that the impact on forward projections in the commonwealth budget, which were announced the night before and have not even had an effect, will be of the order of \$400 million over the next four years. That may or may not be true, but even if it were true, what impact has that decision, made the night before and already in advance, had on the lack of provision for maternity services in Victoria as at yesterday or today? The answer is: no difference whatsoever.

Clearly what has made a difference in the provision of front-line services are decisions made by the Baillieu government in its first two budgets to take \$616 million from the health portfolio. Yes, Deputy President, I can almost see your jaw drop. Some \$616 million has been taken out of the hospital budget — the health budget — by the Baillieu government. Savings were made.

*Honourable members interjecting.*

**Mr JENNINGS** — Exactly. Government members have risen up. They say to me, ‘Surely that cannot be right; \$616 million cruelly taken out of the health budget by the Baillieu government, our caring government, our government that has made commitments, our government that is now crying poor

about the variation in commonwealth expenditure. Surely we have not taken out more money. Surely we have not taken out \$616 million in our first two budgets from the health portfolio. How could we be so callous; how could we be so cruel?’

**Mr Lenders** — It would probably deliver it 100 beds.

**Mr JENNINGS** — ‘How could we fail in our delivery of the new beds as promised, more elective surgeries as promised and on the waiting lists that are getting longer? How can all this be true?’ It is true, and it is a very inconvenient truth.

There is only one inconvenient truth that any government member is prepared to talk about, and that is the inconvenient truth of Mr Finn, who talks about Tim Flannery and climate change in his climate change denials. In fact there are more inconvenient truths, and it is about time this government stood up and did something about them. This is a government that inherited one of the largest capital reconstructions of the hospital system that has occurred in Victorian history.

**Mrs Petrovich** — All done on the tick and all half done.

**Mr JENNINGS** — I do not know that that is a strong suit in understanding how the world works, but it might be. Just prove it.

In the 11 years of Labor administration we saw redevelopment of the Royal Children’s, Royal Women’s and Casey hospitals and the completion of works at the Austin, Mercy, Maroondah, Angliss, Northern, Sunshine and Dandenong hospitals. During the course of this period of time we also saw redevelopments at Kyneton, Stawell, Ararat, Geelong and Ballarat hospitals. It was an extraordinary capital program. By the time the Labor government went out of office, in the queue were \$2.3 billion worth of capital programs that this government inherited.

What do we see in this year’s budget? This year’s budget from the Baillieu government has added to that program by just in excess of a measly \$300 million over the next four-year period. In terms of the capital program this government inherited, all the large hospital redevelopments that are occurring across the state had already been accounted for in the forward estimates by the outgoing Labor government and had already been committed to by the outgoing Labor government. This government inherited them. This government inherited a completed Royal Children’s Hospital. In fact the current Premier was happy to

accompany the Her Majesty Queen Elizabeth in cutting the ribbon and taking responsibility for that hospital. I am not quite sure how old the Queen is, but I think she is a senior woman.

**Mr Lenders** — Eighty-four? Eighty-five?

**Mr JENNINGS** — Eighty-four? The thing about it is that the compassion and consideration shown by the Premier that day in terms of escorting the Queen — good on him for doing so — and assisting her in circumnavigating the hospital was perhaps the first and last time the Premier showed any interest in the hospital. He certainly has not shown any interest in intervening from that day until now to try to provide care for the younger members of our community and their parents and loved ones who care for their wellbeing, because from the time his government inherited this world-class hospital until now there has been a litany of stories about the waiting lists at the children's hospital getting longer and the number of elective surgeries reducing.

These children have acute conditions and require life-changing corrective surgeries that will assist them in their lives going forward. Time and again these examples are demonstrated, and the Premier on every occasion has chosen not to intervene and not to find a remedy. He has chosen not to increase funding allocations to the Royal Children's Hospital's operating budget. He and his minister have chosen to stay benign in relation to the wellbeing of these children. This adds insult to injury in a situation where the incoming coalition government had promised to match Labor's commitment for the redevelopment of the Monash Children's hospital. We were going to build a \$250 million hospital for children in the south-eastern part of metropolitan Melbourne.

The easy promise made by this government when it came to office was that it was going to match that commitment, which led families in the south-east to believe they would be getting a new hospital in this term of government. But no, that is not the approach of the Baillieu government; that is not its approach to any projects it has lined up to do. It has allocated a cash flow for the redevelopment of the Monash Children's hospital some time in its second term. It is so smugly satisfied with itself that it believes it will have the luxury of getting around to delivering on what was an election commitment at the last election in 2010 sometime in the middle of its second term.

The funding allocation that has been provided for the Monash Children's hospital redevelopment by the Baillieu government in its first two budgets would be

laughable if it were not so cruel. The allocation indicates such dismissiveness by the government and a degree of neglect of, if not contempt for, the families of the south-east. It is indicative of the degree of contempt the Baillieu government has shown in the paucity of service delivery at the Royal Children's Hospital and in the dismissive response of the Victorian Minister for Health yesterday to issues raised about maternity services.

Instead of the minister rolling up his sleeves and getting involved in trying to find ways to improve care for women on their way to having babies in Victoria, instead of asking, 'What can be done immediately?', the approach has been, 'Let us blame the previous Labor government, let us blame the federal government, let us have a committee, let us at some vague time in the future come around to what some new service configuration or outcome may be'. There will be no injection of funds and there is no immediate response. There is no bringing together of the CEOs of hospitals across Victoria which provide maternity services and asking, 'What can be done to address this backlog, what can be done to make sure that we do not have mothers being turned away and seeking some other recourse on their own initiative and at some distance from their homes?'. There was no intervention by the minister, no active involvement and no responsibility taken for getting better outcomes.

What we have seen in Victoria is a callous blind spot in the care and consideration of the Baillieu government and Minister Davis in relation to the health-care needs of mothers and children. It is a story worthy of condemnation. That is a word that I do not use often, and I am very reluctant to do so.

**Mr Lenders** — Let go. Do it, do it!

**Mr JENNINGS** — I think it is appropriate in this motion to condemn the Minister for Health because his attitude is quite extraordinary. The minister — who when in opposition made quite an impact in terms of drawing attention to failings in the health system, who did not miss a beat in relation to crying foul or crying poor or fabricating stories that would indicate there was a crisis in the hospital system — now that he is responsible for fixing the deteriorating condition of Victorian hospitals, chooses to be oppositional still. He chooses to blame others, he chooses to highlight problems but does not identify any remedies. He does not fight within the budget considerations of the Baillieu government to ensure that there is sufficient funding to support his portfolio and to deliver outcomes in accordance with not only community expectations arising from the obligation of this government to the

community but also the promises he made, which helped the government get elected. It has been a cruel and callous response from this government.

Yesterday in this Parliament the minister was asked a series of questions about proposals to in part privatise the operation of clinical services at the Victorian Comprehensive Cancer Centre, which is currently being built in Parkville. That project was committed to by the previous Labor government in Victoria, which was the proponent and which put together \$426 million, which was subsequently matched by the federal government, to build this public facility. He quite mischievously tried to indicate that the privatisation had been a live possibility when the Labor government left office, after it committed that \$426 million. Only once in his answers yesterday did he acknowledge the truth — that he received very clear advice on becoming a minister that in fact that proposal had been rejected by the outgoing Labor government and was not a live option, was not a condition of the project brief and was not a condition of the funding agreement that was concluded between Victoria and the commonwealth. The minister tried to suggest time and again that it was something that was being actively contemplated by the previous Labor government, when it clearly was not.

When the minister was asked a series of questions about the privatisation of some elements of the hospital, including construction of a building which has now been commenced — it went out to contractual arrangements on the basis of being a certain size and scale and scope — and about what happens to the integrity of that tender and that contract if in fact you try to redesign it and add floor capacity to it after the event, it emerged that he had not sought advice about what impact that might have on the validity of the contract and the price of the contract or on who was going to pay for the variation to the contract.

The minister made a series of assumptions. He assumed that he could change whatever he liked, privatise whatever he liked and operate with a free hand in relation to what had been a very strong public commitment by the Labor government in Victoria and the federal Labor government to create one of Australia's and one of the world's best cancer centres, which would be publicly available to all cancer sufferers and their families in Victoria. That was the commitment, and underpinning it was the availability of this precious site in Parkville, with its fantastic access to other health-care services, research facilities and the university precinct.

The size and scale of the project had been considered for years by the various players who were party to

creating this world-leading, publicly owned and operated comprehensive cancer centre. However, this minister thinks he has the luxury of there not being any consequences of uncosted and ill-considered variations to the project. He believes he can change the nature of what is a public undertaking for public health services — in this case, cancer services — without putting commonwealth money or the contracts at risk.

It is another demonstration of where on a whole range of matters — whether it be costs, contributions to public policy, interventions that can deliver better outcomes or listening to the concerns of patients and responding to them at every turn — this minister tries to avoid responsibility. He says that the budget allocations in the Victorian budget are larger than ever before — and to him that is an end in itself — and he asks why he is not appreciated for that. At the same time this same minister cries foul about any variation to commonwealth contributions, but the commonwealth contributions are higher than they have ever been before.

The Minister for Health will not tell the people of Victoria what the commonwealth has contributed. Since becoming minister he has appeared before the Public Accounts and Estimates Committee's budget estimates hearings on two occasions, and at both hearings he was asked the question, 'What is the size of commonwealth contributions?'. On those two occasions he was not able or not willing to answer that question. You can make your own judgement about whether he was not willing or not able to answer.

When the Minister for Health was asked if he could guarantee that every cent allocated by the commonwealth government to Victoria for health will be spent within his portfolio — and he has been asked that question twice — he said he could not guarantee it. On one occasion he said he wished he could guarantee it, and that he would like to give that undertaking. He failed to do so. If that is not an admission of failure, I will go he, because on two occasions, in two different years, the minister in effect gave the same answer. He said he could not undertake to the people of Victoria that when the commonwealth gave Victoria money to spend on health it would be spent on health. How hopeless is that? That is absolutely hopeless.

**Mrs Petrovich** interjected.

**Mr JENNINGS** — I am encouraged by the interjection to acknowledge an issue. The reason I take an interest and want to intervene in this matter is that in the budget papers brought down by the Treasurer in May the estimation of the commonwealth contribution

to health expenditure in Victoria for this year was \$3.630 billion. I took some initiative on behalf of Victoria to try to clarify this situation. In the information I sought and have obtained from the commonwealth in the last 24 hours the figure is \$3.612 billion. That is an \$18 million variation between what was estimated in May up until now. That is \$18 million off a base of \$3.6 billion.

The Victorian government is crying poor about this variation, but it is absolutely incredible that the Baillieu government has chosen to take \$616 million from this portfolio in its first two budgets. The government has chosen to find savings in this portfolio despite the pressures and the challenges, and it continues to shift the blame and deny responsibility for outcomes in Victoria and its health-care system.

On the basis of the arguments I have outlined in the debate on my motion today, it is obvious that the evidence is such that my motion is worthy of overwhelming support from the chamber. I know that it will not be supported, because there will be a lot of denial in other contributions that will be made, but the facts are as follows. Victoria has received in excess of \$3.6 billion from the commonwealth for health expenditure. This is the largest contribution to health Victoria has received from the commonwealth, and yet the Victorian government has cried poor. The fact is that despite the Baillieu government's promise that the waiting lists for elective surgery would go down, those waiting lists have gone up significantly. The health data the Minister for Health released last week indicates that those waiting lists comprise 46 131 people. That is 8000 more people waiting than at the end of the Labor administration. In my conjecture, which is based on budget allocations, on current projections it is extremely likely that waiting lists in Victoria will exceed 50 000 people this financial year as a consequence of the failure of the Baillieu government to provide support in this area.

It is appalling that Victorians have to experience this. It is appalling that they are actually reminded of the fact that waiting lists under the Kennett government went up by about 10 000 people over seven years. That was an appalling outcome for Victorian patients, and the Kennett government was punished for this and a range of other issues. Under the Kennett government the numbers on the waiting lists went up by 10 000 people. Under Labor they went down by the equivalent amount. Within two years of the election of the Baillieu government, waiting lists have increased by nearly 8000 people. That is a telling and compelling story. It is the reason we should condemn the Minister for Health. The minister might think he can get out of this by

privatising aspects of the Victorian health system rather than assuming responsibility for it, and that should be opposed. The Minister for Health should deliver on his promises, the Baillieu government should deliver on its promises, and until it does so it deserves our condemnation.

**Ms HARTLAND** (Western Metropolitan) — My contribution will be quite brief. While I understand why the opposition has brought this motion, I will concentrate on a few specific areas I have concerns about in relation to health issues. Before the interjections begin about how I am always soft on the opposition et cetera, I suggest that members read *Hansard*, particularly the questions I asked during the time of the previous government about ambulance services, the enterprise bargaining agreement (EBA) dispute with ambulance officers, the fire services enterprise bargaining agreement and the hidden waiting lists that were a major problem. People had to wait six to nine months for their first appointment, and then they would go on the waiting list. I have been critical of the previous government as I have been of this government around health issues.

Yesterday Beth Wilson, the health services commissioner, spoke publicly about issues around maternity services in Victoria. The maternity services at Werribee Hospital cannot cope. There are 60 births per week in that area. Women only five weeks pregnant are calling the hospital to book in. They are being told they are unable to book in and that they will have to go to Sunshine Hospital or, the Royal Women's Hospital or they will have to pay for a private service. I know people might not think that Werribee to Sunshine is all that great a distance, but if you live in Point Cook and you go into labour during peak hour, trying to get from Point Cook to Sunshine Hospital could take you 1½ to 2 hours, so women should be able to access birthing services near their homes. The minister did not seem to be prepared or willing to answer my questions yesterday, and I had hoped that he would have been in the chamber today to address this issue, but clearly that is not what he wants to do.

During the last election campaign the minister promised that there would be 100 new beds. I am not sure where these beds are, whether they have been opened and others have been closed or whether others have been opened and still others have been closed. I am not quite clear what has happened there. I would have liked the minister to outline in which hospitals these beds were opened and when, but unfortunately he is not here. Obviously he is reasonably disinterested in this issue.

Today I am going to be speaking at the medical physicists rally on the steps of Parliament House. I had an email from a medical physicist yesterday which I found quite interesting. She said:

I thought you might be interested in an update of our situation.

People might be aware that this is quite a small workforce of about 56 people across the state. These are the people who assist in the setting up of magnetic resonance imaging machines and major X-ray machines. They are dramatically underpaid in comparison with their New South Wales (NSW) and Queensland counterparts, and they have lost quite a few people to other states. They had a particular problem in Traralgon, so my correspondent told me:

We have succeeded in hiring someone to fill the empty senior physicist position at Traralgon, but that is only because the hospital approved an 'allowance' which took the salary close to NSW levels. We haven't even attempted to advertise other vacancies here in the city.

She talked about the enterprise bargaining agreement negotiation process and said it:

... has descended into chaos. As you may recall, we have been attempting to negotiate for more than 10 months now (the last EBA ended Dec 31st 2011). Recently, an offer was made by a senior official, which the union accepted on our behalf, even though we had compromised substantially on our demands. The offer was sent for final approval by the cabinet of the Victorian government who, without any explanation at all, withdrew the offer! This is extraordinary and appalling behaviour, which shows great disrespect to a group of dedicated and hardworking professionals who ... put patient care before their own entitlements.

I would suggest that anybody in the chamber should go and look at the medical physicists' website and see what these issues are. We are talking about 56 people who help keep cancer services in this state running. Without these people, radiology services cannot operate, especially in the country areas. I also understand that some country areas are doing fly-in fly-out services. People are being paid New South Wales rates to do this and, on top of that, air fares and accommodation are being paid for these people. You would have thought the government would just negotiate and get this one sorted out, but it does not seem to be quite capable of doing that.

I am also aware that there will be 60 places cut from the midwives graduate course this year. I have raised this issue before in the house because people would know that once you have done your three years at university, for your midwives course you have to do a year's graduate course to be able to be employed. I am aware of a number of people who wanted to do this course last

year who ended up having to go to New South Wales, to Canberra or to Queensland to do this one-year course because there were no available positions in Victoria. It would appear that exactly the same thing is going to happen this year and, considering the Auditor-General has said that there is a crisis in maternity services and the health services commissioner told us yesterday that there are major problems, especially in the growth areas, you would have thought training more midwives would be a way of addressing that situation. Obviously that is not of concern to this government.

I generally have concerns about the lack of services in the western suburbs, and across the state obviously health services are in decline. This government does not seem to have much regard for these issues. It does not seem to have any regard for the health of Victorians. If it did, it would step up to the mark and fund these services to a level that would mean it was delivering what was required to keep Victorians healthy.

**Ms CROZIER** (Southern Metropolitan) — I am pleased to be able to rise and speak this morning on Mr Jennings's long-winded motion. It is, I would have to say, quite extraordinary in its detail, and there are certain elements in it that I am looking forward to addressing, because I sat through his contribution which lasted for some time. While there was lots of talk about figures and things, he failed to address some of the facts about what this government inherited.

Mr Jennings spoke at length about the fact that we talk about the inheritance from the former Labor government even after being in government for almost two years. However, the Victorian public knows that he did, and still does, refer to the Kennett government years for the entire 11 years of Labor government, which still amazes me. I am glad that his federal colleagues have taken up some of the health reforms of the Kennett government of the 1990s in relation to casemix funding. Those reforms were entirely necessary at the time given the poor state the health system was in when the Kennett government came into power.

Let us get back to Mr Jennings's motion. I will just address the first point of his motion, which talks about disastrous impacts inflicted on the Victorian hospital system, and say to him that I think in recent days, with the commonwealth decisions, they certainly are disastrous impacts for the Victorian hospital system. However, some of these claims that Mr Jennings has put to the house through his motion are completely unfounded and not true, I would have to say. I will come back to that in a moment.

Just to get on the record some facts in relation to some of the figures Mr Jennings was tossing around, there has been an increase in health spending to \$13.7 million in 2012–13, which is a record 4.7 per cent increase. The cuts announced on Monday by the federal government will have a huge impact on front-line and other health services that members of the opposition talk about continually. There is no question that they go to the heart of the delivery of health care in this state.

Members must remember the position that the government inherited. Mr Jennings talked about various capital projects that were undertaken. I have to remind him that there are many terrific world-class health facilities in this state. I am well aware of that, having worked in a number of them from a clinical perspective. As someone who understands the complexities of the clinical setting and the changing dynamics of acute and chronic health settings, I suggest that the challenges posed by those two issues are huge.

There is also no doubt that the state is facing challenges of one form or another. The commonwealth government's decisions on its cuts to the health spend should not go unmentioned. As Mr Davis said just recently, cuts by the federal government have resulted in federal funding for public hospitals falling from 44 per cent in 2008–09 to 39.1 per cent. They are pretty alarming figures in relation to what is happening, given the population growth in this state. That was not acknowledged at all by Mr Jennings.

A number of other things have affected the government's operating budget, including the cut in GST revenue, which I think is well known by members of the Victorian public. They know Victoria has been hit extensively by a \$6.1 billion cut in GST revenue. Mr Jennings might be shaking his head, having thrown around facts and figures —

**Mr Jennings** — That is not true.

**Ms CROZIER** — They are the facts. The federal government has cut \$6.1 billion from GST revenue for the state of Victoria, despite the fact that we have an increasing population and an increasing challenge in our hospital system. I will go back to some of the aspects of what actually happened, which Mr Jennings failed to address or ignored in his contribution.

**Mr Jennings** — You can't actually lie about things, can you?

**Ms CROZIER** — Mr Jennings, I will just go back to some of those facts and figures, because you did talk about data in relation to what is actually happening. I

remind you that there was an enormous amount of hidden data — —

**Mr Jennings** interjected.

**Ms CROZIER** — The data that was hidden under the administration of Mr Jennings is quite breathtaking. There are numerous press releases and media articles on that. One article, of March 2009, is headed 'Hospital lied over waiting lists' and has the subheading 'Minister forced into backflip over funding'. Another article, headed 'Hospital waiting lists scandal grows', states:

More Victorian hospitals have been dragged into the waiting list rorts scandal, after government records revealed suspicious anomalies across many health services and a whistleblower described how the Austin Hospital was allegedly falsifying data.

Another article is headed 'Hospital audits tipped amid claims of waiting list fraud'. Yet another is headed 'Health boss has to go' and states:

The bandaid approach to our hospital system is simply not good enough. Patients are suffering while Daniel Andrews dithers.

Yet another article is headed 'Scandal nets second hospital' and states:

As revealed in the *Australian* yesterday, health minister Daniel Andrews has been forced to commission a system-wide audit of hospital figures after the Auditor-General found waiting lists and emergency ward performance data in Victoria was dodgy.

If Mr Jennings is talking about data, what happened under his regime and what in contrast is happening under the current administration, those articles show what the coalition government inherited. It was an absolute mess. What happened in our hospitals was an absolute disgrace. As I said, as somebody who understands the clinical aspect of how hospitals work, I can say these are damning accounts of what happened under the regime of the then Minister for Health, who is now the Leader of the Opposition. There has been a vast improvement in data statistics. A whole range of measures have been put in place by this government to fix up the mess that it inherited.

Mr Jennings also spoke of ambulance waiting times. He acknowledged his unfortunate episode when he suffered a heart attack, I think he said, which is obviously very concerning. However, not to dwell on his unfortunate situation, I have to point out that in 1999 then Premier Steve Bracks said Labor would ensure that ambulances responded to code 1 emergencies within 10 minutes. In 2002, after failing dismally, the Bracks government set 13-minute code 1 response times. That did not work either, and by 2007

the then Minister for Health, Bronwyn Pike, had to concede, as she realised she had failed again, and she quietly relaxed code 1 responses to 15 minutes. Poor thing; I can see that myki ticketing system falling on her toe.

**Mrs Petrovich** interjected.

**Ms CROZIER** — That was Lynne Kosky, was it? I get them confused. Are they still both here?

**Mrs Petrovich** interjected.

**Ms CROZIER** — Yes, they have all gone.

**Mr O'Brien** interjected.

**Ms CROZIER** — Daniel Andrews has not gone, and he still dithers.

To get back to the point, Bronwyn Pike, the then failed Minister for Health, then had to concede that ambulance response times had to blow out to 15 minutes, so ambulance response times were not glowing under Mr Jennings's regime. On a serious note, that was another issue that the government had to look into and address. Nobody denies that there are exceptional challenges in our health system, and I think Mr Jennings acknowledges that.

Mr Jennings also makes mention of private health in the last point in his motion, which states that the house:

expresses support for the statewide provision of public health services staying in public hands and opposes the attempts of the Baillieu government to privatise the hospital system by stealth.

We all know Mr Jennings does not agree with private health insurance. What has happened at the federal level is absolutely disgraceful for the hundreds of thousands of people who pay their own way through private health insurance. Putting more pressure on those people will only put more pressure on our public health system. It is absolutely disgraceful that he has not argued the case for Victorians by supporting a robust private health system to enable people to have choice and use the private health system if they want to do so.

We know that as people are ageing and the incidence of chronic disease is increasing there are complexities in relation to health outcomes and patients will be seeking more complex health treatments. We are very fortunate in this country to have an exceptional health system that enables people to treat many complex diseases. We have that growing pressure. There is no question that there are increased expectations, and so there should be in a society such as ours that can address those issues.

That is another area that creates additional challenges for our health system.

One final point, which I have raised in this house before and have to raise again, is about the effect of the carbon tax on our health system. As has been pointed out time and time again, the carbon tax, which is set to start at around \$13 million and increase to \$19 million by 2020, is an enormous impost on our health system. That equates to being able to treat fewer patients and train fewer doctors and nurses.

Ms Hartland brought up the issue of maternity services and spoke of midwives being trained. I remind her that there has been a damning report on maternity health services under the previous Labor government. I am pleased that the Minister for Health is addressing many of those concerns and taking up a lot of the recommendations in that report, including of supporting additional postgraduate scholarships for midwives and encouraging them to take them up in rural settings.

I know that Ms Hartland was referring to her region, which covers the western suburbs, but areas in regional Victoria where patients need to travel long distances to get to hospitals and health practitioners should not be neglected. This government has introduced many initiatives which recognise health services in rural and regional Victoria. The Minister for Health should be congratulated on his advocacy for these people who were neglected under the previous regime.

I also refer to Mr Jennings's comments about savings. A lot of figures were floating around, but I remind him that a question was asked of the minister just over 12 months ago about secret or undeclared savings in the health portfolio. I quote from Mr Davis's answer at the time:

The Labor Party, under the then Minister for Health, Daniel Andrews, instituted savings of a very significant order but did not declare those savings. In this financial year \$283.4 million of savings were ordered by Labor, and they are embedded in our system.

That is what we inherited. Mr Davis continued:

It was \$336.4 million in the 2012–13 budget year, \$336.4 million in the 2013–14 budget year, and \$336.4 million in the 2014–15 budget year.

These are savings that have never been declared fully to the Victorian community, savings that were not declared as being applied to the health portfolio, savings that will have some impact on the health portfolio.

... These are savings in the portfolio that were not declared openly or honestly, savings that in the period I have outlined add up to \$1292 million. These are significant savings that Labor applied and that were put into the budget we inherited.

These are significant savings that are a challenge in the portfolio of health, and I have to say that honesty is an important point here. The previous government refused to declare the savings it had applied in the portfolio.

Talk about fudge, hide and be tricky! That is a true illustration of the former government's practice of not declaring figures. I have talked about that data. These are significant figures from the health portfolio that were never declared by the previous government. It is absolutely shameful that this practice applied under the former Labor government.

Much has been done for front-line services by the Victorian coalition government. However, what the federal government has done in propping up its health bureaucracy is astounding. In relation to the national institutional framework, the federal government has created 10 organisations: the Independent Hospital Pricing Authority, the National Health Performance Authority, the Australian Commission on Safety and Quality in Health Care, the Australian Health Professionals Registration Agency, Health Workforce Australia, the Australian National Preventive Health Agency, the National E-Health Transition Authority, a national funding body to administer the national funding pool, local hospital networks and Medicare Locals. Which one of these organisations actually delivers health care? How many patients will be treated under this bloated bureaucracy, which the federal government is so good at creating? It is extraordinary.

The federal government's bureaucracy just gets larger and larger and the spending gets bigger and bigger. This spending does not go to the front line, and Victorian patients are ultimately the ones who suffer in this scenario. Money is misspent in so many ways. It is disgraceful that the federal government has further cut funds and inflicted challenges for the Victorian health budget.

I am pleased that the Baillieu coalition government is addressing those front-line services. Those opposite possibly do not understand the realities of hospitals. They say they know a lot about budget papers and figures, but I am not sure that they understand the inner workings of a hospital setting, which is very complex. I am pleased to say that as a result of this government's initiatives, as of June 2012 there were 8599 doctors working wholly in the Victorian public hospital system, up from 8207 doctors the previous year. Over this period the number of nursing staff has also increased from 34 034 to 34 568. Hospitals admitted 402 257 patients in the three months to the end of June 2012, up from 388 123 in the same period a year earlier. Hospitals went on to treat 375 526 patients in emergency departments across the state in the June

quarter in 2011–12, which is over 4000 more than in the June quarter the year before.

They are the facts that Mr Jennings needs to respond to. They are an endorsement of the improved efficiency across our health system under the coalition government and this government's improved commitment to ensuring that health services are delivered in this state under challenging circumstances. The task of Mr Jennings's side should be to ask its federal colleagues for a better go for Victorian patients, Victorian nurses and doctors and Victorian health services, instead of allowing the federal government to rip money out of this state and not put its support behind Victorian patients. Its lack of support should be condemned.

In conclusion, I will not be supporting Mr Jennings's motion, which has no foundation or weight. I again congratulate the Minister for Health on what he is doing in delivering health services to the state of Victoria. I ask that Mr Jennings speak to his federal colleagues and support Victorian patients by averting any further cuts to the Victorian budget.

**Debate interrupted.**

## DISTINGUISHED VISITORS

**The ACTING PRESIDENT (Mr O'Brien)** — Order! I acknowledge the presence in the gallery of the Honourable Rod Mackenzie, a former President of the Legislative Council — indeed, the first Labor President of the Legislative Council — and a former member for Geelong Province in the now larger Western Victorian Region, which is represented in this place by Ms Tierney, Ms Pulford, Mr Koch, Mr Ramsay and me.

## HOSPITALS: GOVERNMENT PERFORMANCE

**Debate resumed.**

**Mr SCHEFFER** (Eastern Victoria) — It will not surprise the Acting President that I support the motion moved by Mr Jennings that the Baillieu government has mismanaged health services in Victoria and slashed the health budget so as to cause huge detriment to the wellbeing and health of Victorians.

A visit to the Liberal Party website unfortunately offers no help whatsoever to anyone who may want to remind themselves of what it is the Liberal Party actually stands for on health and what it promised back in 2010 to deliver. The website offers no help to us to again see

the commitments the coalition made to the people of Victoria in those halcyon days. We find nothing. There are only four rather limp-looking media releases announcing program funding boosts and pledges of support. But I was undaunted, and a quick tap took me to The Nationals for Regional Victoria site. Once we are past all the anti-carbon pricing banners — reminders of a time now past — we search in vain for any reference to The Nationals health policy. The sad thing is that The Nationals are even worse than the Liberals because there is not even a policy tab. The closest, I guess, would be a values statement, but there is nothing at all — just a vacuum.

By contrast, if someone wants to know what Labor is committed to, it is all there in our platform because we have the discipline to stand for something, to defend it and to be measured against it. But even though we are no longer able to measure this government's performance in the health portfolio by comparing what it has and has not done against what it promised, we know by its deeds that its performance has been abysmal. Fortunately we have a plethora of other data that shows everyone the true neglect of this government in the health portfolio.

Mr Jennings has already placed on record in this debate that the May budget papers show Victoria expected to receive from the commonwealth \$3.630 billion for health. The actual commonwealth allocation confirmed in the current midyear update has come in at \$3.612 billion. As well, Mr Jennings pointed out that the May budget estimated that Victoria would receive an allocation from the GST of \$11.1 billion, and we know that the actual receipt has come in at \$11 billion. In both cases these are the highest commonwealth contributions to Victoria in its history. Let us not entertain the idea that the reasons for the cutbacks in the health portfolio can be laid at the feet of the federal government. The Baillieu government has to accept that cutting \$616 million from the Victorian budget has severely damaged our health services.

But what is the result of this government's funding cuts on actual health services — on hospitals, ambulance services and elective surgery? The recently released *Ambulance Victoria 2010–11 Annual Report* tells us that in 25 per cent of incidents involving an emergency that threatened a person's life — a car accident or maybe a person having a heart attack — it took more than 15 minutes for an ambulance to get to the scene. The annual report says that the response time was met in less than three-quarters of cases and that this is 10 per cent below the Baillieu government's own target, whether those incidents are in the city or in the regions.

All of us remember that during the last parliamentary term members opposite, who were then in opposition, made outrageous claims in this house about the capability of the then government over ambulance response times. The then Labor government acknowledged the difficulties faced by ambulance services and noted that at various times objective authorities — such as the Auditor-General, for example — had acknowledged that Victoria's standard of patient care led other states. The Auditor-General acknowledged that delivering timely ambulance services in Victoria is challenging, given the travel distances, the unpredictability of when and where emergencies occur and the number of paramedic staff who can reasonably be made available across regional communities.

Over the 11 years of Labor administration, Victoria steadily increased the overall health budget and also increased the funds and resources available to ambulance services in particular.

The irony is that Mr Davis, the current Minister for Health, railed in this chamber over response times that were, when we look back, better than the response times reported in the current annual report. I remember Mr Davis in this house using *Herald Sun* reports to highlight in this chamber the grief of individuals who had lost family members, allegedly because ambulances had not reached them soon enough, and using them as a weapon to sheet blame to the previous Labor government. At the time Mr Davis called on the former government to review the situation and to get to the bottom of what had gone wrong. He has now had two years as Minister for Health, and the response times are worse. The health budget has had hundreds of millions of dollars pulled out of it, and the response times are worse than they ever were — and they are deteriorating.

An important difference between how this coalition government is dealing with ambulance response times and how Labor dealt with the problem is that when Labor was working mightily to improve the ambulance service response times it was growing budgets, step by step, strengthening services and skills, whereas now Victoria strains under the punishing budget cuts of this coalition government. Labor tripled the funding provided to Victoria's ambulance services and more than doubled the number of paramedics working across the state. Labor has said repeatedly that spending is going backwards under this government, and the government has responded by saying its spending is up.

The fact is that between 1999, when Labor came to government after the Kennett period, and 2010, when

Labor lost government, an average of \$581 million was invested each year into health-building projects. But the last coalition budget of May this year shows that only \$372 million is being invested over four years. That means the coalition is taking health investment backwards, and something has to give — and it is: in acute services, where the coalition took \$43 million, or some 15 per cent, out of the elective surgery and emergency budget.

These massive funding cuts have seen elective surgery performance fall to the lowest level in more than 10 years, which was just after the time that Labor took office and commenced the turnaround in the wake of the disaster of the Kennett years. By 2010 around 80 per cent of people who needed elective surgery were able to access it. This was a major achievement. It is being eroded by the Baillieu government, which is overseeing a downward slide which will mean that 25 per cent of people who need elective surgery will miss out.

The data is beginning to show that the budget cuts in 2011 and in 2012 are having a serious, negative impact on the whole of the Victorian health system. The fact is that you cannot cut \$616 million from the health budget and pull out hundreds of jobs and not damage the system and the health services. The elective surgery waiting list could reach 50 000 by the end of the year. The coalition made very many promises during the campaign for the 2010 election, which it did not really expect to win. One of the most reckless was the one about the 800 new beds, which have totally not materialised. Not one single extra bed has been added to the system.

The list of betrayals does not end there. I remind the government that it promised to match Labor's commitment to build the Monash children's hospital, which Mr Jennings has already mentioned in his contribution. The commitment was that this hospital would be built during the first term of the Baillieu government. There is no doubt that this is a much-needed facility for the 30 000 children living in the south-eastern parts of Melbourne. They and their families were betrayed when this government delivered only \$7.3 million for planning. Frankly, the new hospital has just been pushed out into the never-never.

The budget cuts are not restricted to the health system; they are also being made to the many programs and facilities that provide services that support and promote the wellbeing of Victorians. I am thinking of mental health services, aged-care services and services for children, as well as access to training for medical practitioners.

You have to ask: what motivates this frenzied attack on services that must and should be provided by government? Most constituents of Eastern Victoria Region are dismayed and left speechless by this government's wholesale attack on public services, and they understand very clearly that the government's defence that Labor left the state in debt is simply not credible. The fact of the matter is — and my constituents know this — the government plans to implement a purely ideologically driven privatisation plan, and the leaking of the Vertigan report has proved this beyond a shadow of a doubt.

This government would privatise everything if it could and has repeatedly refused to rule out privatising anything. Everything is on the table, even including, it seems, organisations like VicHealth, which, as we know, is a world leader in health promotion and a leader in raising public awareness of the dangers of tobacco. The tobacco lobby would thank the Baillieu government, whose Liberal Party supporters receive donations from the tobacco industry, for helping to weaken VicHealth. It would be a great win for the tobacco lobby to see VicHealth weakened, because over the years VicHealth has driven public awareness of the dangers of tobacco smoking and therefore damaged the credibility of the tobacco industry. As I indicated in a contribution yesterday, tobacco is still the single largest cause of preventable deaths in Australia.

The Baillieu government is presiding over deteriorating health services and is failing to strengthen those services to meet the pressing emergency demands that the state desperately needs to address. This is why there is an ever-increasing and profound disquiet right across the community that this coalition government has let people down. It is directionless and it is visionless.

**Mrs PETROVICH** (Northern Victoria) — I cannot say I am pleased to speak on the motion before the house today, but some issues raised in the contributions of a number of opposition members need to be rectified.

Mr Jennings was flipping around figures so easily today, talking about the halcyon days of the Bracks and Brumby governments' 11 years of health disasters, but he conveniently forgot to mention the trail of destruction and untruths, the false reporting, the waiting lists behind waiting lists, the ambulance delays and the general malaise that crept over the state of Victoria under the oversight of the now opposition leader and member for Mulgrave in the Assembly, Daniel Andrews, who was then the Minister for Health. That needs to be raised because many of the people responsible for many portfolios and many disasters in

Labor's 11 years of mismanagement have gone, and those who remain should be held accountable for their errors and mistakes.

I was interested in some of the figures that were quoted today and the claims that funding has been decreased. I have figures to the contrary. The coalition, in contrast to the previous Labor government, is working hard to ensure that extra funds are available to maintain hospital services and to improve the circumstances here in Victoria. The reality is that we have an ageing population with increasing complex medical needs and there are more sick people needing health care. The fact that we have lost \$50 million in commonwealth funding for elective surgery certainly does not help. That is this year.

**Mrs Peulich** interjected.

**Mrs PETROVICH** — No, I think they forgot that point, Mrs Peulich. There is also the issue of the federal government cutting \$6.1 billion in GST revenue meant for the state of Victoria. There is a great risk of the commonwealth government's changes to private health insurance leading to increased demand in public hospitals. We know that those opposite do not believe in private health cover, but the reality is it assists in maintaining a good health system and gives people a choice, and that is what the Liberal Party is all about. Previous commonwealth changes to private health insurance have certainly increased demand in public hospitals. The issue of a \$13 million carbon tax impost on Victoria's health system — —

**Mrs Peulich** interjected.

**Mrs PETROVICH** — I think they failed to mention that also, Mrs Peulich. The carbon tax impost will be growing to something like \$19 million in 2020. It is interesting that these figures have not been touted by those opposite today.

Our challenges have increased and become more severe with the commonwealth cutting even more money from Victoria in the midyear economic update — a cut of \$435 million from the national health reform agenda over the next four years, which equates to \$67.1 million in the 2012–13 financial year. There is a \$230 million cut in dental funding. I know Ms Hartland likes to wax lyrical about better dental services, and that is fine — we actually agree with her on that — but the issue is made even more complex when you have a federal government that you cannot rely on for consistency in funding and that pulls the rug out from under the state's services. It is difficult to deliver when we do not have certainty of funding. There is a \$99.8 million cut in the

2012–13 financial year, which is pretty hard for a state to make up. In addition, the commonwealth has made further changes to the private health insurance subsidy which we believe will lead to further increased demand in public hospitals.

To make it worse, the commonwealth government justifies these cuts by revising population growth forecasts and growth in health costs. The federal Labor government's share of health expenditure has dropped from 44 per cent in 2008–09 to 39 per cent in 2011–12. This year's budget includes a significant spend on health to maintain our services. Funding being provided for the 2012–13 financial year includes \$13.7 billion total health expenditure for 2012–13, which represents a \$618 million increase in health expenditure over and above last year. It also represents a \$376 million increase in acute health expenditure over and above last year.

The four-year increase in funding in this year's budget includes an increase of \$1.5 billion for the health and hospital system, an increase of \$883 million in acute health expenditure and \$603 million to increase the capacity of our hospitals to support growth in demand. I do not know where the figures that were being produced by Mr Jennings and Mr Scheffer came from.

**Mr Jennings** — The budget papers.

**Mrs PETROVICH** — I think part of the problem is that maybe — —

**Mr Jennings** interjected.

**The ACTING PRESIDENT (Mr Finn)** — Order! Mr Jennings is most disorderly. As we know, interjections are disorderly but interjections by a member who is out of his place and standing are particularly disorderly. I ask Mr Jennings to desist from that behaviour.

**Mrs PETROVICH** — Part of the overall problem may be a belief held by Mr Jennings and Mr Lenders that they can read a budget when in fact what they represent here today does not give us any great hope that they can.

This government is maintaining an elective surgery capacity of \$44 million to replace the lapsed commonwealth funding previously provided under the national partnerships agreement. It has promised \$149.68 million to continue to support ongoing demand for hospital services, including elective surgery, an issue that is close to my heart. I am a member of the Standing Committee on Legal and Social Issues of this house which produced a very good report on organ

donation. This government has committed \$21 million to organ retrieval and transplantation. That shows the faith it has in the work that is being done in the state of Victoria, which services not only Victoria but also South Australia.

A range of hospitals have benefited across the state. For example, there is funding of \$46 million for extra beds at Ballarat hospital, \$15 million to expand maternity services and establish an intensive care unit at Sunshine Hospital and \$23 million to build the new Charlton hospital, which has been very well received in that area and which replaces the hospital that was damaged in the 2011 floods. There is \$93 million for a major upgrade at Geelong Hospital, including 64 extra beds; \$40 million to expand and reconfigure the Frankston hospital; \$10 million to upgrade Castlemaine hospital; \$5 million for radiotherapy services in Warrnambool; \$20 million to redevelop the Kilmore hospital; \$2 million to introduce chemotherapy services at Seymour hospital; \$1 billion for the Victorian Comprehensive Cancer Centre; \$630 million for the Bendigo hospital, the largest single hospital development in regional Victoria in the history of Victoria, I think; and \$447.6 million for the Box Hill Hospital upgrade. There are plenty of other examples I could go on to mention, but I will leave it for other speakers to highlight those.

We do need to highlight some of the issues around waiting list numbers. I was shadow parliamentary secretary to the former member for Caulfield in the Assembly when she was the shadow Minister for Health, when a significant amount of work was done and concern raised around the fudging of figures on waiting lists and a range of — —

**Mr Leane** interjected.

**Mrs PETROVICH** — I think Mr Leane is being disorderly as well.

The issue of waiting lists was raised not only in the Ombudsman's report but also by the then shadow health minister on a number of occasions. Apparently it was well known at these hospitals that the production of waiting lists behind waiting lists perpetuated under the previous Minister for Health, Daniel Andrews, and his government was a common practice. A text message contributed to a talkback radio program at the time says:

This is happening at all state hospitals and well known by most staff, been going on for years.

Another says:

I work in a hospital too, this definitely comes from above. We're operating on people who don't have a bed to go back to, it's disgusting.

The former shadow minister, Helen Shardey, is quoted in a media release at the time as saying:

How can anyone believe that the health minister has no knowledge that fudging of hospital figures was occurring?

**Mrs Peulich** interjected.

**Mrs PETROVICH** — That is right, Mrs Peulich.

Mrs Shardey continues:

The Brumby government has been caught out lying to Victorians and has engaged in a systematic effort to deceive them and cover it up.

**An honourable member** interjected.

**Mrs PETROVICH** — Was it a headline, or is it a headline?

Mrs Shardey goes on to say:

In ... 2007, the opposition exposed secret and manipulated waiting list ...

This is a great indictment of the former government. It is why we have issues with health figures and why we are now heading to try to eradicate that behaviour. We are producing figures that have some meaning — not false figures. The media release goes on:

The minister refused to act.

... 26 February 2008 through freedom of information, the opposition —

now the government —

exposed the manipulation of secret waiting lists data.

The minister again deceived Victorians and said claims of dodgy figures were 'a lie' and 'nonsense'.

I am talking about the current leader of the Australian Labor Party in Victoria. The media release goes on to say:

In March 2008, the architect of Victoria's hospital funding system, Dr Stephen Duckett, called 'for a radical overhaul of the way hospital waiting lists are handled ...

That was a brave move on Dr Duckett's part. I believe he was dismissed as a result. The media release continues:

In May 2008, the Australasian College of Emergency Medicine exposed that 'almost 40 per cent of hospitals have been 'admitting' patients when they are, in fact, still

languishing in emergency waiting rooms, corridors or on trolleys.

Submissions were made to an upper house standing committee inquiry into public hospital performance data, and doctors repeatedly raised the issue of waiting list and data manipulation under the previous government. The then Minister for Health refused to act. Dr Peter Lazzari, a senior doctor who had worked in the public system for almost 40 years, was sacked following his submission to that inquiry into public hospital performance data. His submission exposed in detail fraudulent waiting list reports. This was followed on 16 March 2009 by an IT expert exposing the manipulation of waiting lists at many hospitals as a method of avoiding fines. In all cases the minister's response was to deny all knowledge and to be unwilling to face the facts or the public.

There is something very wrong when we have this motion before us today, given that, in stark contrast to what is asserted in the motion, we are addressing many of the issues around good public health policy and around funding and rebuilding of hospitals, and given that the legacy of the previous government is a trail of mismanagement, lies, deception and fudged figures. I really do not know why those opposite would want to talk about this and highlight their own inadequacies here today.

I could speak about this in much greater detail. I could talk about the contrast between what those opposite delivered and what we have delivered in spite of the fact that federal funding has been cut. If those opposite spent as much time lobbying their federal colleagues to make sure they do not rip the guts out of the Victorian health system by pulling the funding they have pulled recently and again now, we would be in a lot better state here in Victoria.

**The ACTING PRESIDENT (Mr Finn)** — Order! I call Mr Viney.

*Honourable members interjecting.*

**The ACTING PRESIDENT (Mr Finn)** — Order! Mr Viney has the call, and if other members could desist from having discussions across the chamber, he may be able to start his contribution. We anxiously await Mr Viney's contribution.

**Mr VINEY** (Eastern Victoria) — Thank you very much, Acting President. All of us in politics are probably guilty of spin from time to time, but in looking at the area of health we can look pretty simply at the facts — and the facts are stark. I had the great

honour and privilege of being parliamentary secretary for health in the first Bracks government — —

**Mrs Peulich** — Aha, so you share the blame.

**Mr VINEY** — Mrs Peulich, you were part of a government that had a problem I had to fix, frankly. In that period we invested into our public health system absolutely and comprehensively, and we continued that investment through the entire period of Labor government.

The area of health is a difficult one to manage. It has continuing and fairly unrelenting increases in demand and growth, and it is incumbent on all governments to manage that demand and that continuing increase in demand as best they can. I have to say that in my experience and observations the Bracks and Brumby governments did that exceptionally well. That is in stark contrast to what is happening now. No amount of Mrs Petrovich alleging conspiracies and failures makes them true. In fact if you look at the record of those 11 years, you will see that there was substantial investment.

There were the biggest levels of investment in our public health system this state has seen. There was a new hospital in the children's hospital; another new hospital in the Austin; the planning and commencement of the comprehensive cancer centre as part of the whole Parkville precinct strategy, which as Parliamentary Secretary for Innovation and Industry I was involved in developing by way of chairing the strategy committee; and a massive investment in our ambulance services with the introduction of two-officer crews and advanced life support training, the redevelopment of ambulance stations across the state and the investment in the employment of hundreds of additional paramedics in our time in government.

If you look at the staffing structures in our hospital systems, you see that when we came to office we found shortages of nurses, because 4000 nurses had been sacked by the Kennett government. We re-engaged and re-employed nurses in the system. We made substantial investments in the training and development of rural doctors to make sure we started to address the serious shortfall of doctors in country and regional Victoria. We invested comprehensively in hospitals across the state. At the last election we had plans for a new children's hospital at Monash Medical Centre Clayton. Those plans, by the way, have been completely shelved by this government.

Mrs Petrovich therefore can put out her spin, making accusations about the appalling failures of the last

government, the last minister and all the rest of it, but none of that is true. Ours was a government that over 11 years put a very high priority on health and education and invested in those two areas.

**Mrs Peulich** interjected.

**Mr VINEY** — Mrs Petrovich can scoff all she likes — —

**Mrs Peulich** — Peulich.

**Mr VINEY** — Mrs Peulich, I am sorry. She can scoff all she likes, but the facts speak for themselves, and this motion points out that the facts are continuing to speak for themselves. This is despite the fact that revenue is continuing to come to Victoria through the GST at the same rate it has always been coming. Despite that, this government has been ripping into our health services. Over \$400 million has been cut from the public hospital budgets. We are now seeing the results of that demonstrated by increasing problems in our public health system.

As I said, we all have to accept that this sector will have continuing growth, and we all understand it is about making sure that growth is managed as well as it can be, but growth in the health system cannot be managed by cutting money; that just will not flow. If money is cut from the health system, there will be massive long-term problems that no doubt whenever we come back to government we will have to fix, just as we did last time when the public hospital system was flogging off its silverware to maintain its operating system.

**Mr O'Brien** interjected.

**Mr VINEY** — Mr O'Brien was not part of that. I was a parliamentary secretary who inherited that mess. I was part of the system that had to redesign the public hospital system and make sure that the investment in the public hospital system was sustainable, because it was not under the position that the previous government passed on to us. This is not just my view; you only need to look at the official reports commissioned at the time by consultants to see that.

**Mr O'Brien** interjected.

**Mr VINEY** — We are now going back to the 1980s; that is fantastic. To the best of my knowledge neither of those organisations had anything to do with the health system in Victoria.

Let us be quite clear that unless investment is made in the public health system there will be problems — as noted in this motion — of blow-outs in waiting lists.

There will be problems, including people having to wait too long in emergency departments for treatment and so on. They are the same problems we inherited when we came to government in 1999. The point I am making is that we cannot expect to better manage a growing demand in the public health system by cutting money; that is not going to work. We have to look at ways of managing growth in the system — absolutely — but cutting money is not the way to do it, and that is what we are facing in Victoria. As a result we are seeing massive increases in waiting lists and blow-outs in the financial operating performance of hospitals.

In my own electorate West Gippsland Healthcare Group has reported a \$1.3 million deficit, and we are seeing similar problems in terms of blow-outs in emergency waiting times of more than 8 hours. There has been a massive increase in the number of people waiting for more than 8 hours in the emergency department of Latrobe Regional Hospital, and the number of people on urgent category 1 elective surgery waiting lists has increased significantly at that hospital. These are the results of cutting investment in our public hospital system.

To manage the hospital system two things need to be done. We need very efficient management systems and we need to make sure that investment is made to meet the increases in demand. It is not done by getting stuck into nurses through their enterprise bargaining agreement process or by cutting funding to public hospitals in Victoria. Those results are not achieved by those means, and this motion highlights the failures of this government to invest in our public hospital system. It is time those opposite took some responsibility for what they are facing in Victoria and stopped blaming the previous government for their current problems.

Only yesterday I heard the Premier suggest the current lack of maternity beds was the result of the last government. When you have been in office for two years you have to start taking responsibility for your own decision making, and those problems arise from cutting into public hospital expenditure; that is where they have come from. They do not come from what the last government did, which was to invest in the public hospital system — building hospitals, renewing hospitals and substantially increasing the numbers of nurses and doctors employed in the system. That is what needs to be done to manage the system. We need to make sure that our priorities are right.

As many people have said lately, governments and budgets are about priorities, and what has become clear is that this government's priorities are not priorities for public health or for public education, and that is why

we are seeing the cuts we have seen to the education system. There has been example after example of cuts — from secondary schools to TAFE colleges — and we have been seeing the same thing happening in the public health system in Victoria. These problems will continue to grow if this government continues to cut money from the public hospital system. It is time members of this government invested in and put a priority on public health in this state.

**Mr O'BRIEN** (Western Victoria) — With great pleasure I rise to indicate that I will not be supporting the motion put forward by Mr Jennings. I will respond to the contributions made by him and by Mr Viney, and enhance some of the excellent points made by Ms Crozier and Mrs Petrovich.

Firstly, I will pick up on Mr Viney's points and follow on from some of the interjections I was provoked to make. Acting President, over a long time — in this place and the other place — you have been a fierce advocate for economic responsibility. It is a tendency of Labor, both in government and in opposition, to seek to demonise the Kennett government and the present government because of economic decisions that have had to be taken as a result of the fiscal ineptitude and mismanagement of previous Labor governments. The Baillieu government has also been saddled with and is dealing with — and this is very relevant to this motion — the failings of the current federal Labor government. If the economy and the budgets cannot be managed by the government, then there will be fiscal challenges for hospitals. That is why it is important that this government puts at its forefront the responsibilities of maintaining the state's AAA rating and of taking prudent financial decisions.

I note that the very responsible Assistant Treasurer is in the chamber. We have to consider the difficulties faced by this government as a result of not only inheriting the financial mess of the Labor project blow-outs and other poor decisions that will saddle taxpayers and Victorians, including the desalination plant, and which will affect cost of living pressures directly, but also responding to those fiscal decisions. Specifically in relation to the comments made by Mr Jennings, both in his contribution and in his interjections during Ms Crozier's contribution to the debate, on the \$6.1 billion of GST losses that this government in effect has had to deal with in terms of the Treasury forecasts given to the previous government and the expectations that ought to have been delivered, he asked how that figure could be broken up.

Firstly, I refer him to page 4 of *2011–12 Budget Paper No 2, Strategy and Outlook* where, under the heading

'Fiscal challenges', the third paragraph indicates the challenges facing the Victorian economy at the time of the most recent budget. It states:

A number of existing major projects face significant cost pressures, with an aggregate cost overrun in the order of \$2 billion. Victoria has also experienced a \$4.1 billion reduction in forecast GST grants over five years. Of this, \$2.5 billion is attributable to Victoria's reduced relative share of GST and a further \$1.6 billion is due to weaker GST receipts.

I am fortunate to be a member of the Public Accounts and Estimates Committee, and I have a copy of a presentation given to the committee by the Treasurer. On page 7 of that document there is a breakdown of the forecast GST reductions over the aggregate years. A list in tabular form, which I am happy to provide to Mr Jennings, shows a reduction of \$2.9 billion in the 2011–12 relative budget share for Victoria. It distinguishes a further \$1.3 billion reduction as a result of the shrinking pool in the 2011–12 budget, and for the 2012–13 budget there is an aggregate figure of \$2 billion — all of which make up a total reduction, as Ms Crozier said, and as broken down for the benefit of Mr Jennings, of \$6.1 billion. That is one of the challenges that the Victorian health system is facing.

The Baillieu government makes no apology for the fact that the health system is facing challenges. Rather it says, 'We were elected on a platform of fixing and responding to these challenges'. The challenges include increasing demand for hospital services; the loss of commonwealth revenue, which has been calculated at \$6.1 billion; and the risks posed by the announcement by the federal government only this week of further reductions in the health insurance rebate, which will place additional burdens on the health system as proportionally more and more people exit the private system and call upon the public health system as a result of the reductions in incentives to hold private health cover.

Of course we have also got the \$13 million carbon tax impost — which I am sure you, Acting President, will be very happy to speak further on, adding to the many contributions you have already made in relation to it. Its impact on Victoria's public health system will grow to \$19 million by 2020.

**Hon. M. P. Pakula** interjected.

**Mr O'BRIEN** — In response to Mr Pakula's interjection, the carbon tax is not 'all over, red rover' as yet, but it is a classic example of one of Labor's methods. Labor imposes indirect taxation which increases the cost of living and which affects economic

decisions about the viability of proposals which are more expensive.

**Hon. M. P. Pakula** — Indirect taxation? Ever heard of the GST?

**Mr O'BRIEN** — Then it tries to spin it off by saying it is not being noticed. It is being noticed in the economy. Cost of living pressures are critical to business. The cost of electricity is critical to the business of the state.

To pick up the interjection about the GST, the significant distinction between the GST and the carbon tax is of course that the federal coalition government had the courage to take its proposal to the Australian community before imposing a GST on it. The GST eliminated a range of other indirect taxes and provided the funds that were coming to the Victorian government during the time of the Brumby government and which enabled it to have budget after budget that was overblown and was exceeded in every year of its term. Unfortunately, because of the amount of money coming into the state via the GST during those years, that issue was not picked up as a real problem until the mismanagement became so bad that eventually after 11 years the Victorian public saw the light and voted that failed government out of office.

Unlike the federal coalition and its introduction of the GST, the current federal government before the election, as we all know, made a very specific promise to the Victorian people — this is directly relevant to the health system that will have to pay for this — that, 'There will not be a carbon tax under a government I lead'. And as you, Acting President, know there certainly is one. There is now a carbon tax under the government the Prime Minister leads. In fact the highest carbon tax in the entire world has been imposed on our system. It is a tariff on Australian businesses, it is a tariff on Australian hospitals; it is not imposed on China, India or any other country we compete with.

**Mr Jennings** interjected.

**Mr O'BRIEN** — It is on our hospitals and on our competition, and on you, Mr Jennings, and you did not foreshadow it, and I wait for you to pick up the phone — —

**The ACTING PRESIDENT (Mr Finn)** — Order! It being midday, I must interrupt proceedings. I inform Mr O'Brien that he will have the call at an appropriate time in the not-too-distant future.

**Business interrupted pursuant to standing orders.**

## QUESTIONS WITHOUT NOTICE

### Seniors: mailing lists

**Ms MIKAKOS** (Northern Metropolitan) — My question is to the Minister for Ageing. Victorian Seniors Card holders have recently received a personalised letter from Australian NaturalCare Products promoting its products. Does the minister condone the use of Victorian seniors' personal information for commercial purposes?

**Hon. D. M. DAVIS** (Minister for Ageing) — The member asked a question and I think she is talking about correspondence, including advertising, that went in with general seniors' correspondence. It has been a longstanding practice, including under the previous government, for such correspondence to help defray the cost of those communications.

**Ms Mikakos** — So do you condone this?

**Hon. D. M. DAVIS** — No, I am just saying that this was in fact the case under your government too.

### *Supplementary question*

**Ms MIKAKOS** (Northern Metropolitan) — I encourage the minister to have a look at the material that has gone out, because it is personally addressed to Victorian seniors and contains a whole lot of commercial information, including photographs and product information. That was the substantive content of the correspondence that was received by seniors. Can the minister give an assurance that neither this company nor any other private company has been provided with the personal information of any Victorian Seniors Card holder?

**Hon. D. M. DAVIS** (Minister for Ageing) — I thank the member for her question and can indicate to her that it is my understanding that information on Seniors Week and other matters has often had commercial material with it, including under her government.

### Health: federal funding

**Mrs PETROVICH** (Northern Victoria) — My question is to David Davis, the Minister for Health, who is also the Minister for Ageing. Is the minister aware of any planned changes to private health insurance that may impact significantly on the sick, the vulnerable and senior Victorians?

**Hon. D. M. DAVIS** (Minister for Health) — I am aware of some changes that have been announced that

will severely impact on a number of vulnerable Victorians, particularly those with private health insurance. People will be aware of the federal government's statement entitled *Mid-year Economic and Fiscal Outlook*, which was released earlier this week. This sets a further precedent for significant cuts and costs that are imposed on those with private health insurance. I draw the attention of the house particularly to page 190, which lays out the private health insurance rebate changes and the indexing of the government's contribution.

The change to indexing rules will see the federal government claw back \$704 million over the forward estimates period. That will be clawed back directly from people who are paying private health insurance premiums. The removal of the rebate from lifetime health cover will see \$398 million clawed back by the federal government from people who are paying private health insurance. It seems that the current commonwealth government is determined to target the vulnerable and those who are not easily able to afford private health insurance.

There have been cutbacks in the safety net. We know that has had a significant impact on some of the most vulnerable Victorians, some of those Victorians who are most in need of medical services and who are large consumers of medical services. We saw the 30 per cent rebate for those on middle and higher incomes and now we see the government has unilaterally announced adjustments according to the CPI. Again, that will start to slowly wind back support for private health insurance and for those who would make provisions for themselves. Over time the removal of the rebate on lifetime health cover will impact on the membership profile and costs of private health insurance.

**Mr Jennings** interjected.

**Hon. D. M. DAVIS** — I say to Mr Jennings that this budget cut will mean that people will leave private health insurance. In this case it will be younger people. We will be more likely to see a change in the profile of those taking up health insurance.

We have seen the chronic dental disease program hit and removed. Hundreds of millions of dollars have been pulled out of Victoria. This money has been taken from people who are vulnerable, people who have chronic dental disease or people who have diabetes and need special assistance. This is a federal government that does not care. It is a harsh and cruel federal government that is prepared to target people. I have to say that a pattern is building here. The amount that was

pulled out by the federal government in the budget measure announced this week was \$1.1 billion.

Tanya Plibersek, the federal Minister for Health, has said that people would barely notice. Just today on ABC radio she said, 'I understand it's annoying when people say it is not much of a difference'. I think this is a significant difference; \$1.1 billion out of private health insurance — we will barely notice! Many people will notice, particularly older Victorians who are struggling to maintain their private health insurance. The vulnerable who are struggling to maintain their private health insurance will notice. There will be less people in private health insurance, less people will be able to take up the option of private health insurance and older Victorians who are struggling to hold their private health insurance will potentially face higher costs and greater difficulty in maintaining their cover.

More Victorians will come back into the public system. We have seen that already. The chronic dental disease — —

**Mr Jennings** — On a point of order, President, I have been listening intently to the minister's contribution for nearly 4 minutes, and I was worried he was going to err on the side of anticipating a motion currently on the notice paper and currently being debated in relation to impacts on the public health system. Finally, he has traversed the line.

**The PRESIDENT** — Order! I ask the minister, in the 2 seconds remaining to him, to try to step back from the line.

**Hon. D. M. DAVIS** — A cruel federal government and a cruel Prime Minister, Julia Gillard, will hit the vulnerable.

### **Medical physicists: enterprise bargaining**

**Ms HARTLAND** (Western Metropolitan) — My question is to the Minister for Health. The minister would be aware that there is a cancer crisis in Victoria due to a shortage of medical physicists. Positions are unfilled and skilled physicists are moving interstate due to the much higher wages paid in other states. Cancer sufferers in Victoria have been denied timely state-of-the-art treatment. In 2011 the minister told physicists that the problem would be fixed through enterprise bargaining. It is my understanding that on 5 October this year, after nine months of negotiation, an in-principle enterprise bargaining agreement offer was made to the Medical Scientists Association of Victoria, the union that represents medical physicists, which would have largely resolved this pay disparity. Then the

offer was vetoed by the government. Why is the minister extending Victoria's cancer crisis over a matter that can be fixed for \$2 million per year?

**The PRESIDENT** — Order! This question also runs close to anticipating the debate currently before the house. Given that the question is specifically aimed at the enterprise bargaining agreement, I will allow it as a question on this occasion.

**Hon. D. M. DAVIS** (Minister for Health) — It is a legitimate question. I have answered questions before from the member regarding the importance of medical physicists. There are two key parts to this issue: one relates to the enterprise bargaining agreement (EBA) and the other relates to the general workforce situation. We understand the importance of medical physicists in the expansion of cancer services that is going on at the moment and the need for reasonable relativities with other states. As I have outlined to the member before, the department has undertaken significant research into workforce provision, and a whole range of workforce studies have been undertaken by the department to understand better what is required. That predates the EBA, and we are certainly committed to dealing with those issues.

The EBA is proceeding and, as Ms Hartland would expect, I am not going to discuss its precise details. However, I will say that I believe both parties are very close. As I understand it, there has been some significant movement in recent weeks on both sides, and I would welcome the conclusion of the arrangements. Obviously in some cases EBAs can be long, with hard-fought negotiations. We look forward to a final conclusion to this EBA that will be fair to the physicists, the Health Services Union Victoria no. 4 branch more broadly and the taxpayers.

It is true to say that EBAs are often lengthy processes, as we have seen with a number of other EBAs. I understand medical physicists will be making their points known outside Parliament House today. That is a welcome approach in terms of that group's democratic right to express itself. I have asked my department to ensure that there is no immediate impact on cancer patients today as a result of that strike. The information I have is that there will not be. I hope that is the case because I would not want to see an EBA put somebody at risk. We look forward to a conclusion that is fair to the physicists and the taxpayers.

*Supplementary question*

**Ms HARTLAND** (Western Metropolitan) — Could the minister outline what he believes is the current

impact of the fact that a number of medical physicists are going interstate and that there is a shortage, especially in regional areas? I understand Traralgon has just been able to employ someone, but only by paying them an allowance equivalent to what they would be paid in New South Wales. I would think this is happening in a number of other places. What is the impact of this shortage?

**Hon. D. M. DAVIS** (Minister for Health) — I thank the member for her question. As I think she understands, at my request the department has undertaken workforce studies in this area to better understand this workforce. It is an accepted fact that there is a shortage nationally, and indeed I think it is the case internationally. We need to have a satisfactory workforce response here.

On other occasions I have detailed to the member quite a long list of steps that the government and health services have taken. That is not to pretend that it is a total approach. There would need to be more done, and the EBA is one part of that, so we look forward to a satisfactory outcome that is fair to taxpayers and fair to physicists. I am very happy to pay tribute to them for the work they do as highly qualified professionals who are critical in the calibration, maintenance and establishment of services.

**Bendigo TAFE: future**

**Mr DRUM** (Northern Victoria) — My question without notice is to the Minister for Higher Education and Skills, Peter Hall, and I ask: given the recent negative comments about Bendigo Regional Institute of TAFE, can the minister provide the house with clarity on its future?

**Hon. P. R. HALL** (Minister for Higher Education and Skills) — I welcome the question from my colleague Mr Drum. I know he is a very strong supporter of the Bendigo Regional Institute of TAFE, as are my other parliamentary colleagues representing that area, Ms Lovell and Mrs Petrovich, and indeed all the members of the government. Bendigo Regional Institute of TAFE in its various forms —

**Hon. M. P. Pakula** interjected.

**Hon. P. R. HALL** — What about you, Mr Pakula? I will come to what you think of it in a minute. Bendigo TAFE has proudly served the Bendigo and central Victorian region in its various forms for 156 years, and the institute has never been stronger than it currently is in 2012. So far in 2012 there have been over

10 000 government-funded enrolments at the institute. That compares with 9600 in total for 2011.

In terms of training growth in the Loddon Mallee region, training growth in that area attributed to TAFE institutes has been 40 per cent compared to a 35 per cent growth in the private registered training organisation sector. The Loddon Mallee region is the only area in Victoria where growth through the TAFE sector has outstripped growth in training delivered by the private sector, and Bendigo TAFE has been prominent in that growth after increasing its training delivery.

Therefore it is very disappointing to learn that members of the opposition, led by their leader, Daniel Andrews, the member for Mulgrave in the Assembly, are continuing with a campaign of misinformation and scaremongering that does nothing but denigrate the role of TAFE. Mr Andrews was at it in a press release just last week on 18 October, in which he said:

Joining member for Bendigo East, Jacinta Allan, and member for Bendigo West, Maree Edwards, at the McCrae Street campus of Bendigo TAFE, Mr Andrews said that the future for the remaining staff and students at the campus is uncertain.

Those comments led to an article in the *Bendigo Advertiser* headlined 'Opposition says TAFE may close'.

*Honourable members interjecting.*

**Hon. P. R. HALL** — Do you think that is welcomed by the Bendigo community? It was left to Bendigo TAFE CEO Maria Simpson to come out and set the record straight. Mr Pakula asked what people were saying about it. He is not supporting Bendigo TAFE when he is making those comments.

*Honourable members interjecting.*

**The PRESIDENT** — Order! I do not want to have to stand today, so when I call order, I expect members to desist. I want the minister to be able continue without assistance.

**Hon. P. R. HALL** — Two days later, on Saturday, 20 October, it was left to Maria Simpson, the chief executive of Bendigo TAFE, to come out and set the record straight. She said:

I want to be very, very clear. Bendigo TAFE is open, we are operating now and will be in 2013 and beyond.

She further said:

Unfortunately, TAFE changes are being focused on in the political positioning for the next election. It is unhelpful to Bendigo TAFE for any political party or group to create unnecessary uncertainty about it.

This uncertainty undermines the confidence of those who may be coming or sending their students to us. It is unhelpful and even damaging.

It is unhelpful and even damaging, says Maria Simpson. I remind opposition members that they have a responsibility as representatives in this Parliament not to get involved in that scaremongering but to support a public training system. The comments of their leader and members simply fly in the face of that. They are not doing the right thing by the electorates they represent, and they stand condemned for it.

### **Children: early intervention services**

**Ms MIKAKOS** (Northern Metropolitan) — My question is for the Minister for Children and Early Childhood Development. In June of this year the minister said that more children than ever before are receiving early childhood intervention services (ECIS). How does she explain that, according to the latest Department of Education and Early Childhood Development annual report, the total number of children receiving early childhood intervention services has decreased by 459 children since the 2010–11 financial year?

**Hon. W. A. LOVELL** (Minister for Children and Early Childhood Development) — I believe what I actually said was more children than ever before were receiving kindergarten inclusion support services as part of the early childhood intervention services. This is because we made an election commitment of \$10 million.

**Ms Mikakos** — On a point of order, President, the minister is verballing my question. I can give her a copy of *Hansard* of 20 June where she did not refer to kindergarten intervention services at all.

**Hon. D. M. Davis** — On the point of order, President, it is a matter for the minister to answer the question as she sees fit, as long as it is relevant.

**The PRESIDENT** — Order! I am concerned that on a number of occasions members have made fairly speculative preambles to their questions, and the result is that it allows ministers to be fairly wide in their addressing of those questions. Ms Mikakos might not be happy about the way the minister has interpreted her question, but she has certainly picked up on the preamble. Ms Mikakos will have an opportunity to ask a supplementary question to address those matters.

As I have said on previous occasions, in asking their questions members need to be aware that whilst some information can be put before the house to support the question and to provide the minister with a context in which they extract a more pertinent answer, the fact is that if a member gives a fairly extensive preamble, then they are opening the opportunity up for the minister's answer to be fairly wide.

In this case I note also that the minister has only just got to her feet. Whilst the issue is her interpretation of the question at this stage or discussion of some of the matters that were raised leading up to that question, the minister obviously has ample time now to address the question itself.

**Hon. W. A. LOVELL** — As I was saying, in the last election we committed \$10 million, which was delivered in our first budget. That allowed a further 246 children with disabilities to have access to a kindergarten inclusion support package, which is part of early childhood intervention services. In our first budget we also provided a further \$8.2 million that provided an additional 150 early childhood intervention service packages and also 150 additional flexi packages.

This government is committed to early childhood intervention services. We are currently undertaking a review of all early childhood intervention services in order to reform them and to see how they can better deliver for Victorian children. At the moment the area of early childhood intervention services is interesting because it is uncertain how the interface with the national disability insurance scheme will look for early childhood intervention services. We are working hard to ensure that as many children as possible can receive early childhood intervention services.

*Supplementary question*

**Ms MIKAKOS** (Northern Metropolitan) — I remind the minister that what she said on 20 June 2012 was:

More children than ever before are receiving ECIS because of the Baillieu government's investment in this area.

There were no references at all in the minister's answer to kindergarten inclusion support services. I met with a Bendigo-based disability service provider last week. How does the minister respond to that provider's claim that there have been no additional early childhood intervention services places provided in the Loddon Mallee region in the last two years?

**Hon. W. A. LOVELL** (Minister for Children and Early Childhood Development) — I do not actually have the figures here with me at the moment, but I am happy to provide the shadow minister with the figures on early childhood intervention services numbers in the particular region at another time. What I can say is that there were most definitely additional kindergarten inclusion support services provided in the Loddon Mallee region, so that means there has been an increase in early childhood intervention services in that area.

**Kindergartens: participation rate**

**Mrs PEULICH** (South Eastern Metropolitan) — My question is also directed to Ms Lovell, the Minister for Children and Early Childhood Development, and I ask: can the minister inform the house of what the participation rate is for four-year-old kinder in 2012?

**Hon. W. A. LOVELL** (Minister for Children and Early Childhood Development) — I thank the member for her question and her ongoing interest in early childhood development and in particular in kindergarten services. I am delighted to announce that the 2012 Victorian kindergarten participation rate is 97.9 per cent — a fantastic result for Victoria. This is 3.3 per cent higher than it was in 2011, and the department informs me that it is the highest percentage on record in Victoria. We have been working extremely hard in the early childhood area to ensure that as many children as possible have access to early childhood services.

In addition to this high participation rate I am also pleased to say that initial figures show a 16 per cent increase in attendance by Victoria's — —

*Honourable members interjecting.*

**The PRESIDENT** — Order! The minister, without assistance.

**Hon. W. A. LOVELL** — I particularly waited for Mr Leane to stop making his comments across the chamber, because this is actually really important. The initial figures show that there has been a 16 per cent increase in kindergarten attendance by Aboriginal children. That is a fantastic result. If we are to make any difference in closing the gap and addressing disadvantage in our Aboriginal communities, we need to engage them in early childhood services.

The Baillieu government has a strong record on early childhood. Our last budget had a \$104 million additional investment in this area. That was a 17.6 per cent increase on our budget and the largest single increase in any portfolio in the state budget. In the

previous year there was \$101 million in additional money for early childhood services. This has enabled us to spend an additional \$41.5 million on subsidising kindergarten fees for children in disadvantaged families. It has given us \$14.2 million to increase participation in cluster management and to relieve community committees of those burdens. It gave us \$10 million to invest, as I have already said, in kindergarten inclusion support services so that an additional 246 children with disabilities could have access to those services.

We also provide \$6 million in operational grants to some of our small rural kindergartens to relieve the onerous burden of fundraising on their committees of management. We have allocated more than \$80 million to the children's capital program for infrastructure and equipment grants. This has resulted in record grant rounds in Victoria.

We have also established enrolment-based funding for kindergartens, which means that each year every child who applies has an allocated per capita funding for their kindergarten program. Under the former government every year the minister had to go back and beg the Treasurer for funding for children in kindergarten. We have established that it is enrolment based; every child who enrolls in kindergarten will have a funded place. We are committed to early childhood development and making significant gains in this area.

**Ms Mikakos** interjected.

**The PRESIDENT** — Order! Ms Mikakos should cease interjecting, unless, of course, that was her question.

### **Department of Education and Early Childhood Development: staff**

**Ms MIKAKOS** (Northern Metropolitan) — Thank you, President. I am always grateful for your advice as to how to frame my questions.

My question is to the Minister for Children and Early Childhood Development. I refer to the Australian Taxation Office ruling CR 2012/70 relating to the minister's department. Can the minister advise where in the ATO ruling children's services authorised officers are designated as front-line staff and therefore excluded from participating in the scheme?

**Hon. W. A. LOVELL** (Minister for Children and Early Childhood Development) — As I explained to the shadow minister in the last sitting week, the restructure of our department is a matter for the secretary. The sustainable government initiative has

been approved by the taxation office. All front-line staff in the Department of Education and Early Childhood Development have been excluded from the voluntary departure packages, and we are committed to ensuring that front-line services continue to be delivered.

#### *Supplementary question*

**Ms MIKAKOS** (Northern Metropolitan) — That was a particularly unhelpful response. Can the minister guarantee that education and care services will still receive timely assessment, monitoring and enforcement visits, including safety inspections, from her department when they are required?

**Hon. W. A. LOVELL** (Minister for Children and Early Childhood Development) — This is an absolutely amazing question. As I have just explained, we take early childhood extremely seriously. The quality of early childhood services is paramount to the Department of Education and Early Childhood Development. The safety of children who receive those services is paramount. If inspections are needed, they will be done in a timely fashion.

#### **Planning: Yarra and Maribyrnong rivers**

**Mr ONDARCHIE** (Northern Metropolitan) — My question this afternoon is to my good friend and colleague as member for Northern Metropolitan Region, the Minister for Planning, the Honourable Matthew Guy.

*Honourable members interjecting.*

**The PRESIDENT** — Order! I regard it as very discourteous when a member is on their feet asking a question and when they have commenced that question and I have called for order that members continue to make remarks across the chamber. This is discourteous to the Chair, but it is also extraordinarily discourteous to the member who is on their feet asking the question. Reset the clock.

**Mr ONDARCHIE** — My question is to the Minister for Planning, the Honourable Matthew Guy. I ask the minister: can he inform the house on what action the Baillieu coalition government has taken to protect Melbourne's two iconic rivers, the Yarra and the Maribyrnong?

**Hon. M. J. GUY** (Minister for Planning) — This is a very good question from Mr Ondarchie, which interests just about every metropolitan member of this chamber and should certainly interest them as it is about the level of protection that this government has now officially afforded the two iconic rivers for

Melbourne, the Yarra River and the Maribyrnong River. I had a lot of pleasure in signing into planning law VC96, a piece of planning guidance, a piece of planning law as I said, that will once and for all protect our iconic rivers, the Yarra and the Maribyrnong. These controls, which will apply in a number of municipalities, will give official state recognition to these two iconic rivers and will provide a great level of planning protection for the Yarra and the Maribyrnong that has been sought by many councils for many decades.

Indeed, you can go back to the Bolte government of the 1960s when planning controls were mooted and discussed, and environmental significance overlays of a discretionary nature were put in place. But there has never been the level of control that the Baillieu government has recently brought in to protect the iconic Yarra and Maribyrnong corridors. The VC96 amendment will enforce mandatory height controls, which is a very strong control, particularly on the sloping levels of the rivers. There will be setback requirements, drainage requirements and environmental requirements, all of which will need to be adhered to.

As I said, importantly, what we have done is to put into state planning policy this level of protection, which in the Victoria planning provisions gives official state recognition to the environmental, landscape and cultural values as well as the aesthetic, open space, recreation and tourism strengths of not just the Yarra River but also the Maribyrnong River. Once and for all this puts in place a level of stringent planning controls for building along the Yarra and the Maribyrnong rivers that hopefully will last for generations to come. It will ensure that development along the Maribyrnong and the Yarra is appropriate, that it is the right development in the right location and that it does not infringe on the banks of our two important, iconic rivers.

This is one announcement that I was proud to make. It complements the Baillieu government's billion-dollar environmental package for the health of the Yarra River that was brought forward by the Minister for Environment and Climate Change, Ryan Smith. This says very clearly that this government, more than any government in Victoria's history, is prepared to take action to ensure that appropriate planning protection is put in place for our iconic rivers. Where governments before us have talked and some governments before us have not only done nothing but have actively sought to undermine the strengths of our river corridors, the Baillieu government, once and for all, has acted.

**Department of Education and Early Childhood Development: staff**

**Ms MIKAKOS** (Northern Metropolitan) — My question is to the Minister for Children and Early Childhood Development. Can the minister advise where in the Australian Taxation Office ruling relating to her department it says that staff supporting Victoria's kindergartens are designated as front-line staff and are therefore excluded from participating in the scheme?

**Hon. W. A. LOVELL** (Minister for Children and Early Childhood Development) — The tax ruling sets out the principles of what is included, but paragraph 20 states:

Employees within the following government designated groups of the DEECD are excluded from participating in the scheme. They are:

- allied health professionals;
- school nurses;
- maternal and child health information line employees;
- staff recruited through the VPS ... scheme ...;
- Aboriginal and Torres Strait Islander ... employees ...;
- executive officer class;
- fixed-term VPS employees;
- casual employees;
- employees on probation and other like arrangements; and
- employees receiving WorkCover salary payments.

As I said in my previous answer, the quality of services and the safety of children are paramount to the coalition government. There will be no diminishing of those services within the restructure. They are front-line services, and they will continue to be delivered in a timely and appropriate manner.

*Supplementary question*

**Ms MIKAKOS** (Northern Metropolitan) — Given that the minister has just read out paragraph 20, she will see from that list that staff who support kindergartens and other early childhood services are not specifically mentioned in the taxation ruling. While the minister can give those assurances about front-line staff, the staff who support our volunteer kindergarten parent committees of management to do things like implement the 15 hours required by the national quality framework are not actually listed in the tax office ruling. Can the minister provide a guarantee to volunteer kindergarten parent committees of management who are

implementing the 15 hours required by the national quality framework that they will receive timely, accurate and consistent advice from her department when it is required?

**Hon. W. A. LOVELL** (Minister for Children and Early Childhood Development) — I am happy to give that guarantee that they will receive those support services, but I am also happy to tell the shadow minister for children and young adults that we actually provided additional funding to Kindergarten Parents Victoria to also provide assistance to kindergarten committees in the implementation of the national quality framework and the change to universal access. This is because this sector is going through a large number of changes at the moment. We believe they deserve all the support that we can give them, and we will continue to give that support.

**Information and communications technology: investment**

**Mr KOCH** (Western Victoria) — My question is for the Minister for Technology, the Honourable Gordon Rich-Phillips. Can the minister update the house on progress with job creation and investment in the Victorian ICT sector?

**Hon. G. K. RICH-PHILLIPS** (Minister for Technology) — I thank Mr Koch for his question and for his interest in the Victorian ICT industry. ICT is one of the great success stories for Victoria. It is an industry sector which employs around 145 000 Victorians, it is an industry sector which contributes around \$29 billion to the Victorian economy and it is a sector which continues to grow in Victoria.

In the last week I was very pleased to open the new Melbourne headquarters for Data#3, a major Australian ICT company based in Queensland and listed on the Australian Stock Exchange and which has opened a new facility in Southbank. It is a substantial investment in Southbank which will create 35 new jobs at that site over the next couple of years. This is on the back of an announcement by Data#3 last year about the opening of a new research laboratory in Mordialloc, which will create 25 jobs. It is a strong sign of the confidence that Data#3, a Queensland-based company, has in the Victorian economy and indeed in the workforce available for Victorian ICT companies that it has made these two investments here in Victoria.

At the same time last week I was very pleased to announce an expansion plan for Outware Systems, a mobile applications development company which is committed to creating 23 new highly skilled jobs in

Victoria by 2014. What is remarkable about this company is that only three or four years ago the company did not exist and nor did an industry sector relating to the creation of apps for mobile devices. This is an enormous growth opportunity for Victoria. Outware Systems is making a major contribution in growing that sector with, as I said, 23 new jobs to be created by 2014 in an area which has enormous growth potential.

Earlier this month I was pleased to open the new Melbourne office for iCare Solutions, a company which provides software solutions to the aged-care sector. It is committed to assisting the aged-care sector to drive productivity in terms of its back-of-house function. It is making a major contribution to the aged-care sector and is also now a major employer here in Victoria.

Earlier this month I also announced a further expansion of Zendesk, which is now a substantial participant in the ICT industry in Victoria. Last year I was pleased to open Zendesk's new headquarters in Melbourne, and exactly 12 months later I was very pleased to return to the Zendesk facility in central Melbourne to announce the doubling of its workforce here in Melbourne. An additional 20 highly skilled development jobs are to be created at Zendesk in the coming couple of years.

In the space of the last month that is four very significant expansions and creations of new ICT companies here in Victoria, which underpins the success of the ICT sector for the Victorian economy. Since this government came to office at the end of 2010, it has helped facilitate more than 2200 new jobs in the ICT sector and around \$700 million of new investment, which very much underpins the strength of the ICT sector in Victoria and also the confidence that the ICT industry has in the Victorian economy.

**QUESTIONS ON NOTICE**

**Answers**

**Hon. D. M. DAVIS** (Minister for Health) — I have answers to the following questions on notice: 360, 440, 462, 630, 644, 8555, 8577–84, 8590, 8597, 8599, 8601, 8683, 8692, 8696–8, 8700 and 8701.

**Ms PENNICUIK** (Southern Metropolitan) — I am not sure whether these questions are included in those answers, but I draw the attention of the Leader of the Government to answers that I am awaiting to the following questions: questions 711 and 714 to the Minister for Education, which date from May 2011 and which still have not been answered; question 8554 to the minister himself dated 16 August this year, which

has not been answered; and question 8179 to the Minister for Police and Emergency Services from 22 November last year. I have followed up these questions with the ministers' offices.

**Hon. D. M. DAVIS** (Minister for Health) — I will follow those questions up for the member.

## RULINGS BY THE CHAIR

### Adjournment: written responses

**The PRESIDENT** — Order! I take the opportunity to mention this now to give the member advice. Ms Hartland wrote to me on 20 September with regard to a ministerial response to an adjournment debate matter that she raised on 27 March. Ms Hartland sought a ruling as to whether the minister had properly addressed the matter she had raised in the adjournment debate on that date. She did me the courtesy of attaching a copy of the debate and the response from the Minister for Public Transport for reference.

Ms Hartland indicated that she had asked the minister to respond to 73 letters he had received from Footscray residents in relation to the planned demolition of pedestrian and bicycle footbridges in West Footscray. The answer given by the minister made no reference to plans to respond to the correspondence. Can I indicate that, unlike unanswered questions on notice where we have a set process — and the Leader of the Government has just responded to some matters of outstanding questions — there is no explicit provision in the standing orders related to the adjournment debate that would allow me to seek to reinstate matters, because the adjournment debate is a different style of debate. It seeks information at times from ministers or action from ministers or simply seeks their consideration of certain matters.

I must say with regard to the matter Ms Hartland has raised with me that I do not think the minister has been unfair or improper in not specifically referring to the matter of answers to letters. I suggest that it is probably an administrative process that he might have pursued independently without actually referring to it in the response to the adjournment item. But irrespective of whether the minister has satisfied Ms Hartland's expectation regarding that adjournment item, I do not have a process by which to seek a reinstatement or to ask a minister to review a response to an adjournment item.

As the Clerk suggests to me, on this occasion we understand that as part of our standing orders and the procedure regarding adjournment items a minister's

response does dispose of the matter that is there. Obviously members have other opportunities to perhaps show concern about responsiveness and whether they are satisfied with a response. Nonetheless, as I said, I do not have a process to reinstate matters from the adjournment debate. I thank Ms Hartland.

## HOSPITALS: GOVERNMENT PERFORMANCE

### Debate resumed.

**Mr O'BRIEN** (Western Victoria) — I will pick up from where I left off before question time. We in the Victorian government are acutely aware of the challenges the commonwealth government's midyear economic update has placed on the Victorian health budget. I would be happy to incorporate, as part of my response, the Minister for Health's helpful answers to questions in relation to the commonwealth's Medicare rebate changes, which will rip approximately \$704 million out of private health insurance, and to the other cuts to health services which will affect vulnerable Victorians.

As outlined earlier in the week by the Minister for Higher Education and Skills, Mr Hall, there have also been significant cuts to TAFE and training, and this will no doubt have an impact on health workers coming into the health system. Minister Hall was at pains to point out that this state government has put more than \$1 billion into the TAFE system, which is more money than has ever been allocated before and more money than Labor projected would result from its reforms. That highlights the hypocritical position taken by the commonwealth government in its unjustified attacks upon the Victorian state government. Mr Hall is continuing to prosecute that case and it is gradually being understood, notwithstanding the torrent of misinformation that is being put out into the community about the situation in Bendigo today.

It is important to put this in context. The state Labor government, under former Premier John Brumby and the former Minister for Health, Daniel Andrews, who is now Leader of the Opposition in the Assembly, had in fact signed up to a very poor health agreement under which our state would have been duded. It was at a time when all states had Labor governments, with the exception of Western Australia, which was holding out at that point.

**Mr Drum** — Thank goodness.

**Mr O'BRIEN** — Thank goodness. The work of the Western Australian government, in alliance with the

National Party, in holding out for its regions has been favourably commented on and has allowed that state to rid itself of the scourge of mismanagement it had inherited from its Labor government, something the Victorian Labor government was not prepared to do at the time. It was not prepared to stand up for Victorian patients and the Victorian health system but was prepared to assist former Prime Minister Rudd in his grand plan to take over the health system and sign away our health system's future.

Thank God for the election of the Baillieu-Ryan coalition government. One of the Minister for Health's first actions was to renegotiate a significantly better deal for Victorian hospitals and for the Victorian health system. There is still much more work to be done, most notably to remove the present commonwealth government from office so that more money can be put into our health system directly, resulting in more money for our hospitals, more patients being treated and more doctors and nurses on wards providing front-line medical services — and less bureaucrats in Canberra.

We all know that the number of Canberra bureaucrats has grown under the federal government. In the health system there is a need for administration and bureaucracy, and I will turn to that shortly when I address the important second and third part of Mr Jennings's motion in relation to waiting lists because there is a very different approach to the issue of waiting lists and hospital data between the present government and its predecessor.

Firstly, in responding to those challenges it is important to note how the Victorian government has also had to deal with a \$230 million cut in funding for Victorian dental funding — \$99.8 million in 2012–13. It has also had to deal with revisions in the population growth forecasts and the growth in health costs. The federal government's share of health expenditure has dropped from approximately 44 per cent in 2008–09 to 29 per cent in 2011–12.

Paragraphs (1) and (2) of the motion are ill conceived, and it is important to put on the record how this Victorian government, with its very active health minister, has responded to these challenges. The Victorian state budget shows a significant spend on health not only to maintain our services and to support doctors and nurses but also to provide significant capital infrastructure for the future, some of which — as Mr Drum may well clarify in his speech — is still opposed by Labor members who for some reason insist on pursuing a smaller hospital for Bendigo rather than what this government has made provision for. I will allow Mr Drum to elaborate on that if he so wishes.

For the 2012–13 financial year the budget delivers approximately \$13.7 billion as a total health expenditure for that year, which represents a \$618 million increase in health expenditure and a \$376 million increase in acute expenditure over and above the previous year. This increase in funding includes \$1.5 billion over the four years of the forward estimates for the health and hospital system. I urge members to remember some of these highlights. They include \$883 million for acute health expenditure over four years; \$603.5 million to increase the capacity of our hospitals and support demand growth; \$44 million for elective surgery and \$149.68 million for ongoing elective surgery; \$21 million for organ retrieval and transplantation, as outlined by Mrs Petrovich; and \$5.8 million for improving security and safety.

In terms of capital expenditure, my electorate of Western Victoria Region has significantly benefited from the election of the coalition government, with, firstly, a \$46 million investment to provide 60 extra beds at the Ballarat base hospital. This was an election commitment, and members of this government worked very hard to make this happen, including the very active Mr Koch, who put together and chaired the helipad task force to secure and build a helipad for the hospital on top of the new multideck car park. This was on top of the very active campaign that was waged for many years by one of the other hardworking members of our government, the member for South-West Coast in the Assembly, Dr Naphthine, who for years, during which lives were definitely lost on our roads in western Victoria, advocated and pushed, despite resistance, for a helicopter service to be delivered for the south-western part of the state. Eventually, after a number of elections, kicking and screaming, the Brumby government delivered that service.

This government is providing \$15 million to expand maternity services and establish an intensive care unit at Sunshine Hospital. That will be of great benefit to the western suburbs, which were abandoned and neglected by the previous government in many ways, as outlined by Mr Finn and Mr Elsbury. There is \$23 million to build the new Charlton hospital, again in Mr Drum's electorate. This project is being co-funded by the commonwealth government and will replace the hospital damaged in the January 2011 floods.

In my electorate of Western Victoria Region — and I saw the member for Geelong in the Assembly recently in the gallery — there is \$93 million for a major upgrade of the Geelong Hospital, which includes 64 extra beds, care for older patients and a boost for cancer care. In addition the Minister for Planning has set aside land for further work at Waurn Ponds. Also in

my region there is \$5 million for radiotherapy services in Warrnambool for south-western Victoria, and we heard Ms Tierney mention these.

We will meet our election commitments. This government is going to deliver, notwithstanding the challenges. You cannot call a promise broken until it has not been delivered. We will deliver on our election commitments. These budgetary commitments are real, and they will assist in fixing up the mess left by the previous government.

In relation to the previous government we also have the mess created in ICT delivery in the health system under the so-called HealthSMART program. I am a member of the Public Accounts and Estimates Committee which is conducting an inquiry into the successful delivery of significant infrastructure projects, and that project features prominently. It will be best to await the outcome of that inquiry before we say too much more, but it is evidence of the former government's failure to complete major IT projects in addition to other major projects. We have the present government's commitment to the Victorian Comprehensive Cancer Centre, \$630 million for the Bendigo hospital and \$447 million for the Box Hill Hospital upgrade. These are important budget initiatives, and the difficult economic context in which we find ourselves needs to be borne in mind.

I would like to respond in particular to the second part of Mr Jennings's motion, which relates to waiting lists. This motion is typical of Labor in that it departs from the picture of what actually occurred, and it needs to be responded to. Mr Jennings, in seeking to make the case that waiting lists are increasing under the present government, failed to mention the situation the previous government presided over under former Minister for Health, Daniel Andrews. In that situation, as has been touched upon by Ms Crozier, there was not only data manipulation but also a number of other very poor practices that resulted in the suppression of evidence from doctors and whistleblowers et cetera. These matters have been outlined in various media articles; nevertheless, they ought to be touched upon to remind the house of the true differences in relation to public hospitals between our government and its predecessor.

One of the doctors mentioned, Dr Peter Lazzari, I know personally. He is a former head of the rural doctors network. Dr Lazzari and others made submissions in relation to hospital waiting lists, but the minister refused to act until an Auditor-General's report that was commissioned called on him to act. It took great courage for Dr Lazzari to be a whistleblower, keeping in mind that he had also suffered a great personal

tragedy. He is an in-law relation of mine in that his daughter married my cousin. He was a very reputable doctor in Hamilton, but his son was tragically killed in a road accident near Dunkeld. Nevertheless, Dr Lazzari had the courage to become a whistleblower on issues he was concerned about, which ultimately led to his very public sacking. Some of the concerns he raised were in relation to hospital waiting lists and the data that had been manipulated.

The relevant newspaper articles in relation to this matter are on the public record, and I do not necessarily need to canvass them now, but I thank Dr Lazzari and others for their courage in drawing attention to these issues, which is in contrast to the approach of the previous government. The articles have headlines such as 'Hospital waiting lists scandal grows', in the *Age* of 1 April 1999, and 'Hospital audits tipped amid claims of waiting list fraud', in the *Australian* of the same date, which was mentioned by Ms Crozier, the first paragraph of which reads:

Victorian health minister Daniel Andrews has been forced to order audits of all of the state's major hospitals in the wake of a growing scandal over manipulation of waiting lists.

A headline in the *Herald Sun* of 2 April 2009 reads 'Health boss has to go'.

I conclude by saying that this government is delivering more front-line doctor and nursing services, as outlined by Ms Crozier. We will not manipulate the data; we will provide real solutions, as recommended by the Auditor-General and the Public Accounts and Estimates Committee inquiry into this issue. I therefore oppose Mr Jennings's motion and commend the minister on his work in relation to the administration of our health system in Victoria.

**Sitting suspended 1.01 p.m. until 2.06 p.m.**

**Ms MIKAKOS** (Northern Metropolitan) — I am very pleased to be able to speak today in support of Mr Jennings's motion relating to Victoria's health system and in particular our hospitals. I join with other members on this side of the house in condemning the Baillieu government for the disastrous impact its decisions have had on the Victorian hospital system since it has come to power. This year's state budget shows growth funding for hospitals has been slashed by almost half of what was delivered in last year's budget. Up to \$134.1 million has been cut from the Department of Health this year in addition to the \$482 million cut in last year's budget. We all know Victoria has a growing as well as an ageing population, which is putting additional pressures on our health services, yet the government's response to this is just to cut funding.

In 2010, under the Labor government, 80 per cent of people who needed elective surgery received that surgery. Under the Baillieu government this has dropped by 5 per cent, meaning that one in four people is now missing out on their elective surgery. Elective surgery waiting lists show us how Victoria's hospitals are performing, and these massive funding cuts have caused elective surgery performance to fall to levels not seen for nearly a decade. Hospital data shows there are currently 46 131 people on elective surgery waiting lists across Victoria. The Victorian health services performance data details that over 7000 more Victorians are waiting for treatment than when the Baillieu government took office. These are real people, not just numbers. In some cases they have serious or life-threatening conditions, and they are being forced to wait longer for the vital surgery they need.

I have received numerous phone calls from constituents in Northern Metropolitan Region telling me about the problems they are experiencing in our local hospitals and in particular about the delays they are experiencing in being able to access elective surgery or even outpatient appointments. There seems to be a growing trend for people to have their outpatient appointments postponed or cancelled, even though those appointments are the gateway through which these people can see a doctor or specialist in order to then get their surgery organised. In relation to those phone calls and the people I have been speaking with, their stories are very concerning to me, and I am sure I will have a lot more to say about that in future.

I am concerned the government is doing nothing to stop the numbers ballooning out even further. Before the election the Baillieu government promised to provide 800 new beds in Victoria's public hospitals — 100 of those by June this year — and to cut surgery waiting lists. Those opposite promised a great deal, but we have seen very little being delivered. The additional beds were promised as the Baillieu government's response to the need to cut surgery waiting lists, yet the hospital annual reports do not indicate that any new beds have been created — not a single one. We know that the doctors and nurses in our hospitals have been asking the government to point to where these new beds that have supposedly been created are.

I have been concerned by reports that beds might be being closed so that those same beds could be opened at a later point in time to enable the government to claim them as new beds. If that were to happen, that would be a very sneaky way of deceiving the Victorian people. Those opposite made a promise they are clearly not prepared to keep. Whilst the Baillieu government promised Victorians more beds and a better performing

health system, all Victoria's health system has received to date is a \$616 million funding cut.

More and more people will be forced to wait for surgery in the future unless the Premier and the Minister for Health acknowledge that Victoria's health system is chronically underfunded. If this does not seem to be enough, 56 of the 81 health services which tabled annual reports last sitting week have run up deficits. Many health services reports detail the need for urgent future planning to cater for increasing demand for health services.

In particular I focus on the growing population in the outer northern suburbs. The Northern Hospital is the local hospital which services that growing community. There have been problems in that community recently, in Mernda in particular, in relation to the lack of a government secondary school for that community, into which thousands of new families are moving. These families will rely upon the Northern Hospital for their health needs. The Northern Hospital is in one of the state's busiest corridors. Some 42 per cent of patients who present to its emergency department who need to be admitted to hospital and are in need of beds wait longer than 8 hours, with 34 patients having waited in the emergency department for more than 24 hours. These are quite alarming statistics. I am concerned about how this hospital will meet the growing demand. The staff at the hospital do a terrific job in trying to do the best they possibly can, but the Northern Hospital has a very busy emergency department.

In terms of socioeconomic data, the northern suburbs comprise a relatively disadvantaged community compared to other parts of Melbourne and other parts of the state. The people who live in this area are the least able to afford private health care; therefore they rely upon having a quality hospital and a quality public health system.

The increased demand, increased waiting times in emergency departments and the increase in the time spent waiting for elective surgery seem to be reflected in many of Victoria's public hospitals, but particularly those in the northern suburbs. Some 28 per cent of patients who presented to the emergency department at the Austin Hospital, 22 per cent at the Royal Children's Hospital, 26 per cent at the Royal Melbourne Hospital and 31 per cent at St Vincent's Hospital who needed to be admitted to hospital and were in need of beds waited longer than 8 hours, and some waited for over 24 hours. Clearly my constituents do not receive the quality health care they need, and I am very concerned that things are getting worse. As I said earlier, people are

contacting my office and reporting to me and to my Labor colleagues the difficulties they are experiencing.

In the last sitting week I referred to issues concerning the interpreting service at Northern Health, and I remain concerned about them. Northern Health, which takes in the Northern Hospital, introduced cost-saving measures a few weeks ago which would see a staggering 7000 appointments over the next year — or 16 per cent of its total requests in 2011 — miss out on an interpreter. Those families will need to bring in a family member to act as their de facto interpreter.

I found it interesting that this is all happening at a time when the Minister for Multicultural Affairs and Citizenship, Mr Kotsiras, only last month spoke in Parliament about there being a shortage of interpreters and translators in Victoria, especially for languages spoken by newly arrived migrants. I find it interesting that one part of the government can talk about the need for more interpreters and be encouraging people to go into interpreting while another part of government — the health portfolio — is cutting back on interpreting services, therefore discouraging people from pursuing interpreting as a career. Clearly one part of the Baillieu government needs to talk to another part of the same government.

Government members need to get their act together, because I have an ethnically diverse community in my electorate, as I know you have too, Acting President Tarlamis. Many other parts of Melbourne have large culturally and linguistically diverse communities which require interpreting services, and I think the government needs to fix this urgently, because not only many elderly migrants but also many newly arrived migrant residents will miss out on interpreters and be unable to communicate effectively with their doctors about their medical needs. Minister Kotsiras and the Minister for Ageing have spoken about assisting seniors who have particular cultural and language needs, but their actions are not matching their rhetoric in this regard.

The final matter I wish to touch upon relates to the reports in this past week that the new \$1 billion publicly owned Victorian Comprehensive Cancer Centre will have a floor dedicated to private patients under a secret plan being undertaken by the Baillieu government. It is unacceptable that the government is attempting to privatise cancer treatment for those who can afford it. I look forward to the government categorically ruling this out and making it clear that there will not be an exclusive, privatised floor at the cancer centre that will be off limits to the large majority of the Victorian public.

Many of us attended a BreastScreen Victoria event during the lunch break today, and there is a genuine commitment from members on all sides of politics to encourage more people to undertake breast screening to detect and prevent breast cancer. Treatment rates for this terrible disease are proving more successful, but if we are to encourage and continue that trend and have more women survive, then we need to ensure that people can access the treatment they need when they need it.

By way of conclusion, I know the government has been seeking to deflect a lot of criticism around what is happening in our health system by making all sorts of claims about federal government funding in relation to the health system. I remind members of the government that the updated budget information from the commonwealth this week makes it clear that in this financial year Victoria will receive \$3.612 billion for its health system. In addition Victoria will receive \$11.1 billion in GST revenue.

The Victorian budget papers from May this year estimate health payments from the commonwealth at \$3.63 billion and provide a figure of \$11 billion for GST payments. As you can see, Acting President, there is a very small difference between the quantum of payment in both cases. I make the point that Victoria is receiving the highest commonwealth contribution in history from the federal government for its health system.

The Baillieu government cannot deflect attention from its responsibility. Its members have been in office for almost two years and continue to point the finger at everyone but themselves; it is always the fault of the previous Labor state government or the federal Labor government. Government members need to start to take responsibility for their actions. Our health system is buckling under the pressure of the cuts imposed by the Baillieu government, and our waiting list is set to grow to in excess of 50 000 people under the current funding arrangements. It is now or never for members of the Baillieu government to do what they can to stem the damage already caused by their critical underfunding of Victoria's health system. Victoria's patients expect them to do so; in fact they demand that they do so. Government members need to attend to this urgently.

**Mr DRUM** (Northern Victoria) — Like other members of this chamber, I am not sure whether it is an honour and a privilege to speak on this issue today, because the coalition is effectively being lectured by the Labor Party, which presided over the health system for an 11-year period during which secrecy, data hiding and deceit with numbers was commonplace, and the

health minister from that time happens to now lead the Labor Party. Labor members have the temerity to come into this chamber and accuse the coalition government of a whole range of things such as taking short cuts, making cuts to the budget and so forth.

What we all need to take on board is that if patients or patients' families were in this chamber, they would be quite dismayed by this debate. There seems to be a whole range of blame shifting going on, with unsubstantiated allegations being made and proposals being put forward by members speaking on this motion, and no-one really knows the truth. I do not think anybody is deliberately telling lies in this chamber, but I think most members are being very selective with the figures they are choosing to quote.

What we do know for a fact is that Labor spent 11 years in power and in control of the health system, and for those 11 years it was fudging the numbers on the hidden waiting lists. People who went along to hospitals needing an operation before they had actually seen the surgeon and gone onto the waiting list would be put on a separate outpatient list, and those lists were never made public. The Auditor-General in his 2009 and 2010 reports put this fact beyond doubt. He effectively accused the then government, the Labor government, of overseeing this practice, which he referred to as 'mainstream' and a practice that was becoming commonplace in three out of every four hospitals that were audited. Opposition leader Daniel Andrews, who was then health minister, was made aware of this and effectively chose not to take any action on it.

At the pointy end of the emergency departments it was also commonplace — and still is, by the way — for ambulances to be forced to go on bypass. In the regions and sometimes also at the metropolitan hospitals, ambulances are forced to congregate, or ramp, at the back of emergency departments as they wait to have their patients unloaded. The incidence of this under the Labor government was swept under the carpet. Unless you had photos proving that there were 8 or 9 or 10 ambulances at the back of a hospital, you would never get Daniel Andrews or the Labor Party to acknowledge that this was a serious issue. However, in opposition the then shadow Minister for Health, David Davis, who is now the Minister for Health, said that he would make these figures public, and he has done that. For the first time ever there is transparency in relation to some of the challenges facing our health system, with information there for all Victorians to see.

As I look at this debate I see a party that had 11 years in government to make serious inroads into a very

challenging part of government administration, possibly the most challenging part of being in government. The health budget seems to continue to rise at an unsustainable rate due to advancements in technology, due to the high cost of drugs now becoming available, due to the skill level of our surgeons and paediatricians and due to the increasing ability to prolong life, at extreme cost. Quite simply, Australia and Victoria are not mature enough to have a debate about how best to spend our health dollars.

We have this ungodly push for more and more funding, and any economist looking at it would have to say at some stage that all states and all countries are going to have to stop increasing health spending by 6 or 7 per cent every year because there is only one way that this can go: we will end up with no teachers, no police and no other public servants; we will end up just with health services. Ultimately in every state and all other Western countries we have this very tough situation where the costs of health and the expectations of health are continuing to rise, and there is no mature debate being had about taking a different tack.

On top of all that we have the federal Labor government cutting funding and backing away from the national partnership agreements it signed up to. Not only has that happened over the course of this year and not only has Victoria experienced a \$6.1 billion reduction in expected revenues from the federal government, but the federal government's share has dropped over the last three years from 44 per cent of total health expenditure to 39 per cent. While the federal government's share in the overall cost of health in this state continues to drop, the state's contribution is at record levels. It has never been anywhere near the level it is currently at. I know that is easy for governments to say, because taxes and expenditure are set at record levels each and every year, but the coalition government is spending over \$1 billion more than Labor did when it was last in government.

It seems to me that the bulk of Labor's criticisms are that the government is unable to deliver promises or projections, and that it is unable to fix the health system. We will be having this debate in 20 years, and whoever is in opposition will be looking across the chamber saying, 'You still have not fixed the health system'. It is reasonably hollow, it is not overly productive and it certainly would not please those who are in serious need of health services to have the opposition of the day in effect look across the chamber and say, 'You still have not fixed the health system'.

The coalition has committed funding to regional Victoria's health system like no other government of

any persuasion in the history of Victoria. The government has made a commitment of \$630 million to the Bendigo hospital for a brand-new, state-of-the-art, world-class hospital. This is \$102 million more than the funding the Labor Party pledged as it approached the election of 2010. Under former Premier John Brumby and Jacinta Allan, the member for Bendigo East in the other place, the Labor government had a standoverish, bullish manner.

Late in its term in office Labor pledged some \$528 million for a hospital that was going to end up with Bendigo's sickest patients being separated from the main campus. It was a proposal that the Labor Party is still yet to acknowledge. It was an unbelievably flawed proposal that was going to shake the people of Bendigo's trust in the Labor Party. I am still waiting for the members of the Legislative Assembly who represent Bendigo to come out and offer their full support to the extra \$102 million in funding that is going to give Bendigo the chance of having a world-class hospital.

We expect to have the tender documents for that project in before Christmas, and the successful tenderer will be announced in the new year. It will be an amazing journey as the people of Bendigo watch the construction of this brand-new hospital, which will enhance the livability and security of living in a major regional centre like Bendigo. It will enhance that capacity for the next two to three generations.

It is not only Bendigo that has been the recipient of the coalition's investment in regional health. The government has committed \$46 million to health funding for Ballarat; a brand-new hospital will be built in Charlton, following floods in that area; \$93 million will go into a major upgrade at Geelong; \$10 million has been provided for the Castlemaine hospital; \$5 million will go to Warrnambool; and \$20 million is heading towards Kilmore. Funding of \$40 million will be provided for a new hospital in Echuca, which will replace one of the most run-down hospitals Victoria has ever seen — the existing Echuca hospital.

I remind Labor members that when they were in office they had no problem ignoring the continued pleas from both Noel Maughan, a former member for Rodney in the Assembly, and Paul Weller, the current member for Rodney, about the need to seriously look at the Echuca hospital. It took a coalition commitment, made on the eve of the last election, for the people of Echuca to realise their new hospital could become a reality. The government has also committed \$447 million to the Box Hill Hospital and \$1 billion to the Victorian Comprehensive Cancer Centre here in Melbourne.

The coalition government has made a substantial commitment to capital building around the state, and it has provided funding of \$151 million for 340 extra paramedics and ambulance officers around the state. Over 210 of these ambulance officers are bound for regional Victoria. Any way you look at this, we have a government that is committed to improving health outcomes right around the state. The government understands that this is an unbelievably challenging task. Deep down everybody knows that the cost of health care is continuing to rise at an unsustainable level. Everybody knows that the state government is having to deal with serious budget cuts as a result of GST funding being cut and changed projections from those made when the government was in opposition.

These issues are all on the table, and it is all factual. Everybody understands that we are trying as hard as we can to improve the health system, but it is simply one of those conundrums: as hard as we all try, our expectations of our health system are always going to be found wanting. If the current trends continue, the system will leap ahead as a result of technological advancements, with there being more opportunities to prolong life, save lives, take away pain, and improve people's standard of living and way of life. All these improvements are going to continue to come at a cost, and these costs will continue to increase. We all understand that. It does not make it any easier; it makes the reality of the situation we are debating here today even harder.

We do not expect the opposition to lay off just because health is a tough portfolio. However, we need to keep in the back of our minds what the Labor Party did over the 11 years it was in government, and the fact that these problems did not just surface after November 2010. In our background notes we have a set of performance data and qualitative figures which were previously kept secret by the Labor Party and which have now been made available to the Victorian public.

I find it a little rich that the government is forced to defend its performance when it has been transparent and proactive and when it has led the way in funding health care in regional Victoria. However, the opposition is able to stand up and say, 'These performance indicators have not been met, therefore a pox on your house'. As I said, that is a little bit rich. Government members can hold their heads high. The government is putting its best foot forward in this area. The opposition needs to have a good look at how it operated when it was in the job, and it should look at the secretive manner in which it held many of these statistics back from the people of Victoria over its 11 years in government.

At the end of the day government members are all doing the best they possibly can. I am sure that if Labor wins an election in the future, its government and its health minister will also do the best they can. However, when it comes down to it, I would think that if we had seriously sick people visiting this chamber, they would be disappointed in the tone of this debate.

**Debate adjourned on motion of Mr LEANE (Eastern Metropolitan).**

**Debate adjourned until later this day.**

**MILDURA BASE HOSPITAL: FUTURE**

**Mr JENNINGS** (South Eastern Metropolitan) — I move:

That this house —

- (1) calls on the Minister for Health to stop betraying the people of Mildura and district by not guaranteeing the ongoing provision of publicly accountable, quality health care, as the government continues to wriggle out of maintaining services in public control;
- (2) notes that contrary to the assertion that the privatised Mildura hospital can demonstrate superior performance to many other hospitals in regional Victoria, the minister's hospital dataset does not provide publicly released information that supports this assertion; and
- (3) calls on the minister to be fully honest and open on these matters with the residents of Mildura, who have every right as Victorian citizens to have their desire for a publicly funded and accountable service recognised by the minister and the Baillieu government.

The reason I have moved this motion is virtually explained in the wording of the motion. Clearly the people of Mildura have every right as Victorian citizens to expect quality care. They deserve a hospital system and network and the provision of services in the north-western part of Victoria that they can have confidence in, that they are certain will account for their needs on an emergency basis today and that over time will demonstrate that it has available and accessible services to meet their needs in any emergency and deal with any underlying chronic health condition or acute incident that could potentially damage their health.

I believe that is a right all Victorian citizens should have available to them. It has consistently been Labor Party policy to drive policy directions and resource allocations within the health portfolio in Victoria to provide for an adequate and appropriate network of publicly available health services across the width and breadth of this state. The commitment of the Labor government was to redevelop health services right across the state in accordance with that need, regardless

of location in the metropolitan area or regional Victoria, and during the life of the Labor government from 1999 to 2010 we saw the significant redevelopment of health services right across the state. Already today in the chamber in a previous debate on a motion I brought before the house I have outlined those services that were redeveloped under Labor, so I will not repeat them here. Labor spent on average in excess of \$580 million each and every year for 11 years on rebuilding the hospital network across Victoria.

The people of Mildura have looked at their health service over that decade and quite often, if not continually, lamented the fact that the Kennett government in the 1990s chose to privatise the Mildura hospital. That decision was based pretty much on a commercial framework that was consistent with the Kennett government's approach to privatisation across a number of sectors, providing opportunities for private sector activity. The Kennett government did not seem to be equally concerned about the provision of public services and public infrastructure and investment in public institutions across Victoria in the same way the Labor Party is. It is very important to Labor. Labor would contest that this is one of the reasons why the Kennett government ultimately lost the support of people across regional Victoria. The example of the Mildura hospital privatisation is part of a litany of complaints that people living in regional Victoria would criticise the Kennett government for. It deserted them quite often in their time of need.

The truth of that, surprisingly, in my view, is contested by the current Minister for Health, Mr Davis, who despite the fact that he has had all day to discuss health policy and health funding, because the Council has been debating health issues all day, has chosen not to. But he has arrived to participate in this debate. I am pleased he is here, and I am pleased that he is prepared to make a contribution. I anticipate that he will try to cloud public understanding of this issue by trying to suggest that it was Labor that privatised this health service, when clearly he knew — —

**Hon. D. M. Davis** interjected.

**Mr JENNINGS** — The minister has been in the chamber for 20 seconds, and he cannot help himself; he is trying to interject. He is not quite in his place and standing. On a previous precedent set by the President during the course of today, he would be sat down and his contribution ruled unparliamentary, but given that the current Acting President is a relatively benevolent person, the minister has not been called in such a way. I would say to the minister that his chance will come, and if he wants to be afforded the respect of the chamber, it

is a very good thing to live by a certain standard and expect it to be returned to him.

I have previously heard the minister try to confuse the Victorian community by suggesting that Labor privatised this service, but clearly that is not the case. Clearly this service was privatised under the Kennett regime. Subsequently during the term of the Labor government, in relation to the building itself and other ancillary matters that relate to it and within the terms of the contract that had already been agreed to by the Kennett government, a business model restructuring occurred that separated the ownership of the building from the service itself. Labor does not dispute that that occurred. We do not — —

**Hon. D. M. Davis** — You did! You did the other day.

**Mr JENNINGS** — The minister continues to want to interrupt my contribution.

**Ms Pulford** — He is not very well mannered.

**Mr JENNINGS** — When he appears on television, Ms Pulford, he appears very mild mannered. He has a very mild-mannered approach on television, and butter would almost not melt in his mouth.

**Hon. D. M. Davis** — So do you.

**Mr JENNINGS** — In fact the minister and I compete in relation to our bedside manner on television — I understand that — but in the chamber we are different creatures entirely.

I think the minister is actually trying — as he normally does — to fool the Victorian people on this matter. The health service was privatised under Premier Kennett. When the contract was most recently up for renegotiation there was the opportunity for the current coalition government to re-evaluate the terms of the contract and consider whether the service could in fact be returned to public hands by, if it chose to, bringing that contract to a close, but the government chose not to do that. It stayed on the path of continuing the private operation of clinical services in Mildura. That is the government's choice. Trying to confuse the public by saying that in the intervening period Labor made any decision that prejudiced the outcome of the government's consideration is a misleading dynamic that the minister conveniently — —

**Hon. D. M. Davis** interjected.

**Mr JENNINGS** — No, Minister. Consistently throughout the course of the debate on health matters

today I have referred in my contributions to the government's budget papers and hospital data. The minister's government members, who have supported the minister and defended his position, have not relied on the budget papers or hospital data. They have consistently made up concepts and constructs — —

**Mrs Peulich** interjected.

**Mr JENNINGS** — Mrs Peulich might have corrected that situation on behalf of the government if she had been afforded the opportunity to make a contribution today, and maybe it would have been a fact-based contribution, which would have been in stark contrast to those of her colleagues.

**Hon. D. M. Davis** interjected.

**Mr JENNINGS** — I look forward to her having that opportunity again. It is very appropriate to return to consideration of this matter. On many occasions the minister has asserted in the chamber, to the media and indeed to the local community that, by implication, by any measure of hospital performance the Mildura hospital outperforms other hospitals across regional Victoria.

**Hon. D. M. Davis** — Or at least performs as well.

**Mr JENNINGS** — Or at least performs as well. By way of interjection the minister has just repeated the assertion. What I challenge the minister to do today, as I have challenged him previously, is through his hospitals dataset provide the public of Victoria, including the residents of Mildura, with validation of that assertion.

Currently I have before me a copy of an extract on the Mildura Base Hospital based upon the release last week of the Victorian hospitals dataset. It includes for the Mildura hospital the figure for emergency patients treated within time. The hospital performs in accordance with its target and benchmarks at 81 per cent. I congratulate it on that. The data records the figure for emergency patients transferred to a hospital bed in under 8 hours. Again the hospital's performance is sound, and it is a very good outcome for those patients and I congratulate it on that. The hospital has a very good response time in relation to the emergency department median time to treatment. In the most recent period, up to June, it was 14 minutes, which is a good response time. I congratulate the Mildura hospital on achieving those outcomes. I think they would provide some comfort to the residents of Mildura.

This report that the minister and his department have provided us with does not include data on any time

when the hospital was on bypass. I assume there was no time when it was on bypass, but it is not recorded. It does not record the figure for emergency presentations lasting over 24 hours. It does not include the figure for mental health patients waiting longer than 8 hours. It does not include the figure for those on the elective surgery waiting list. It does not include the figure for elective surgery median time to treatment. It does not include the figure for general surgery median time to treatment. It does not include the number for the elective surgery urgent category 1 waiting list. It does not include the proportion of all patients on the elective surgery waiting list for longer than 365 days. It does not indicate the number of hospital-initiated postponements.

What I want to make very clear in the chamber today — and I will continue to put this proposition — is that the figures for the vast majority of measures that hospital services are measured by are not included in the dataset that the minister has provided us with, so his assertion that this hospital outperforms others is on a very slippery slope. On some indicators that are reported it does a reasonable job. We and the community do not know how it performs on those other measures. In fact the agitation that exists in the local community suggests that its members have many reservations about the quality of care and many concerns about the accessibility and availability of service.

There are ongoing debates in the community about the quality of the care available. There are ongoing debates and concerns about adequate provision of growth and redevelopment funding — that is, how services will be developed into the future and how they can be guaranteed that the service will grow in accordance with community demands. There are concerns about the investment strategy that would underpin those growth developments with additional infrastructure and capability of the hospital into the future. There are concerns about the situation in which the service has been privatised. It obviously has physical constraints and there are concerns in what potentially might be a time of ongoing financial uncertainty in the private sector, about what the reinvestment strategy of the operator of the service might be.

The community has many unanswered concerns. In the lead-up to the government's consideration of the contract renewal there has been community momentum. Time and again members of the community have come together and expressed those concerns. They continue to be dismayed by the response from the government and are offended by the paucity of information available to them, the sleight of

hand in the telling of the history of this matter as expressed by the government and the sleight of hand in the creation of a community reference board. The community understands very clearly that that board does not have a governance role within the terms of the contract but is an adjunct to it of the minister's invention.

**Hon. D. M. Davis** interjected.

**Mr JENNINGS** — When the minister makes a contribution, I will do my best to resist interrupting him as he has interrupted me. I cannot guarantee it, because in fact the minister may not be fulsome or accurate in his description of the circumstances and I may feel compelled to interrupt him, but I will try not to do so.

My argument is that the decision-making capability of the community reference group would not impact upon the commercial decisions or directions or indeed directly take account of clinical practice within the hospital. Nor should it, for that matter. On any key measure of what it can achieve in the governance structure, they are in the margins of having a direct line of accountability or influence over the direction and quality of care provided by the service. The community by and large has seen through this device as something that will not make a difference and not provide as direct a degree of accountability and control as might be supposed.

This whole situation about the review and renewal of the contract also includes the way the minister has chosen to tell the story of this in a very selective and muddy way which tries to cloud facts and fiction in order to absolve himself of any responsibility for making decisions about whether this contract stands or falls on its merits. Is the performance of the hospital as rigorous as he asserts it is? Can he demonstrate that, or does he merely intend to continue to assert it?

I challenge the minister — I have in the past and I challenge him again today — to take this opportunity to provide us with the evidence that these matters are going to be satisfactorily, publicly and fulsomely disclosed. He should take the opportunity to engage with the community to provide them with confidence and to outline how the growth in demand for this service may be best accounted for into the future. That is a great challenge for the government. Whether it chooses to accept that challenge is another matter.

But it is incumbent upon this government to demonstrate to all our citizens, regardless of where they live, the opportunities they are going to be afforded and the certainties they can have about the growth of

services into the future, so they can confidently live in a community and rely on the availability of services. When they are making decisions about whether they stay in a region or leave, they want to know that there is a safety net for the provision of accessible quality care. That has obviously been an issue of concern to people in the Mildura community. I would encourage the government to step into that space, to be frank and up-front with the community on the best way forward and not try to deal with this by a succession of sleights of hand. That is my residual message through the motion today.

I received some drafting advice in a very gentle way during the past 24 hours about whether it was appropriate for me to use the phrase included in clause 1 of my motion that relates to the government continuing to 'wriggle out' of its responsibilities. I took that advice and reflected on it, but I did not act on it because I thought wriggling out was perhaps a very appropriate phrase and perhaps it was more polite than other phrases I might have used.

One of the great hallmarks of this minister's administration has been his ability to blame shift, to obscure facts with fiction and to not allow the responsibility to fall at his feet. He is very quick at removing himself from the precinct of public debate. One of his great challenges over time will come when commentators and the community recognise that a method he successfully adopted when he was a shadow minister in opposition is perhaps not the best method to adopt when he is a minister and responsible for making things happen.

I do not underestimate for one second the challenges of being able to provide for an adequate health-care system across Victoria, but I do remind the minister that it is his responsibility to do his best to provide that and to guarantee that the best outcomes are available to all Victorian citizens. The quality of care issues that they demand should be responded to appropriately and fulsomely by him, his department and, most importantly, by the government. To shirk from any of those elements would be falling short of his obligations to them, and that is the spirit in which I have moved this motion today.

**Hon. D. M. DAVIS** (Minister for Health) — It is a pleasure to respond to this motion. I must say that it is one of the wimpiest, weakest and sloppiest motions that I have heard in a long time. The members of the Labor Party are like eels trying to wriggle around and absolve themselves of responsibility for 11 years of administration of Mildura Base Hospital and responsibility for its current capacities and its future.

I will start at the beginning. It is true that the hospital was built under a contract drawn up by the Kennett government in 1999. A new hospital was opened in Mildura. I do not know whether Mr Jennings has seen the old hospital in Mildura, but if so, he will understand why a new hospital was so important for the city. But what Mr Jennings and the previous administration — the now opposition — failed to realise is that they did hold some responsibility for 11 years and they did not discharge that responsibility in a way that led to the best outcomes for the people of Mildura and the Mildura region.

The previous Labor government disaggregated the hospital in the first instance, allowing the sale of the hospital land and building to the Motor Trades Association of Australia. Whether this was justified at the time is an interesting point, but the fact is that members of the current Labor opposition were members of the cabinet that made that decision, including Ms Broad. Those decisions were made by the Minister for Health at the time, John Thwaites. He disaggregated the hospital, and that has created a challenge for administration since that time. Labor made that decision. Labor decided to sell the hospital to a super fund in New South Wales. Labor made those decisions. John Thwaites made those decisions, and the cabinet around John Thwaites made those decisions.

It is a fact that that has made the administration more difficult because it leads to two players involved in the arrangements — both Ramsay Health Care and the motor car traders. Notwithstanding that, the previous Labor government for years starved Mildura of funds because it hates any private involvement in health care. In a vindictive and nasty approach it deliberately starved that hospital of funds that it needed — and Mr Crisp, the member for Mildura in the Assembly, well understands this; he has been a fierce advocate for the hospital and his community. As smaller hospitals in the region closed down —

**The ACTING PRESIDENT (Ms Pennicuik)** — Order! Mr Davis should address his remarks through the Chair.

**Hon. D. M. DAVIS** — The Acting President makes a good point. But the point is that through the period of the 2000s a number of smaller hospitals, which had provided surgical services and birthing services for many years, closed. The previous government also failed to plan and look to the future and recognise that there was significant population growth in Mildura and its region. It is true to say that in the 1990s nobody expected that population growth. But the fact is that as the 2000s went on there was significant population

growth, and the then Bracks government, and later the Brumby government — including under the former Minister for Health, the member for Mulgrave and now the Leader of the Opposition in the Assembly, Daniel Andrews — failed to respond with sufficient resources to enable the hospital and the hospital community around it to keep pace with the population that was growing and the additional services that were needed to meet the requirements of those in the region.

In its Access and Quality health policy of 1999, Labor said that if it got elected it would:

... review all existing hospital privatisation contracts to ensure that contractors are complying with contractual requirements and delivering the services promised.

They were, but there was never any rigorous analysis by Labor and never any rigorous focus on negotiating for the future of the community in Mildura and surrounding regions.

The contrast with the new government that was put into power in November 2010 could not be greater. The government came to power with a commitment to expand services to the hospital. It committed to put \$5 million in to expand services, to provide additional mental health and other emergency support, including additional treatment areas, to meet what was clearly a growing demand.

Let me be quite clear for the chamber today: Labor refused to match that policy during the election period, and it has still not matched that policy to this day.

**Mr Drum** interjected.

**Hon. D. M. DAVIS** — It still refuses to match that policy, Mr Drum, and I know that the member for Mildura understands that the local Labor Party branch advocated for Labor to pick up that policy.

**The ACTING PRESIDENT (Ms Pennicuik)** — Order! Mr Davis, through the Chair.

**Hon. D. M. DAVIS** — The local Labor Party branch even passed a motion and wrote to the then health minister, Daniel Andrews, and the community services minister at the time, Lisa Neville, calling for urgent capital works funding. The president of the branch, Ken Carr, is reported on 3 August 2010 as saying:

... local members endorsed a motion at the weekend calling for \$5 million for immediate upgrades in the emergency, maternal and mental health wards.

**Ms Broad** interjected.

**Hon. D. M. DAVIS** — Labor did not do it over 11 years. It refused to do it in the election campaign — and it has still not committed to that money. That is the record of Labor. It saw that Mildura was a long way away and it was not prepared to do what was necessary to put the services into that town.

**Ms Broad** interjected.

**Hon. D. M. DAVIS** — That is right; all Ms Broad wanted to put there was a toxic waste dump, that is her record in Mildura, and Mr Jennings was part of a cabinet that argued for a toxic waste dump too. He was part of the cabinet that pushed for it.

**Mr Drum** interjected.

**Hon. D. M. DAVIS** — Mr Drum and I sat on the other side of the chamber, and Mr Crisp in the Mildura community was fighting hard.

**The ACTING PRESIDENT (Ms Pennicuik)** — Order! This is the third time I have asked Mr Davis to address his remarks through the Chair. He knows what he is doing wrong, so I ask that he not do it again.

**Mr Jennings** interjected.

**Hon. D. M. DAVIS** — It very much wanted stronger community involvement and has been prepared to reactivate the community advisory board to make sure that there is strong input. Mr Jennings is correct; it is not the same as every other hospital board because the contract that relates to the hospital is different. But the community advisory board is still a very important conduit of information from the community to the hospital administration and, importantly, to the department and to the minister. I have had many conversations with the chair of that board and have been prepared to hear his view about matters at Mildura — matters concerning individual items at the hospital and matters concerning the administration at the hospital. He is a respected individual, and I am pleased to note that the board will make a significant difference.

Vernon Knight, Janice Danson, Marcus Guthrie, Marion McDonald, Gary Nalder and Ada Peterson are people who are respected by and are representative of the community. They are prepared to strongly advocate for the staff at the hospital and particularly for the patients at the hospital, and they are prepared to intervene if necessary. The advisory board meets regularly and is prepared to put information to me as required, and it does so. I have also had dealings with the council and know its views on the community. I

met at some length with John Arnold, then mayor — and I think still mayor — —

**Mr Drum** — Still mayor.

**Hon. D. M. DAVIS** — The council elections are imminent, as we know. In my view he has done a very good job as mayor. I was pleased to meet for some time with John Arnold to hear his views and the council's views about the hospital and its future and how the interests of the community could best be advocated for.

Mr Arnold made a number of key points, and after I met with him I responded to those points in a lengthy letter to him. I will quote some parts of the letter because I think it encapsulates some of the points. I just want to say that in this context I was very prepared to engage with the community and with him as mayor, as representative of his local community, on the matters that he discussed with his fellow councillors and others in the community.

**Mr Jennings** — Is this the letter? Are you quoting from the letter now?

**Hon. D. M. DAVIS** — I am about to, Mr Jennings.

**Mr Jennings** — It is the preamble.

**Hon. D. M. DAVIS** — I am just explaining the context so the member might understand these points.

**Mr Jennings** — I have never written a letter.

**Hon. D. M. DAVIS** — That is surprising. I pointed to the government's strong commitment to the public hospital services in Mildura. And let me be clear: these are publicly funded hospital services that are delivered to the standards of public hospital services — and I will say more about that in a moment. I indicated our broad commitment to the people of Sunraysia and Mildura and to that growing population. I also reiterated our strong commitment to both the \$5 million in capital works for the emergency department and the mental health capacity expansion and also the \$2 million of commonwealth funding.

**Mr Jennings** — What is in the letter and what is out of the letter?

**Hon. D. M. DAVIS** — That is in the letter. Also in that letter, Mr Jennings, I pointed to the lack of action by the previous government over 11 years and the decision to sell the hospital, disaggregating it by selling it to the Motor Trades Association of Australia, and facilitating that decision, which was the cabinet's responsibility. I also made sure that the contract was

available. The community was misinformed when it was told that the hospital contract was not available. It is in fact on the website, and people can find it at [www.contracts.vic.gov.au](http://www.contracts.vic.gov.au) and examine the details of it.

This is not a secret contract, as was put out by many in the community; it is a public contract that is there for everyone to read. I will come to the performance of the hospital in a moment, but we discussed the performance of Ramsay Health Care and I indicated that by and large the examinations I had seen and the information I had received suggested that Mildura Base Hospital performed as well or better than most public hospitals in regional centres.

The government has increased the amount of performance data that is available. Mr Jennings's government took away the quarterly reports. It went for half-yearly reports and stripped all sorts of matters out of those reports. This government has restored quarterly reporting and massively expanded the amount of reporting in those documents.

**Mr Jennings** interjected.

**The ACTING PRESIDENT (Ms Pennicuik)** — Order! The minister, through the Chair.

**Hon. D. M. DAVIS** — I am sorry, Acting President, I think the member has some conceptual problem here.

**Mr Jennings** interjected.

**Hon. D. M. DAVIS** — He tried to tell us that many things were not reported. In fact they are being reported quarterly, which is twice as often as they were under his government.

**Mr Jennings** — Not other measures.

**Hon. D. M. DAVIS** — You only measured every half year; that is a fact, Mr Jennings. In 2004 or thereabouts you stripped away the quarterly reporting and went to half-yearly reporting as it became more and more inconvenient to tell the truth to the community.

**Mr Jennings** — That is your experience of it.

**Hon. D. M. DAVIS** — No, that was the result of my examination of your government in the mid-2000s.

**The ACTING PRESIDENT (Ms Pennicuik)** — Order! This is not a discussion between Mr Jennings and Mr Davis across the chamber. That point was well made by Mr Jennings earlier in his contribution. The minister to continue through the Chair.

**Hon. D. M. DAVIS** — There has been an independent assessment of the performance of the hospital which, in my view, appears to be very strong. The contract between the state, Ramsay Health Care and the Motor Traders Association of Australia means there are some challenges that come from Mildura being a privately operated public hospital. Many in the community have raised with me the issue of salary packaging, and I think they raise a fair point. Just because public hospital services are delivered, and will continue to be delivered until 2015 at a minimum under the current contract, the Mildura hospital staff ought not to be disadvantaged by the existing salary arrangements.

I have written to the federal Treasurer, Wayne Swan, indicating that this is a matter of competitive neutrality. It should not be that one type of public service provision is disadvantaged compared with another type of provision of those services. They ought to be treated in a way that is competitively neutral. If salary packaging is good enough for the public sector, and I believe it is important in the public sector, it ought to be available for surgeons and other medical staff at Mildura hospital, and for that reason, as I say, I have written to the federal Treasurer asking his department to examine this point. He has indicated his department is examining that, and as I understand it, it is looking at the material that was supplied by my department. There is a strong case to say that on the grounds of fairness, equity and indeed economic efficiency there ought to be a competitively neutral process that does not disadvantage a hospital like Mildura.

Mr Jennings has asked me about performance. Let me list some of the matters of performance for the chamber. Forgive me if this takes a little while but there is a large amount of data and I want to put it on the record. The percentage of emergency department patients treated within time moved from 77 per cent in 2009–10 to 74 per cent in 2010–11 and 81 per cent in 2011–12. That is an improvement over those financial years of 4 per cent. The number of emergency department patients treated within time was 21 219 in the 2011–12 period. The percentage of emergency department patients transferred from emergency department to hospital beds within 8 hours has gone from 89 per cent in 2009–10 to 88 per cent in 2010–11 and 90 per cent in 2011–12.

**Mr Jennings** interjected.

**Hon. D. M. DAVIS** — No, that is the actual outcome. The number of emergency department patients transferred from emergency department to hospital beds within 8 hours was 4427 in 2009–10,

4419 in 2010–11 and 4916 in 2011–12. The percentage of emergency department patients who were not admitted and stayed for 4 hours or less was 78 per cent in 2009–10, 74 per cent in 2010–11 and 80 per cent in 2011–12. That is an improvement. The number of emergency department patients who were not admitted and stayed for 4 hours or less was 16 362 in 2011–12.

The number of presentations that exceeded 24 hours — and this is something that Mr Jennings was asking about before — was eight in 2009–10, four in 2010–11 and zero in 2011–12. That is an improvement and meets a very good benchmark in my view. It is interesting to note that statewide the number of people waiting more than 24 hours in emergency has halved over that period, Mr Jennings, in comparison with the performance of your government.

The percentage of emergency patients treated immediately in all three of those financial years was 100 per cent. The percentage of category 2 patients treated within 10 minutes was 64 per cent in 2009–10, 64 per cent in 2010–11 and 76 per cent in 2011–12. The percentage of category 3 emergency patients treated within 30 minutes was 74 per cent in 2009–10, 71 per cent in 2010–11 and 77 per cent in 2011–12 — a steady improvement. The proportion of category 4 emergency patients treated within 10 minutes was 78 per cent in 2009–10, 74 per cent in 2010–11 and 83 per cent in 2011–12. The percentage of category 5 emergency patients treated within 30 minutes was 92 per cent in 2009–10, 93 per cent in 2010–11 and 95 per cent in 2011–12.

That is an enviable achievement if you look at emergency departments all around Victoria. They are very competent and reliable figures and they show that Mildura hospital is performing as well as or better than any other equivalent emergency department in regional Victoria.

The median time for treatment, which Mr Jennings mentioned, was 19 days in 2010–11 and 14 days in 2011–12. The median time for treatment for category 1, 2 and 3 emergency department patients fell from 14 minutes in 2010–11 to 11 minutes in 2011–12. The median time for treatment for category 4 and 5 patients fell from 27 minutes in 2010–11 to 18 minutes in 2011–12. The 90th percentile time for treatment for all emergency department patients was 86 per cent in 2010–11 and 69 per cent in 2011–12. The percentage of ambulance patients transferred within 40 minutes was 90.6 per cent in 2010–11 and 90.5 per cent in 2011–12. They are very good transfer times compared to many other places around the state. They are transfer times that Mr Jennings's government would not

release — they were held secret. Year on year the transfer times were not released by the previous government.

**Mr Jennings** interjected.

**Hon. D. M. DAVIS** — Your government was determined to keep secret the figures for those times around the state. Those transfer times are now publicly available. These are important statistics about the interface between ambulances and major hospitals both regionally and in the city.

**Mr Jennings** interjected.

**Hon. D. M. DAVIS** — Mr Jennings held them secret; he refused to put them out publicly. The number of emergency department mental health patients waiting longer than 8 hours for admission was 1 in 2010–11 and 0 in 2011–12. That is a good performance, Mr Jennings. It is hard to get better than that performance on those measures.

As I said, the median time for treatment shows the good performance by Mildura hospital. It is not just me that says Mildura is performing well; I happened across a news release of Thursday, 29 April 2010, from the then Minister for Health in which he says:

*Your Hospitals* shows that Mildura Base Hospital performed strongly ...

Goodness! He goes on to list its performance figures, which show that 100 per cent of category 1 emergency patients were treated immediately on arrival at the hospital for the six months referred to. That is good performance according to Mr Daniel Andrews, the then Minister for Health and now Leader of the Opposition. He went on to say:

... 88 per cent of ED patients admitted to a ward ... were admitted within 8 hours of arrival — exceeding the national benchmark of 80 per cent, and an improvement of 5 percentage points on the same period in 2008.

Do you know what Daniel Andrews, the then health minister said about the performance of Mildura hospital? He said it performed strongly. That is quite amazing, is it not, for someone who is now part of an opposition that is going around bagging the hospital and its staff. He is whacking away at the staff, trying to cause trouble and trying to target the staff. He is trying to cause difficulties for them.

**Mr Jennings** interjected.

**Hon. D. M. DAVIS** — What Mr Andrews said was that Mildura hospital had performed strongly. I have to say that I agree with Daniel Andrews, the then Minister

for Health and now Leader of the Opposition. I think Mildura hospital has performed very strongly. On whatever measure you wish to choose, the hospital has performed strongly. The government has examined the performance of the hospital and compared it with other benchmarks around the state.

**Mr Jennings** — No, you haven't.

**Hon. D. M. DAVIS** — Yes, we have; we have done that. Elective surgery is important too. I agree; I think the health service has also performed well on elective surgery.

**Mr Jennings** — Where is it?

**Hon. D. M. DAVIS** — I do not have that data with me now but — —

**Mr Jennings** interjected.

**Hon. D. M. DAVIS** — I am happy to provide it, but Mr Jennings is clearly prepared to attack the performance of the Mildura hospital emergency department. We understood that there was a challenge with the emergency department and we provided \$5 million more in funding. That money has been allocated and the project is awaiting the resolution of contractual arrangements. Scoping has been done on the provision of that service, and the building works can proceed as soon as the contractual arrangements are resolved. We will be moving apace to make sure the community gets what it did not get during 11 years of Labor. During 11 years of Labor the people got nothing; the hospital was starved of funds. When the previous health ministers had control they turned the tap right off. They cranked it down hard. Now the task is to make sure the capital works go in and the hospital is able to do the work that is required.

The links and arrangements with other parts of the state are strong. Mildura has very strong links to the metropolitan area and our major hospitals. It has very strong links to Bendigo, where significant services are available from a major regional hospital that will get bigger and stronger as a \$630 million project proceeds and we are able to deliver for northern Victoria and some patients from southern New South Wales.

This is the story of a government that is prepared to work with and engage with the community. It is the story of a Labor Party in government that targeted the hospital; it did not seek to support the hospital in the way it should have. It is the story of a Labor Party that disaggregated the hospital, making it more difficult to secure the future of the hospital and more difficult to negotiate an outcome that is to the community's

benefit. But what I can say very strongly here today to Mr Jennings and the chamber is that the government is determined to deliver on capital works for the Mildura hospital. It is determined to deliver on high-quality public health services. It is very aware of the needs of the community, and Mr Crisp's very strong advocacy for the hospital and his community is noted by all in the government and more broadly. We are determined to make sure the community is very much represented. I know some of the upper house members for that area — Mrs Petrovich, Mr Drum and Ms Lovell — are determined to represent it very strongly.

The sad thing is that over the 11 years of Labor people such as Ms Broad were not prepared to advocate for the hospital in the same way. They were prepared to be part of a cabinet that allowed the disaggregation of the contract and the sale to the motor car traders, which caused future difficulties. They still refuse to apologise for that decision. They still refuse to face up to the responsibility they had as members of that cabinet, that John Thwaites had as the health minister at the time, that Steve Bracks, the former Premier, had. And guess who is on the motor traders board? John Brumby. Oh, my goodness! The links are absolutely everywhere. We understand what is going on.

The key things to focus on here are the interests of the people of Mildura and the interests of patients at the Mildura hospital and in the broader region around Mildura. We are determined to protect those interests and fight for the interests of those people and patients. We are very much determined to listen to the community through the community advisory committee, the council and other key institutions in the town. I am very aware of the strong performance of the staff of that hospital — the doctors, the nurses — and it has been unfortunate that some of the commentary around the hospital has not recognised their enormous contribution.

**Ms HARTLAND** (Western Metropolitan) — I will keep my comments quite brief. One of the things that annoyed me greatly in the previous Parliament was the way the members of the then ALP government always said things were the Kennett's government's fault. Now the members of the current government are doing exactly the same thing. It is time the government got on and governed and did not blame someone else.

The Greens do not support privatisation. We do not believe major services such as health should be privatised; it is as simple as that. We want to see good services delivered to the community.

I appreciate the minister is in the chamber to answer these questions, but it would be greatly appreciated if he could supply all the material he spoke from today, because I found it quite interesting, and I would like to be able to compare it to what Mr Jennings put in his presentation. I am extremely concerned about the lack of transparency on the part of this government. I ask the minister to prove me wrong and supply all the documents today.

**Ms BROAD** (Northern Victoria) — I rise to support Mr Jennings's motion, which — just to remind the house — calls on the minister to be fully honest and open on matters to do with the Mildura hospital and with residents of Mildura, who have every right as Victorian citizens to have their desire for a publicly funded and accountable service recognised by the minister and the Baillieu government.

One would be forgiven for thinking, after listening to Mr Davis's contribution, that the many conversations with people he referred to equate to visits to Mildura to investigate these matters. That would be astonishing news to residents of Mildura and surrounding areas and particularly astonishing to the *Sunraysia Daily*, which has pointed out, not for the first time, that Mr Davis has not visited Mildura since 29 August last year, his sole appearance during his stint as health minister, which started soon after the coalition's election in November 2010. Mr Davis has not deemed it important enough to go to Mildura to meet with anybody about these matters since 29 August last year — over a year ago.

**Hon. D. M. Davis** — And I have met with people here in Melbourne too.

**Ms BROAD** — Mr Davis can interject as much as he likes.

**Hon. D. M. Davis** — It's true.

**Ms BROAD** — Those, however, are the inconvenient facts, Mr Davis, and the *Sunraysia Daily* in Mildura is well aware of them. No amount of interjection is going to wish them away.

As well as that, there has been ongoing correspondence and debate in Mildura about Mr Davis's refusal to respond to numerous invitations from a whole range of people to visit Mildura to discuss these matters in person and about the disappointment, expressed by a whole range of people, that Mr Davis has once again postponed an anticipated visit. In fact the Premier, Mr Baillieu, has been forced to come out and make comment in the *Sunraysia Daily*, assuring people in Mildura that he is aware of and understands the Mildura community's obvious interest in its hospital. But of

course he is also unwilling to share plans for the future of the Mildura Base Hospital with the Mildura community.

The community group Reclaim the Base has expressed in scathing terms its response to the failure — the refusal — of the minister to visit Mildura in person to discuss with members of that group or with anyone else a matter of such importance for the community. This has extended to invitations from cancer survivor Ilona Legin. We saw the debacle that that descended into and the apology the member for Mildura in the Assembly was forced to make to Ilona Legin when she did her utmost to try to secure a visit by the health minister to Mildura. I acknowledge the efforts of the member for Mildura in also seeking to have the minister visit, but the fact of the matter is the member for Mildura has been unsuccessful in getting the Minister for Health, Mr Davis, to visit Mildura, as has everybody else in Mildura over a long period of time.

Mr Davis dismissed this motion before the house — I think his words were ‘weak’, ‘wimpy’, ‘sloppy’ and a range of other adjectives — but I do not think he has any idea how badly his dismissal of this motion and the important matters it raises for the consideration of the Parliament in relation to the future of the Mildura Base Hospital will be seen by the residents of Mildura. In his dismissal of the substance of this motion, he might think these matters are of no consequence, but I can assure him that many advocates, residents and families are desperately concerned about the future of health services in Mildura and do not see these matters as being of no consequence.

In his remarks today Mr Davis made much of matters to do with the history of the contract under which the current arrangements for the Mildura Base Hospital were put in place. It is worth taking a few moments, since those matters were raised by Mr Davis, to go over them and to remind members of the house that Mildura Base Hospital is the only public hospital in Victoria managed by a private for-profit company. About this arrangement the president of the AMA (Australian Medical Association) has said that it is not fair that the Mildura community has a health service which is an anomaly in this state. Many others have made similar remarks, but I think the AMA would be in a position to make a statement that should at the very least be taken into careful consideration by the health minister in the Baillieu government.

A very useful document is accessible on the web; it is headed ‘Mildura Base Hospital — case study’. The document goes into matters relating to the contract in a great deal of detail. I will not go through all of it, but I

will refer to some of its key points. This document indicates that in December 1997 the cabinet of the then Victorian government — the Kennett government — made an approach to the private sector for registrations of capability to build, own and operate a private hospital. It goes on to say that Mr Dane Huxley, who was experienced in private sector provision of health services, was appointed chairman of the steering committee. Four consortia were short-listed for receipt of the project brief. In October 1998 cabinet endorsed the execution of the contract with Alpha Healthcare Ltd, one of the four short-listed consortia. When there were further investigations into Alpha and other companies with which it was associated it was found not to be a fit and proper company to control Victorian hospitals, so it was advised accordingly and withdrew.

Finally, after a great deal of process, on 18 February 1999 the then health minister in the Kennett government, Mr Rob Knowles, announced that Ramsay Health Care had been selected as the preferred bidder to build, own and operate the new Mildura Base Hospital. I went through that because there is a constant through all of that time and those decisions by the Kennett government, and that is Mr Dane Huxley. Mr Dane Huxley has come back to the Mildura Base Hospital in his position with Ramsay, and I think it is reasonable to conclude that Mr Huxley possibly knows more than anyone else present in the Parliament today about these arrangements and their impact. This is the connection to the claims made by Mr Davis in his contribution.

In January this year Mr Huxley was reported as saying:

‘I think there would need to be some significant changes to the structure of the lease, and I understand that those changes are being looked at at the moment’, says Mr Huxley.

‘The original lease didn’t have any capacity at all for infrastructure development’, he says, ‘no increase in beds was possible under the original lease; and I think that was probably a shortcoming of the lease; you can’t have a hospital sitting for 15 years in status quo, there do need to be developments.’

He went on to say:

‘One of the reasons that the funding flow for the emergency department, midwifery unit and mental health units has been delayed is simply that they’re not in a position to actually put that money in until the lease arrangements have been finalised — probably by June, at the latest September this year.’

Let us put the timing issues to one side, because clearly we are well past September. I might add that the article indicates that Mr Davis was unavailable for interview on these matters, which is not surprising.

Mr Huxley, who as I have indicated, arguably knows more about these matters than anybody else, has clearly indicated that the original lease put in place by the Kennett government did not make provision for capital development, and I very much doubt he is wrong about those matters. However, Mr Davis has come in here today and tried to make the claim that because Ramsay subsequently decided to sell the building to a superannuation fund this somehow is the reason it has not been possible to make capital developments. I think Mr Huxley has made it very clear that that claim by Mr Davis is not true.

What is also very clear is the extent to which Mr Davis is clutching at straws when he tries to make the case that around a decade ago the then Treasurer and later Premier, John Brumby, had a great big crystal ball and foresaw that in a decade's time he would no longer be in the Victorian Parliament, that he would be the chair of a superannuation fund and somehow he would be involved in some conspiracy a decade earlier around these arrangements. I have never heard such an extraordinary claim coming from a minister, let alone someone who holds themselves out to be a minister in the Baillieu government and the Leader of the Government in the Legislative Council. To make those claims against former Premier John Brumby is an utter disgrace. It asks members to believe that, whatever else anyone might think of Mr Brumby, a decade ago he had a great big crystal ball and foresaw everything that would happen a decade into the future. I think most Victorians would agree that this is an extraordinary and ludicrous claim, one that is certainly not worthy of someone who claims to be a minister.

Mr Davis also referred in his remarks — and I am very happy to do so also — to the local Labor Party branch and the late Ken Carr, a stalwart of the Labor Party who advocated tirelessly for the Mildura and surrounding communities, and their advocacy for improvements to the Mildura Base Hospital and their view that it should be a public hospital just like the hospitals in every other community across Victoria. Why Mr Davis should think the local Labor Party would do anything different is a mystery, I am sure.

The local Labor Party branch represents the local community of Mildura. We have had some 650 people at public meetings calling for the period of consideration of these contractual arrangements by Mr Davis and the Baillieu government be extended so that the community can be properly consulted and can have a proper opportunity to express its views, which have been strongly expressed at public meetings and in thousands of petitions which the people wish to present personally to the health minister if he ever visits

Mildura again. Yet somehow Mr Davis thinks it is unusual that the local Labor Party branch would be representing the views of the local Mildura community.

On the contrary, the local Labor Party branch is very proud to stand up and represent the views of the Mildura community. I am sure it will continue to do so. It will also, I am sure, be very pleased to see Mr Davis visit Mildura and have a look at these matters for himself, hear from people who have spoken at public meetings and rallies, receive the petitions which they wish to present to him and reconsider the very ill-advised remarks he has made today in this place — remarks which will not be at all welcome to residents of Mildura.

In conclusion, I have advocated over a long period of time in this place and in Mildura during my regular visits as a member for Northern Victoria Region for the Baillieu government and the health minister, Mr Davis, to give proper consideration to the Mildura community's concerns about the future of Mildura Base Hospital. I believe the Mildura community deserves nothing less. It certainly does not deserve the treatment it is getting from the health minister and the Baillieu government at the moment, with the health minister not having been to Mildura in over a year and having once again cancelled a promised visit. He expects anyone in Mildura who wishes to have a conversation about these matters in person with him to travel to Melbourne. It is a long way from Mildura to Melbourne, and not everyone has the cash to be able to do that. Certainly Iona Legin does not.

I think it is perfectly reasonable for the community of Mildura to expect the health minister in the Baillieu government to have the decency to go to Mildura and discuss these matters with the community in public, not in private behind closed doors, which the minister has repeatedly refused to do. I believe the concerns that have been expressed by the community reflect very widely held views across the community. It is about time the minister paid heed and went to Mildura. He should listen to the community's concerns before he makes a decision on whether he is going to extend the period for consideration of contractual issues, and certainly before he makes any decision about the future arrangements that will apply to the Mildura Base Hospital.

**Mr DRUM** (Northern Victoria) — I find this contribution by Ms Broad to be one of the most astonishing performances of populist politics that I have ever heard. Ms Broad finished her contribution by saying she has advocated for a long time for the people of Mildura to be given proper consideration. What does

that mean, Ms Broad? Can you please interject a little bit and help me out? What does it actually mean that you have been advocating for the people of Mildura to be given proper consideration? What does that mean?

**Ms Broad** — Read *Hansard*.

**Mr DRUM** — Absolute rubbish. You have been the most — —

**Ms Broad** — You can read, can't you?

**Mr DRUM** — I was sitting there listening to you and I cannot believe — —

**The ACTING PRESIDENT (Mr Ramsay)** — Order! The member should address his remarks through the Chair.

**Mr DRUM** — What on earth is it that Ms Broad actually believes about this issue? What is it? Does she think the hospital should stay in private hands? Does she think it should come back to the public? No. She just thinks, 'I want to support what the people support, but I did not support them two years ago when I was in government. I didn't support them then. I've changed my mind. I used to be in government and now I'm in opposition. I used to have one opinion, but on the day after the election I changed my opinion because now I'm in opposition and I'm going to be popular. I'm going to do whatever it takes'. It is absolutely disgraceful. I thought Ms Broad was stronger than this; I thought she was more honourable than this. In effect she has said, 'I'll do whatever is going to be popular with the community'. The contribution just made in this house has no substance whatsoever. Your biggest arguing point, Ms Broad, was that the minister had not been to Mildura lately.

**Ms Broad** interjected.

**Mr DRUM** — When was the last time you went to Mallacoota, Ms Broad?

**Ms Broad** — It is not in my electorate, Mr Drum.

**Mr DRUM** — When was the last time you went to Corryong?

**Ms Broad** — Less than a year ago.

**Mr DRUM** — When was the last time you went to Marysville? Healesville? We could just keep naming them.

**The ACTING PRESIDENT (Mr Ramsay)** — Order! Mr Drum will make his contribution through the Chair.

**Mr DRUM** — Ms Broad thinks that by playing a geography game, she is going to score some points with the people of Mildura. What the people of Mildura want from their representatives is an indication of where they stand on this issue and what is best for the people of Mildura.

The report entitled *Healthy Outcomes*, which is a lengthy tome written by Larry O'Connor, suggests that the outcomes that have been achieved by the Mildura Base Hospital would stack up well against most hospitals of similar size around the state of Victoria and would be seen in a positive light compared to most. Ms Broad stood up here and criticised the minister simply because it has now become popular to do so. She has changed her mind now that she is in opposition. That is disappointing, and it is a weak way to go about your job. The people of Mildura want strong leadership from their representatives in this place. They do not want their representatives simply trying to be popular and taking the easy way out. Ms Broad would know better than most that there is a history associated with this particular issue, where her party — —

**Ms Broad** — The *Sunraysia Daily* is going to love this. This is weak, is it, representing the Mildura community?

**Mr DRUM** — What is weak is when you stand for one thing when you are in government and then change your mind the day after you lose government. That is what is weak. In 2005 the Ramsay Health Care group made a public statement that it wanted the former Labor government to intervene and fix up the funding arrangements with the situation it was operating within. What is weak is when you say, 'No, get back to your job. Stay private, or we will sue you'. That is what the former Labor government did when Ms Broad was a member of that cabinet. That is what she said in government. Ms Broad has one view. By the way, her government was the one that enabled the Mildura hospital to be separated so that the Motor Trades Association of Australia Superannuation Fund was able to pick up the freehold. Ms Broad let that go through.

Again, the hypocrisy of the Labor Party is absolutely stunning. If only Ms Broad had stood up and said in her contribution what she stands for, what she thinks and what she believes, as opposed to the position we have seen her take: in 2000 her party stood for one thing, in 2005 it stood for something else, or the same thing, and now it is in opposition it stands for something entirely different.

What is critically important is that this government is getting behind the Mildura hospital in a way that the previous government never did. It was losing \$3 million a year under the old system. Now our government has come along, and Peter Crisp, as a leader in that community and as the member for Mildura in the Assembly, has been successful in gaining \$7 million —

**Ms Broad** interjected.

**Mr DRUM** — You said so yourself, so don't interject when you're agreeing with what I'm saying.

**Ms Broad** — He can't even get the minister to visit.

**Mr DRUM** — Ms Broad, you just spent time in your own contribution acknowledging that Peter Crisp is working exceptionally hard for his community and has done very well to get \$7 million injected into the hospital's accident and emergency department. Mr Crisp has done an amazing job there, and he continues to do an amazing job. He continues to argue fervently for his community in a way that no-one else ever has. In Peter Crisp's contributions to debate in the lower house you will find slightly more integrity than you may find in the contribution Ms Broad has made in the upper house. You will find that Mr Crisp's views are a little bit more consistent.

**Ms Broad** — He has said he doesn't have a view, so how consistent is that?

**The ACTING PRESIDENT (Mr Ramsay)** — Order! I say to Ms Broad that this is not a Punch and Judy show, but I appreciate that Mr Drum is inviting her interjections. I ask Mr Drum not to encourage Ms Broad to respond if he wishes to finish his contribution in the time allowed.

**Mr DRUM** — Much of the angst about and frustration with the services at the Mildura Base Hospital are directly related to the neglect by the previous Labor government, and we understand that. We understand that these numbers did not develop overnight, and that Labor is largely responsible for the perception that the Mildura Base Hospital is not performing in a way that the people of Mildura believe it should be. We have made commitments in these areas to improve the performance of the hospital. Peter Crisp can be very proud of the work that he has done and is doing with the people of Mildura and the hospital towards the outcomes he hopes to achieve.

As I said, there has been an injection of funding into this hospital: \$7 million has gone into its accident and emergency department since the coalition came to

government. The Minister for Health has been acutely aware of what is needed in that area. There was a very strong call made prior to the last election, and once we came to government we quickly honoured the commitment we made. An advisory panel made up of prominent Mildura people was put together to look into this issue and offer advice to government. It is headed by Vernon Knight, who has worked tirelessly in the community sector for the people of Mildura for the greater part of his life.

We have another health issue to debate here in the chamber. It is another motion put forward by Labor. It is another issue that exudes hypocrisy from the highest level. Labor members oversaw the Ramsay Health Care group selling off this hospital to the Motor Trades Association of Australia Superannuation Fund. In 2005 the Labor government had the opportunity to bring the hospital back into public hands, and in both those instances it suited the then government to keep it in private hands. Now they are in opposition, Labor members are screaming out for the government to bring the hospital back into public hands.

How about Labor members advocating for what they believe to be in the best interests of the people of Mildura? How about they take a courageous stand and work out what is in the best interests of Mildura? Having had control of that hospital for 11 years, they would know of the specialists who are able to attend that hospital working under Ramsay Health Care. They understand what hospital performances are like in other regional cities around Victoria, especially those hospitals that have isolation as a major barrier. Labor members have a whole raft of data available to them that would let them make a courageous and rightful decision, whichever way that goes. They should at least put their position on the record and stand for something rather than having one opinion in 2000, another in 2005 and another in 2012 based purely on opportunism in the political sphere and having nothing to do with what is in the best interests of the people of Victoria and, in this case, what is in the best interests of the people of Mildura.

I want to firstly and lastly take my hat off to Peter Crisp. What is in the best interests of the people of Mildura is something we need to be very much aware of in this instance. As I say, the Leader of the Opposition and member for Mulgrave in the Assembly, Daniel Andrews, has made a whole range of comments in this area. The fact is he said in relation to the performance outcomes of this hospital that, in his words, 'It has been performing strongly'. Where does this put the Labor Party? Its leader, a former health minister, is on the record as saying that he believes

Ramsay Health Care is running a hospital that has been performing strongly, with 100 per cent of category 1 emergency patients treated immediately on arrival at the hospital, and 88 per cent of emergency department patients admitted to a ward within 8 hours of arriving, exceeding the national benchmark of 80 per cent. There is a range of these statistics available.

There is also a range of statistics to show that many of these key indicators are on the rise. I know Minister Davis put some of these on the record earlier, but we have a large range of measures for emergency patients in categories 2, 3, 4 and 5 and they are all showing improvement, with 2 to 3 to 5 per cent and even up to 12 per cent increases in performance. As to the number of presentations that exceed 24 hours, that has reduced to eight patients, and that is also something we need to be very aware of if people are going to be pushing for this to go one way or the other.

We have a whole raft of data here that shows that the Mildura hospital is working well. It may well be that the best thing for Mildura down the track is that the hospital ends up back in public hands. That may well be the best thing; however, to have an opposition that has just — —

**Hon. D. M. Davis** — It is public health care.

**Mr DRUM** — It is public health care — just delivered by the private sector. If the opposition is thinking that it will chop and change its opinion to suit whatever is going to give it the most votes among the people of Mildura, it should hang its head in shame, especially when it had the opportunity to step up while in government and take exactly this course of action — and yet it chose not to do that.

I think the people of Mildura will see through this attempt by their new-found friend in Candy Broad, who has made a couple of trips to Mildura recently and now wants to be their adopted daughter. I think it is a bit laughable. The people of Mildura will see through this. It will be interesting to see how the people of Mildura look at these new-found friends that they have within the Labor Party who have all of a sudden shown that they are going to be on their side irrespective of whether they think it is good for them or whether they think it is to the detriment of the people of Victoria.

One thing you can be sure of is that Minister Davis will be putting in place the best system of governance and the best system of operation for the people of Mildura, and it will be done because they have the hardest working member of Parliament in the state of Victoria in Peter Crisp working for them, and he will make a

value decision and value judgements. Thank goodness we have someone like Peter Crisp who is working with the people of Mildura to make sure that he puts in place the best health outcomes that he can possibly deliver as the local member.

**Debate adjourned by Mr LEANE (Eastern Metropolitan).**

**Debate adjourned until later this day.**

## PRODUCTION OF DOCUMENTS

**Mr BARBER** (Northern Metropolitan) — I move:

That this house requires the Leader of the Government to table in the Legislative Council by 12 noon on Tuesday, 13 November 2012, all documents provided to Infrastructure Australia by the Department of Premier and Cabinet since January 2011 relating to the proposal for an east–west road tunnel.

In moving this motion I am throwing down a challenge to the government to do what the Brumby government could never do, and that is give to the public the full detail of the terms of what this government says is its major infrastructure project — both the costs and benefits to the public, the details of how the project is meant to work and the financial cost.

With the public-private partnerships set up over many years for hospitals, schools, the desalination plant, parts of our water infrastructure and private toll roads we now have tens of billions of dollars — in fact according to the most recent financial statement for the state of Victoria, some \$49 billion — of liabilities coming down the line in cash terms that are all about the provision of public infrastructure off the books and creating a future liability.

Whenever we — that is, the Greens and the members of the then opposition parties — sought further details on projects such as the bay dredging, the north–south pipeline, myki or the desalination plant, we were given a series of hokey excuses about why we were to be given no relevant information on those projects. Those excuses were usually about information being commercial in confidence, cabinet in confidence or federal-state relations.

Now we have a proposal by the government for an east–west toll road, which its members say is their no. 1 priority, and today we still have no detail on what that priority is to consist of. The most we know about this project is set out in a diagram on the Linking Melbourne Authority website which shows two dots, one in the east and one in the west, and a line between the two dots. We are supposed to accept that as the

basis on which — depending on whose figure you want to believe — we commit to \$5 billion, \$10 billion or \$15 billion worth of expenditure on our no. 1 infrastructure priority, the east–west tunnel or, if you are Daniel Andrews, the Leader of the Opposition in the Assembly, the west–east tunnel. We are supposed to believe the direction from which you commence tunnelling will somehow change the overall business case.

Last time we looked at the business case for a tunnel, it was put together by Sir Rod Eddington, who is now the head of Infrastructure Australia, the body which will provide advice on whether this is an appropriate investment for the federal government. Mr Eddington’s own analysis of the project was that it had a benefit-cost ratio of less than 1 — that is, you would do your dough, or the benefits of the project were less than its costs.

That has not stopped the federal Leader of the Opposition, Tony Abbott, jumping on the bandwagon. He has already committed \$1.5 billion to this project, sight unseen — just like the rest of us. I do not believe Mr Abbott has any better information than an ordinary Victorian about whether this project stacks up. Certainly Mr Abbott said he did. According to an article that appeared in the *Age* of 17 October, Mr Abbott said:

Infrastructure Australia has given me a categoric ... assurance that this project stacks up.

That apparently is good enough for Mr Abbott. It is not good enough for me. It will not be good enough for the private investors who are expected to invest in this project. The government will of course be seeking private finance, and when the government makes its commitment it is highly likely, if EastLink is anything to go by, that the private investors will know more about the project than we will. Of course they have committed themselves politically without even knowing what they are investing in — apart, as I say, from two dots on a map and a line connecting them.

It was shown up in the federal budget hearing when Infrastructure Australia was asked about this.

**Mr Finn** — Have you travelled on the West Gate at all?

**Mr BARBER** — Be patient, Mr Finn. We are coming to the West Gate in a minute. In the budget hearing on 16 October Infrastructure Australia was asked about this and the coordinator of Infrastructure Australia, Michael Deegan, said he or his office had never spoken to Mr Abbott or his office about the project. Who do you believe?

**Mr Finn** — I believe Tony.

**Mr BARBER** — Fair enough. I think that Mr Abbott, like me, would like to read Victoria’s submission to Infrastructure Australia in which it put forward the east–west road tunnel as its no. 1 infrastructure project. The other reason for this, we are told — we are supposed to just accept this, and Mr Baillieu echoes Mr Brumby on this — is that we need a second crossing of the Maribyrnong.

**Mr Finn** — Hear, hear! And the Yarra.

**Mr BARBER** — ‘Hear, hear!’ says Mr Finn. The only thing is that we already have six crossings of the Maribyrnong.

**Mr Finn** — But not of the Yarra; the Yarra is a bigger river.

**Mr BARBER** — I do not believe that the east–west road tunnel is going to cross the Yarra, so this one is not going to help Mr Finn with that. We have the West Gate Bridge, we have Footscray Road, we have Dynon Road, we have the Kensington Road rail bridge, we have the Bunbury Street tunnel rail bridge and soon we will have the regional rail link additional rail bridge. We have six crossings of the Maribyrnong. The West Gate has just had — —

**Mr Elsbury** interjected.

**Mr BARBER** — I am simply saying, Mr Elsbury, that your boss — also known as the Premier — has said that we need a second crossing of the Maribyrnong. The justification for this project is that we need second crossing of the Maribyrnong, when I have pointed out that we already have six. Maybe he misspoke and meant a seventh crossing. We have had an expansion of the West Gate Bridge that cost us \$1.5 billion and added 25 per cent to its capacity. We have those three other roads that carry more lanes of traffic than the West Gate. We have a Kensington Road rail bridge, where a single train carrying 1000 passengers — and let me tell you, Mr Elsbury, they very frequently do carry 1000 passengers from your electorate — can carry as much as a single lane of the West Gate can in an hour. One train with 1000 people flies past in minutes, while one extra lane of traffic carries 1000 cars, most of them with a single occupant, in an hour. I would like to know why the government is pushing forward an inefficient, polluting road tunnel when what is really needed is highly efficient rail.

The government is working on the Doncaster rail proposal. I look forward to getting an updated report from that study group. In the meantime, without

waiting for that Doncaster rail proposal, which is an alternative to the Eastern Freeway-Tullamarine connector and which Mr Baillieu says will be the first bit of the tunnel, he wants to start tunnelling from the east, unlike Mr Andrews who wants to start tunnelling from the west. The government is not waiting for the Doncaster rail study; it is pushing ahead with a submission to Infrastructure Australia for a road tunnel. I think members deserve better than that.

It is unlikely that members will get any meaningful information about this project through an environmental assessment. That is because the Premier has already announced that the project will not be assessed through the standard environmental laws that a succession of Labor and Liberal governments have built up over the past 30-plus years from the 1970s onwards. We will have it reviewed under the Major Transport Projects Facilitation Act 2009, brought in by the Brumby government. That means that a whole range of environmental concerns will not be assessed. It means that there will not be a ticking of the box on things such as the Flora and Fauna Guarantee Act 1988, which might relate to the swift parrot in Royal Park; the Heritage Act 1995, which might have an impact on the Melbourne General Cemetery; and the vent stacks for the pollution, which might need a works approval under the Environment Protection Act 1970.

The minister will not be required to consider any of those matters in the legislation. The minister will simply have regard to them. I remember the then opposition being a bit discomfited by that bill. The minister at the table at the time, Mr Pakula, confirmed that they would not have to be followed — that is, 30-plus years of environmental law making was wiped out with the stroke of a pen — but the minister would simply have regard to them, which is think about them for a minute and then ignore them.

To go ahead, this project will be planned and tendered in secret. It will be paid for for decades to come, and it will represent a massive wealth transfer from the public to the private. That is what Mr Finn lives for. That is what the Liberal Party lives for. There is no way that the public would buy it if the details of this project had to be worked out in public. For that matter, without massive public subsidies, without massive wealth transfer back in the direction of the private system, the private investors will not buy it either. They have done their dough on the last half a dozen road tunnel projects you can mention. The push now by the same group is not to build new road tunnels, which after all is expensive and risky for them, as they bear the construction risk, but to toll existing roads.

**Mr Finn** — That's not going to happen.

**Mr BARBER** — It is going to happen, Mr Finn, because your proposal is to put a tolled road tunnel at the end of the Eastern Freeway. How are you going to get people to drive in it unless they are forced into it?

**Mr Finn** — They won't be forced into it.

**Mr BARBER** — Then who is going to pay, and how much, for the saving of a few minutes?

**Mr Finn** interjected.

**Mr BARBER** — Mr Finn, you may be right about that.

**The ACTING PRESIDENT (Mr Eideh)** — Through the Chair!

**Mr BARBER** — Absolutely, Acting President. There may be people who are willing to pay to drive through Mr Finn's road tunnel when they have a free road running directly parallel and over the top of it and, for that matter, if I had my way, a train alternative running right next to it. But that is the kind of detail that would be in the coalition's business case. The assessment of who would actually pay, and how much, to drive through this tunnel is the very basis of the business case. That is what the government has put to Infrastructure Australia. That is what I want to see, so Mr Finn and his government should put up or shut up.

Here is the notice paper with members of the government all coming out and backing the road tunnel. They have notices of motion — —

**Mr O'Donohue** — Hear, hear!

**Mr BARBER** — 'Hear, hear!', says Mr O'Donohue. Maybe he has seen the business case. They have all piled up to back a project they do not know anything about. They know it is two dots on a map and a line connecting them. They do not know how much it costs, they do not know who is paying, they do not know how much revenue and they do not know how many cars will drive through it. They know nothing about it, but they like the sound of it. It is just like that white elephant the desal plant, which we were told was going to be fantastic. It is just like that white elephant the north-south pipeline, just like myki and just like all the other whoppers bowled up to us. The coalition members were dead keen to get the northern Victoria irrigation upgrade results out when they were in opposition, but when they came to government they said, 'We couldn't possibly show you the business plan for stage 2 irrigation upgrades. That's commercial in

confidence — scary; state-federal relations — scary. They might not give us any money if we show people our raw workings on this project'. That is all I am asking for.

I would ask for one more thing. I have limited my contribution to 15 minutes. I have made my case. I would like to see members of the Labor and Liberal parties limit their contributions to a similar response time because — —

**Mr Leane** interjected.

**Mr BARBER** — Thank you, Mr Leane, for that commitment. Members of both parties have been yelling at each other since 10 o'clock this morning on the subject of a couple of health motions which will not be voted on and which the parties will clearly reach no agreement on, whereas it would be good if we could bring this motion to a vote today, which I believe will pass unanimously, and not further delay the necessary process of scrutiny that we should all be able to agree should be basic for a multibillion-dollar project and which would be the basic expectation of the taxpayer. In that respect I am making a plea that members argue their case in the same time as I have, which will mean we can bring it to a vote before 5.30 p.m., when we have to move on to other matters.

**Mr O'DONOHUE** (Eastern Victoria) — I am very pleased to follow Mr Barber's contribution to the debate on his motion 456 in relation to the east-west link — or the 'east-west road tunnel', as Mr Barber describes it in his motion — because this is a very important issue. Let me say up-front that the government does not oppose Mr Barber's motion, so his assessment that this motion will pass is probably accurate. The government will not oppose Mr Barber's motion, but I make the point to Mr Barber that the usual caveats about these matters apply in relation to a particular privilege et cetera.

We know the Greens do not like the east-west link. They do not like anything. They are opposed to it. Mr Barber made that very clear in the Melbourne by-election. Of course the coalition — the Liberal Party and The Nationals — supports the east-west link. We believe it is a logical, important project for Melbourne. One only has to see the traffic chaos in Melbourne when the tunnels are out of action to be aware of the need for an alternative and the need to connect the network. That is all articulated in *Victoria's 2012 Priority Infrastructure Submission to Infrastructure Australia*. Mr Barber wants to know the basis of the project. I will take him to page 17 of this document, where it is stated:

Victoria has identified a core set of large-scale, city-shaping projects that will significantly contribute to the national economy. The Victorian government's major priority infrastructure projects are:

east-west link

M80 upgrade

Melbourne Metro

Dandenong rail capacity program I

port of Hastings

western interstate freight terminal.

Mr Barber likes to portray the coalition as somehow being car obsessed. But I note that of those projects Melbourne Metro and the Dandenong rail capacity program are rail projects and the port of Hastings and western interstate freight terminal are freight-related.

In the following pages the document articulates the rationale behind the projects. If Mr Barber is looking for rationale for the projects, I am more than happy to give him a copy of this document. I understand it is on the Premier's website and is freely accessible. He can download it, but I am more than happy to give him my copy.

As I have said, we know where the Greens stand: they are opposed to the link. We know where the government stands: it is in favour. The question is: where is Labor? In the by-election campaign for Melbourne in the Assembly the Labor candidate, Ms Kanis, said, 'Oh, no, we don't want it; it would be terrible'. The member for Richmond in the Assembly, Mr Wynne, of course, does not want it. He said, 'It would be bad; it would be really bad'. During the by-election campaign the Leader of the Opposition, Mr Andrews, said, 'Oh, no, we don't want that nasty big tunnel. That would be terrible. Hoddle Street's the answer'. But now that the by-election is over, he cannot step back quick enough. Mr Andrews has a problem. He wants to say to his members and Labor supporters in the inner city, where they are trying to win votes from the Greens, 'We're dead against it'. But then Mr Andrews goes out to Lyndhurst in his electorate of Mulgrave in the Assembly, and to Narre Warren North and Narre Warren South, and says something else. If you look at the notice paper you see that opposition members representing the western suburbs have supported the east-west link, but Mr Andrews does not know where he stands. That is the problem. What does Labor stand for?

**Mr Ondarchie** — They are policy barren.

**Mr O'DONOHUE** — Mr Ondarchie, I could not have said it better myself. They are devoid of policy, and on major city-shaping projects Labor has no position. Its members say one thing in the inner city and another thing in the suburbs. They have no position, they have absolutely no credibility on this project, and it is about time that the Leader of the Opposition stepped up to the plate and gave a clear position on this project.

This is not just political talk or rhetoric; this has a significant impact on the future of infrastructure investment in Victoria. The coalition is very pleased that the federal opposition has committed \$1.5 billion to this project. It is a significant contribution from the federal opposition. But regrettably the Prime Minister, Julia Gillard, has said nothing. The federal government has refused to contribute a cracker. It could be because for whatever reason it is not investing in Victoria, or maybe it is because Mr Andrews does not support it. It is about time that Mr Andrews enunciated clearly what his position is on this, because his position depends on his proximity to the GPO. If he is close to the GPO, he is opposed to it; if he is away from the GPO, it is a great idea. It is about time he came clean. It is not good enough. We need certainty with these long-term projects.

**Mr Ondarchie** — If Mr Leane likes it, he is going to use it.

**Mr O'DONOHUE** — It is interesting, to pick up Mr Ondarchie's interjection as to who does like it. I note that the Royal Automobile Club of Victoria likes it. It said:

The east–west link is a major project that will alleviate the massive congestion at the end of the Eastern Freeway and on both east–west and north–south roads ...

The Committee for Melbourne said:

The government's green light in planning for east–west link will help build confidence in our freight and logistics industry and will also ensure it remains productive and efficient ...

Former Premier John Brumby said:

I think what is undeniable, in Rod Eddington's report, is that the city does need a second east–west crossing ... one way or another we've got to address this issue of a second east–west crossing ...

Former Premier Steve Bracks, in the 2006 policy document *Meeting our Transport Challenges*, said:

The government will also take steps to fully explore and access options for the development of another east–west link.

That was in 2006. How did that one go? Regrettably, not very far.

The Australian Workers Union state secretary, Cesar Melhem, accepts the need for the east–west link. He said:

The EastLink project could not be considered fully completed until the east–west tunnel had been built. Without the east–west tunnel, the Eastern Freeway will turn into a congested car park and will defeat the purpose of EastLink.

I note that the members for Williamstown, Melton, Altona, Kororoit, Keilor and Footscray in the Assembly have said:

Melbourne's west must be better connected with the rest of the city, thus reducing overreliance on the West Gate Bridge ...

Labor is all over the place on this project. Its position depends on the day of the week, political expediency, how close the Leader of the Opposition is to the GPO — —

**Hon. D. M. Davis** — And the by-election.

**Mr O'DONOHUE** — And other political issues such as the Melbourne by-election, indeed, Mr Davis. What is undeniable is that Infrastructure Australia has given this project a tick, the state government has given this project a tick and the federal opposition has given this project a tick. It is about time Labor came on board and stopped playing petty, political games. It is a very important project.

In conclusion, I want to address the constant line from the Greens, which is, 'Either you are in favour of public transport or you are against it. You are with us or you are against us. You like public transport or you don't'. The reality is that the east–west link is a critical project. But if you look at the projects that the state government is advocating for to Infrastructure Australia, you see there is a suite of projects, including public transport, freight and logistics and road projects. Amongst Mr Barber's assertions about the lack of need for this project he says nothing about freight movements around Melbourne. Freight movements between supermarkets, stores and shops will not jump on a Metro train.

**Mr Barber** interjected.

**Mr O'DONOHUE** — I am happy to pick up Mr Barber's interjection. Mr Barber is asking me to be succinct, but I must pick up interjections when I am provoked. Mr Barber says, 'Will that be in the business case?'. The government has been very clear about the development of the business case and the work that it

wants to undertake, and it has asked to do it in partnership with the commonwealth. It is a city-shaping project that justifies the involvement of both tiers of government. The government has been crystal clear about the development of the business case process and about what it is doing to achieve those outcomes. As I have said, the outline of the project is in the Infrastructure Australia submission, and Infrastructure Australia has endorsed that process and what the government is doing.

I welcome this motion of Mr Barber. The government does not oppose Mr Barber's motion. But it is about time that the Labor Party came clean and gave a clear direction on this project, which can then be transmitted to the federal government by the Leader of the Opposition, Mr Andrews, and Mr Leane representing all Labor members in this house. Perhaps then federal Labor will come on board with this critical project, because it is a project that should and does require the assistance of both state and federal governments.

The coalition government is leading the way. It is doing the planning, and the hard work. But it is about time that the Labor Party came on board with this project. If the Labor Party really did believe in and advocate for the west, as its members say they do, it would support this project. The actions of Labor members in that context speak louder than words.

**Mr LEANE** (Eastern Metropolitan) — From the outset I put on record that the ALP is happy to support Mr Barber's motion, which calls for the production of certain documents. I will briefly touch on some of the previous speaker's comments. I am a bit confused as to why there is this preoccupation around the ALP's position on the government's proposed east-west tunnel project. I am not too sure why the current government, with a majority in both houses, would not actually back itself. The government has announced the project. Its members have gone out there and wheeled out a big boring machine. Someone held a drill and they took photos of this big event at which it was proclaimed, 'We are going to build the east-west tunnel'. As I have said to government members in this chamber before, you have the majority in both houses, so build it. Build it!

If the government was backing itself, it could have 2 to 6 to 10 years to build it. If they are backing themselves, and Tony Abbott is such a hero and is going to fund it in a year or whenever — and they have had the big boring machine out and have said how terrific they are because they are going to do it — then the position of this side of the chamber regarding this project should not matter. But maybe they are not backing themselves.

I wish the government good luck with its major project. It has the majority in both houses, so it can build this project if it wants to. If and when there is a change of government, I will champion the cause. I will make the commitment now that the new government will not fill in the tunnel. If this tunnel is built, I will use my e-tag to drive through it.

Good luck! This is about producing a document, and I support the call for the document.

**Mr ELSBURY** (Western Metropolitan) — I rise to say that the coalition has no difficulty in providing the documents Mr Barber has requested in this motion. Documents that we have will be made available. The simple fact is that the plans are still being put together. This is an important project not only for the western suburbs but also for Melbourne. This is an important project that will provide logistical support for all Victorians. It will enable us to efficiently cross the northern part of Melbourne's CBD.

No longer will we be stuck on the roads in the northern suburbs; no longer will we be crawling past Melbourne University or the Melbourne General Cemetery; no longer will we be crawling through Fitzroy. We will be able to move efficiently between the western suburbs, the eastern suburbs and the northern suburbs. I know that Mr Ondarchie appreciates the northern suburbs, and with good reason because they are lovely places. People want to be able to move from west to the east without the impediment of being stuck on roads in the northern suburbs of Melbourne.

Apparently the Greens would prefer vehicles to be chugging out pollution into the atmosphere and into people's homes and businesses, but we want to build a road tunnel which is going to create greater efficiency. Mr Barber's contribution to the debate has again reaffirmed that the Greens do not like people having the freedom of owning and using a personal vehicle. Once again I say to the Greens, that it does not matter whether the car is burning petrol, diesel or ethanol or whether it is using batteries, you still need road capacity so that those vehicles are able to move along a road. They need to efficiently move from the west to the east or the east to the west. Strangely enough they will go in both directions. It will be a tunnel with a beginning and an end, and then you can go back through the thing.

I ask members to imagine this: Mr Barber would have 10 000 cars going through this tunnel. But guess what? There is a thing called a bus. It is a great invention. Buses can use the tunnel. Those things called trucks can also use the tunnel. In fact the western transport strategy that was championed by LeadWest says that

apparently the east–west tunnel should be restricted to only buses and trucks. What a ridiculous proposal. Once again we are going to reduce the economic benefits of this particular tunnel by restricting it to only certain types of vehicles. If you own a car, forget it; you cannot use the tunnel because LeadWest says no. It is not allowed. Once again we see the bizarre agenda of that particular organisation stated in an article in the *Hobsons Bay Leader* of 9 October this year titled ‘Build east–west toll road link now’. The organisation wants it built but only wants to put buses and trucks through it. How ridiculous is that?

Mr Leane has said to us today in his contribution, ‘Build it!’

**Mr Leane** — Build it!

**Mr ELSBURY** — There he goes again, saying, ‘Build it’. That is how the Labor Party got itself in trouble on so many projects. It would come up with a bright idea but not do any planning or setting up of the project. It would just build it.

**Mr Leane** interjected.

**The ACTING PRESIDENT (Ms Crozier)** — Order! Mr Leane!

**Mr ELSBURY** — I will attempt not to provoke Mr Leane, although I have to say it is rather easy to do.

We are going to plan a road tunnel. We will plan it and come up with the construction methods that need to be undertaken. We will do the drilling that needs to be done to check out the geology of the region and we will do it right. We are not going to build a desal plant on a flood plain; we are not going to do something as silly as that. We are going to build a road tunnel to the specifications that are needed, taking up the engineering challenges that a large project such as this will create.

The reason I support the east–west link is that it makes sense. In his 2008 *Investing in Transport* report Sir Rod Eddington said:

The M1 is Melbourne’s most important road and the key east–west arterial in the EWLNA study area. The current demand on this road is immense, with traffic volumes varying from 130 000 vehicles per day to nearly 200 000 vehicles per day along the length of the route.

This road is clogged. It is being used to capacity. We need a second major crossing. Mr Barber can say, ‘You have seven crossings’. Apparently the people in the west do not deserve any more. If the Greens had their way, we would not get any more access to the eastern suburbs or the city of Melbourne. We can just sit out

there in the west. We are not allowed to own cars, according to the Greens. We can just sit out there in the west.

Another point I take up is the fact that this project is not being undertaken in isolation from other projects we are supporting such as the regional rail link. We are also supporting the Melbourne Metro tunnel, so we have public transport on our minds. We are trying to develop an overall and comprehensive plan for moving people around this great city. We also support projects such as the Werribee employment precinct, something that will improve the amenity of the western suburbs. It will also provide jobs right on our doorstep. We have council projects currently under way such as Brimbank City Council’s Sunshine Rising project. We have the Hume City Council working to make itself the capital of the north. We have — and I am going back into the 1980s here — Maribyrnong City Council also working in conjunction with the government to try to provide local jobs to locals. There are a massive number of projects under way that we support, all of which will provide for greater efficiency on our road network.

Labor will come out and say, ‘We just need WestLink. We only need the western section of this road’. Then there is the two dots and dotted lines scenario that Mr Barber came out with in his diatribe earlier on. I have with me a diagram from the *Herald Sun* of 12 July 2010 which featured the announcement of the WestLink tunnel. This tunnel was going to go under Footscray and pop out the other side near Dynon Road, but it was going to stop at two T-intersections. It was not going to link up with any sort of major road infrastructure. It was going to stop at a set of traffic lights in Docklands and a set of traffic lights in Footscray. What an absolute joke! It was going to end up in a similar situation to what they had in Geelong when the Geelong Ring Road finished at Waurn Ponds with a set of traffic lights. Fortunately we have now moved on from that, but honestly the traffic snarls that sort of thing would have caused — having traffic thundering through a tunnel just to come to a T-intersection — would have been ridiculous. Shoving that traffic through residential roads is once again absolute nonsense.

We support this project because it is the right thing to do. It is the most important road project since — —

**Mr Barber** interjected.

**Mr ELSBURY** — Are you right? Are you good? Are you okay?

**The ACTING PRESIDENT (Ms Crozier)** — Order! Through the Chair, Mr Elsbury.

**Mr ELSBURY** — This is the most important project since CityLink. We have seen recently just how important CityLink has become to the state of Victoria. Members of the Labor Party would never have built it; they were against it from the word go. They would never have done the work that was needed. They would have much preferred that the south-eastern car park remain; they would have much preferred the mess that occurred on the Tullamarine Freeway; and they would have preferred the absolute debacle that was going on through Melbourne past the MCG. They would have just loved that; that is what they wanted to do. They would never have built it. As we have seen, the need for a second crossing, a second major crossing if it must be said, Mr Barber, is critical. With that contribution I reaffirm my very strong support for this project and can see no problems behind the request Mr Barber has made.

**Mr FINN** (Western Metropolitan) — I rise to express my support for Mr Barber's motion, and I hope that is recorded in *Hansard* because you will not hear me saying it all that often. As a representative of the western suburbs who gets beyond the inner city, I very strongly support the east-west link. I am an enthusiastic supporter of a road which is going to free up the lives of literally millions of Melburnians, not only those who are around now but also future generations.

This is a project that must surely happen, one that is deserving of being given no. 1 priority by us — not just by the government but by all Victorians. As Christmas rapidly approaches, I have to say that if Santa were to fill my stocking this year and give me exactly what I wanted, it would be the east-west link. The anti-Santa in Canberra, however, who is not coming to the party, presents some difficulties just at the moment.

**Mr Leane** — Oh, oh!

**Mr FINN** — Mr Leane over there is making some very odd noises, as he is known to do — as is his wont. He is making some incredible noises, but they are nowhere near as incredible or extraordinary as his contribution to this debate today. We pleaded for Mr Leane or somebody else from the Labor Party to tell us exactly where the ALP stood on this project. Do ALP members support it? Do they not support it? Might they support it sometimes? Where are they at? If there is a by-election called, might they withdraw support? What exactly is the position of the Labor Party and the chap whose name escapes me at the moment who leads it?

Mr Leane got up — and it has to be said that this was not coming from a shadow minister. I have the utmost respect for Mr Leane. Indeed I am very fond of Mr Leane. He gives me hours of amusement, it has to be said. It also has to be said, however, that he is not about to become a high-flyer in the cabinet or the shadow cabinet at any time soon. The fact that the Labor Party had Mr Leane get up and make the contribution he did in this chamber today is indicative of how ALP members regard this project. They do not want it to happen, and they sent Mr Leane in here to make that clear without actually saying it — without those words actually passing their own lips. They sent Mr Leane in to say they do not want it either. They do not want it, even though they used to, and all the members in the west want it. I think Mr Pallas, the member for Tarneit in the Assembly, wants it. Ms Thomson, the member for Footscray in the Assembly, wants it. Mr Languiller, the member for Derrimut in the Assembly, who sometimes goes out west, wants it. Ms Kairouz, the member for Kororoit in the Assembly, wants it. Everybody out in the west wants it, and indeed I was sure, listening to the multitude of western suburbs Labor members, that the ALP wanted it.

Then of course, Bronwyn Pike, a former member for Melbourne in the Assembly, gave it away. She resigned her seat, and there was a by-election. All of a sudden all those noises and all that support for the east-west link evaporated. It disappeared — poof! It was gone. Why was it gone? Because ALP members needed to win a few votes on Brunswick Street. It has to be said it worked. As I said in my members statement this morning, the Greens did not do exceptionally well in the Melbourne by-election, which did not upset me enormously. It is sad, however.

**Mr Barber** interjected.

**Mr FINN** — That got the Greens going. That has fired Mr Barber up. He longs for the cupcakes of election night. He is filthy that the Greens did not get to implement that running sheet they had lined up in minute detail for their victory party, which did not take place. One day he might tell me where they went instead, but that is a matter for another day.

It is a pity when we look across this chamber and see a Labor Party, at the moment comprised of two members, which will sacrifice the future of this state for a few votes today. The Labor Party will look at a project which is absolutely crucial for the future of this city and of this state, and it will sacrifice those affected for the sake of a few votes in a by-election — to win a few votes in the inner suburbs.

**Mr Leane** — Earth to Bernie: you're in government.

**Mr FINN** — We are, Mr Leane, yes. We are in government.

**Mr Leane** — And you have a majority in both houses.

**Mr FINN** — I am glad you have picked up on that. It is very good; you are coming along very nicely. You keep taking the lessons, and by the end of the year you might get somewhere. I listened to Mr Leane's contribution, as I often do, because I like a bit of a laugh from time to time. He got up and told us exactly how the Labor Party stuffs up everything it touches. He told us how the Labor Party stuffed up Victoria. He told us how the Labor Party has stuffed up Australia. He got up and said, 'You're in government; you spend the money'. The fact that we have not got the money did not enter into it at all. The fact that we are unable to get the money has absolutely nothing to do with it at all. The basis of everything the Labor Party does is: spend the money. Who cares where it comes from? That is the attitude of the modern Labor Party.

There was a time when the Labor Party in this country was economically responsible.

**Mr Ondarchie** — When?

**Mr FINN** — A very long time ago, Mr Ondarchie. Compared with the Labor Party today, former Prime Minister Gough Whitlam was an economic conservative. Compared with Mr Leane and his comrades over there, Gough Whitlam knew how to run an economy. He knew that you do not just walk in and spend every cent you have and commit yourself not just up to your gills but beyond. He knew that that was not the way for a government to behave. Here today, however, we have a member of the opposition, junior as he may be, coming in here and making hand gestures and facial gestures, as he is at the moment.

**Mr Leane** interjected.

**The ACTING PRESIDENT (Mr Elasmr)** — Order!

**Mr FINN** — Acting President, in a moment we may have to call in somebody in a white coat for Mr Leane and have him sedated; he is getting very excited indeed, and I am a bit concerned for his welfare — he is going very red in the face. Whilst I appreciate his support for the points I am making, I am concerned for his welfare.

It just goes to show once again the point Mr Elsbury and I have made time and again — that is, despite the fact that members of the Labor Party like to think of the western suburbs as their personal property, we have known for decades, and we know now, that Labor neglects the west. Labor members did so when in government, and now they are doing so in opposition. Through Mr Leane's contribution today they are telling us that if as a state we ever have the misfortune of Labor governing us again, then Labor members will neglect the west again. The Labor Party does not care about the hundreds of thousands of people stuck on the West Gate Freeway, the Tullamarine Freeway and the Western Ring Road. As long as Labor members win a few seats in their internal battle with the Greens in the inner suburbs, they do not care about the people in the outer western suburbs. They do not care about Point Cook, and have they not made that perfectly obvious in so many ways?

Members of the Labor Party do not care about the people in Werribee, Tarneit, Caroline Springs, Melton or Altona. The Labor Party shows time and again that it just does not care, and if it ever gets the opportunity, it will continue to neglect the west in the way it did for 11 years when in government. That is the message Mr Leane gave us today, and I thank him for it. His greatest contribution today was his personal commitment that if the Labor Party were ever to win another election, he would not go out and fill in the hole the tunnel would be to begin with, and I suppose that is something, because I suggest to the house that Mr Leane with a shovel could be a very dangerous individual, and that is not something we should be encouraging at all.

Acting President, there is much I could say on this motion and on this particular project, because it is a project that is crucially important to the future of the western suburbs of Melbourne. It is a project that is crucially important to the future of Melbourne itself and indeed to the state of Victoria, as was made clear by Mr Elsbury and Mr O'Donohue before me. Members of the government have no objection to providing the information Mr Barber has asked for, but we would like some information on exactly where the Labor Party stands on this because, with all due respect to him, Mr Leane has not exactly been forthright in telling us that today. If Mr Andrews at some stage would like to consult with his members in the western suburbs —

**Hon. M. J. Guy** — Who?

**Mr FINN** — He is a big bloke with glasses; you might have seen him around the place sometimes. At some stage Mr Andrews, the Leader of the Opposition

and member for Mulgrave in the Assembly, might like to consult with his members in the western suburbs, who apparently are as enthusiastic about this project as I am. He might like to consult with them, and members of the Labor Party at some stage might like to make up their minds and send a message to the people of the western suburbs whether or not Labor is on their side.

**Mrs KRONBERG** (Eastern Metropolitan) — I am champing at the bit to say, on behalf of the people of Eastern Metropolitan Region, some words about this motion moved by Mr Barber because I am sure there are legions of people who are dying to have this project undertaken and completed.

I have a very close association with the Eastern Freeway in that I have been a resident of East Doncaster since the freeway was first talked about in the early 1970s. When it opened in 1977 the freeway was able to manage the volume of traffic it carried, and then, due to the enlightened Kennett government, in the 1990s the freeway was extended from Doncaster Road to Springvale Road. At that time it was interesting to see the people who espoused concerns about the environment invent a native fish that was supposed to live in the Mullum Mullum and Koonung creeks. They invented a fish to stop the extension of the Eastern Freeway from Doncaster Road further east to Springvale Road.

I went and had a look for this invented fish in the Koonung Creek. I remember all the proposed fish ladders that were supposed to be needed to take care of this native fish, but all I could find in the Koonung Creek at the time was orange foam, polystyrene and junked gearboxes. I did not see any fish needing fish ladders in the Koonung Creek. I did see a huge remediation exercise at the intersection of Elgar Road and the Eastern Freeway in its extension by the enlightened Kennett government, which created the most magnificent wetlands that are constantly frequented by migratory birds.

I also remember something else the Kennett government had to face when it needed to realign Alexandra Parade at the end of the Eastern Freeway. People were ready to die in the ditch in that precinct — in Fitzroy North, Carlton and Westgarth. They came from everywhere; it was Dreadlock City. They came and protested providing smoother access for the increasing volume of traffic coming off the Eastern Freeway along Alexandra Parade — the road had to be realigned and one lane was widened — because it was going to encroach on the green space in the median strip.

In the 20 years since that road widening went ahead, my family and I have had wry grins on our faces every time we go down Alexandra Parade, because we have never seen anybody walking on the grass, never seen anybody sitting under a tree, never seen anybody having a picnic on the grass, never seen anybody shooting hoops, and never seen anybody — not one person — playing cricket on the grass those protesters thought the Kennett government was going to take away from them. We only have to look at the media coverage of the extension of the realignment of Alexandra Parade, because it shows the same arguments by the same mindset and the same people.

Let us have a look at EastLink and the history behind it. It was going to be a project with no tolls. Who told us that?

**Mr Ondarchie** — Bracksy.

**Mrs KRONBERG** — Bracksy. Exactly — the Labor government. It was never going to be tolled. When I go from East Doncaster to my electorate office along EastLink through the Mullum Mullum tunnel, I think ka-ching, ka-ching, ka-ching. That happens to me every day when I go to my electorate office, so we need to be reminded of that.

However, we have to remember that the upside of the completion of EastLink is that it is now a magnificent experience to go to Dandenong and beyond — to the Gippsland and South Gippsland highways, the Princes Highway and onto the Mornington Peninsula. The patronage is increasing as people recognise how important it is to have a smooth traffic flow and how important it is for the output of pollution from their engines. At the terminus of the Eastern Freeway you have a choice: you can come to a grinding halt at Hoddle Street or you can go down Alexandra Parade. When you go down Alexandra Parade, colleagues and dear friends in the chamber, please tell me if you spot anybody having a picnic on Alexandra Parade's grassy verges or anybody playing cricket.

The east–west link is a transformative project that Infrastructure Australia recognises as a city-shaping project, and I say bring it on — the sooner the better — and I have got everything crossed that the business case turns out to be a sound one.

In terms of Mr Barber's sneering and other asinine gestures I will say this: sometimes you have to be careful what you ask for. I pose the question to the house: if he were to get it, what would Mr Barber do with the business case for an infrastructure project? It reminds me of the dog that chases the car. What is the

dog going to do when it actually gets the car, other than relieve itself on the tyres? What is it going to do? Eat the tyres? Strip the gearbox? Mr Barber should be careful what he asks for.

This magnificent project will provide important intermodal linkages, freight efficiencies and connections to Melbourne's north, east and south-east, to the port of Melbourne and to our international airports. A huge volume of traffic is already using unconnected roads along the east-west corridor north of the CBD, creating congestion and dangerous areas and causing ongoing and increasing pollution, releasing emissions into the atmosphere. I do not know how the Greens can possibly have difficulty with this east-west link. More important, though, is the turncoat flip-flop attitude of the opposition. When Mr Leane talked about announcements and people interfacing with large, boring machines I had a pretty clear understanding, as I listened to him, of what a large, boring machine might look like.

I think it is probably worth reading into the record who supports the east-west link: the Royal Automobile Club of Victoria, the Committee for Melbourne, the Victorian Employers Chamber of Commerce and Industry, the Australian Workers Union, former Premier John Brumby and the former Bracks ALP government, some state Labor MPs, including the members for Footscray and Williamstown in the Assembly, and none other than our hero Tony Abbott, the federal Leader of the Opposition.

Who does not support the east-west link? That list includes the leader of the Victorian opposition — for reasons that we know stem from Labor's desperate death-rattle conflict around the seat of Melbourne, with it having to show some green-hued credentials at that point — the shadow Minister for Roads and the shadow Minister for Major Projects and other state MPs, including the members for Richmond and Melbourne in the Assembly, thinking they were going to be turfed out.

I will move away from Flip-flop Land, the land of the opposition, whose scant representation in this house has resulted in a really paltry contribution on this motion, although a fascinating one in a way. In conclusion I say that the Baillieu coalition government should be congratulated, because the difference between its attitude and that of a Luddite negative thinker is vision and courage and wherewithal, and I cannot wait until this project starts to deliver. I am so excited about its prospects. It certainly will be a game-changer for Melbourne. We need to remember that Melbourne in the year 2025 will have a population of 5 million. That

is over 700 000 more people in this city in the next 13 years. I suggest that is proof positive that this road link must go through.

**Mr ONDARCHIE** (Northern Metropolitan) — I rise today to speak on Mr Barber's motion 456 on the east-west road tunnel. I was not going to make a contribution to debate on this motion, but after listening to the diatribe from across the chamber I could not help myself. I could not stop myself from commenting on the fact that the Labor Party in this state fails to recognise the needs of Victorians. Perhaps those opposite should drive down Hoddle Street every morning, like I do. Perhaps they should try to go along the Eastern Freeway and get off at Alexandra Parade or go through Carlton past the zoo over to Flemington Road, like I have to. Perhaps they could join the Eastern Freeway every single morning and watch it back up all the way to Thompsons Road at the end of EastLink which, as Mrs Kronberg rightly said, was never going to have a toll on it, but indeed now does.

I do not know why the Victorian ALP continues to let Victorians down. I do not know why it is not getting behind this east-west tunnel. To be fair to Mr Leane, he said, 'Build it and I'll use it', so he is already showing tacit approval for this project, and we thank him for that. Mr Leane needs to get around his colleagues and get around his leader and say, 'Get behind this project', because we know during the by-election campaign for the Assembly seat of Melbourne the Leader of the Opposition and member for Mulgrave in the Assembly, Mr Andrews, was half of this and half of the other. He did not know what he stood for. Surprise, surprise! Was he in or was he out? We are still not sure where Mr Andrews stands on issues around the east-west tunnel, particularly in the context of the recent Melbourne by-election campaign.

Mr Andrews looked at some point to be trying to pick up some of that Greens vote. We know how the Greens went in the Melbourne by-election. As Mr Barber said on that election night, this was not about winning the by-election; it was about support for Bob Brown. It was about winning the by-election, and the Greens got done, but that does not surprise us. The Greens are on the way out, and there is no greater example of that than the preference deal its members tried to strike for the Darebin council elections. But they forgot to put in their preferences. They forgot to put in their preferences in one ward in the Darebin —

**Mr Barber** — I raise a point of order, President, on relevance.

**The ACTING PRESIDENT (Mr Elasmr)** — Order! I advise Mr Ondarchie that the point of order is pertinent. I ask him to continue on the motion.

**Mr ONDARCHIE** — I will not talk about preferences per se; I will talk about what I prefer. What I prefer is to see an east–west tunnel built. Unfortunately the Greens do not. But then again the Greens are a party that can make promises its members will never have to deliver on, because they will never be in government. The Greens are on their way out, and we bid them a lovely farewell.

I have to say to Mr Leane in terms of his regular calls to just build it, just build it, just build it, that we are doing something — —

**Mr Leane** interjected.

**Mr ONDARCHIE** — I thank him for his support. Mr Leane is saying, ‘Go ahead and build it’. We on this side of the house love his interjection, but we are going to do something that is quite foreign to the ALP; we are first going to build a business case. We are going to make sure the prudentials are covered. We are going to make sure we manage the risk. We are going to make sure we deliver economic development and productivity improvements and create jobs for Victorians. As my colleagues Mrs Kronberg, Mr Finn and Mr Elsbury have said today, the coalition does not work in the mode of the ALP by writing a cheque and seeing how things turn out, which is what the former Labor government did with the desalination plant and the myki ticketing system. ‘Let us just throw some money at this, cross our fingers and hope for the best’, is the continuing way of doing business for the Australian Labor Party. We are not like that. We are about taking responsible taxpayers money and treating it responsibly. These are words that are foreign to the Australian Labor Party, I am sure.

The east–west link would be a vital component of Victoria’s infrastructure. It would ensure that those who transport goods and services and those who are trying to get to work and recreation can do so efficiently. The Victorian Greens continually carp and whinge about the traffic around Alexandra Parade, Hoddle Street, Fitzroy, Carlton, Collingwood and the Melbourne Zoo precinct, and now they are saying that the east–west link is not a good idea. Where are the Melbourne Greens? Where are the Victorian Greens? Are they standing up for improvement in Victoria or are they not?

Do you know what? Victorians are very clever. They can see right through this. They can see that the

Melbourne Greens are just riding the tide for political expediency. There is a lack of vision, there is a lack of policy and very soon there is going to be a lack of Greens.

**Motion agreed to.**

## VICTRACK: CASTLEMAINE PREMISES

**Ms HARTLAND** (Western Metropolitan) — I move:

That the Council take note of the Minister for Public Transport’s letter of 7 October 2012 in relation to the production of documents relating to VicTrack’s lease premises at Castlemaine.

I will be very brief on this matter. I find it interesting that when I put forward this production of documents motion some four weeks ago it was agreed to. It seemed very straightforward. We are talking about an active lease between VicTrack and the Maryborough Highland Society for a pokies venue in Castlemaine. I would have thought it would have been quite easy to find these documents, considering that they are part of a lease agreement, part of a current negotiation et cetera. I do not understand why the government is not able to produce these documents at this stage. Is there something the government is trying to keep from the people of Castlemaine by saying it is unable to produce these documents? To me, four weeks seems to be an adequate amount of time.

The letter from the Minister for Public Transport states:

The government is in the process of responding to this resolution. As part of this process, the government is liaising with affected third parties, including Public Transport Victoria and VicTrack. This process has not yet been finalised.

Regrettably, the government is not able to respond to the Council’s resolution within the time period requested by the Council. The government will respond as soon as possible.

What does ‘as soon as possible’ mean? When can I expect that these documents will be available? Those are the questions I would like to hear a response to today.

**Mr LEANE** (Eastern Metropolitan) — We support Ms Hartland’s position on this issue. I remember the debate very well, and there did not seem to be any problem in issuing the paperwork at the time, so it is a bit strange that there is now this hold-up. We support the motion.

**Mr ONDARCHIE** (Northern Metropolitan) — I rise to speak on Ms Hartland’s motion in relation to VicTrack’s lease of premises in Castlemaine and a

letter from the Minister for Public Transport dated 7 October 2012. I know I am going to be followed in the debate very shortly by my learned colleague Mr O'Donohue. This motion relates to a letter addressed to the Clerk of the Legislative Council from the Minister for Public Transport dated 7 October 2012. It talks about the Legislative Council's resolution seeking the production of:

... all correspondence and lease agreements relating to VicTrack and the Maryborough Highland Society in relation to the Kennedy Street, Castlemaine, premises.

As the letter says, the government is in the process of responding to this resolution. We are liaising with various affected third parties, including Public Transport Victoria and VicTrack, and the process has not yet been finalised.

I have to say that the town of Castlemaine is a lovely town. I encourage those who have not visited Castlemaine to do so. I know Mrs Petrovich has a great rap for Castlemaine, and indeed she is a great advocate for it. Many times, both in this chamber and outside it in her electorate of Northern Victoria Region, she has spoken highly of the township of Castlemaine.

It is interesting that Ms Hartland has put this motion on the notice paper. It is interesting that Ms Hartland is chasing down the needs of the people of Castlemaine when we know that the western suburbs of Victoria require her attention as well. However, she is taking up the time of the Parliament today to talk about a town that is not even in her electorate. That is okay, because we expect members of Parliament to support Victorians throughout the state, but it is disappointing, we feel, that not enough effort is being put into things that affect the western suburbs of Melbourne, like the east-west tunnel.

We are talking about transport here — and I have to say that Mr Mulder, while he is the Minister for Public Transport, is also the Minister for Roads — so we should talk about the effect the east-west tunnel will have on the western suburbs.

**Ms Hartland** — On a point of order, Acting President, what is the relevance of Mr Ondarchie's comments? I have asked when we can have the documents in question. I am the Greens' spokesperson on pokies, and that is why am asking these questions. I believe I am entitled to advocate for communities.

**The ACTING PRESIDENT (Mr Elasmarr)** — Order! Ms Hartland's point of order is not relevant. I ask the member to continue.

**Mr ONDARCHIE** — I was speaking in the context of roads and public transport. This letter that was addressed to the Clerk of the Legislative Council and dated 7 October presumably comes as a result of the resolution we made on 12 September 2012 seeking production of, and I quote:

... all correspondence and lease agreements relating to VicTrack and the Maryborough Highland Society in relation to the Kennedy Street, Castlemaine, premises.

The minister was responding to that resolution. He was saying that the government is in the process of responding to this resolution. As the minister has indicated, both directly and through this letter to this house, a number of other parties are involved, not the least being Public Transport Victoria and the asset owner, VicTrack, which is responsible for the assets around railway lines.

As quickly as Ms Hartland wants her response, this process, which is related to the resolution of 12 September 2012, which the minister responded to on 7 October, has not yet been finished. I am sure Ms Hartland wants a full and frank response. As members of Parliament we would expect to get a full briefing from a minister relating to this important resolution. In his letter of 7 October 2012 the minister has said that the government will respond to this request as soon as it can. However, the minister has said that the government is not able to respond to the Council's resolution within the time period requested by the Council. That is why this motion does not have a lot of relevance today.

Speaking of that, and speaking about roads and public transport —

**Ms Hartland** — On a point of order, Acting President, this is a take-note motion arising from the last sitting week, and as I understand it, I am entitled to move this motion. When something is not produced, it is relevant to ask why.

**Hon. M. J. Guy** — On the point of order, Acting President, points of order are not a method for Ms Hartland to restate part of a debate. A point of order has to be about the standing orders. If Ms Hartland wishes to correct Mr Ondarchie on his presentation, the point she has raised has no relevance whatsoever.

**The ACTING PRESIDENT (Mr Elasmarr)** — Order! Unfortunately due to standing orders I have to interrupt business for statements on reports and papers.

**Business interrupted pursuant to standing orders.**

**STATEMENTS ON REPORTS AND PAPERS****Western Health: report 2011–12**

**Mr EIDEH** (Western Metropolitan) — I wish to make a statement on the Western Health 2011–12 report. I was delighted to learn that once again Western Health has done an exceptional job in providing much-needed health care to people in Melbourne's west. The Western Health annual report indicates that the hospital has an exceptional level of services and high traffic flow of patients but needs further funding to continue to be able to treat sick Victorians.

I would like to take this opportunity to congratulate the chair of the board, the Honourable Ralph Willis, and all its members and also the chief executive of Western Health, Ms Kathryn Cook. In addition, as I am sure members would be aware, Western Hospital, or any hospital in this state and wonderful country, would not function without all of the tireless working staff from the doctors to the nurses, cleaners and administrative staff, who all do their utmost to ensure that Western Health is providing leading quality health care and other services.

But these thanks and congratulations are not only directed to Western Health. They are also directed to the eight facilities that make up Western Health: Western Hospital in Footscray, the drug and alcohol services, Williamstown Hospital, Sunshine Hospital, Sunbury Day Hospital, Western Centre for Health Research and Education, Reg Geary House and Hazeldean Nursing Home. This high number of facilities is testament to how important this organisation is to the west. Approximately 5000 employees and 400 volunteers make up Western Health. These staff members work hard throughout the days, months and years to ensure that Western Health's 876 hospital beds are made available to people regardless of where they come from or what language they speak.

Sunshine Hospital, which is recognised as a teaching hospital, also specialises in services, including women's and children's, surgical, medical, aged-care and rehabilitation services. Currently Sunshine Hospital's emergency department, which incorporates paediatric services, is one of the busiest general emergency departments in the state. To be exact, during the 2011–12 financial year it saw a total of 120 013 emergency department attendances and 119 467 inpatient admissions, which is why this hospital should be a priority for the Minister for Health, Mr Davis, and it must have continual funding. Needless to say this hospital is vital.

This report acknowledges that one of the most difficult aspects of delivering care to its patients is overcoming the unprecedented growth in my electorate and ensuring that there are enough services that can cope and match this development. To be exact, by 2021, only eight short years away, a staggering 1.1 million people will call the west home. If further funding is not committed to Western Health, Victorians will suffer. This hospital needs more beds, more staff, more facilities and more lifesaving equipment. I am sure no member of the house would like their own health or the health of a loved one to be compromised, so why should my constituents run this risk? We on this side of the house have said time and time again that more essential services and infrastructure needs to be implemented to ensure that people in the west have the services available to them that they so rightfully deserve.

When in government we delivered. Sunshine Hospital has acknowledged in this report that one of the most challenging issues it is facing is improving its access to emergency care and elective surgery, but this, I am sure, is not news to anyone, as it is a well-known fact that hospital waiting lists for elective surgery, not just at Western Health, but across the state, have spiralled out of control. In fact the waiting list hit 46 131 as of the June quarter for 2012, which represents an increase of almost 7000 patients from the same period in 2011. That is staggering. An article in the *Herald Sun* of 17 October states:

*The Victorian Health Services Performance Report* — from April to June 2012 — shows overworked hospitals are turning away more ambulances, with 10 out of the 13 major hospitals increasing the time they spent on bypass.

And the emergency departments that do remain open are shutting down more frequently to all but the most critical patients.

...

The report also showed 542 patients were forced to wait more than 24 hours in hospital emergency departments ...

These blow-outs in hospitals are all too familiar for this government, but of course it will not acknowledge that this is its doing. I commend the report to the house.

**Office of the Public Advocate: community visitors report 2011–12**

**Mrs COOTE** (Southern Metropolitan) — I have a great deal of delight in speaking on the community visitors annual report 2011–12 from the Office of the Public Advocate headed 'Promoting the human rights, interests and dignity of Victorians with a disability or mental illness'. Some members may be surprised that I

am so pleased to be talking about the outcomes of this report. May I express first and foremost my admiration for the community visitors and the very excellent work they do. I have been privileged to attend their joint meetings on a regular basis and have received a lot of grassroots information. They do a very good job in this area. Indeed they are at the coalface and they are the eyes and the ears of people with a disability and a mental illness, and I commend them.

But it is with particular pleasure that I talk about Colanda. The report raised the issue of Colanda, which is a residential organisation in Colac. I would like to read not from the community visitors report, which I will come back to at page 54 of the report, but from an article in the *Colac Herald* of 22 October 2012 by a very good journalist, Jennifer Chiu. The article states:

Colac's Colanda disability centre has earned praise for boosting residents' independence and happiness.

The Office of the Public Advocate's community visitors annual report commended Colanda for having a positive atmosphere and planning for the future.

This is no small thing to hear. It is wonderful to have that on the record about a facility in Colac and particularly as it is from community visitors.

I would also like to outline to the house some of the things that are being done at Colanda. I remind members that Colanda is home to 90-odd residents whose average age is around 56. In years gone by many of these people lived in the former Kew Cottages. Colanda has a very pleasant atmosphere and is in a semi-country setting. People live in individual units. Colanda is not a model we will see in the future; there is a non-admission policy there. However, those who live there have a very pleasant existence, and I would like to mention some of the things that the excellent manager, Natasha Williams, is doing for the current residents of Colanda. The report states on page 54:

The aged clients in Martin unit have more opportunity to be involved in decision making. For example, breakfast is made in the unit, instead of the central kitchen, and there are a number of lounge areas, including a new 'quiet lounge'.

Getting on to modern technology, under the heading 'Participation and engagement', the report goes on:

Residents are encouraged to keep in touch with their families, some of whom live in Melbourne and Geelong. Skype is being trialled for less mobile clients.

In addition, people are going in to Birregurra, Mr Ramsay's home town, and I know Mr Ramsay is very supportive of Colanda, as is Mr Koch. The report continues:

Some residents participated in community events, others enjoyed ... facials and massages and hostel unit residents went on an outing to Birregurra. Residents attending the Opus after-hours program have the opportunity to mix with people from group and private homes and 19 residents went to the Opus ball.

I also know that residents go out and do their banking. When those who are non-ambulatory but are in wheelchairs are going to the ATM they have a big sign on them, saying, 'I am doing my banking'. There are some lovely photographs of them interacting with the local community in Colac, who are very supportive of these clients. They are going out there in the community. That is exactly what we want to see, and it is very pleasing to know that is happening.

Natasha Williams has also set up a video link, which is being used for specialist check-ups and has saved the ageing clientele having to travel the quite cumbersome journey to Geelong to go to hospitals et cetera. They have the video link-ups and they are able to get some very good health advice. I commend all the management team at Colanda for improving the health information available and the general health of the residents. I know BreastScreen Victoria has been invited to come to Colanda to make sure that the women clients in the more at-risk age bracket for breast cancer are tested and have an opportunity to have mammograms, which is absolutely vital for good general health.

I would like to again quote Jennifer Chiu, who says in her article:

Colac's Colanda disability centre has earned praise for boosting residents' independence and happiness.

What a lovely report.

### **Albury Wodonga Health: report 2012**

**Ms BROAD** (Northern Victoria) — I wish to make a statement on the annual report of Albury Wodonga Health for 2012. At the outset I wish to acknowledge the work of the chair, Mr Ericson; members of the board; the CEO, Dr Spring; members of staff; members of the community advisory committee; and the 200-plus volunteers who also make a contribution to Albury Wodonga Health.

I also wish to acknowledge the extraordinary efforts of Albury Wodonga Health to fund through internal efficiencies an increase in capacity, which has resulted in an increase of 3.4 per cent in the number of patients treated. That is an amazing effort. However, as the annual report also acknowledges, regrettably the size of the waiting list continues to climb. That means that at

Albury hospital 41 per cent of patients waited longer than 8 hours in emergency, and at Wodonga hospital 29 per cent of patients waited longer than 8 hours in emergency. That is clearly not acceptable.

The report states that amongst the major challenges for 2011–12:

Financially the audited result for 2011–12 was a \$2.773 million operating deficit. This result, whilst unsustainable for the future, was \$2.227 million better than budget.

So it could have been a lot worse. The report goes on:

The increased activity, which exceeded our budgeted activity level, is at one level a positive as we treated more patients, but is also a warning for the future as it is unsustainable in the current fiscal environment.

Under the heading ‘The years ahead’ the report also says:

We expect that the activity growth of 2011–12 will not be able to be sustained as costs increase and government funding is constrained.

We know about government constraints on funding because we know the Baillieu government has cut some \$616 million from hospital funding. Those cuts are clearly impacting on our regional hospitals, including those operated by Albury Wodonga Health. This is a crisis to which the Minister for Health needs to direct his attention as a matter of urgency.

I wish to reiterate some remarks on a matter I raised during an adjournment debate and which is also referred to in the annual report. It is the major outcome of 2011–12, the completion of the health service plan for the period to 2027. This plan has guided the preparation of the master development plan. I have called on the Minister for Health to make that available to the community of Wodonga and surrounding communities because they do not have access to it and the question of the future of maternity services at Wodonga hospital is a critical matter for residents of Wodonga and surrounding communities.

I would also like to acknowledge the contribution of \$65 million to Albury Wodonga Health patients from national health reform, as a result of the Gillard government’s announcement in May 2011 of \$65 million funding for an integrated regional cancer centre project. As the annual report indicates, those preparations are proceeding. I am sure that \$65 million from the Gillard government will be welcomed by residents of Wodonga and the communities surrounding it and by patients who come from Albury and other areas of southern New South Wales.

This annual report puts up a lot of red lights for the Minister for Health. I direct his attention to it as a matter of urgency, in terms of dealing with the capacity of Albury Wodonga Health into the future.

### **Auditor-General: *Managing Major Projects***

**Mr ONDARCHIE** (Northern Metropolitan) — I rise to make a statement on the Victorian Auditor-General’s Office (VAGO) report of October 2012 entitled *Managing Major Projects*. It says, and rightly so, that managing major projects is about government responsibility. The audit summary states:

Investing in and delivering infrastructure is a core function of government. Investments are made to achieve economic, social and environmental outcomes, including increased productivity, access to services and improved service delivery, and improvements to the natural environment.

This report covers the period 2002 to 2012. It is a report card of the Bracks-Brumby-Lenders governments. What a damning report it is. The audit summary continues:

Major Projects Victoria’s (MPV) role is to provide ‘expert project delivery services to Victorian government departments and other agencies engaged in the delivery of complex, technically challenging and unique projects of state significance’.

It says further on:

MPV is a business unit within the Department of Business and Innovation ...

The report concludes that:

MPV is not able to demonstrate that it operates and manages infrastructure projects effectively, efficiently or economically.

It also concludes that adequate checks and balances do not exist within MPV, especially in its internal contract management. Checks and balances are not sufficient for legislative requirements. Deficiencies in internal contract management include missing contracts and unexplained variations in assessment of performance. That not only diminishes transparency and accountability but also increases the risk of error and fraud.

The report says that Major Projects Victoria has poor governance standards and a lack of organisational integrity and accountability, resulting from poor oversight by the Department of Business and Innovation. The report also casts doubt on the veracity of the information that MPV has provided to the Parliament. MPV reported that it achieved 100 per cent performance over a 14-year period. Probity within MPV has weaknesses. It is likely that MPV did not

achieve the best use of public resources, and it failed to meet public sector accountability standards by not collecting or reporting reliable data about its performance.

The report says that Major Projects Victoria is not performing the roles that government intended it for. Rather than delivering major projects, it managed the delivery of a relatively small number of high-value capital projects and a large number of smaller planning-related projects. The report also said that Major Projects Victoria is not performing its leadership or research role. A review by cabinet into its efficiency in October 2007 resulted in no change whatsoever.

Let us look at some of the major projects initiated by the Bracks-Brumby-Lenders governments: mismanagement of the desalination project, which will cost Victorians \$1.8 million a day for the next 30 years; the Melbourne wholesale fruit and vegetable market relocation project, which had a cost blow-out of millions of dollars; the disastrous mismanagement of ICT projects such as the myki ticketing system; and the regional rail link, which has seen a cost blow-out of \$1.1 billion.

Let me give another example: the soccer stadium currently known as AAMI Park. That project funded a shell. It did not fund the stands, did not fund the pitch and did not fund the catering facilities. It is a world game stadium that if left to the Labor Party would have had no food, no fans, no football and no fun. This is ridiculous — another failing by the previous Labor government.

Let us talk about some of the things that the VAGO report says about Labor's use of contractors and how that became widespread. An employee resigned in December 2005 and then MPV engaged them as a contractor in 2006. Since 2006 MPV has paid this contractor around \$1.6 million in contract fees. It took this person off the books and then paid them under contract — this is the Labor Party looking after its mates. An employee resigned in October 2009 and was engaged by a contractor in the same month to provide the same services. The contract was for an estimated cost of \$903 000 over a three-year period — Labor looking after its mates. Another employee resigned in December 2009 and was engaged on a short-term contract in January 2010. A fourth employee resigned in March 2010 and was re-engaged in April and the contract was worth \$816 000.

**Hon. M. P. Pakula** interjected.

**Mr ONDARCHIE** — You have been deficient, Mr Pakula. You and your government were deficient in the use of taxpayers money.

But what have we done? We have taken a much more responsible approach. The east-west link will be supplemented by a very strong business case. There is a \$2 million package to fund a detailed business case for E-gate, which has the support of the Minister for Major Projects, Denis Napthine, and I know the support of my colleague in Northern Metropolitan Region Mr Guy.

This is a damning report into the Bracks-Brumby-Lenders governments. Members of those governments should hang their heads in shame, but more importantly they should take the opportunity to say sorry to Victorians.

### **Goulburn Valley Health: report 2011–12**

**Ms DARVENIZA** (Northern Victoria) — I wish to make some remarks on the annual report of Goulburn Valley Health for 2011–12. At the outset I wish to acknowledge the contributions of the chair of Goulburn Valley Health, Noel Maughan, and the CEO, Kerry Healy.

Goulburn Valley Health (GV Health) is a major health service. It services approximately 150 000 residents from the Goulburn Valley and outlying areas, and it employs more than 2000 staff. It is a multicampus facility providing a broad range of hospital and community services throughout the Hume region. The Shepparton campus is located in Graham Street, Shepparton. There is a campus at Tatura, which is known as the Tatura annex. There is a Rushworth campus. There is Una House, which is also in Shepparton. The Centre for Older Persons Health in Knight Street, Shepparton, is the base for the aged-care assessment program and the home transitional care as well as the psychogeriatric assessment team. There is the Centre against Sexual Assault, which is based in Shepparton, and also the primary mental health and early intervention team. The community programs operate outreach offices in Seymour, Cobram, Benalla and Wodonga. Community mental health services operate from GV Health in Shepparton and from offices located in Seymour.

These facilities offer a broad range of services, including accident and emergency; child and adolescent care; extended care; surgical services; women's health; residential care, particularly for elderly people; general medicine, which includes everything from oncology to medical units; hospital at home; a whole range of community services; mental health services; as well as

diagnostic and other clinical services. A broad range of health services are provided by Goulburn Valley Health. It is one of the many health services in my electorate that struggles to use every dollar that it is allocated to deliver a first-rate service. That is becoming increasingly more difficult as the Baillieu government cuts funding to health. However, GV Health continues to provide quality health services to the community.

Some of the highlights in this report include the Peter Copulos Cancer and Wellness Centre at the Graham Street site. I have had the opportunity to visit that centre and have a tour of it. It is indeed a very beautiful facility. Two full-time oncologists have joined the team to care for cancer patients. The Waranga Memorial Hospital held its 50th anniversary celebrations during the reporting year. GV Health was chosen as lead agency to establish the headspace program in Shepparton, providing mental health support services for younger people. A fourth partnership agreement was signed between GV Health and the Rumbalara Aboriginal Cooperative as part of a commitment to working together to achieve good health outcomes for Aboriginal people.

The number of patients admitted to GV Health has increased by 4.6 per cent, which is just under a 5 per cent increase, so more patients were treated during this reporting year than the previous year. That means patient numbers are increasing as the state government's funding is decreasing.

One of the biggest disappointments for Goulburn Valley Health has been its unsuccessful bid for funding to undertake the redevelopment of acute facilities. The Goulburn Valley Health funding proposal was to build a new four-level inpatient facility incorporating 28 extra beds, a new emergency department that would increase the capacity by 50 per cent, two additional operating theatres, an expanded day surgery and medical day stay area and a new main entrance. Those facilities are much needed by Goulburn Valley Health. This is an opportunity to ask the minister to look carefully at the needs of Goulburn Valley Health and to provide it with the funding it needs to continue to provide excellent services to the people of the Goulburn Valley.

**The DEPUTY PRESIDENT** — Time!

**Auditor-General: *Managing Major Projects***

**Ms CROZIER** (Southern Metropolitan) — I am pleased to speak this evening and comment on the Victorian Auditor-General's report of October this year entitled *Managing Major Projects*. At the outset I say

that this report, which my colleague Mr Ondarchie has just spoken on, demonstrates a litany of disasters from the previous government in relation to managing major projects. As the audit performance was taken over 12 years, it covers the 11 years of the Labor government. A number of factors in the report are of concern and have had major impacts on what the coalition government inherited when it came to power in November 2010.

Numerous examples of project blow-outs are highlighted throughout the report. I am talking about those ones well known to the Victorian public — myki; the desalination plant, which is costing us in the vicinity of \$1.8 million each and every day for the next 30-odd years; the Melbourne Markets project — it just goes on and on. It is an absolutely damning indictment of those who were in control of Victorian taxpayer funds in the previous government and how they managed them.

A number of issues in the report go to the heart of my concerns. They relate to the contractors, employment aspects and human resources that were applied to a number of projects. On page 16 the report talks about some extraordinary examples of what happened with appointed contractors. I will quote one:

For example:

An employee resigned in December 2005, with MPV engaging them as a contractor in 2006. Precise dates are unknown due to a lack of documentation. Since 2006, MPV has paid this contractor around \$1.67 million in contract fees.

That is an extraordinary amount of money and an extraordinary series of events surrounding how people were employed and used in conducting major projects.

One major project the report highlights is in my electorate of Southern Metropolitan Region. It talks of the Princes Pier renewal. This project highlights the absolute mismanagement of Major Projects Victoria and the previous government's administration in this area. It firmly indicates that there was no project plan, it was four years behind schedule, and it was 142 per cent over budget. It is another mess that the coalition government has inherited and has had to fix up. As I said, it relates to pylons and projects at Princes Pier. I again quote from the report:

The project did not have a complete, comprehensive and coherent plan, and the project was completed significantly over time and budget. It was originally scoped as a five-stage project with initial funding of \$14 million to complete stages one and two with additional funding of \$6 million estimated to complete stages three, four and five. All five stages were intended to be completed by April 2008. The project was completed in December 2011 at a total cost of \$32.5 million.

That is an extraordinary cost blow-out in both time and taxpayers money. It absolutely indicates the total mismanagement that was so obvious from so many projects under the previous government. The example of that particular project in my electorate of Southern Metropolitan Region says it all. It is an extraordinary indictment of how projects were managed throughout the state. The previous government should be absolutely appalled by its handling of taxpayers money. It cost the Victorian taxpayer billions of dollars. I am pleased that the government has looked at this report and will be taking up all the recommendations the Auditor-General has laid out in it.

### **Ombudsman: investigation into allegations against Mr Geoff Shaw, MP**

**Hon. M. P. PAKULA** (Western Metropolitan) — I rise to make a statement on the Victorian Ombudsman's report of his investigation into allegations against the member for Frankston in the Assembly, Mr Geoff Shaw, MP, dated October 2012, under the Whistleblowers Protection Act 2001. Anyone who has wandered into the other place today would know that this has been occupying quite some time in that chamber today.

**Mr P. Davis** interjected.

**Hon. M. P. PAKULA** — I do not think Mr Davis should miss out, because it is quite an extraordinary report. It is extraordinary not just —

**Mr P. Davis** — Do I get a mention?

**Hon. M. P. PAKULA** — You should hope not. The report is extraordinary not just because of its sum total but also because of some of the very damning findings made within it. I refer to paragraph 107 and the finding that Mr Shaw's claims were not supported by the evidence that the Ombudsman had found. Mr Shaw said that during a particular time he would have likely travelled around 5000 kilometres, but the Ombudsman found that, on balance, he did not use his parliamentary vehicle at all during that period.

The report is extraordinary because at paragraph 109 the Ombudsman indicates that Mr Shaw claimed that his staff were using his vehicle for commercial purposes without his knowledge and that he did not know it was going on until such allegations appeared in the media.

It is extraordinary because at paragraph 115 the Ombudsman makes a finding about a current serving member of Parliament and indicates that the evidence he has given under oath to the Ombudsman is

implausible. Who would want, as a current member of Parliament, to have a finding like that made about them by the Ombudsman — but find it the Ombudsman has.

He goes on. This damning report continues through paragraphs 132 and following, indicating that despite Mr Shaw's denials and protestations that he knew nothing about what was going on, he used and allowed others to use his parliamentary vehicle for commercial use over and over again. He now relies on the spurious distinction between what you must not do and what you should not do.

It is most extraordinary from Mr Shaw's perspective because in paragraph 141 it is entirely clear that the member for Frankston is totally unrepentant. It reports that he says the Ombudsman's conclusions are wrong and that he has unfettered discretion regarding compliance. He has no compunction about that, no real regret and no view that he has done anything wrong. The actual view of the member for Frankston is that he has been allowed to use his vehicle for commercial purposes and has unfettered discretion in that regard.

But the real villain in all of this, apart from the member for Frankston, is in fact the Premier. This is the Premier who wanted to raise parliamentary standards and who said he wanted to run a government that was open and accountable. How does this Premier indicate his displeasure with the actions of the member for Frankston? How does he let Victorians know that he finds Mr Shaw's behaviour completely unacceptable? He does it by giving the member for Frankston his wholehearted support, by saying that the member for Frankston is a good member, by saying that the member for Frankston has delivered for the people of Frankston —

**Ms Pulford** interjected.

**Hon. M. P. PAKULA** — He delivered lumber, Ms Pulford. It is quite an extraordinary message to send to the Victorian people. The Premier stands firmly and squarely behind the member for Frankston. Even today after the Whackergate incident in the other chamber, the Premier remains firmly and squarely behind the member for Frankston. He does not and could not make it any clearer that in respect of the member for Frankston it is the overriding consideration of the Premier that he preserve his one seat majority over the interests of the Frankston community and the voters of Frankston.

The response of the government to this report, the unyielding support for Mr Shaw and the refusal to condemn or chastise him is a mark of shame on the

government and ought to be a source of embarrassment for all those people who stood behind Mr Shaw, including the Business First cronies of Mrs Peulich.

### **Auditor-General: *Carer Support Programs***

**Mrs KRONBERG** (Eastern Metropolitan) — I rise to make a contribution on the Victorian Auditor-General's report *Carer Support Programs*. The Auditor-General's report indicates that Carers Australia has estimated that the informal carers in Australia provide \$40.9 billion worth of services nationally. In Victoria we have 700 000 informal carers and 194 000 primary carers. These carers provide support to someone, and in some instances more than one person, for most of their daily living activities. This support role clearly takes a significant toll on the carers. Often they provide this care at great emotional, physical and financial cost to themselves, and it has been found that carers often have poorer health, poorer health outcomes and a poorer sense of wellbeing than their non-carer peers. They can experience high levels of stress, anxiety and depression.

Carers and those of working age miss out on so much. They miss out on educational and employment opportunities and the opportunity to freely interact with their own peer groups and often society in general. Carers can literally be marooned and isolated in the place where they are providing care for, often, their loved ones. This affects their ability to participate fully in the community.

I would like to place on the record some of my experiences of Carers Week, which was last week, and I know my colleague Mrs Coote mentioned this in her members statement yesterday. Together we attended an afternoon tea in Ringwood North last week, which was the culmination of a day of respite that Connections UnitingCare had provided for carers. It provided the opportunity for those carers to interface with counsellors and other kinds of advisory services so that they could gain a better appreciation of what was available for carers, particularly in the areas of respite. The carers received shoulder massages and other things and rounded off the day with a fine, elegant high tea.

I have to say that it took me quite a while to recover after meeting a number of those carers that afternoon and hearing their stories. I was profoundly moved by a mother and father who were seeking respite because they had five children suffering from ADHD (attention deficit-hyperactivity disorder). Another woman was managing the circumstances surrounding the fact that her seven-year-old son was dying of cancer and the

tragedy of what the cancer was doing to that little body was exacerbated because he also had ADHD.

There was a woman whose 10-year-old daughter is dying of cancer and is a cerebral palsy victim. There was a young mother with an 18-year-old son whose high functioning autism denied her family a lot of the natural support services that would be available to a younger son. It highlights what it is to be on the borderline when people are categorised. I can say that these people were relieved to be engaged in this respite experience, but their suffering is enormous.

### **Ballarat Health Services: report 2011–12**

**Ms PULFORD** (Western Victoria) — I wish to make some comments about the annual report of Ballarat Health Services for 2011–12, and I do so at a time when matters of health funding have been the subject of some debate in this place over the last couple of days. The federal government has contributed \$3.6 billion in funding for Victoria's health system, in stark contrast to the Victorian government's \$134 million in cuts to the Department of Health's budget, which came straight after the \$482 million cut in the previous year's budget. The impacts of the Baillieu government's decisions and priorities, as evidenced in the last two state budgets, are now coming home to roost. The Ballarat Health Services annual report, like other annual reports tabled in the Parliament recently, starts to paint a picture of the human impact of these funding cuts.

Of course government members are going to extraordinary lengths to blame anyone they can for their inability to prioritise spending in a way that meets the needs of Victorians in key areas like health funding. The decision by the government to cut funding in regional and rural communities is significant. Again in health, as in so many areas, there is an extraordinary contrast between what government members said before the election and what they are saying after the election. I refer to a media release dated 19 February 2008 from Mr Baillieu and Mr Ryan, the headline to which heralds an '\$88.4 million boost for Ballarat Health Services under Vic coalition'. The media release talks about funding being provided for an additional 20 doctors at the Ballarat base hospital and another 10 GPs who were to be recruited from interstate to fill a shortfall of doctors in the community. It is difficult to get in to see a doctor in Ballarat from time to time.

This media release also says, and I quote the now Premier:

Waiting times for elective surgery in Ballarat are unacceptable ...

This was Mr Baillieu, then opposition leader, and Peter Ryan, then simply Leader of The Nationals, saying that elective surgery rates were unacceptable and that there was a need for more doctors at Ballarat Health Services. If we fast forward a little to the reality of today in Victoria with Ted Baillieu as Premier, the Ballarat Health Services annual report shows a 12 per cent increase in the number of patients on the elective surgery waiting list at the Ballarat base hospital between June 2011 and June 2012. That does not seem much like reducing elective surgery waiting times. In fact the picture that is being experienced by families in the community I live in is part of a story that can be heard right across Victoria as waiting lists balloon under this government.

The second area highlighted in the then opposition's media release was doctor numbers. In June 2011 the combined number of effective full-time positions for medical officers, hospital medical officers and sessional clinicians — the doctors — at Ballarat Health Services was 175.58. In June 2012 that number had reduced to 168.49. The proof is in the pudding. The government has failed to deliver on the promises it made in that media release. It has failed to make good on that commitment, which is completely consistent with its approach in every other area of government administration. It is applying radical surgery, to use Mr Baillieu's cute description of the budget cuts, to Ballarat Health Services as well as many other health services in the state. Frankly, this is not good enough.

This government said it would increase doctor numbers, but it has reduced them. It said it would reduce waiting times for elective surgery, but it has increased them. This government is very bad for the health — —

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

### **Auditor-General: *Managing Major Projects***

**Mr P. DAVIS** (Eastern Victoria) — I am taking the opportunity, without much pleasure I might say, to speak to the Auditor-General's *Managing Major Projects* report which he tabled a fortnight ago. The reason I say that I do not take much pleasure in this is because it is from the Auditor-General's perspective a damning indictment of Major Projects Victoria (MPV). I am pleased to say, however, that I note that the government responded that day and made it clear that it would accept all the recommendations from this report.

Having said that, I remind the Parliament that the Public Accounts and Estimates Committee (PAEC) has

a reference from the Parliament in relation to two major projects. The committee has been assiduously working on that reference since May of last year and has a reporting date of 14 December this year. By the time Parliament rises at the end of this calendar year the collective wisdom of members of the Public Accounts and Estimates Committee will reflect on this report, amongst other significant sources of input to our research, and form a view.

I just wanted to quickly note some of the conclusions that the Auditor-General came to. I do not intend to endorse those conclusions at this point; it would be improper for me as chair of PAEC to do so at this moment. However, I note that the Auditor-General made it clear in the conclusion to his review, which looked at MPV's last 12 years of operation since 2000 — MPV was established in 1992 and has in effect been auspiced by six different departments over the last two decades — that:

MPV is not able to demonstrate that it operates, and manages infrastructure projects effectively, efficiently or economically.

He goes on to say that:

Poor oversight by DBI —

the Department of Business and Innovation —

and the lack of effective internal controls have contributed to poor governance standards and a lack of organisational integrity and accountability ...

He wrote further that:

DBI responses to parliamentary committees have provided impressions of MPV's performance that cast doubt on the veracity of information it has provided. There are continuing weaknesses in managing probity, and it is likely that MPV is not achieving the best use of public resources. By not collecting and reporting reliable data related to its performance, MPV has also failed to meet public sector accountability standards.

That is just the first burst from the opening page, and the report continues in a similar vein. Given that the role of the Public Accounts and Estimates Committee, in association with the Auditor-General and the Auditor-General's office, is to provide high-level assurance in terms of the performance, efficiency, effectiveness and probity of the public sector — to provide that assurance to the Parliament — this is of great concern to the committee as it is clearly to the Auditor-General.

At page 47, in relation to monitoring and reporting performance, the report says:

MPV's 'process' to collect and collate and analyse performance data to inform budget paper 3 is deficient and unauditible.

While DBI has reported to Parliament each year that MPV achieves 100 per cent performance in the delivery of its projects, MPV could not adequately demonstrate that it actually collects and collates data, nor could we identify sufficient and appropriate evidence that this occurs.

This casts doubt about the veracity of the data reported in budget paper 3 and about the information that DBI has provided to Parliament, particularly through PAEC's outcomes and estimates inquiries. It also raises the prospect that DBI has misinformed Parliament through its responses to PAEC questions about the MPV quality measure.

This is a concern. It is a concern that the Auditor-General makes it clear there has been, to put it politely, strategic misrepresentation by Major Projects Victoria to the Parliament.

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

### **Auditor-General: *Consumer Participation in the Health System***

**Mr ELASMAR** (Northern Metropolitan) — I rise to speak on the Victorian Auditor-General's report titled *Consumer Participation in the Health System* dated October 2012. This report indicates that health services have put in place a fairly strong regime to educate and enlighten patients, who use a multiplicity of medical systems, on their rights and responsibilities as patients. Health services have made a concerted effort through a wide range of mechanisms that include pamphlets, posters, websites and feedback surveys to elicit a cooperative partnership with patients.

Many of the difficulties encountered were more to do with age and ethnic cultures. Patients over the age of 55 tend not to ask questions of their health service providers, because they presume that 'doctor knows best' and in most instances are fearful of too much information regarding their health status. Our ethnic brothers and sisters are not always capable of seeking or reading information because of language difficulties, and at the other end of the spectrum we have the young technologically smart kids who research their ailments on the internet before they seek medical attention and then presume to argue with their medical practitioner as to their diagnoses.

The report does, however, highlight deficiencies in the follow-up processes and the recording of the input from patients, and this must be remedied. Having established a solid basis for consumer participation, health services

now need to consolidate their data and renew their efforts.

There are a number of worthy recommendations in the report, all of which refer to the evaluation and integration of the network that is available and open to all patients who use our medical systems, whether in a community health centre or a large hospital. Knowledge is the key to understanding and managing our health needs, and prevention of illness the recipe for a long and healthy life.

### **Law Reform Committee: access by donor-conceived people to information about donors**

**Mrs PETROVICH** (Northern Victoria) — I am pleased to speak on the whole-of-government interim response to the report of the Parliament's Law Reform Committee inquiry into access by donor-conceived people to information about donors. As part of the Law Reform Committee, I was pleased to work collaboratively with my colleagues in this all-party committee to bring down a report we can all be very proud of. It is quite revolutionary in a way, in terms of the recommendations that were produced around donor-conceived children and in particular in relation to donors pre-1988. The government response, which I have in front of me, welcomes the Parliament of Victoria Law Reform Committee's report on its inquiry into access by donor-conceived people to information about donors.

It is important in the short time available to me to make my contribution to the debate to acknowledge that there are three separate regimes regulating access by donor-conceived people. Donor-conceived people who were conceived using gametes prior to 1988 currently do not have the right to identifying information about donors, donor-conceived people who were conceived using gametes donated between 1988 and 1997 can obtain non-identifying information about their donors from the central register and donor-conceived people who were conceived using gametes donated after January 1998 can obtain identifying information about their donor from the central register. Obviously those three significant points relating to when people were conceived and born make a difference in terms of the information they can have about their heritage, including those important matters of identification.

Without discounting the importance of the information provided in submissions, the government notes the committee heard from only nine donors. The committee also heard from a significant number of donor-conceived people. The government response

notes that the government seeks to canvass the views of the broader donor community, particularly those who donated gametes prior to 1988 and for whom the recommendations, if accepted, may have a significant impact.

This is a significantly positive outcome in many respects, because the current government is looking forward. It is a complex and delicate piece of work both for those who were conceived by donor conception and those who in many cases altruistically donated genetic material to ensure that those lives could be created. It is important to note also that people who were conceived prior to 1988 and who made submissions to us suffer significantly as a result of not having that identification and access to their heritage. This would be a step forward and a great piece of work if it could be achieved.

## ADJOURNMENT

**Hon. R. A. DALLA-RIVA** (Minister for Employment and Industrial Relations) — I move:

That the house do now adjourn.

### Alfred hospital: bed numbers

**Mr LENDERS** (Southern Metropolitan) — The matter I raise is for the attention of the Minister for Health, David Davis. Prior to the 2010 election the then Leader of the Opposition, Ted Baillieu, promised 800 new hospital beds. It is now two years on and there are no details of where these new beds are located, or indeed if they exist at all. The budget forecasts cuts of \$134.1 million for the Department of Health in addition to the \$482 million cut in last year's budget. In the last 12 months at the Alfred hospital in my electorate the number of emergency patients waiting over 8 hours to be transferred to a hospital bed has gone up by one-quarter. There are 1963 people on the elective surgery waiting list, which is up by 324.

The minister talks in this place constantly; he throws figures and numbers around. Here we are talking about 324 constituents of mine who are now waiting longer on the elective surgery waiting list. The median waiting time for treatment for both general and elective surgery has increased by more than 10 per cent. Mr Davis might talk about numbers and claim he is doing all these great things, but for 324 electors in my electorate who rely upon the Alfred hospital for elective surgery, the waiting list is up by that number.

The action I seek from the minister is that he clearly outline how many additional beds have been opened at the Alfred hospital since December 2010. In particular,

as the government has claimed it has put in 100 new beds in its first year, but there is no evidence in any hospital's annual report of where these beds are specifically, I ask the minister to come to the Alfred and identify what number, if any, of the 100 beds are in my electorate.

### BreastScreen Victoria: government support

**Mrs PETROVICH** (Northern Victoria) — My adjournment matter is for the Minister for Health, David Davis. October is Breast Cancer Awareness Month. As well as being a great opportunity to raise funds for breast cancer research and support those with the disease, it is also an important way to remind women to undergo regular breast health checks. Breast cancer is the most common health cancer in women in Australia, and most members of the house would have been touched by the disease in some way. Women have a 1-in-11 chance of developing breast cancer by the time they reach the age of 75, with over 13 000 women being diagnosed with the disease each year. When breast cancer is detected early, women have a much greater chance of being treated successfully, and for most women the cancer will not come back after treatment.

BreastScreen Victoria encompasses a statewide network of 8 screening and assessment centres, 35 fixed screening centres and 28 mobile screening locations conducting more than 189 000 screening mammograms annually, and all of them are to be congratulated. The two mobile units are particularly valuable to my constituents in Northern Victoria Region, many of whom live a substantial distance from regional centres. These units run on a two-year cycle providing a regular service for women across regional Victoria. In many areas we have a good rate of screening, but in areas such as Benalla some 57 per cent of women are being screened; in Benambra, 28 per cent; Bendigo West, 56 per cent; Bendigo East, 56 per cent; Macedon, 56 per cent; Mildura, 58 per cent; Murray Valley, 51 per cent; Rodney, 60 per cent; Seymour, 56 per cent; Shepparton, 56 per cent; and Swan Hill, 60 per cent.

Whilst these are very good rates, we need to continue that work. The early detection of breast cancer is important, and it is very important that women take the opportunity to use these mobile units which will be touring around their areas. The action I seek from the minister is that he continue to support this important initiative for women's health in Victoria.

### Footscray Community Legal Centre: taxidriver legal clinic

**Hon. M. P. PAKULA** (Western Metropolitan) — I raise for the attention of the Attorney-General the taxidriver legal clinic, which has been running out of the Footscray Community Legal Centre but is currently without funding. Members would understand that taxidrivers face a host of actual and potential legal issues exacerbated by the fact that many cabbies are recently arrived migrants unfamiliar with our system and not always fluent in the English language.

Many of the issues drivers confront contribute to the fact that our taxi services are not all that Victorian consumers expect them to be. Many of those issues were identified by Allan Fels during his review, but some of them include issues with bailment agreements, which I think are well understood. There are also issues with training and the fact that taxidrivers are prone to being assaulted. They are certainly more likely to find themselves in that situation than many other occupations. Taxidrivers are also liable to not being paid correctly, have residency issues, issues with taxi clubs and particular issues with insurance and underinsurance of the vehicles they drive, especially third-party insurance, which has been a vexed matter for some time.

Footscray Community Legal Centre has been running a service to assist drivers with all those matters and others, but unfortunately the funding for that service has run out. I am aware that an application has been made to the Legal Services Board for a grant amounting to \$60 000. The centre is hopeful of receiving an answer sometime in the next few months. Whatever view the Legal Services Board forms, any grant of that nature has to be approved by the Attorney-General. Therefore the action I seek is that the Attorney-General ensure that the taxidriver legal clinic is able to resume with funding as one small contribution towards ensuring that we have a taxi service that serves the needs of Victorians.

### Acacia College: future

**Mr ONDARCHIE** (Northern Metropolitan) — I raise a matter for the Minister for Education, Martin Dixon. It is with regard to Acacia College in Mernda, which is — —

**Mr Lenders** interjected.

**Mr ONDARCHIE** — I am sorry, but I could not hear the interjection from Mr Lenders. No doubt it was of high value.

**The DEPUTY PRESIDENT** — Order! It would also be disorderly. Mr Ondarchie, without assistance.

**Mr ONDARCHIE** — Acacia College is in Mernda, which is not far from where I live. Indeed I know many of the staff, children and parents associated with the college. My children go to one of the two other private schools in the local area, and we know that over a sustained period of time — 8 to 10 years — there has been a growing need for schools in that area that has not been met. The government is fully conscious of that and needs to do something about it, as we know the area has been somewhat left behind by the previous government over a long period of time.

Acacia College has about 520 students and opened in February 2010. I have to say that from my understanding the decision to close Acacia College has nothing to do with the quality of the curriculum and the great staff, who are predominantly led by the college principal, Andrew Houghton. I know all the other staff, including Carolyn Latham and Darren Peters, have done a fantastic job looking after those children. My adjournment matter for the minister is about getting parents together with the Department of Education and Early Childhood Development and holding an information session for parents so they know what is going on. I would be interested in bringing local government principals in so they can share with the parents what the options are for the education of their children. I am asking the minister to instruct the department to bring that together very soon so that parents have options.

I have met with the parents. I know children who attend the school and some of the staff. We need to take some action for Acacia College. Parents have said to me that we are probably 8 to 10 years behind the school needs for the Mernda-Doreen-Laurimar-South Morang area, and I could not agree more. It is obvious that the infrastructure, both physical and social, has been left behind for a long time.

**Ms Mikakos** interjected.

**Mr ONDARCHIE** — Ms Mikakos is a classic example of a denier who has done nothing about it but stands up in this chamber — —

**Ms Mikakos** interjected.

**The DEPUTY PRESIDENT** — Order!

**Ms Mikakos** — On a point of order — —

**The DEPUTY PRESIDENT** — Order! Before Ms Mikakos takes the point of order, I might say that

her interjections did not assist the decorum of the chamber.

**Ms Mikakos** — On a point of order, Deputy President, I take offence at the member claiming that I have done nothing. I was actually out there on Saturday with the member for Yan Yean in the other place, Danielle Green, talking to parents, unlike Mr Ondarchie.

**The DEPUTY PRESIDENT** — Order! I advise Ms Mikakos that is not a point of order.

**Mr ONDARCHIE** — The highlight of your day — having a coffee with Danielle Green! Let me say by way of example that I was at another school during the week, a school less than 2.2 kilometres from Ms Mikakos's office, and I asked, 'What happened under the previous government?', and, 'What did Jenny Mikakos do for you?'. Do you know what the staff said? 'Who? We've never seen her. She's never been here'.

**The DEPUTY PRESIDENT** — Order! If Mr Ondarchie would stick to the issue that he raised rather than going on a frolic about other members of Parliament, that would assist us this evening.

**Mr ONDARCHIE** — Thank you, Deputy President. I was just taking up the unfounded interjections from the other side of the house.

My request to the minister is to get the department into action and instruct it to get together with the parents and maybe some local principals and try to sort this out, for the sake of the kids, for the sake of the parents and for the sake of the staff.

### **Frankston Hospital: upgrade**

**Mr TARLAMIS** (South Eastern Metropolitan) — The matter I wish to raise is for the Minister for Health, Mr David Davis, and it relates to the Frankston Hospital emergency department redevelopment. The action I seek is that the minister advise the house and the constituents of Frankston when building works will commence for the promised \$40 million emergency department upgrade. The \$40 million expansion began as a \$50 million commitment by the then Baillieu opposition during the 2010 state election campaign. It matched the funding commitment of the then Brumby government. This commitment was complemented by a promise by the Baillieu opposition that it would also deliver 800 extra hospital beds for Victoria, and those have yet to materialise.

The pressures facing Frankston's emergency department were well known, and they continue, with increases each year in the number of people attending the emergency department and subsequently being admitted. Peninsula Health's recently released annual report for 2012 states that Frankston Hospital continues to have the highest number of ambulance presentations of any metropolitan health service.

In this year's state budget the government committed \$40 million for the expansion and reconfiguration of Frankston Hospital's emergency department. We will never know what happened to the other \$10 million that had been committed, but considering the government is short-changing the community in many other areas, it is unsurprising it has gone missing. Of this amount only \$1 million was allocated to the project in 2012–13, with the remaining \$39 million to be funded sometime into the future, so by the end of this year we will see around 2 per cent of the project delivered.

With summer approaching, demand on Frankston's emergency department is set to increase significantly. The government has admitted in the past that Frankston Hospital has been operating under pressure for some time, saying:

... despite the tough economic conditions, we are building a hospital to meet tomorrow's needs.

...

... the hospital is now in urgent need of a larger emergency department to accommodate current demand and plan for the future.

The member for Frankston in the Assembly, Geoff Shaw, described the emergency department funding announcement as a fantastic win for the community and a project that would bring jobs to Frankston. I say to the minister that the 'tomorrow' he spoke of has come. The needs of tomorrow are today's needs, and it is time for him to deliver, not drip-feed, funding to Frankston Hospital. I am seeking this action because the government and the 'good local member' Geoff Shaw — the Premier's words, not mine — is not doing enough to advocate and deliver for Frankston. Mr Shaw should be delivering hospital buildings and not delivering building materials in his parliamentary car.

### **Planning: vegetation removal guidelines**

**Mr LEANE** (Eastern Metropolitan) — My adjournment matter is directed to the Minister for Planning, and it relates to the vegetation removal guidelines. I just had a brief chat with the minister. He is happy to take on this issue, which might fall under a few portfolios, and I appreciate that. It concerns

Mrs Virginia Ki, a constituent of the electorate I represent, who has a neighbour with an absolutely huge gum tree growing next to their fence. This has resulted in limbs overhanging Mrs Ki's house at a very high level. Mrs Ki has tried to see if the neighbour would be kind enough to do something about it, but the neighbour is in a position under the current guidelines, I believe, to be able to leave this responsibility to Mrs Ki.

Having a tree on the neighbour's side of the fence which has reached such a height that an arborist and a cherry picker are needed — which would involve some expense — to make your side of the fence safe seems to be an unfair situation, and I ask the minister to look at it. I would appreciate it if the minister could also look into this issue in terms of what Mrs Ki can do about it and whether the onus to do something should be on her. I will deliver her details and the details of this issue to the minister's office, and I would appreciate the minister looking into it.

### **Health: federal funding**

**Mr O'DONOHUE** (Eastern Victoria) — I raise a matter this evening for the attention of the Minister for Health, the Honourable David Davis. We have heard much debate today about health services in Victoria and the challenges that many hospitals and health services are facing as a result of increasing demand and pressure on resources and revenue. Of course the cuts by the commonwealth in the midyear economic update earlier this week come as quite a shock. The significant and I would say savage cuts to funding in Victoria come as a particular shock. It is regrettable that the commonwealth is as focused as it is on reducing funding for front-line services with the cuts it has made in an attempt to maintain its wafer-thin budget surplus after delivering massive budget deficits in recent years.

There are many fine health services and hospitals in Eastern Victoria Region and others that service the region, including Casey Hospital at Berwick and Frankston Hospital at Frankston, which was the subject of an earlier adjournment matter. I am concerned about the impact the savage funding cuts by the commonwealth may have on my constituents. The action I seek from Minister Davis is that he provide advice about the impact that those commonwealth funding cuts and also the changes to private health insurance may have on my constituents in Eastern Victoria Region.

### **Acacia College: future**

**Ms MIKAKOS** (Northern Metropolitan) — My matter this evening is for the Minister for Education. I

wish to raise my concerns about the Baillieu government's lack of vision for the provision of a government secondary school in Mernda and the lack of assistance to parents, staff and students of Acacia College. The closure of Acacia College has caused immense distress to the families of the 720 students enrolled for 2013. Hundreds of students will be displaced, as they will now struggle to find placements at nearby secondary schools. Incredibly, yesterday, in answering a question from Danielle Green, the member for Yan Yean in the Assembly, the Minister for Education indicated that he found out only last Wednesday that the school was set to close. It really makes you wonder what the Victorian Registration and Qualifications Authority is doing when you have two independent schools have collapsed for financial reasons in the past six months.

The suburbs of Mernda and Doreen are situated in one of Melbourne's fastest growing growth corridors. The City of Whittlesea has estimated its population will grow by over 125 000 people by 2031, with the Mernda and Doreen areas increasing by over 30 000 people. The number of children aged 10 to 19 in Doreen and Mernda has skyrocketed from 437 in 2006 to 2746 in 2012 and is forecast to reach more than 7000 in 2021.

The previous government planned for the future by buying land in Mernda in 2009 and in Doreen in 2010 for future secondary schools.

**Mr Ondarchie** interjected.

**Ms MIKAKOS** — We made election commitments, Mr Ondarchie, unlike you, who pork-barrelled and looked after only the marginal seats in the eastern suburbs.

The Baillieu government has done nothing to progress a secondary school in either suburb and has failed to invest a single dollar in this year's state budget for any planning or building works to commence.

Things have now gotten to a crisis point with the proposed closure of Acacia College. On Saturday Danielle Green and I met with affected parents, and I can advise that they are extremely distressed — —

*Honourable members interjecting.*

**The DEPUTY PRESIDENT** — Order! I asked Ms Mikakos to stop interjecting during Mr Ondarchie's contribution, so I will do the same in regard to his interjections. I ask that he refrain from interjecting and allow Ms Mikakos to conclude her remarks.

**Ms MIKAKOS** — On Saturday Danielle Green and I met with affected parents. I can advise that they are extremely distressed about what has happened and what this means for their children's education as well as the future of their suburb.

After I spoke with local parents, it became apparent that some of them are struggling to enrol their children in local kindergartens for next year. The previous Labor government helped fund the construction of six new integrated children's centres in Whittlesea to meet the needs of this growing community. The Baillieu government needs to assist Whittlesea City Council to construct further children's centres in this growth corridor.

I call on the Minister for Education to take urgent action to ensure that Acacia College families are supported at this time and that the government commences construction of a government secondary college in the Mernda-Doreen area or, preferably, that it purchases the Acacia College site to operate as a government school to commence in 2013.

### **Higher education and skills: federal funding**

**Mr RAMSAY** (Western Victoria) — My matter tonight is for the Minister for Higher Education and Skills, and the action I seek is to know what impact federal government cuts to higher education funding — —

*Honourable members interjecting.*

**The DEPUTY PRESIDENT** — Order! I say to Ms Mikakos and Mr Ondarchie, not in here anymore! Mr Ramsay has the call. Both members have made their contributions. That is enough.

**Mr RAMSAY** — I was talking about the action I seek from the Minister for Higher Education and Skills, Peter Hall, in relation to federal government cuts to higher education funding in my electorate of Western Victoria Region.

Much has been made and continues to be made of the so-called cuts to the vocational education and training (VET) sector by the Baillieu government. Unions continue to scaremonger and cause unnecessary concern to students about the future of the sector. They have been ruthless with the truth and, worse still, brutal in their deception and fabrication. What the unions should be doing is looking at the reforms engineered by this government to save the VET sector from unnecessary financial oblivion.

**Hon. M. P. Pakula** interjected.

**The DEPUTY PRESIDENT** — Order! Mr Pakula!

**Mr RAMSAY** — Give it up, Mr Pakula, for goodness sake!

Without these reforms, the unsustainable model installed by the former Labor government would have led to a complete meltdown of higher education in this state.

This was a system that was bleeding \$400 million dollars a year. It was an uncapped, unchallenged and unruly system that was spiralling into economic oblivion. The Baillieu government has not only steadied the sinking ship but has struck a new course that is well signposted with sensible reform and strong direction. Most importantly, it has done so with an additional investment of \$1 billion. This has gone to the VET sector. This investment is market driven and responds to employer needs, and I am very proud of it.

The unions have opposed this reform and investment. Those hypocrites from Trades Hall, federal Labor MPs like Darren Cheeseman, the federal member for Corangamite, and Catherine King, the federal member for Ballarat, mischievously and maliciously spread doom and gloom, crying out that Gordon TAFE and the University of Ballarat would close and there would be mass sackings. None of that happened or was likely to happen. Even the mayor of Geelong, John Mitchell, joined the socialist left to spread doom and gloom.

It makes me wonder, then, how members opposite will react to the Gillard federal government's statement entitled *Mid-year Economic and Fiscal Outlook* and its decision this week to cut \$1 billion out of higher education and training. That is right — it cut \$1 billion out of higher education and training. What will the Victorian opposition and its union mates say about that?

My question to the Minister for Higher Education and Skills is what impact will these federal education cuts have on the higher education and training sector in Western Victoria Region? What impact will they have on the likes of Gordon TAFE, South West TAFE, the University of Ballarat — —

**Hon. M. P. Pakula** — On a point of order, Deputy President, I have been listening closely. It appears that Mr Ramsay somewhat misunderstands the purpose of the adjournment. He has just asked a question of the Minister for Higher Education and Skills. As members well understand, the adjournment is an opportunity to ask a minister for an action; it is not an opportunity to ask a minister a question. That is what question time is for.

**The DEPUTY PRESIDENT** — Order! There is no need for Mr Ramsay to respond. There is no point of order. The adjournment has been freed up somewhat in this Parliament to enable members to raise a matter for the attention of a minister, and that may include raising a query or seeking an action, so I do not uphold the point of order. Mr Ramsay has 24 seconds to conclude.

**Mr RAMSAY** — The Gillard government has also refused to pay up on an agreement signed under a national partnership arrangement. Under this deal, Victoria is owed another \$43.5 million, but Prime Minister Gillard, who readily pontificates about the great virtues of education when the cameras are rolling, has been quick to refuse to pay up on the deal she signed. It is a charade and a performance, and Victorians are starting to see the real Gillard — the one who promises one thing and does another.

I did seek an action — —

**The DEPUTY PRESIDENT** — Time! I remind Mr Ramsay that he should use the correct titles for members of other parliaments.

### **Ambulance Victoria: referral service**

**Ms DARVENIZA** (Northern Victoria) — I wish to raise a matter for the attention of the Minister for Health, David Davis. The matter I raise concerns the rollout of the RefCom program in northern Victoria, or rather the lack of that rollout. The RefCom service is a key program designed to reduce ambulance response times in regional and rural Victoria. RefCom was earmarked and funded in 2010 by the Labor government to ensure that more ambulances were available to attend life-threatening emergencies across rural and regional Victoria.

Despite Ambulance Victoria indicating that the introduction of a referral service across rural and regional Victoria is central to its strategy to reduce waiting times, the Baillieu government has simply not made it a priority to roll out this program to rural and regional areas. The Labor government recognised that the introduction of a referral service for cases with a low medical priority across regional and rural Victoria would help ensure that more ambulances were available for life-threatening call-outs.

According to the Victorian Auditor-General's *Access to Ambulance Services* report of 2010, \$7.3 million was available over four years to expand the RefCom demand management service into regional and rural Victoria. My request of the minister is that he inform my constituents in northern Victoria of when he intends

the RefCom program to be rolled out in northern Victoria so that my constituents are able to take advantage of it and reap the benefits. It was not until my colleague Wade Noonan, the member for Williamstown in the other place, put out a media release and asked where the money had gone to fund the rollout that we learnt that RefCom services will be expanded in some regional areas by the end of 2013, but not in northern Victoria.

According to Ambulance Victoria, just under 32 000 callers to the 000 service over the 2010–11 period had been successfully referred to alternative care through RefCom, which reduced the emergency ambulance response demand by around 8 per cent in the Melbourne metropolitan area. The Baillieu government seems content to allow people living in regional and rural areas to wait longer for ambulances, even though the ambulance response time for life-threatening emergencies is getting longer. This is a very important service, and we need to free up ambulances for life-threatening incidents in northern Victoria.

### **Glenelg planning scheme: amendment**

**Ms TIERNEY** (Western Victoria) — My adjournment matter this evening is for the Minister for Planning and is in relation to the minister's decision to approve amendment C93 to the Glenelg planning scheme. It is fair to say that many in the Narrawong and Portland communities have been stunned by the minister's action in relation to the proposal to establish 18 housing allotments on sensitive coastal land.

On 5 October in the Warrnambool *Standard* it became apparent that the minister was to make a decision to give permits for the 18 housing allotments in Narrawong. It is not an issue that this house is not aware of; in fact Mr Tee moved a disallowance motion in respect of this issue some months ago. However, what is concerning is that a five-day Victorian Civil and Administrative Tribunal hearing had been scheduled for the middle of October, yet on 5 October the minister intervened and made a decision to go ahead with the housing allotments. All the parties had received expert reports that were to inform the case, and they now are null and void.

When questioned by critics who suggested that the minister had undermined the normal appeals process and denied justice to concerned community members, the minister stated that it was the fulfilment of his election promise to back the right of Narrawong land-holders to build homes on private land at private risk. We have had this process bubbling along, and then

all of a sudden the minister intervenes and says that he made an election promise two years ago and he is going to stick by it. The minister should have played it straight and not led the Narrawong community literally up the garden path.

What I seek from the minister is for him to advise the local community why he has made the decision and when he made it. I also ask him to take action to alleviate the financial burden incurred by community members in preparing information as well as legal advice that they have been seeking for the five-day hearing that was scheduled for mid-October.

### Responses

**Hon. R. A. DALLA-RIVA** (Minister for Employment and Industrial Relations) — There were a number of adjournment matters raised for the Minister for Health by Mr O'Donohue, Mr Lenders, Ms Darveniza, Mrs Petrovich and Mr Tarlamis, and I will refer those matters to the minister.

There was a matter raised by Mr Pakula for the Attorney-General in relation to the taxi industry, and I will refer that matter to the Attorney-General.

There was a matter raised by Ms Mikakos for the Minister for Education. I was very pleased that Mr Ondarchie answered the question, but I will definitely refer both those matters on to the Minister for Education.

There were two matters for the Minister for Planning raised by Mr Leane and Ms Tierney, and I will refer those respective matters on to the Minister for Planning.

There was a matter raised by Mr Ramsay for the Minister for Higher Education and Skills in relation to federal matters and their impact on the state.

**Mr Lenders** — Where is Mr Hall?

**Hon. R. A. DALLA-RIVA** — He is probably on the phone to the feds trying to sort out their funding cuts, Mr Lenders.

Having said that, I have a written response to the adjournment debate matter raised by Mr Tarlamis on 6 September 2012.

**The DEPUTY PRESIDENT** — Order! The house stands adjourned.

**House adjourned 6.59 p.m.**