

PARLIAMENT OF VICTORIA

**PARLIAMENTARY DEBATES
(HANSARD)**

LEGISLATIVE COUNCIL

FIFTY-SEVENTH PARLIAMENT

FIRST SESSION

Wednesday, 5 February 2014

(Extract from book 1)

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By authority of the Victorian Government Printer

The Governor

The Honourable ALEX CHERNOV, AC, QC

The Lieutenant-Governor

The Honourable Justice MARILYN WARREN, AC

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Assistant Treasurer, Minister for Technology and Minister responsible for the Aviation Industry	The Hon. G. K. Rich-Phillips, MLC
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Minister for Agriculture and Food Security, and Minister for Water.	The Hon. P. L. Walsh, MP
Minister for Police and Emergency Services, and Minister for Bushfire Response	The Hon. K. A. Wells, MP
Minister for Mental Health, Minister for Community Services, and Minister for Disability Services and Reform	The Hon. M. L. N. Wooldridge, MP
Cabinet Secretary	Mr N. Wakeling, MP

Legislative Council committees

Privileges Committee — Ms Darveniza, Mr D. Davis, Mr Hall, Ms Lovell, Ms Pennicuik, Mrs Peulich and Mr Scheffer.

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, Mrs Coote, #Ms Crozier, Mr Drum, Mr Finn, #Ms Hartland, #Mr Leane, Mr Lenders, Mr Melhem, #Mr Ondarchie, Ms Pulford and Mr Ramsay.

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

Environment and Planning Legislation Committee — Mr Dalla-Riva, #Mr Finn, #Ms Hartland, Mrs Kronberg, #Mr Leane, Mr Ondarchie, Ms Pennicuik, #Mrs Peulich, Mr Ronalds, Mr Scheffer, #Mr Tarlamis, Mr Tee and Ms Tierney.

Environment and Planning References Committee — Mr Dalla-Riva, #Mr Finn, #Ms Hartland, Mrs Kronberg, #Mr Leane, Mr Ondarchie, Ms Pennicuik, #Mrs Peulich, Mr Ronalds, Mr Scheffer, #Mr Tarlamis, Mr Tee and Ms Tierney.

Legal and Social Issues Legislation Committee — Ms Crozier, Mr Elasmr, Mr Elsbury, Ms Hartland, #Mr Leane, Ms Mikakos, Mrs Millar, Mr O'Brien, #Mrs Peulich, #Mr Ramsay and Mr Viney.

Legal and Social Issues References Committee — Ms Crozier, Mr Elasmr, Mr Elsbury, Ms Hartland, #Mr Leane, Ms Mikakos, Mrs Millar, Mr O'Brien, #Mrs Peulich, #Mr Ramsay and Mr Viney.

Participating member

Joint committees

Accountability and Oversight Committee — (*Council*): Mr O'Brien and Mr Ronalds. (*Assembly*): Ms Kanis, Mr McIntosh and Ms Neville.

Dispute Resolution Committee — (*Council*): Mr D. Davis, Mr Hall, Mr Lenders, Ms Lovell and Ms Pennicuik. (*Assembly*): Ms Allan, Ms Asher, Mr Clark, Ms Hennessy, Mr Merlino, Mr O'Brien and Mr Walsh.

Economic Development, Infrastructure and Outer Suburban/Interface Services Committee — (*Council*): Mr Eideh, Mrs Peulich and Mr Ronalds. (*Assembly*): Mr Burgess, Mr McGuire and Mr Shaw.

Education and Training Committee — (*Council*): Mr Elasmr, Mrs Kronberg and Mrs Millar. (*Assembly*): Mr Brooks and Mr Crisp.

Electoral Matters Committee — (*Council*): Mr Finn, Mrs Peulich, Mr Somyurek and Mr Tarlamis. (*Assembly*): Mr Northe.

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.

House Committee — (*Council*): The President (*ex officio*) Mr Drum, Mr Eideh, Mr Finn, Ms Hartland and Mrs Peulich. (*Assembly*): The Speaker (*ex officio*), Ms Beattie, Mr Blackwood, Ms Campbell, Ms Thomson, Mr Wakeling and Mr Weller.

Independent Broad-based Anti-corruption Commission Committee — (*Council*): Mr Viney. (*Assembly*): Ms Hennessy, Mr McIntosh, Mr Newton-Brown and Mr Weller.

Law Reform, Drugs and Crime Prevention Committee — (*Council*): Mr Ramsay and Mr Scheffer. (*Assembly*): Mr Carroll, Mr McCurdy and Mr Southwick.

Public Accounts and Estimates Committee — (*Council*): Mr O'Brien and Mr Ondarchie. (*Assembly*): Mr Angus, Ms Hennessey, Mr Morris, Mr Pakula 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 Dalla-Riva. (*Assembly*): Ms Barker, Ms Campbell, Mr Gidley, Mr Nardella, Dr Sykes and Mr Watt.

Heads of parliamentary departments

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

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

Parliamentary Services — Secretary: Mr P. Lochert

MEMBERS OF THE LEGISLATIVE COUNCIL
FIFTY-SEVENTH PARLIAMENT — FIRST SESSION

President: The Hon. B. N. ATKINSON

Deputy President: Mr M. VINEY

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Mr Tarlamis

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The Hon. D. M. DAVIS

Deputy Leader of the Government:

The Hon. W. A. LOVELL

Leader of the Opposition:

Mr J. LENDERS

Deputy Leader of the Opposition:

Mr G. JENNINGS

Leader of The Nationals:

The Hon. P. R. HALL

Deputy Leader of The Nationals:

Mr D. DRUM

Member	Region	Party	Member	Region	Party
Atkinson, Hon. Bruce Norman	Eastern Metropolitan	LP	Lenders, Mr John	Southern Metropolitan	ALP
Barber, Mr Gregory John	Northern Metropolitan	Greens	Lovell, Hon. Wendy Ann	Northern Victoria	LP
Broad, Ms Candy Celeste	Northern Victoria	ALP	Melhem, Mr Cesar ³	Western Metropolitan	LP
Cote, Mrs Andrea	Southern Metropolitan	LP	Mikakos, Ms Jenny	Northern Metropolitan	ALP
Crozier, Ms Georgina Mary	Southern Metropolitan	LP	Millar, Mrs Amanda Louise ⁵	Northern Victoria	LP
Dalla-Riva, Hon. Richard Alex Gordon	Eastern Metropolitan	LP	O'Brien, Mr David Roland Joseph	Western Victoria	Nats
Darveniza, Ms Kaye Mary	Northern Victoria	ALP	O'Donohue, Mr Edward John	Eastern Victoria	LP
Davis, Hon. David McLean	Southern Metropolitan	LP	Ondarchie, Mr Craig Philip	Northern Metropolitan	LP
Davis, Mr Philip Rivers ¹	Eastern Victoria	LP	Pakula, Hon. Martin Philip ²	Western Metropolitan	ALP
Drum, Mr Damian Kevin	Northern Victoria	Nats	Pennicuik, Ms Susan Margaret	Southern Metropolitan	Greens
Eideh, Mr Khalil M.	Western Metropolitan	ALP	Petrovich, Mrs Donna-Lee ⁴	Northern Victoria	LP
Elasmr, Mr Nazih	Northern Metropolitan	ALP	Peulich, Mrs Inga	South Eastern Metropolitan	LP
Elsbury, Mr Andrew Warren	Western Metropolitan	LP	Pulford, Ms Jaala Lee	Western Victoria	ALP
Finn, Mr Bernard Thomas C.	Western Metropolitan	LP	Ramsay, Mr Simon	Western Victoria	LP
Guy, Hon. Matthew Jason	Northern Metropolitan	LP	Rich-Phillips, Hon. Gordon Kenneth	South Eastern Metropolitan	LP
Hall, Hon. Peter Ronald	Eastern Victoria	Nats	Ronalds, Mr Andrew Mark ⁶	Eastern Victoria	LP
Hartland, Ms Colleen Mildred	Western Metropolitan	Greens	Scheffer, Mr Johan Emiel	Eastern Victoria	ALP
Jennings, Mr Gavin Wayne	South Eastern Metropolitan	ALP	Somyurek, Mr Adem	South Eastern Metropolitan	ALP
Koch, Mr David Frank	Western Victoria	LP	Tarlamis, Mr Lee Reginald	South Eastern Metropolitan	ALP
Kronberg, Mrs Janice Susan	Eastern Metropolitan	LP	Tee, Mr Brian Lennox	Eastern Metropolitan	ALP
Leane, Mr Shaun Leo	Eastern Metropolitan	ALP	Tierney, Ms Gayle Anne	Western Victoria	ALP
			Viney, Mr Matthew Shaw	Eastern Victoria	ALP

¹ Resigned 3 February 2014

² Resigned 26 March 2013

³ Appointed 8 May 2013

⁴ Resigned 1 July 2013

⁵ Appointed 21 August 2013

⁶ Appointed 5 February 2014

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Wednesday, 5 February 2014

The PRESIDENT (Hon. B. N. Atkinson) took the chair at 9.34 a.m. and read the prayer.

The PRESIDENT — Order! I inform the house that I have been advised that the Economy and Infrastructure Legislation Committee and the Legal and Social Issues Legislation Committee will be meeting this day following the conclusion of the sitting of the Council. I also remind members that later in the day there will be a joint sitting of the two houses to approve the nominee of the Liberal Party for the vacancy for Eastern Victoria Region.

PETITIONS

Following petition presented to house:

Mernda secondary school

To the Legislative Council of Victoria:

The petition of certain citizens of the state of Victoria draws to the attention of the Legislative Council the need for the construction of a secondary school in Mernda to service the existing residents and accommodate the growth of the population. The school site has been available for a number of years and the surrounding infrastructure is complete. It is in a central location which provides access to most residents by internal roads, bike and footpaths.

The petitioners therefore request that allowance be made in the budget of 2013–14 to begin construction of the school at the earliest possible date on the existing site at Breadalbane Avenue, Mernda, Victoria, 3754.

**By Mr ONDARCHIE (Northern Metropolitan)
(762 signatures).**

Laid on table.

RURAL AND REGIONAL COMMITTEE

Opportunities for people to use telecommuting and e-business to work remotely in rural and regional Victoria

Mr DRUM (Northern Victoria) presented report, including appendices, together with summary booklet and transcripts of evidence.

Laid on table.

Ordered that report and summary booklet be printed.

Mr DRUM (Northern Victoria) — I move:

That the Council take note of the report.

In doing so I would like to speak briefly to the report. Firstly, I thank the other members of the committee. Paul Weller, the member for Rodney in the Assembly, did an enormous amount of work and a fantastic job in chairing the committee. We also had Andrew Katos, the member for South Barwon in the Assembly, from the coalition, and Ian Trezise and Geoff Howard, the members for Geelong and Ballarat East in the Assembly, from Labor on this inquiry.

The ability for businesses and government departments to work effectively in this telecommuting era is on the rise at the moment. Many governments have some very weak models that they aspire to; however, it is an area that is yet to really be grabbed by the horns by any rural business or any government department. It is an area where we can certainly all improve. State, federal and local governments could move much more quickly into this area, and we could encourage more of our people to effectively do their work from home and look at the benefits associated with that. There are many benefits to getting people to do their work from home, such as fewer car parking needs, less traffic on the roads in the mornings and greater involvement for workers in their communities. People will have the ability to look after their families as well as getting their work done. There is the ability to have flexible working hours, and even to do a few hours late in the evening or get up early and do a few hours of work. If the job simply demands that you churn through the work at your convenience, it does not really matter where it is that you do that work.

Some communities have benefited from this area more than others, and it is thought that when the national broadband network (NBN) is rolled out it will offer the ability for many businesses to engage in this type of telecommuting, having people working remotely from the hub of the business. People can work from home or, using a hybrid model, people will be able to effectively work from hot spots around the state. We currently have a few of those business hubs operating in Melbourne. One of the recommendations of the report is that the government look at the formation and introduction of hot spots and working hubs. A government department could be the anchor tenant, bringing in individuals, businesses and people who have the ability to work from home in their respective areas but who simply need that little bit of interaction with other people and the ability to network with other companies and sectors related to their business. That would certainly benefit them, as opposed to simply working at home by themselves all day, every day. A range of opportunities exist for this government to look into the recommendations of the report. Certainly once the NBN comes through we will have the ability to grow even greater opportunities in the regions.

Whilst on the topic of the potential NBN rollout and how much better it is going to be in those times, I note one thing that became abundantly clear is that many of our communities are really struggling right now with a lack of mobile coverage. Here we are looking at how we are going to operate telecommuting businesses into the future and how great it is going to be when we get the NBN rollout, but we have stepped ahead of ourselves a little bit, because we have totally forgotten about the literally thousands of businesses in Victoria which are struggling at the minute to reach their capacity because they do not even have proper mobile phone coverage. We have really dropped the ball on this one. We currently have a commitment by the Abbott federal government to invest \$100 million in this particular area. It is something we need to address, and hopefully we will be able to address it.

It is interesting that of all the different sectors that are moving into this area of telecommuting, education is possibly the sector that is leading the way.

Hon. P. R. Hall — There is \$5 million in technology and other learning centres.

Mr DRUM — As we find with what the government is doing in relation to the virtual learning centres and technology learning centres around the state with that \$5 million investment, the Department of Education and Early Childhood Development is certainly a leading one. We could all take a good leaf out of its book.

Motion agreed to.

PAPERS

Laid on table by Clerk:

Auditor-General's Reports on —

Managing Emergency Services Volunteers, February 2014.

Oversight and Accountability of Committees of Management, February 2014.

Ombudsman — Report on Investigation into a complaint about the conduct of Authorised Officers on V/Line, February 2014.

Victorian Electoral Commission — Report to Parliament on the Lyndhurst District by-election held on 27 April 2013.

NOTICES OF MOTION

Notice of motion given.

Hon. D. M. DAVIS having given notice of motion:

Mr Lenders — On a point of order, President, while I completely agree with the sentiment of Mr David Davis and have no objection to Mr Ronalds giving an inaugural speech on Thursday, it is unusual that we are presuming that the joint sitting will make that decision. I am not being pedantic. I am not objecting to the prospect of the new member, whoever he or she may be, giving an inaugural speech on Thursday, but it is unusual that we have a motion in this house that pre-empts the joint sitting. If Mr Davis were to rephrase that, I would be very comfortable with it, or I could even suggest that it be amended to 'whoever is selected this evening give an inaugural speech tomorrow', but I am uncomfortable with a person being named.

The PRESIDENT — Order! I concur with the Leader of the Opposition. As a matter of process it is inappropriate to name the person, pre-empting the joint sitting. It needs some other form of words, which might be 'The Legislative Council, presuming the endorsement by the joint sitting of Mr Ronalds, allow for his inaugural speech to be made forthwith' or something to that effect. It is a matter of tidy process.

Hon. D. M. Davis — On the point of order, President, as you understand, we are merely servants of the Parliament and often follow advice, as on this occasion. I make the point that this is the precise process that was followed with Mrs Millar. I put that point, but I do not mind which way it is framed. It might read, 'That the inaugural speech of the person endorsed be heard'. I am relaxed with that, but it is a deviation from the practice on the last occasion.

The PRESIDENT — Order! As Mr Lenders said in highlighting this issue, it is important from a process point of view to not pre-empt the decision of the joint sitting. I accept that was the advice Mr Davis was given, and in fact the motion was prepared for him on his request, but as a matter of being tidy I think that is the more appropriate way to go. The change to the wording will mean that whoever is appointed by the joint sitting of the two houses will make their maiden speech forthwith.

Hon. D. M. Davis — Now.

The PRESIDENT — Now, so the motion will be that the inaugural speech of the person appointed by that joint sitting be now heard.

Further notices of motion given.

BUSINESS OF THE HOUSE

Standing and sessional orders

Mr LENDERS (Southern Metropolitan) — By leave, I move:

That the standing and sessional orders be suspended to the extent necessary to enable the following business to be transacted this day —

- (1) messages;
- (2) formal business;
- (3) members statements (up to 15 members);
- (4) general business;
- (5) at 12 noon questions without notice;
- (6) answers to questions on notice;
- (7) general business (continues);
- (8) at 4.30 p.m. statements on reports and papers; and
- (9) at 5.30 p.m. adjournment (up to 20 members).

Motion agreed to.

MEMBERS STATEMENTS

Pride March

Ms PENNICUIK (Southern Metropolitan) — On Sunday, 2 February, I attended the 19th annual Pride March in St Kilda, as did several other members of this Parliament. I first participated in Pride in 1998 and have marched with the Greens every year. This year I was very proud to be asked to march with Australian Marriage Equality, along with the member for Altona in the other place, Jill Hennessy, and former Liberal candidate Kevin Ekhendahl, at the top of the march — right behind dykes on bikes and Victoria Police led by the chief commissioner, Ken Lay.

Marriage equality was the theme of this year's Pride March. The convener of Australian Marriage Equality, Tim Peppard, said in a media release that:

By marching with representatives from all three parties we want to emphasise that marriage equality can only be achieved with cross-party cooperation.

Marriage equality is an issue which should unite people across the political spectrum ...

Greens Senator Sarah Hanson-Young has reintroduced her marriage equality bill at the federal level and now that the cross-party working group is up and running, it is for Prime Minister Tony Abbott, to allow a

conscience vote on marriage equality in the federal Parliament so that Australia can catch up with the United Kingdom, New Zealand, Canada and 14 other countries.

After marching with Australian Marriage Equality, I doubled back to march again with the Greens contingent, which included Senator-elect Janet Rice; Legislative Assembly candidates, including the candidate for Melbourne, Ellen Sandell and the candidate for Richmond, Kathleen Maltzhan; the mayor of Glen Eira, Cr Neil Pilling; Cr Rohan Leppert of the City of Melbourne; Cr Sam Hibbins of the City of Stonnington; Greens co-convener Dinesh Mathew; and many Greens members and supporters. Congratulations to the organisers of the Pride March which gets bigger and better every year, to the City of Port Phillip and to everyone who participated in the march or lined Fitzroy Street in support.

Ambulance officers

Ms PULFORD (Western Victoria) — On Friday, 17 January, a number of things were occurring simultaneously. Hundreds of firefighters battled a 52 000-hectare fire in the Grampians; the Minister for Police and Emergency Services and the Minister for Sport and Recreation, who is the member for Lowan in the Assembly, attended the Australian Open Tennis Championships; residents in Halls Gap were evacuated in the first-ever evacuation recommendation issued by the Country Fire Authority; and paramedics in Horsham and Stawell waited by the phone.

The usual practice in fire incidents where breathing apparatus is used is that paramedics are available to support firefighters. Monitoring is required as part of the appropriate preparation for firefighters needing to wear breathing apparatus to support the work they are doing. Instead, ambulance community officers were run on full shifts. Ordinarily, they complement a paramedic response to serious fire events.

I can only assume that this change has come about because of the government's dispute with Victoria's ambulance workforce. It sets Victoria on a dangerous path, putting at risk the safety of firefighters which in turn puts at risk the safety of communities facing an oncoming fire.

Hon. D. M. Davis interjected.

Ms PULFORD — The Minister for Health knows well that it is his responsibility to resolve this dispute and restore confidence in Victoria's ambulance service. That is important in so many different instances but it is

particularly important on occasions when communities are facing the threat of fire.

Kindergartens

Hon. W. A. LOVELL (Minister for Children and Early Childhood Development) — I take this chance to congratulate the more than 70 000 Victorian four-year-olds who have made the exciting step into kindergarten in the past week. This is a time of discovery and new friendships that children will remember for a lifetime. The importance of this foundation year of education cannot be underestimated. I am proud to say that Victoria has an outstanding kindergarten participation rate of 98.2 per cent, which shows just how valued our high-quality programs are. I wish our youngest students well as they develop the skills they need to go on and thrive during their schooling years.

Numurkah Preschool

Hon. W. A. LOVELL — I was thrilled to recently take part in the groundbreaking ceremony for the refurbishment of the Numurkah Preschool, along with my colleague the member for Murray Valley in the other place, Tim McCurdy. The Victorian coalition government contributed \$300 000 to this \$381 000 project. The redevelopment will boost the number of four-year-old places from 46 to 58, and increase access for children with a disability. I look forward to returning to see the completed Numurkah Preschool, which will serve the community for generations to come.

Knight Street Children's Centre

Hon. W. A. LOVELL — I thank my colleague Amanda Millar, who is also a member for Northern Victoria Region, for recently conducting the official opening of the upgraded Knight Street preschool and child-care centre. The coalition government allocated \$205 000 towards the conversion of one room into two individual rooms, each with toilets and storage. Importantly, the refurbishment increases the number of four-year-old places from 15 to 44. This is one of hundreds of early childhood services across the state to benefit from a record \$106 million in capital grants funding since December 2010.

SPC Ardmona

Ms BROAD (Northern Victoria) — Today I add my voice, as a Labor member for Northern Victoria Region, to the voices of those who are willing to speak out and act in support of the Shepparton and Goulburn

Valley community in the wake of the federal government's refusal to invest in SPC Ardmona. The Abbott Liberal-Nationals government's decision to refuse to intervene has heralded a new era of so-called individual responsibility where communities are on their own, where there is no role for government and where past investment by governments, business and communities is tossed on the scrap heap. Across rural and regional Victoria those attitudes coming from Liberal-Nationals governments are frighteningly familiar.

This morning on ABC we heard The Nationals member for Shepparton in the Assembly, Mrs Powell, refusing to make any commitment to action by the Napthine Liberal-Nationals government, unless you count talking and meeting as action.

Honourable members interjecting.

Ms BROAD — I am not aware of any commitment to action coming from The Nationals member for Northern Victoria Region, Mr Drum. The communities of Shepparton and the Goulburn Valley are not taking this lying down. SPC Ardmona has a substantial commitment to invest on the table and Victorian Labor has committed to invest.

Honourable members interjecting.

Ms BROAD — There are many strong voices in support of investment including the *Shepparton News*; the mayor of Greater Shepparton City Council, Jenny Houlihan; the committee for Greater Shepparton; and even the federal Liberal member for Murray, Sharman Stone, in contrast with her state Liberal counterparts. The big question is, where are The Nationals?

The PRESIDENT — Order! I allowed Ms Broad to go over time because she was harangued by a number of interjections, including from Mr Leane right in front of her. It is not helpful to a member when someone from their own party, directly in front of them, is talking, yelling or participating in a debate, beyond the contribution of the member.

Bangerang community

Mrs MILLAR (Northern Victoria) — I am pleased to rise today to speak on the recent very important announcement for the Bangerang community in Benalla made by Jeanette Powell as Minister for Aboriginal Affairs. I was very pleased to join the minister for this significant announcement, together with my colleagues from the other place the member for Benalla, Bill Sykes, and the member for Murray Valley, Tim McCurdy. The minister announced a grant

of \$5000 to assist the Bangerang community to prepare a further application to become a registered Aboriginal party for northern Victoria, following the rejection of an earlier application in 2007. The grant will assist Bangerang people to work with experts to gather evidence of significant cultural areas across northern Victoria. It was a day of great emotion and significance, and it was a great privilege to share and celebrate this day with the Bangerang elders, including Uncle Sandy Atkinson, Uncle Wally and Uncle Freddie and the other Bangerang community members present, which comprised representatives of four generations.

Most special was to have the beautiful children from this community present and to appreciate the significance of this day to their future lives as leaders of their community and in this state. It was also great to see senior members of the Benalla historical society present to support the community, taking photos and writing down details to help further build the case. Many people have worked for this for a long time, and here I note the contribution of my colleague the Honourable Wendy Lovell. To her great disappointment she was unable to be there at the announcement, but many of the community members spoke to me that day of her longstanding commitment to this community. Many committee members shared their photos, histories and memories with me, and it was deeply moving. The day will be remembered for a long time; \$5000 is not a great deal of money in relative terms, but it was a hugely important day in recognition of the significant and long-term contribution to the Bangerang people.

Rural City of Wangaratta

Ms DARVENIZA (Northern Victoria) — I wish to take this opportunity to congratulate Wangaratta on being named the Tidy Town of the Year at the 2013 Keep Australia Beautiful Victoria Tidy Towns — Sustainable Communities Awards ceremony that was held in October. Wangaratta won the title of Tidy Town of the Year because of the efforts of the Wangaratta Community Pride Committee and over 90 volunteer community groups to protect and enhance the local environment. In April Wangaratta will represent Victoria at the national Keep Australia Beautiful Tidy Towns awards at Victor Harbor, South Australia, and I am sure all in this chamber will join me in wishing Wangaratta good luck in representing Victoria at these national awards.

I also take this opportunity to suggest to members that they take the turnoff to Wangaratta when they are travelling down the Hume Highway and have a look at the town. It is indeed not only a tidy town but also a

very beautiful town. There has been a lot of work done to the town centre since the bypass was built many years ago. It is a great place to stop to have a look at the river and enjoy the many cafes and shops that Wangaratta has to offer. I wish the community of Wangaratta well at the awards ceremony in April.

Leopold Community Hub

Mr KOCH (Western Victoria) — I was pleased to represent Deputy Premier Peter Ryan on 21 January to announce a further investment of \$500 000 to complete stage 1 of the Leopold Community Hub. The additional funding, provided through the \$1 billion Regional Growth Fund, makes a total investment of \$2 million by the coalition government for this important community hub.

This latest funding follows a \$1.5 million investment announced by the Minister for Children and Early Childhood Development, Wendy Lovell, in 2012. The \$8.9 million Leopold Community Hub stage 1 will see the construction of a multifunction community meeting place with a kitchen, outdoor space and other facilities. The hub will be built next to the primary school on Kensington Road and will form part of a larger community facility to provide integrated services for families with young children. It will also pave the way for stage 2 of the project, which includes the development of a lifelong learning facility and youth space to complement the community space and integrated children's centre. Completing the Leopold Community Hub stage 1 project is expected to boost the local economy by more than \$20 million and create 24 direct and 39 indirect jobs.

In addition to the coalition government's \$2 million investment, the City of Greater Geelong is providing the land and an additional \$5.7 million. The commonwealth government has provided \$500 000, and a further \$755 000 has come from the project's developer. I look forward to the completion of the Leopold Community Hub project in early 2015.

Western Hospital

Mr EIDEH (Western Metropolitan) — I have raised my concerns over the state of the Western Hospital in this house before, particularly over the ramping of ambulances, which delays patients from getting medical treatment and jeopardises their health. However, it appears my concerns have been ignored by the Minister for Health because the situation at Western Hospital has worsened.

I was not surprised to read recent statistics about the ever-expanding waiting times at Sunshine Hospital and the Footscray hospital. As of 30 September, the Footscray hospital had a staggering 2060 people on the waiting list for elective surgery, an increase from the year before of 825. Not only has the number of people needing surgery in the west increased but the waiting times have also increased significantly: 47 days for general elective surgery, including stomach and gall bladder procedures; 86 days for orthopaedic patients; 84 days for ear, nose and throat surgery patients; and 54 days for neurosurgery patients. These escalating waiting lists are threatening the health of those living in the west — a relatively minor procedure can potentially turn into a more sinister and serious concern requiring emergency surgery.

The people living in my electorate deserve the same access as any other Victorian, particularly those living on the opposite side of the Yarra, yet I am afraid the number of people requiring medical treatment is increasing, and the government is yet to implement a plan or even make a commitment to ensure the improvement of health in Western Metropolitan Region.

Construction, Forestry, Mining and Energy Union

Mr ONDARCHIE (Northern Metropolitan) — During the Christmas break I was explaining to a young Victorian about politics in Victoria, and I talked about Labor, Liberal and the Greens. They asked me how to spell Labor. I gave them the correct spelling, but perhaps I should have said ‘C-F-M-E-U’, because the love that Daniel Andrews, the Leader of the Opposition and member for Mulgrave in the other place, has for the militant Construction, Forestry, Mining and Energy Union (CFMEU) may well explain the construction union division’s donation of \$136 000 to Victorian Labor over the past year. The CFMEU has serious allegations of corruption and intimidation against it, some of them proven by the sudden resignations of union organisers, and the union is in contempt of the Victorian Supreme Court for failing to pay millions of dollars in fines.

The CFMEU is being sued for millions by construction giant Grocon after violent clashes at the Melbourne Emporium site in 2012. I call on Daniel Andrews to sever ties with the CFMEU. It is full of corruption, it is linked with organised crime, and Daniel Andrews has become a puppet of the CFMEU, so much so that at the Labor state conference, the guest speaker was state secretary John Setka —

Mr Leane — On a point of order, President, the member has made an accusation against a current member of the other place, and if he wants to do that he should do so by substantive motion.

The PRESIDENT — Order! Thank you, Mr Leane. I am at somewhat of a loss to understand where the accusation was in the material presented by Mr Ondarchie. I know he referred to the Leader of the Opposition in another place, and referred to an association with the union that is the subject of Mr Ondarchie’s contribution, but is it the term ‘puppet’ that Mr Leane is referring to?

Mr Leane — Yes.

The PRESIDENT — Order! I think, frankly, that is a little precious, so on this occasion I think it qualifies as robust debate. It is not a substantive accusation that would require a motion.

Mr Leane — It is try-hard, moronic sort of stuff.

The PRESIDENT — Order! On this occasion I will not accept the point of order.

Mr ONDARCHIE — The CFMEU influenced Labor policy, it is driving decisions in the Labor party, and the best way for Daniel Andrews to deal with this is to cut all ties with the CFMEU and give back the money.

Cycling Australia Road National Championships

Mr RAMSAY (Western Victoria) — Over the summer break Buninyong played host to the Cycling Australia Road National Championships, which saw an exciting finish between Simon Gerrans and Cadel Evans, and confirmed Ballarat as the premier host for cycling competitions. This week I will be representing the Minister for Sport and Recreation as the Jayco Herald Sun tour comes through on its Ballarat leg. The Napthine government confirmed its commitment to cycling in Ballarat with a \$15 000 grant for more cycle hoops in the CBD, and I also strongly support Cycling Australia’s campaign ‘A Metre Matters’, to provide greater safety for cyclists who share the carriageway with motorised vehicles.

Ballarat Base Hospital

Mr RAMSAY — The first sod was turned by the Premier and Minister for Health at the Ballarat hospital for a helipad and car park as part of the \$46.4 million hospital upgrade, and I congratulate those representing the community on the Ballarat hospital working

group — Carol Simmonds and James Kerr — for their passion and advocacy to pursue this important election commitment.

Ballarat railway station

Mr RAMSAY — While the Premier was in town he announced a \$1.25 million restoration grant for the Ballarat railway station as part of a community master plan for the precinct, and I congratulate the Ballarat community for their participation and interest in improving the iconic precinct.

Lake Wendouree

Mr RAMSAY — I had great pleasure in announcing a \$60 000 grant to upgrade the Olympic rings precinct, which was built in recognition of Ballarat hosting the rowing at the 1956 Olympics. It was a pleasure to stand alongside four-time Olympian Ray Borner. The Napthine government will continue to invest in the Lake Wendouree precinct, which attracts a million visitors a year, and will host the Australian Masters Rowing Championships in October.

Asian Cup

Mr RAMSAY — Ballarat is in the running to host the training camps for countries participating in the Asian Cup soccer tournament, but the Ballarat City Council will have to get busy and get behind the push to prepare the soccer facilities at Morshead Park, as the Surf Coast Shire is working hard to have Torquay as a potential training site.

Australia Day

Mrs KRONBERG (Eastern Metropolitan) — On Australia Day in Eltham we saw a fitting celebration conducted by the Nillumbik Shire Council. First we observed the flag-raising ceremony for both the Australian flag and the flag of our Aboriginal peoples, with a didgeridoo accompaniment by Uncle Jowi, an Aboriginal elder from Western Australia. We also welcomed 47 new citizens to the great Australian family.

A most worthy and inspiring Citizen of the Year was Amanda Gibson, the driving force behind the Tree Project, which is an artistic collaboration by blacksmiths from around the world who have crafted over 3000 leaves, steel twigs, branches and a 6.5 metre trunk. The tree will now form a hauntingly beautiful and lasting memorial for Strathewen, a place where lives were lost and a community was almost destroyed during the 2009 Black Saturday bushfires.

Volunteer of the Year was Jenny Kennedy for her years of community service in Diamond Creek and Hurstbridge. The Community Group of the Year was Diamond Creek men's shed.

My heartiest congratulations go out to Joy Ferguson of Eltham North on her work on community projects such as the L2P program to assist young people who would not otherwise have the guidance and support to accrue their 120 hours of driving practice. An early contributor to the Rotary Club of Greensborough, Joy has forged an important relationship between the Diamond Valley Learning Centre and her rotary club, which now sees young people from disadvantaged backgrounds receiving financial assistance and mentoring.

Western suburbs

Mr FINN (Western Metropolitan) — I am very proud to be a Liberal in the west of Melbourne. I am proud to be delivering for the people of Melbourne's west in a way that Labor never did. I am proud to welcome Premier Napthine and a constant stream of cabinet ministers as they visit the west to hear and see firsthand the issues that we face. I am proud to be a member of a government that takes the western suburbs seriously — unlike Labor, which even in opposition still neglects the west.

I invite members to visit the new Sunshine railway station, which I recently did with the Premier and the Minister for Public Transport. The project is part of the extraordinarily exciting regional rail link and one of the benefits that the Napthine government is bringing to Melbourne's west. Until recently this station was one of the most dangerous places in the state, but Sunshine now has a bright, safe, user-friendly railway station. I say that not just because the new colour scheme is yellow and black, although that did catch my eye.

The Napthine government is winning for the west. My colleague Andrew Elsbury and I are very proud to be part of a government that is doing the sorts of things for the western suburbs that should have been done a long time ago but were neglected by Labor governments.

MINISTER FOR HEALTH

Mr JENNINGS (South Eastern Metropolitan) — President, I thank you for the opportunity to speak on behalf of the Labor Party, the Parliament of Victoria and the people of Victoria. I move:

That this house expresses no confidence in the ability of the Minister for Health, Mr David Davis, MP, to acquit his responsibilities to manage and improve health services in Victoria and notes that despite the election promises made by

Mr Davis on behalf of the coalition to improve Victorian health services, the community has witnessed the following deterioration in health care —

- (1) 10 000 more Victorians are on the surgery waiting list than when the government came to office;
- (2) there were 4157 fewer surgeries performed in 2012–13 than had been performed in 2010–11;
- (3) statewide response times for ambulance code 1 emergency callouts have worsened in each year of this government;
- (4) the most recent evidence shows that adult cardiac survival rates have worsened;
- (5) ambulance ramping at hospitals delaying patient transfers into emergency departments rose to 13 178 per month in 2012–13;
- (6) during 2012–13, 29 per cent of Victorian patients were not treated within required times in emergency departments with one in three patients staying longer than 4 hours and more than 2000 people staying longer than 24 hours; and
- (7) as highlighted in a recent survey by nurses into available beds, which corroborates national reports by the Australian Institute of Health and Welfare, the number of Victorian hospital beds has gone down.

It is with a heavy heart that I move this motion and speak to it. I will call on facts embedded within the motion that can be corroborated by data available primarily in sources provided by the Victorian government and that demonstrate that our citizens are suffering at the hands of a hospital system and ambulance service that continue to be in crisis, notwithstanding the significant promises made by the coalition in coming to government and particularly the personal commitments made on behalf of the coalition parties by the then spokesman for health, David Davis, who is now the Minister for Health.

Those promises, most disappointingly and distressingly for Victorians, have not been delivered. Those promises gave some sense of optimism to the Victorian community that the health system would get additional resources at an escalating rate. It was going to receive additional support from the incoming coalition government that would improve the outcomes of our hospital system, but the opposite has occurred. The facts clearly demonstrate that the rate of growth in hospital expenditure has deteriorated from what was inherited by this government, and it has deteriorated ever since. The performance of the hospital system continues to deteriorate by virtually every significant measure, and the community is suffering.

There is potential within today's debate for the Parliament and politicians to lose sight of the pain and

suffering of members of our community. I will contribute to this debate many budgetary and statistical facts about the overall performance of the hospital system, but I want to pause for a minute to remind all members and anybody who notes today's debate that we are talking about the wellbeing of Victorian citizens — families, communities and individuals — and their pain and suffering. We should never lose sight of the burden being borne by patients in Victoria, where the system is failing. I want us to continually remind ourselves of the unfortunate circumstances of individual citizens across the state. They are at the heart of my concern, the Labor Party's concern and the concern shared by the community across Victoria. We want that pain and suffering to end and our health services to rise up and meet the needs of the citizens of the state, who are currently being let down by the hospital system.

In terms of personalising this issue, at one level I am distressed to move a motion such as the one before the chamber today. It is quite personal. I am drawing attention to the failures of the Victorian health minister and his inability to deliver on his promises and to deliver a system that is growing in accordance with community expectation and demand and the needs of citizens. The system is falling further and further behind. It is a system in which conflict prevails in the workplace of Victorian hospitals and the ambulance service. To this very day it is a system that is in crisis, and the health minister perpetuates that crisis through his interventions by creating conflict and refusing to accept responsibility for better outcomes across the system. His standard method, which I am sure will be replicated by members of the government benches who rise to support him today, is to distract and confuse the facts of the system that the minister inherited and the budget settings that the minister has delivered during the term of this government. But it is inescapable that the underlying structure of the budget and the growth in the hospital system that was developed by Labor during our term in office has been reversed by this government. Those facts are unassailable, and I will outline for the house in my introductory comments why that is the case.

On behalf of the Labor Party and of the community, we say that the health minister has failed to enable the system to deliver on a number of key indicators. Code 1 ambulance response times have worsened. Our community is suffering because performance targets for semi-urgent and non-urgent elective surgery patient treatment times are not being met across the system. There is a failure in emergency department treatment times. Ambulance transfer times into emergency departments continue to be a failure. Very significantly,

the transfer of mental health patients to a bed within a required time is another measure on which this government has failed. We take the opportunity to remind the government and the community that the government has comprehensively failed to deliver on its promise to increase the number of hospital beds that are available to our citizens within the hospital system. On every one of these measures, every single one, there has been a pathetic performance by this minister, a pathetic performance by the government and a pathetic delivery of quality of care in our state. On every measure there is a complete failure — —

Honourable members interjecting.

Mr JENNINGS — Regardless of the tawdry interjections that may come from the other side, the measure — —

Honourable members interjecting.

Mr JENNINGS — I did not use the word ‘grubby’, Mr Finn. I have not used the word ‘grubby’ once in my contribution until now.

I draw attention to the fact that I do not need to drop into hyperbole; I am sticking with the facts. That is something that this government and this minister want to deny — the facts. There will not be many facts in the contributions we hear from government members today. There will not be much reference to budget papers or targets or hospital performance details. There will not be many contributions that go in-depth on any of those, because the truth hurts. It is clear that the truth hurts because when I scope out my presentation I see I am generating some degree of agitation from government benches. The truth will hurt, just as the truth hurts Victorian citizens, because this government has failed.

One of the first myths that we need to address in this debate, and one of the myths that I anticipate will be perpetuated by government members, is what was inherited within the hospital system when this government came to office. The health minister continues to perpetuate myths and to deny responsibility for the hospital system that he inherited. But what is the truth about the hospital system that this minister inherited? The truth is that during the period 1999–2010 there was a 153 per cent growth in expenditure in our hospital system by the Labor administration. The fact is that during that period in office we employed an additional 10 944 nurses from the situation that we inherited from the Kennett government, and added 3549 doctors to the system. At the end of our term in office an additional 1.4 million

people were receiving elective surgery, compared to the number in 1999. In terms of our capital expenditure — —

Mrs Peulich — What about the bed count? Tell us.

Mr JENNINGS — We will get there. We will get to bed numbers. That supports my argument; it does not support hers, so Mrs Peulich should just sit and wait. Just like Victorian citizens who are waiting for the promised beds, perhaps Mrs Peulich should wait to have some facts outlined to her before her contribution. I would encourage her to understand the facts of the situation in health, an issue that she seems to be blithely ignorant of.

The last budget of the outgoing Labor government in Victoria made commitments for \$2.3 billion worth of capital spending in the health portfolio. That brought in total \$7.5 billion worth of investments made during the term of the Labor government. Extraordinarily that \$2.3 billion, which was in the 2010–11 budget that was delivered by Labor, contributes the vast majority of the capital program in health by the current government. It is extraordinary that this minister relies on budget commitments that were put in the forward estimates by Labor as the major contributor to his capital program.

When this minister claims credit for Bendigo Hospital and Box Hill Hospital, members should ask themselves, ‘Which budget did the projects appear in?’. Both those projects occurred in the budget prior to the current government coming to office. Labor had rebuilt not only the Austin and Mercy hospitals, it had rebuilt Maroondah, Angliss, Northern, Sunshine and Dandenong hospitals, it had rebuilt Kyneton, Stawell, Ararat and Geelong hospitals and it had returned the Latrobe Regional Hospital to public hands.

In fact it had rebuilt the Royal Children’s Hospital, the major project that this minister has been associated with opening, which was in fact from the budget that had been totally funded and delivered by the Labor government. We had redeveloped the Royal Women’s Hospital and the Casey Hospital and, as I indicated, we had commenced the Bendigo and Box Hill hospitals, the Victorian Comprehensive Cancer Centre and the Olivia Newton-John Cancer and Wellness Centre. All of those projects had been commenced and completed by Labor. That is one piddling — —

Ms Crozier — That is not true. You had not even started Bendigo. You said you completed the projects.

Mr JENNINGS — It is an extraordinary contribution of a member of the government, who actually seeks to interrupt my flow. Members opposite

may be having a bit of difficulty themselves because they are trying to immediately reinterpret what I have said. I actually said that the Bendigo and Box Hill hospital projects were in the forward estimates and had been committed to by the Labor government. That is clearly what I said. Government members who by interjection suggest that I said something else may be able to reflect on those facts in their contributions.

There is another significant fact about which government members who contribute to this debate by interjection — and probably by their contributions to the debate as well — are blissfully ignorant. They are blissfully ignorant of the budget papers their own government brings to the Parliament of Victoria. In the various debates on health we have had in this Parliament in the last three years I have not heard a government member — perhaps that will change today — refer to the page numbers, the table numbers and the financial details that are included in the Victorian budget. I will be amazed if today any government member talks about the Victorian budget. I am happy to talk about the Victorian budget. But when I say I am happy to talk about it, at one level I am very sad to talk about it because clearly the government does not understand its own budget papers. Many stories that are peddled by government members are blissfully ignorant of the facts.

Let us get on the table a few facts compared to the myths. One fact compared to the myth is that the current government in Victoria has tried to indicate that commonwealth revenues to support health have diminished over time. However, the fact is that they have increased significantly during the course of this government. If members actually looked at the government's budget papers, they would note the trend in commonwealth funding in the health portfolio. If you look at the government's budget papers for 2011–12, in budget paper 5 at page 161, you will actually see that the commonwealth contribution in 2010–11 was \$3240.5 million. For the following year, page 185 of budget paper 5 shows that for 2011–12 the commonwealth contribution was \$4139.1 million, in 2012–13 the commonwealth contributed \$4034.4 million, and in the current financial year, 2013–14, on the same page in the same budget paper, the commonwealth contribution is shown as \$4261.1 million. In fact the commonwealth contribution has risen significantly — by more than \$300 million over that four-year period. That is \$300 million more than it was when the government came to office. The government in Victoria is trying to con the Victorian public. To say that the commonwealth's revenues were reduced over that period of time rather than increased is a flagrant lie, and

a lie that is exposed by the Victorian government's own budget paper.

Mrs Peulich interjected.

Mr JENNINGS — Page 185 of budget paper 5, the government's budget papers which were presented to this Parliament by the government, indicates that commonwealth funding for the health portfolio has risen significantly over the last four years.

There is another lie that is perpetuated by the health minister in Victoria and supported by government members. I am not quite sure why, and I am not quite sure what level of detail and understanding government members have in relation to budgetary issues, but a lie that we hear time and again relates to the \$107 million that was adjusted in commonwealth revenues in the last financial year and the impact that had on the health system. Most Victorians recognise that the removal of that \$107 million was a bad move by the federal government. In fact, despite the way the story is told, I think everyone in the Parliament of Victoria understood that it was a bad move and, from our various vantage points, everyone in the Parliament who had an interest in health probably played a role in restoring that \$107 million. It was restored within three months. That \$107 million was taken out but put back three months later by the federal government, because it recognised it was an error. The fundamental difference between the commonwealth government in relation to that \$107 million — —

Mr Leane interjected.

Mr JENNINGS — That is a very good interjection from Mr Leane. His question was, 'What has happened to the savings that have consistently been made by the state government?'. Has any of the \$826 million taken out by the Victorian government over the last three budgets come back? Not one penny of it has come back. This is the extraordinary myth that has been perpetuated by the Victorian government. It applied one standard to this \$107 million from the commonwealth to say, 'That money was inappropriately withheld by the commonwealth; it has to give it back'. Fair enough, but in successive budgets the Victorian government has taken out \$826 million — and I can prove that, as distinct from the assertions of government members. If you have a look at the very first budget introduced by the then Treasurer, Kim Wells — —

Mr Leane — Wells?

Mr JENNINGS — Yes, he was Treasurer that day. On page 112 of budget paper 3 relating to the 2011–12 budget, it can be seen that \$481.9 million worth of

savings was taken out of the health portfolio by the Victorian government. On page 23 of budget paper 3 of the 2012–13 budget — I am not sure who the Treasurer was then, but whoever that Treasurer was — —

Honourable members interjecting.

Mr JENNINGS — Mr Wells survived that year! The Treasurer reduced the health budget by \$134.1 million. Within the first two years of the election of the coalition government \$616 million was taken out of the health budget. Has one penny of the money taken out by the Victorian government been restored to the health system? Not one penny. And what happened in this year's budget? Who delivered this year's budget?

Honourable members interjecting.

Mr JENNINGS — It was delivered by Mr O'Brien on this occasion. Mr O'Brien — an excellent Treasurer, according to Ms Crozier — took \$210 million from this year's budget. That is recorded on page 17 of budget paper 3. That brings the total to \$826 million that was cruelly ripped out of the health budget going forward by the Victorian government. That is \$826 million all gone, never to return. That money is at the heart of the reason this government has failed the people of Victoria in delivering its promises, because it actually pretends that it has grown the budget. It pretends that commonwealth revenue is the reason it has not delivered, but the sorry truth is that the investment made by the Victorian government for the last three years over the last three budgets has not kept up with demand. The government has fallen behind demand, and in addition to that, \$826 million has been ripped out and never returned to the system.

But members do not need to take my word for it, because as recently as last week the Australian Productivity Commission published a national report on expenditure in health and other government services. Quite extraordinarily the fact that the opposition has been drawing attention to the last three years and that government members have blithely ignored is outlined very starkly in the Productivity Commission report. Within its health analysis the report clearly indicates that in the last four years of the Labor government there was an average increase of 6.1 per cent in the recurrent budget of the health portfolio, and in the first year of the coalition government it dropped to 0.3 per cent.

Mrs Peulich — So inputs are the be-all and end-all, are they?

Mr JENNINGS — Inputs are a major problem, but outcomes for Victorians is where the malady and the

failure of this government is. Do not distract me about that. I am talking about inputs at the moment, but I am going to get onto outcomes again in a second.

The Productivity Commission report published last week shows that in the last four years of the Labor government Victoria's recurrent expenditure per person in public hospitals increased by an average of 3.2 per cent, and this was nearly halved in the first year of the coalition government to 1.6 per cent. The Productivity Commission has again demonstrated a number of facts that government members in Victoria may be blithely ignorant of or choose not to talk about. According to the Productivity Commission report, there were fewer medical practitioners employed at a full-time equivalent rate per head of population in the last 12 months in Victoria, and there were fewer nurses employed per head of population than in the previous year.

Beyond inputs, participation in the system — that is, the number of staff employed in critical areas within our public hospitals per head of population — has actually been reduced during the life of this government in terms of the demand pressures within the Victorian hospital system. As reported on a consistent national basis by the Productivity Commission, the growth rate in Victoria has been half what it was under Labor, and that is half of what it should be. As a consequence, every outcome for patients in the Victorian hospital system — the key measures — is going backwards. Those are undeniable truths.

Let me quickly run through the facts, as distinct from the government's fiction, in relation to each of the points listed in the motion. I will run through the issues in the order they are listed. The first point is that there are now 10 000 more Victorians on elective surgery waiting lists than when the government came to office. For this fact I rely on hospital performance data released by the government. At the last count, in September 2013, there were 48 363 Victorians on elective surgery waiting lists. It had been higher during the course of the previous financial year when the number was 50 000. For the first time in Victorian history 50 000 people were waiting on elective surgery waiting lists.

Mr Leane — They promised to slash waiting lists!

Mr JENNINGS — Mr Leane, they had promised to slash waiting lists. I am sure this will be a sorry fact for you to fully understand and appreciate, Acting President. When the government came to office there were 38 000 people on the waiting lists, and now there are over 48 000. That is according to the government's own figures.

Again according to the government's figures in 2012–13 there were 4157 elective surgeries — fewer than had been funded and delivered in the last year of the Labor government. This trajectory is consistent under the Liberal government. According to government data there were 153 415 elective surgery admissions in Victoria in 2012–13, which was down 665 from the year before and 4157 from the year prior to that. Members can look for themselves at the health performance data on the government-sponsored website.

Another fact in relation to elective surgery is that the government's figures for 2012–13 show that more than 5000 people had waited longer than a year for elective surgery in Victoria. Five thousand of our citizens suffered in pain for longer than a year before they received their surgeries. Patients are waiting longer. One of the things recorded on the government website is the 90th percentile, which is an indication of how long it takes the hospital system takes to get through the waiting lists — that is, how long it takes for 90 per cent of patients to get through the system. The website shows that 90 per cent of people on waiting lists wait 223 days to receive their surgery, which is up from 189 days when the government came to office. This is a significant increase.

Some people become confused about the direct causal effect of this, but I am not overreaching by saying that the causal effect is that people are dying on the waiting lists, nor am I overreaching by saying that it is in fact the blow-out in the waiting lists that has caused the deaths. What is consistent with what I have described about people waiting longer for surgery is that the number of people who have died whilst they are on the waiting lists continues to rise, and the most recently available data obtained under freedom of information is that under this government in Victoria 2253 people have died whilst they have been waiting for surgery.

As you would expect, as the waiting lists get longer and as people wait in pain and suffering, their quality of life deteriorates. Many of them experience the end of their lives, and that is something the government must —

Mr Leane — Admit.

Mr JENNINGS — Unfortunately it must accept the truth of these facts. It must continue to focus on the reality that it should be delivering better outcomes for Victorian citizens. The system is clearly not delivering what the government expects of it.

One of the ways in which the outcomes for Victorians have clearly floundered under this government, despite

the promises made by the then incoming Minister for Health, is the deterioration in ambulance response times and the effective delivery of patients to hospitals by our ambulance system. The health minister, David Davis, made a lot of promises about how ambulance service delivery was going to improve, but what is the situation we have seen reported in the budget papers? The government has no option, given the performance measure is in the budget paper, but to record it. It is also recorded in the annual reports of the Department of Health.

The data shows that in 2010–11 the proportion of ambulance call-outs in emergency situations where the response time target of 15 minutes was met was 77.1 per cent; it had gone down from the year before. In the last full year of the Labor government ambulances had responded to an emergency within 15 minutes on 81 per cent of occasions. However, in the data from 2012–13, that number is now as low as 73 per cent, so clearly it is heading in the wrong direction. That means that not only are the lives of patients right around Victoria at risk but members of the community are anxious that if they need an ambulance in a timely way an ambulance may not come.

One of the indicators that the health minister has relied on is not true. What is important to Victorian citizens is survival rates for cardiac arrest, which is one of the most significant reasons why an ambulance is called out. If someone has a cardiac arrest, their life is immediately in jeopardy. The minister has claimed in Parliament on a number of occasions that that measure is improving. Unfortunately in its report on ambulance services across the nation the Productivity Commission last week demonstrated that this statistic is deteriorating in Victoria. According to the report, whereas during the previous year more than half of Victorian patients who suffered a cardiac arrest had survived that experience due to the support of the ambulance service, in the last reporting period that number was reduced to less than half. The one kernel of good news that the health minister has attempted to rely on has been shown by the Productivity Commission to not be true. In fact the trajectory of cardiac survival rates has deteriorated in Victoria, which is totally unacceptable to Victorian families and certainly unacceptable to the state opposition.

Apart from the emergency response times and cardiac arrest rates, the next measure of the effectiveness of ambulance services is transfer times from ambulances to hospitals. What do the facts say about this? When the coalition government came to office it drew attention to failures in the system, including ambulance ramping in Victorian hospitals. Despite the investments made by

the previous Labor government and the growth in ambulance services that occurred while we were in power, we recognised that ramping was a problem. At that time on average about 7000 hours per month of ambulance ramping was occurring in Victorian hospitals. We, as an outgoing government, recognised that we needed to do more work on that issue; 7000 hours was not good enough for us, and we wanted to improve that situation.

What does the latest data say? It shows that the figure has increased from 7000 hours per month to 13 178 hours per month. The number of hours that patients are waiting outside Victorian hospitals has virtually doubled under this administration. Despite the incoming government's promises and what the minister has said has been an increased effort in ambulance services, the performance has deteriorated.

There are a number of reasons why that is the case. One of the reasons is that this minister continues to see the ambulance service and its workforce as the enemy. At every turn this minister blames paramedics for the deterioration in service and adverse impacts upon patients. He blames them for poor outcomes for transfer times, poor outcomes for cardiac arrests and poor performance for emergency response times. However, these outcomes are due to the government's failure to support the ambulance service in terms of resource allocation, governance and the management systems and dispatch systems of Ambulance Victoria, and to the fact that investments in ambulances have not been met by corresponding growth in emergency departments and bed numbers within the hospital system. The system has not grown or been managed in a consistent, coherent way, and as a result the performance of ambulance services for Victorian patients continues to deteriorate.

As recently as yesterday, when I asked the minister a question about the performance, scope of practice and delivery of ambulance services in Victoria he not only took the opportunity to abuse me but also again abused paramedics and the union. Rather than recognise the significance of those issues, he attributed the concern I expressed on behalf of Victorian patients to me being a puppet of the union. This is a minister who continually refuses to take responsibility for better performance — —

Ms Tierney — He just wants to play politics.

Mr JENNINGS — Exactly — play politics, play an industrial trump card, find conflict, always blame somebody else, and never, ever take responsibility for delivering outcomes. When I ask him a question and

encourage him to take responsibility, he goes back to the previous health minister or the intervention of the commonwealth or the unions, or he somehow blames me, shooting the messenger for having the audacity to ask him a question. I am holding the mirror up and asking him to look at his own performance.

How short of community expectations has he fallen in his ministerial responsibility? This is a minister who flagrantly does not understand the concept of ministerial responsibility. Ironically he calls on me to take responsibility for these matters. We have somewhat different roles. I would be happy to take responsibility on behalf of the Victorian people. I am currently not in a situation to do so, but given the opportunity, maybe the people of Victoria will want to give the opposition that opportunity in the not-too-distant future.

Mrs Peulich — I think the Victorian public will see through that.

Mr JENNINGS — I was waiting for that brilliant interjection to roll out.

An honourable member interjected.

Mr JENNINGS — That is right. I think my knees started knocking! The chattering that we heard was my knees knocking. I was quaking under the assault of government interjections.

The ACTING PRESIDENT (Mr Ondarchie) — Order! Mr Jennings will not respond to interjections.

Mr JENNINGS — That is right. You know, Acting President, that I will not be distracted because the facts are on my side in this debate. It always helps if the facts are on your side.

The next set of facts I want to draw attention to are those contained in the health performance data released by the government. Again, I do not need to spend a lot of time on these facts because not only are they evident to anyone who looks at the data but they are very evident to anybody who turns up to a hospital emergency department in Victoria. If anyone wants to get into an emergency department by ambulance, by just walking in or by being taken in off the street, it is very obvious that in fact they are waiting longer. What the data released by the government as recently as September 2013 — which is the latest data that has been released by the government on its own website — shows is that 29 per cent of patients in emergency departments have not been treated within the required times that would be expected of those emergency departments. In fact one in three patients stays longer

than 4 hours without necessarily being sent home, being cared for or being admitted to hospital and more than 2000 patients are staying longer than 24 hours.

Mrs Peulich interjected.

Mr JENNINGS — Acting President, you can hear that I am being baited in relation to the performance under the Labor government. My response to the interjection is that the performance was better. At the time it was not seen as good enough by the then opposition and in some media commentary. Indeed many members of the community did not think our performance was good enough. People were entitled to form that view. In fact now the situation is worse and getting worse. The last issue I refer to, which I have been invited to refer to on a number of occasions, is beds.

Mrs Peulich interjected.

Mr JENNINGS — I am happy to talk about beds, because it is a sorry truth that today there are fewer beds operational in Victorian hospitals than there were in the last year of the Labor government. Members do not have to rely on me for that information; they can go to the source. They can go to the Australian Institute of Health and Welfare report which shows that in the last year of a budget funded by the Labor government there were 13 254 beds operating in Victoria.

Mrs Peulich interjected.

Mr JENNINGS — That is the benchmark that Mrs Peulich's government inherited: 13 254 beds.

Ms Tierney — And it promised?

Mr JENNINGS — And it promised 800 more beds. What does the latest Australian Institute of Health and Welfare report show on how many beds have been delivered?

Mr Leane — Plus 800?

Mr JENNINGS — No. The number has gone down by 36 — minus 36.

Mrs Peulich interjected.

Mr JENNINGS — Under the current government the number that was inherited, 13 254, should be 800 higher. It should be 14 054. That is the number that will be the measurement of the delivery of the 800-bed promise made by the then incoming government. An increase on 13 254 of 800 means that the benchmark for this government will be 14 054 beds by the end of this term. How is the government going? On the last

measure the government has gone backwards on its promise by 36 beds.

When the nurses union not only reported on the 800-bed shortfall but looked at the number of beds that were operating within the system over summer, it identified 1116 beds of those 13 254 beds as not even being used. The government is 800 down on the promise and 1116 down on the number of beds that were being funded and operational within hospitals.

Mr Leane interjected.

Mr JENNINGS — Exactly. We are in the ballpark of 2000 beds down on the expectation set by the then incoming government. Members of the opposition have sat here and copped a modicum of abuse. It is okay; I can bear it. Apart from the knee knocking that you, Acting President, heard before, I think we can bear it.

Members of the opposition will be fascinated to listen to the contributions of government members and hear how many facts they can point to. We will be interested to hear from them facts, as distinct from the facts that I have outlined in my contribution, which rely on budget papers, the government's own report on hospital performance, an Australian Institute of Health and Welfare report, a report of the Productivity Commission and freedom of information documentation that the opposition and members of the community have gathered. Opposition members rely on all those sources of information and report back to the government on them. It will be fascinating to hear from government members what datasets and facts they rely on. How many references will there be to the budget, an Australian Institute of Health and Welfare report, a Productivity Commission report and other documentation that is available in annual reports of hospitals and the Department of Health?

On 31 October last year I laid myself somewhat open by asking the Minister for Health, 'What was the highlight of your health department's report? Here you are, open slather: what are you proud of, what have you delivered?'. The minister said, 'Hand hygiene compliance'. That was the fact that he was most proud of. He was scrabbling through his own department's report, looking as if it was the first time he had ever seen the report.

Mr Lenders interjected.

Mr JENNINGS — In fact he was giving the impression that he had not seen the report before. He was going through the pages — page after page after page — and he said, 'Oh, hand hygiene. I'm pretty proud of that'. He also said he was proud of the

participation rate, the number of people who go into hospitals. All you had to do was turn up as a patient and you were included in the participation rate. That was a pretty important measure!

The minister has no information to rely on to show that the situation is getting better. When he was asked an open-ended question, 'What are you proud of?', he could not identify anything more significant than the participation rate and hand hygiene compliance in the hospital system. That is a pretty clear measure that you are not doing well.

An honourable member interjected.

Mr JENNINGS — There is a bit of an alliance of views between the nurses, the nurses union, the paramedics, the paramedics union and the opposition. We share a view that the system is not working well. We share a view that the system is under great stress because it is not being provided with enough resources. The delivery in the hospital system is not good enough. We agree that this minister has set himself up to fail by promising much and delivering little. Not only has he delivered little, he has delivered bad outcomes. The performance of the hospital system has deteriorated under his watch. He continues to refuse to take responsibility for the system. He is a sorry excuse for a minister not only because he does not have any facts that he can rely on to say that the system is getting better but also because he does not demonstrate any compassion for the Victorian community and individuals in our community who want a better ambulance service and a better hospital system. He has no compassion for their pain and suffering. In fact at every turn he will try to absolve himself of responsibility and attempt to blame others. The minister cannot continue to blame others; he must take responsibility.

I find it extraordinary that in my contribution today I have not necessarily called on the arguments of others to support the idea that this minister should be sacked. The facts speak for themselves, and the minister deserves to be sacked. The *Herald Sun* newspaper is not necessarily my first, second or third port of call when I am looking for a reliable authority, but nonetheless it does its best to be fair and reasonable in its commentary. As far back as October 2013, four months ago, the *Herald Sun* editorial said that there must be an end to the ambulance dispute. It highlighted the conflict and the trench warfare that has been generated by this minister in ambulance services. The editorial of 5 October concluded by saying:

It is sick Victorians who are paying the price in an argument where both sides have become entrenched in their views. Dr Napthine must be the circuit breaker.

As far back as four months ago the *Herald Sun* was calling for the intervention of the Premier to remedy this solution, and by implication the *Herald Sun* has editorialised and said that the minister should be sacked because he is not up to it. That was the view expressed, and it is a view that is shared by the opposition. It is at the heart of our moving the motion of no confidence in the minister. It would be best for him to do the responsible thing and leave, or alternatively the Premier should sack him.

Ms CROZIER (Southern Metropolitan) — I am very pleased to rise this morning and speak to Mr Jennings's motion — —

Mr Lenders — Misleading the house now?

Ms CROZIER — I have not even started my contribution and Mr Lenders is saying that I am misleading the house — —

Mr Lenders — You said you were pleased!

Ms CROZIER — I am pleased to speak to Mr Jennings's motion because I want to talk about the issues that Victorian patients in Victorian health services are facing today. Throughout his contribution Mr Jennings consistently talked about the facts, calling on the facts contained in his motion. It is a lengthy motion and there are a number of elements in it, which I will not repeat at this time, but I will go through a number of them and highlight to the chamber some of the points where I think Mr Jennings has misled the house.

First and foremost, when we are looking at the first part of the motion we see that Mr Jennings has said that there are 10 000 more Victorians on the surgery waiting lists than when the government came to office. In relation to the statistics about where Victoria sits, it is performing equal to the national median waiting time and performing better than the national performance when measuring a number of 90 percentile days. That is in accordance with statistics for previous years, when Labor was in power.

Let us look at the facts in relation to the data. This government has been very up-front about releasing data, which was something Labor in government failed to do.

Mr Lenders — There is a powerful argument in Bentleigh and Prahran.

Ms CROZIER — Mr Lenders can interrupt and talk about health in Bentleigh. Mr Jennings asked for reports, but I remind him of the report entitled *Your Hospitals — A Report on Victoria's Public Hospitals July 2009 to June 2010*. That report contains a lot of information, including information on various hospitals and their data, but there is no data for the Peter MacCallum Cancer Centre. I would like to know why there is no data for the Peter MacCallum hospital listed in this report. I have no idea why it was not included in that report or why the previous government hid data at all. We know it did that, and there were numerous reports. If members recall when the former Minister for Health, now Leader of the Opposition and the member for Mulgrave in the Assembly, Daniel Andrews, was responsible for —

Mr Lenders interjected.

Ms CROZIER — Yes, Mr Lenders, we have been in for three years, but I think it is important to point out the situation we inherited, particularly in the context of what we are discussing here. What I am trying to say is that we came in with a commitment to highlight to the Victorian public the hospital data, and that is exactly what we have done, which is in direct contrast with what Mr Lenders's government did when it hid data. I ask why the Peter MacCallum data was not included in that report and why it was hidden. There are numerous newspaper reports to back up what was going on at that time. I remind members that there were secret waiting lists. An article in the *Age* of 18 November 2010 states:

More than 26 000 Victorians were not included on official elective surgery waiting lists last year and instead were classified as 'not ready for care' ...

Those were secret waiting lists that Mr Lenders's government presided over. It is wrong to say that the data we provide is inaccurate and that there are blow-outs in waiting lists. There is far more transparency in relation to what is going on under this government than took place under your government. Effectively what was happening under that regime was that patients were not being added to those waiting lists. There were, as I said, secret waiting lists, and article after article condemned the then Minister for Health, now the Leader of the Opposition, Mr Andrews, in relation to his —

Mr Lenders interjected.

Ms CROZIER — I will get to that, Mr Lenders. I am putting this into context and saying that this is our government's commitment. When we came to government and said we would release the data —

Mr Lenders interjected.

The ACTING PRESIDENT (Mr Finn) — Order! I ask Mr Lenders to refrain from interjecting, but I also request that Ms Crozier address her comments through the Chair so that we do not have a conversation across the chamber, as I am feeling a little left out and my feelings could be hurt. I ask Ms Crozier to follow the standing orders with regard to that.

Ms CROZIER — Certainly, Acting President. Thank you for your guidance. Through you I will return to my contribution. Mr Jennings is no longer in the chamber to rebut what I am going to say about a number of other issues, but I wanted to take him to task in relation to the facts. Again through you, Acting President, the facts are that during the 2012–13 financial year he spoke a lot about budgets, and I remind the chamber that when we came into government in 2010 we had to find money to support a number of projects that had been pursued through the former government. Through my interjections during his contribution I reminded Mr Jennings that this government needed to find \$55 million to pay health workers for the 2010 Christmas and New Year period. I have actually worked in hospitals over the Christmas period —

Mr Lenders interjected.

Ms CROZIER — I am not sure if Mr Davis has worked in a hospital over the Christmas period in recent years, and I must admit it has been a while since I have. However, workers expect to be paid when they work through the Christmas and New Year period. That is the normal process. When we came into this office we had to find \$55 million to fund those health workers' salaries in December 2010. Mr Lenders was the Treasurer at that time, and that was money we had to find. Mr Jennings talked about the Royal Children's Hospital, a magnificent facility with terrific workers that provides an amazing service to the Victorian public as well as to children from interstate at times. Again, there was no IT system funded and this government had to find \$26 million. Mr Jennings talked about budgets and budget responsibilities, but this government had to foot the bill for the mismanagement of various projects.

We also had to find \$44 million for the Olivia Newton-John Cancer and Wellness Centre. There was a lot of fanfare and discussion about that magnificent centre, but all that was funded was a shell. It needed \$44 million to have a fit-out. As we know, when you are processing patients through a health-care service you have to have equipment, beds and resources. The government had to find \$44 million. Mr Jennings talked

about budget responsibility and what we were doing, but these are the facts.

Mr Lenders interjected.

Ms CROZIER — Mr Lenders has interjected, but I want to go back to the 2012–13 financial year, when the Gillard government used incorrect population figures to rip \$107 million from our health services. The Victorian public understood exactly what was going on; Victorian health services understood exactly what was happening. I remind Mr Jennings that he did not support a motion in this house that expressed concern about those cuts. I want to remind him of exactly what was said. It was moved that the house:

- (3) calls upon the heads of treasuries to convene urgently to discuss the commonwealth Treasurer's determination and report on the basis of this decision, noting that the reductions in commonwealth funding for public hospitals will, unless reversed, be implemented in early December 2012 in the form of a \$39 million clawback of funding to Victoria from the 2011–12 financial year and a \$67 million reduction in the 2012–13 financial year for Victorian hospitals and large reductions in forthcoming financial years bringing the total commonwealth funding reductions of the health and hospitals funding through the health-care SPP and national hospital agreement to \$475 million since the announcement of the commonwealth's 2012–13 budget; and
- (4) further notes that six state health ministers expressed concern about the announced reduction in commonwealth health funding at the recent Standing Council on Health meeting.

You did not support that motion, so you effectively agreed with what was occurring at a federal level, which was putting health services at great risk. You talked about budgetary management — —

The ACTING PRESIDENT (Mr Finn) — Order! I ask Ms Crozier to direct her comments through the Chair, for there could be some confusion as to whom she is referring when she says 'you'.

Ms CROZIER — In his contribution Mr Jennings suggested that this government did not understand the budgetary management of our health services. I remind Mr Jennings that he voted in favour of the \$107 million cut through that financial year. Hospitals and health services have budgets in place, as members would understand, and based on an expectation that money will be delivered they manage their hospital and health services. When they have money ripped out halfway through a financial year, it creates a large degree of uncertainty, and that is exactly what this cut did.

It was an unprecedented move that caused a huge amount of uncertainty for health services. They had to readjust and replan a whole range of services that they provide, whether it was elective surgery, outpatient services or other resourcing. That is how health services operate, and when they do not have money coming in, or when it is effectively taken away from their budget, it makes it very difficult for them to operate. That caused a huge amount of disruption to elective surgery and hence some delay in various elective surgeries and other health service care delivered through those health services. Therefore it is disingenuous to say that — —

Mr Lenders — There is no correlation between the data and the rise.

Ms CROZIER — I make the point again that that had a direct impact on the delivery of health services and compounded upon and created issues for elective surgery and data figures in relation to that particular year. Those hospital services have had to play catch-up, and they have done a magnificent job. The Victorian health services are under constant pressure, with an ageing population that is experiencing more chronic disease and more complex health outcomes in many instances. We understand that and are planning for it, and that is why the government has undertaken a number of initiatives that are addressing those very points.

I commend the minister for what he is doing in tackling some of those complex issues in relation to chronic disease, and I further point out that those challenges were partly caused by the Gillard government ripping \$107 million out of the hospitals, as I said. That placed uncertainty on Victorian health services, which have had to manage a very complex health delivery service at times. I again commend the minister for some of the initiatives he is undertaking to tackle some of those areas, including chronic disease. Issues were raised in relation to heart attacks and the response times to them, and there have been some very good announcements through the delivery of new treatments through our ambulances, and we are receiving very good figures in that area.

I also direct the attention of the chamber to the *Department of Health Annual Report 2012–13*, and specifically the figures for acute health services in Victoria 2011–12 to 2012–13, which highlight the numbers of emergency presentations. In 2011–12 that number was 1 506 828, and in 2012–13 it had increased to 1 526 628, which is an increase in emergency presentations in that acute setting. In terms of admissions from elective surgery waiting lists, in 2011–12 the figure was 153 316 and in 2012–13 the

figure was 153 076. This data is all available and out there in the public domain, and it is reporting on what is actually happening within our acute hospital systems.

The third point of Mr Jennings's motion states that the 'statewide response times for ambulance code 1 emergency callouts has worsened in each year of this government'. He talked about the facts constantly, but the facts are that the government has injected additional funding into this area. It has increased ambulance funding by 17 per cent, to \$662 million a year, and it has delivered an additional 465 paramedics throughout the state. Some of those paramedics are based in regional Victoria and some are based here in Melbourne. Mr Jennings is blind to the fact that an increase in numbers has occurred, but that increase is reassuring for the Victorian community.

Obviously some industrial issues are occurring in relation to the current pay negotiations. It is disappointing that we cannot get a resolution of that matter. I think the Victorian community supports and identifies the very good work that paramedics do, and we have added 465 paramedics, which means they have a greater presence across the state, they have more shifts and there are more vehicles and more ambulance stations. In relation to the response times, the Victorian health services performance data shows significant improvements in timely transfers of patients from ambulances to hospital emergency departments, with the statewide proportion of ambulance patients seen within 40 minutes improving from 76.1 per cent in the December year to date figures for 2012–13 to 80.9 per cent for the same time in 2013–14.

This data is made public, which is far from what the previous Labor government did, which was to hide the data. Victorians were well aware of the fudging of the figures. Our emergency departments are under a great deal of pressure. They always have been, whether it be from an increase in alcohol and drug-affected cases that present or other issues. We have had a rise of those instances over the last few years, and the government is looking at tackling the very alarming effects of the increased use of methamphetamines, and again I congratulate the Minister for Health, David Davis, and the Minister for Mental Health, Mary Wooldridge, for addressing those issues. They are alarming for Victorians and for the young people who will be severely affected by the abuse of such substances.

That is just one area I have highlighted, but of course our emergency departments treat a whole range of emergency admissions, whether it be due to heart attacks, car accidents or other problems. The

government was seriously concerned about the issues in the emergency department and so introduced a task force to examine those transfers, under the guidance of Andrew Stripp. There is no doubt that with the report that he has handed to the government there have been great improvements in a number of hospitals right across the metropolitan area. For instance, at Frankston Hospital, there has been a 24 per cent improvement in patient transfer times; at Dandenong Hospital, 30 per cent; and at Casey Hospital, 15 per cent. These positive statistics show that the task force of health workers looked at those issues and wanted to get improvements. Health workers in those areas have undertaken these improvements, and they are making a huge difference.

The *Report on Government Services 2014* released by the Productivity Commission in January shows that Victoria has more paramedics than the national average, with 49.3 equivalent full-time ambulance officers per 100 000 people. To go to the claim of Mr Jennings that we are not basing our arguments on reporting, I draw his attention to what the Stripp report and the Report on Government Services say. It is disingenuous for Mr Jennings to say the government is not relying on accurate reporting.

In addition to the 465 extra ambulance officers and paramedics who have been put in place, Victoria now has more ambulance stations. The total revenue for ambulance services was \$681.5 million in 2012–13, which was an increase of over 10 per cent from the previous year. We know our paramedics do a great job, and they are not, as some have claimed, leaving in droves. The attrition rate for paramedics in Victoria is no greater than the national average. We regard our ambulance service and our paramedics very highly, and it should be noted that the government is addressing some of their concerns about the issues they face.

The fourth point in Mr Jennings's motion says:

... the most recent evidence shows that adult cardiac survival rates have worsened;

That is incorrect. Ambulance Victoria has reported to the Department of Health that out-of-hospital cardiac arrest survival rates in Victoria are among the best nationally and internationally. Ambulance Victoria has advised that the difference in outcomes for patients in shockable rhythms in 2012 is not statistically significant. Labor is misleading and putting fear into the Victorian community, but its claims are not entirely correct.

I remind the chamber that cardiac disease is a chronic disease and that the last state government budget committed an additional \$21.9 million over four years

to a range of strategies to improve outcomes for people experiencing cardiovascular disease. Heart disease has been the leading cause of death for Victorians and Australians for a long time, although it was recently reported that cancer has overtaken heart disease. Obviously some of these initiatives and strategies in relation to heart disease are making an impact. We need to do more in relation to cancer treatments and cancer prevention, and over many years governments of all persuasions have done a lot.

Looking at chronic disease, one of those initiatives is the Healthy Together Victoria program, which is running very effectively in a number of local government areas across the state. The program aims to tackle obesity at a young age and to get people to understand health and wellbeing. Hopefully, over a number of years — it will not happen overnight — it will have an impact on the rates of chronic diseases, such as heart disease and diabetes, and lead to better health outcomes for individuals. That is an example of the on-the-ground grassroots-level type of initiatives that are having a positive impact on the Victorian community. The additional \$21.9 million in funding has been widely supported and is being used to look at a number of ways we can identify people who are at risk of developing heart disease and how we can better manage that.

The fifth point of Mr Jennings's motion says:

... ambulance ramping at hospitals delaying patients transfers into emergency departments rose ...

I again refer to Andrew Stripp's report which looks at congestion in emergency departments. It will go a long way towards relieving a lot of issues in our emergency departments. There is no doubt that issues in emergency departments fluctuate. Friday nights, Saturday nights and post-weekend days are usually busy. Emergency departments can become very busy at certain times of the week and the year.

What we are talking about here is emergency patient transfer times. I reiterate that Labor did not release the data. When Mr Andrews, the Leader of the Opposition and member for Mulgrave in the other place, was the Minister for Health, Labor hid the patient transfer times. Labor cannot disguise the fact that Mr Andrews was responsible for the data, but he did not allow the public scrutiny that should have occurred. Releasing the data was a government commitment, and that is what we have done.

The September 2012 quarter recorded 665 patients staying longer than 24 hours; by the September 2013 quarter this had dropped to 94 patients, so there have

been improvements in a number of areas across a number of hospitals in the metropolitan area. The department and health services are all working closely together to look at how to improve the situation, and the health workers in those areas have done a magnificent job in catering for demand that is at times complex.

There are more improvements the government has made. I am reading through Mr Jennings's rather long motion. There has been a significant amount of capital investment in our health services. Mr Jennings read out a number of capital investments that Labor undertook during its 11 years in government, but I remind members of what we have undertaken over 3 years. Bendigo Hospital received \$630 million and an additional 252 beds. It is the biggest regional hospital in Australia, and it will cater for — —

Mr Lenders interjected.

Ms CROZIER — That is a fact. It is a \$630 million capital investment. It will be absolutely advantageous for the northern parts of Victoria — —

Mr Lenders interjected.

Ms CROZIER — Hopefully members up there will be supportive of Bendigo Hospital. The Box Hill Hospital redevelopment received \$447.5 million. There has been \$76 million to redevelop Frankston Hospital, \$29 million to expand Northern Hospital and an \$11 million expansion to the Austin Hospital short-stay unit. We are building the Monash Children's hospital, which came to Labor's notice in 2002 but it did nothing about it. Labor did not plan for population growth expansion and the needs of families in the south-eastern suburbs of Melbourne and other southern parts of Victoria. This government is doing that. Mr Lenders has asked, 'What have you been doing?', and that is exactly what we have done. We have put a huge amount of capital investment into hospital infrastructure, and I am pleased to say that Victorians understand that. Mr Lenders's and my constituents will be grateful for the building of the Monash Children's, and I have no doubt they look forward to that coming online within the agreed times.

Mr Lenders interjected.

Ms CROZIER — The Monash Children's may actually have an IT system. It will not be forgotten, like it was with the Royal Children's Hospital. We are looking at what is needed for the proper functioning of a hospital.

I want to make a point about targets in emergency departments, and this is fairly obvious for workers in

emergency departments. The federal target of 4 hours to get people in and out of an emergency department is in many instances completely unrealistic, and quite frankly it is unfair on those workers who move people through emergency departments. That target showed a lack of understanding by the former federal government, which did not fully understand or appreciate the complexities of what occurs in an emergency department. Many emergency departments have had to meet that target to get various bonuses or whatever they needed, but unfortunately it has put them under enormous pressure.

The statistics for emergency department patients regarding length of stay greater than 24 hours have improved greatly over a number of years. I will look at hospitals in the area that Mr Lenders and I represent. At the Alfred hospital in 2005–06 there were 687 patients with a length of stay greater than 24 hours; in 2006–07 there were 418; in 2007–08, 300; in 2008–09, 727; in 2009–10, 11; in 2010–11, zero; in 2011–12, zero; and in 2012–13, zero. At the Monash Medical Centre in 2005–06 there were 13 patients; in 2006–07, zero; in 2007–08, 79; in 2010–11, zero; in 2011–12, 11; and in 2012–13, 2. At Sandringham Hospital in 2005–06 there were 48 patients; in 2006–07, 32; in 2007–08, 9; in 2008–09, 2; in 2009–10, 2; in 2010–11, 1; in 2011–12, zero; and in 2012–13, zero. These are significant improvements in the data that is available. Statewide in 2005–06 there were 4852 patients; when we came to government in 2010–11 there were 1877; in 2011–12, 1799; and in 2012–13, 2088.

Those statistics show that there are improvements within emergency department transfers. Many initiatives are being undertaken, and again I commend the Stripp task force for undertaking work with various emergency departments to get better outcomes for patients.

Paragraph (7) of Mr Jennings's motion mentions a recent survey by nurses into available beds. I cannot recall whether he explained how many nurses there were, where they were or how that survey was conducted. He mentioned corroboration of national reports and that the number of Victorian hospital beds has gone down. Members have to understand that when we came to government the appropriate starting point for measuring an increase in hospital beds was quite different. When we were elected there were a number of beds, but bed numbers are not static. They go up and down, and they always have. In busy winter months, when there is an increase in the number of patients with the flu, the number of hospital beds needs to be increased. When there are quieter times, beds will close. That has always been the case. Health services

need to manage those beds, and it is too simplistic to say that bed numbers should stay the same and that they are fixed. Members need to understand how that works.

The government is committed to delivering hospital beds. The *Australian Hospital Statistics 2011–12* report demonstrated that the average available bed count in Victorian public hospitals rose from 13 186 in 2009–10 to 13 370 in 2011–12, which is an increase of 184 beds. I know Mr Jennings had that big rant and said that government members were — —

Mr Lenders — He was very measured.

Ms CROZIER — He was quite condescending, actually, and patronising.

This is a nonsense motion. I know that there is a longstanding procedure to never amend an opposition motion, but if I were to amend it I would move:

That all the words after 'That' be omitted with the view of inserting in their place —

'this house —

- (1) condemns the opposition for bringing a baseless motion into the house attacking the Minister for Health which diminishes themselves and this house;
- (2) strongly supports the Minister for Health, Mr David Davis, MLC, noting —
 - (a) improvements in the Victorian health system since 2010;
 - (b) the admission by the Leader of the Opposition, Mr Daniel Andrews, MP, that while in government prior to December 2010 he and Labor failed to plan for the growth of Victoria, quoted in the *Herald Sun* on 4 December 2010 stating, "I think it's fair to say that in the face of unprecedented growth, we struggled to keep up ... I think we could have done more, we could have done better";
 - (c) the flawed record of Mr Andrews which consists of systematic data manipulation of health data and statistics;
 - (d) Labor's botched merger of the ambulance service and failing to properly resource Ambulance Victoria; and
 - (e) Labor's failure to build the Monash Children's hospital despite knowing for eight years it was needed, to build the Royal Victorian Eye and Ear Hospital and to plan and build Bendigo Hospital of a sufficient capacity;
- (3) condemns Victorian Labor for its failure to stand up for Victorians when the former federal Labor government cut funding to Victorian hospitals from

December 2012 by voting in this chamber to support the cut;

- (4) supports the coalition government's record of \$14.3 billion in health funding, which is \$2 billion greater than what it was under Mr Andrews; and
- (5) supports the massive \$4.5 billion health capital works program currently under way, including hospitals that Labor failed to build in metropolitan and country Victoria'.

They are the facts and that is what this government has done in three years. When we came into government we had to fix those problems that were highlighted to us, that were disclosed and that were unfortunately discovered. Some of those health workers were put under great stress and strain. Health services would have had to close down if they could not, for instance, have had their Christmas and New Year holiday pay. That would not have done anything for the Victorian community.

In conclusion, I will not be supporting Mr Jennings's motion. It is flawed in all of those elements. I have pointed out why. I again congratulate the coalition government on the delivery of health services and the continuing work it is doing in health on behalf of the Victorian community.

Ms HARTLAND (Western Metropolitan) — After almost eight years of being in this Parliament I feel like I have listened to this debate roughly 12 times. It was one that happened on a number of occasions when the government was in opposition, when basically the same things were said about the Labor government. The problem is that we are now three years into this government and there are serious problems.

Some things were inherited from the previous government, and there are clearly projects that were never carried out, such as the Western Hospital emergency room. Because I am somewhat accident prone — I have broken an ankle, I have broken a finger, I have done all kinds of things — I am a bit of a regular at the Western Hospital emergency room. It has fantastic staff and the most disgusting building of any hospital I have ever seen. It should have been redeveloped under Labor, but this government has been here for three years. What about fixing Western Hospital? What about the expansion of Sunshine Hospital? It is clear that with growth in the outer west, medical facilities that are currently there are not coping. There needs to be a major expansion. Maybe that is something the government should be talking about as well.

Let us have a look at the other things that are happening. One thing that really concerns me is the ideological hatred of unions that is coming from this government. Let us look at a few examples. Of course there was the nurses dispute. Then there was the dispute with the medical physicists, a dispute that the government would not resolve with a fairly small workforce of, as I understand it, about 40 people. Rather than resolving it, the government was using fly-in, fly-out medical physicists to travel from New South Wales to Traralgon because they no longer had a medical physicist there. These are the people who calibrate various X-ray machines, magnetic resonance imaging machines et cetera. In New South Wales they were being paid \$35 000 more a year. The government would not settle with a very small group of workers because, as far as this government is concerned, you have got to drive the unions into the ground.

There is also the current ambulance dispute. How much longer do we have to go on with the government completely intransigent on the issue of negotiating with the ambulance union? I do not see any progress in this dispute, which has been going on for months and months. Clearly there is a major problem that this government will not deal with. This is about a pathological hatred of unions. The government does not understand that people have rights to decent pay and decent conditions. Whenever you voice these kinds of concerns in this Parliament it is all about, 'You are taking orders from your masters'. The Greens do not have any masters in the unions. We support them because we think their claims are justified.

Mr Jennings in his contribution talked about the issue with ambulances in particular, and I appreciate the fact that he acknowledged that there was a problem under the previous government. But he also pointed out quite clearly the extraordinary number of hours that ambulances are now ramping at hospitals. Is that a system that is working well? Is that a minister who is dealing with these issues well? I do not think so.

Yesterday I asked the minister a question about heatwaves, and I found his response interesting. I will quote from what he said so I am not misrepresenting him:

I do not necessarily accept that these events will be occurring in the way the member has outlined and, as I said ...

...

... I think there are heatwaves from time to time and they are dealt with. But I think it is important that the esoteric debate about climate change is not confused in this way.

If a health minister who is dealing with heatwaves — and the fact is that people die during heatwaves — is a climate change denier and does not believe that heatwaves are going to happen anymore, they cannot set up the mechanisms by which they can deal with them.

Maybe the minister could read from the *Victorian Climate Change Adaptation Plan* on this issue, which states:

CSIRO and Bureau of Meteorology projections for future climate indicate that the average number of days over 35 degrees centigrade in Melbourne may increase from 9 days in 1990, to 11–13 days ... by 2030 ...

The Greens are not saying this; it is the Bureau of Meteorology and CSIRO. If he cannot plan for this because he refuses to acknowledge that there is a problem, does that mean he cannot do his job as health minister?

Many of the things Mr Jennings has said today are quite reasonable. The motion and debate are reasonable because they are about all the things we see currently not working in the health system. It is time that the minister acknowledged that there is a problem and got on with the job rather than blaming the unions and the previous federal government — blaming this person, blaming that person. He should have a serious look at what is happening in health and fix it — now.

Mr LENDERS (Southern Metropolitan) — I rise to join this debate. In doing so I will make an observation. This is a motion of no confidence in the minister, which is a particularly serious motion in this house. In his motion Mr Jennings outlined seven sound reasons for this house not having confidence in the minister. I open with a broad discussion of what is expected from a health minister and, in that context, why this house should not have confidence in this Minister for Health. The starting point, whether it be from the minister himself or from Ms Crozier, who stoically accepted the barrister's brief to defend the indefensible in the house today — —

Mr Jennings — She's no Robert Richter.

Mr LENDERS — No Robert Richter, no. The first thing you would hope from a minister is that they have some vision, some passion and some view as to how to improve the system. In the end if you come to government and the best you can do after three years and two months is extend a litany of blaming someone else for a system, it begs the question, why are you even in the job?

From what we have heard through this entire debate it is as if the minister has gone back 20 or more years in his life to when he was an undergraduate student politician in university and it was all about debating, criticising others and finding blame. The central premise in all this is that this is a health system that is big — depending on how you measure between the two departments, it is either the biggest or the second biggest expenditure item in the state of Victoria — but more significantly, it delivers key services to hundreds of thousands of Victorians on a regular basis. The central and driving point surely must be that the role of the minister is to deliver the services, improve and enhance the services, make them better services and have some empathy for the people who use those services.

In the debate today we have heard statistics mentioned. Mrs Peulich was interjecting during Mr Jennings's contribution saying, 'Don't talk about inputs, don't talk about inputs, don't talk about inputs', and then Ms Crozier got up and talked about inputs, inputs and inputs. Nowhere in that was there empathy. Nowhere in that was there a discussion about there being people who are in pain and who are waiting in ramped ambulances trying to get access to services in the emergency department at Frankston Hospital, in the emergency department at Monash Medical Centre, in the emergency department at Sunshine Hospital, in the emergency department at — and we could insert other hospitals. There has not been a discussion of things being tough, that they should be better, that this is how we can make them better and that this is what we want to do. Even in the opening remarks of Ms Crozier's contribution to the debate, she had within about 2 minutes turned the discussion to what the health statistics in Victoria were in 2009.

As Mr Leane so often brings up in this house, if we go back to November 2010 and look at what was on the how-to-vote cards handed out at every polling booth in this state, we see that an item listed on those cards was that 800 new hospital beds would be delivered in Victoria, including 100 in the first full year of a coalition government. I have paraphrased the Liberal Party how-to-vote card. However, that was the commitment.

Mr Jennings very eloquently and dispassionately went through the data from the Australian Institute of Health and Welfare, which is on the public record. There are figures from the 2011–12 financial year, and there are figures from the 2010–11 financial year. What we see is that in 2011–12, which was the first full year of this government, there were 13 218 average acute beds. I am using that as a statistic, but I will get to how that

affects people. That was down from 13 254 the previous year. I raise this not because it is a statistic, but because this government went out to the electorate and said, 'Our measure of how we are going to make this health system better for citizens of the state who want action, for citizens of the state who want treatment, for citizens of the state who want assistance when they need it, will be the increase in hospital beds'.

The one bit of objective data that is not locked away in the minister's man safe or hidden from the public — objective data — actually shows that the number of hospital beds has gone down. That in itself is a problem. If there were a good reason for that, if there were a debate around that and the minister was open and transparent about it, my view on whether or not we should have confidence in him might be different. But there has been denial. From day one there has not been an acknowledgement of any of that; from day one we have heard that there has to be somebody else to blame.

This characterises how this minister operates as a minister. I will articulate the pattern that we find here. The starting point, if we go to service delivery, is that for people in pain who need a service — whether it be something as basic as a hip replacement, which people queue up for in hospitals, or something far more immediate, like an emergency department admission; no matter what it is — the problems have not been addressed by the addition of 800 new beds. The problems have been made worse by, amongst other things, the \$826 million in cuts over three budgets from this government that have resulted in our emergency departments being clogged up and an increase in those on the waiting lists. Rather than addressing this, the government always finds someone else to blame.

The historical fact is that the now Leader of the Opposition, Daniel Andrews, was the Minister for Health for three years. David Davis has been the Minister for Health for three years, but whenever there is a discussion about where the health system is now, it is as if the last three years never happened. This minister's focus is perpetually on the three years before that. There is always someone else to blame. I remember quite clearly when this minister came into this house boasting of how he had sacked the ambulance board, employed a new board, made the ambulance system his own and had fixed the problem. Now, after three years, what do we see? It is a bit strange to be blaming someone else for this when the minister took the ambulance service as his own. He sacked the board and made it his own, and yet today we find an ambulance service where the minister cannot even negotiate with his own workforce. We have a minister who has politicised this matter beyond end.

Again, we see that the minister is incapable of even negotiating with the workforce. As he did with the nurses and as he is doing with the ambulance employees, he demonises the workforce and its elected representatives and he uses the power of government to add to that propaganda war. To deal with the current situation where almost \$500 000 has been spent on government advertising to deal with an enterprise bargaining agreement for a small workforce, if the minister's objective — and it would be a laudable objective — is to communicate with the members, it would not be rocket science to actually send them all a letter; there are not a lot of them. As Mr Jennings said to the minister yesterday in his question without notice, \$450 000 would actually get three or more mobile intensive care ambulances in ambulance stations across Victoria today. But in the so-called interests of communicating with ambulance employees, this minister has actually chosen to communicate with ambulance employees and 5.3 million other people when a letter to a few thousand people would have equally got his message out.

The minister's spin and inattention to detail is fascinating. If members were to look at today's notice paper they would see that notice of motion 534 calls on the federal government to reverse cuts that were reversed a year ago, or almost a year ago.

Business interrupted pursuant to standing orders.

QUESTIONS WITHOUT NOTICE

Aged-care facilities

Ms MIKAKOS (Northern Metropolitan) — My question is to the Minister for Ageing. In recent months the minister has continually claimed that his government's privatisation agenda relates to the 1000-plus beds in the metropolitan Melbourne area alone. How does he explain the licences for 129 aged-care approved places out for tender at the moment by Ballarat Health Services?

Hon. D. M. DAVIS (Minister for Ageing) — We have discussed aged care many times in this chamber, and Ms Mikakos has asked a series of questions about aged care over a lengthy period of time. The reality is that the government is prepared to look at options that come forward from our health services and others to see a better outcome for people in metropolitan Melbourne, particularly aged-care residents and particularly in terms of capital support for those services.

In country Victoria the government has a very different attitude in terms of options because there are fewer

options in country Victoria, particularly in smaller country towns. I can say that from time to time health services under all governments make decisions around aged care and around the configuration of their services. We have a decentralised system of governance in Victoria that allows our health services to make their own decisions, so if a health service is making a decision of that nature, that would be a matter for it entirely. I would want to be convinced on any occasion that it had taken steps that are in the interests of its community, and I would want to be convinced in particular that it had taken steps that are in the interests of any residents involved.

From time to time a health service will seek to upgrade or change its configuration, and that is perfectly laudable and predictable. The government has made significant financial investments, not only into ongoing support for country services but also into capital support for country centres. There is a long list of capital projects that have been funded, whether they be very large ones like that in Swan Hill, where \$18 million is going in to build more new aged-care services, or whether it be the small grants that seek to maintain and improve the capital stock of our aged-care services.

We have also worked very hard with Leading Age Services Australia and with the Victorian Healthcare Association to ensure that the changes made by the last federal government under the so-called Living Longer Living Stronger arrangements are actually maximised for Victorian health-care services and Victorian aged-care services, including government, not-for-profit and private. We want to see Victoria get every cent to which it is entitled, and that may mean ensuring that the new arrangements are fully explained to health services and aged-care services across the state. I pay tribute to the work that Leading Age Services Australia and the Victorian Healthcare Association have undertaken in that regard.

Supplementary question

Ms MIKAKOS (Northern Metropolitan) — It appears that the minister is actually unaware of the sale of 129 aged-care licences in Ballarat. If he is going to be convinced that this is for the benefit of the communities, then it is incumbent on the minister to be informed of this and to express a view. The sale of these licences will diminish the ability of Ballarat Health Services to meet the growing demand of an ageing population in the future. Will the minister provide Ballarat residents with a guarantee that these licences are going to stay in Ballarat?

Hon. D. M. DAVIS (Minister for Ageing) — It may come as a surprise to the member, but the federal government actually runs and regulates aged-care services. It is responsible for allocating bed licences and arrangements across the country. Recent rounds — —

Ms Mikakos — It does not run Ballarat Health Services.

Hon. D. M. DAVIS — Let us be absolutely clear. Recent rounds of aged-care licences and aged-care beds have been distributed throughout Victoria. There is no particular shortage of aged-care bed licences in the state. In fact the aged-care bed licences were increased by the previous federal government, and no doubt that will continue under the current federal government.

I am confident that Ballarat Health Services is very focused on delivering outcomes for its community. I am sure that Ballarat Health Services is focused on delivering good outcomes for the people of Ballarat. I have to say that there is a range of aged-care service provision in and around Ballarat, as I think the member herself will know, with public, private and not-for-profit facilities. They form a very balanced service. There is no evidence of any type that there is a shortage of aged-care services in Ballarat.

Mobile phone coverage

Mr KOCH (Western Victoria) — My question without notice is for the Minister for Technology, the Honourable Gordon Rich-Phillips, and it is very pertinent to summer periods in regional areas. I ask the minister: what is the Victorian government doing to ensure improved mobile phone coverage in fire-prone areas of this state?

Hon. G. K. RICH-PHILLIPS (Minister for Technology) — I thank Mr Koch for his question and for his interest in what is a very important issue for rural and regional Victoria — the provision of mobile phone capacity through those communities, particularly to deal with the response in emergency situations.

Over the last three years we have seen the coalition government, through the emergency services portfolio, undertake an overhaul of emergency response and warning systems. As a government we recognise that there is a very important role for mobile telecommunications to play in supporting those rural and regional communities by providing access to emergency services warnings and of course also in terms of access to telecommunications capability for day-to-day living and business activities et cetera. In an emergency environment, like a fire environment, as we

saw in Victoria last year with the Dereel fires and as we saw in January this year, we recognise that there is a very important role for telecommunications to play.

As the house would be aware, the provision of telecommunications services is a commonwealth government responsibility, but the Victorian government has played a key role in getting this issue on the agenda with the commonwealth. It was the Premier last year who got the provision of mobile telecommunications on the Council of Australian Governments agenda to draw attention at a commonwealth level to the need to address mobile black spots throughout rural and regional Victoria as part of the commonwealth's program. Unfortunately we saw very little action from the Gillard government and then the Rudd government in relation to this. The Victorian government even offered its fibre assets and its telecommunications assets to work with the commonwealth government of the day to leverage off the assets we as a state own and operate to assist in the provision of mobile telecommunications throughout those rural and regional areas where black spots exist, particularly where addressing those is an imperative for a fire response. That opportunity was not taken up by the previous federal government.

Following the election of the Abbott government in September last year, it committed to the mobile coverage program, which is a \$100 million commitment to address mobile black spots throughout rural and regional Australia. Since that program was put in place the Victorian government has been working with the commonwealth department and indeed working at a commonwealth government level to maximise the opportunities for Victorian communities under that program. We have been undertaking a program of identifying black spot shortcomings throughout rural and regional Victoria, particularly those which relate to fire-prone communities — areas such as Dereel, which has already been identified, but also elsewhere throughout Victoria. We have also been seeking the input of rural municipalities. We have asked them to identify their priority areas to feed into this process. We have indicated — —

Mr Somyurek — You have also asked for coinvestment.

Hon. G. K. RICH-PHILLIPS — I take up the interjection from Mr Somyurek about coinvestment. The Victorian government has indicated to the commonwealth that it is willing to make the telecommunications assets that the state operates, such as the fibre network and the communications towers, available as part of that program to ensure that mobile

phone coverage is extended as broadly as possible across Victoria. We are working with the commonwealth to maximise its new program to cover mobile black spots across Victoria. We are identifying those shortcomings in the existing network. We are working with the commonwealth to maximise the opportunities under that commonwealth program. We see telecommunications in rural Victoria as incredibly important, and we are working to build a better Victoria. We are working with the commonwealth and working with those communities to deliver better telecommunications.

East–west link

Mr TEE (Eastern Metropolitan) — My question is to the Minister for Planning in his capacity as the minister representing the Minister for Roads, who is responsible for the administration of the Major Transport Projects Facilitation Act 2009. The Department of Health submission to the east–west project assessment committee points out that the traffic volume and noise level estimates for the east–west tunnel assume that only cars and not trucks use the tunnel. My question is: why were trucks excluded from the noise level assessments made for the east–west tunnel?

Hon. M. J. GUY (Minister for Planning) — I am glad to finally receive another question from Mr Tee, indeed on a very important issue, which is the east–west link from the end of the Eastern Freeway to the Tullamarine Freeway.

Mr Tee — And the noise levels.

Hon. M. J. GUY — I take up that interjection. What we should all remember — speaking of noise levels — are the words of former Premier John Brumby about this project — that is, that it was one of the most fundamentally important pieces of infrastructure for Victoria in the future. Who said that? It was John Brumby. Was he a Liberal Premier? No, he was a Labor Premier. The previous government's transport plan — its own transport initiatives — identified this as one of the most important pieces of infrastructure.

Honourable members interjecting.

Hon. M. J. GUY — Glass jaw.

Mr Lenders — My point of order, President, relates to government administration and specifically to Mr Tee's question about an area in the purview of the minister as to what was included in a survey. The minister's response is not about his government's administration and not about the context of the health

tests. He is now straying into a debate about the views of the previous government on the broader project, and not the specific, tight question asked by Mr Tee. I ask you to bring him to his government's administration on this survey rather than a general debate on the past.

Hon. D. M. Davis — On the point of order, President, Mr Tee asked about a submission made by the Department of Health to this process. His question ought to have more directly been addressed to me.

The PRESIDENT — Order! That may well be the case, but Mr Tee will have other opportunities in the course of this question time if he feels that Mr Davis might also be able to provide an answer on this subject in which he is interested. In terms of the point of order by Mr Lenders, I indicate that I cannot uphold it on this occasion because the remarks that have been made by the minister provide a context for the project. I do not believe that it yet represents debate as such, but I know the minister will be cognisant of the actual question that was asked with regard to a particular survey and submission by the Department of Health. He has 3 minutes, and I dare say, having provided context to the house, he will come to the actual question Mr Tee raised with him.

Hon. M. J. GUY — Again, I mention the comments I made at the very start, because it is so important to get context on this issue. Why is the Labor Party, through Mr Tee, now asking questions to denigrate a project that barely three years ago it was in support of? Indeed Mr Brumby, on 9 December 2008, said in the *Age* that this was the missing link. That was from John Brumby who, with Daniel Andrews, the Leader of the Opposition and member for Mulgrave in the other place, was part of the then cabinet that you were a part of, John Lenders!

The PRESIDENT — Order! For a start, we do not point at members of the opposition. Remarks need to go through the Chair, not directly to another member in a way which is very provocative and likely to lead to unsavoury remarks as part of an interjection process. I also point out that, from my perspective, whilst in answering the question the minister has some licence, I do not believe that Mr Tee's question, posed as it was, sought to denigrate the project. That would be an unfair description of his question. His question basically sought information on the submission, and on this occasion it was not a judgement of the project itself. You might extrapolate that as being his motive for it, but that is not what he has put to the house at this point.

Hon. M. J. GUY — You are quite right, President. Mr Tee asked questions about a submission that

someone had made. As Mr Davis has rightly pointed out, the question should have been directed to him in relation to his ministerial responsibility. As Mr Tee has said in his question to me in my capacity of representing the Minister for Roads, Mr Mulder, the assessment committee will assess submissions. Unless Mr Tee wants me to go through an advisory committee to direct a submission, either he is asking quite an odd question or he does not understand the process of an external party making a submission which is to be assessed by the committee, which will then provide recommendations to me.

Supplementary question

Mr TEE (Eastern Metropolitan) — I directed the question to the Minister for Planning because he will be represented before the assessment committee. My supplementary question is: will the minister take the opportunity when he is represented before that assessment committee to produce noise modelling that reflects the concerns raised by the Department of Health? As part of his appearance before the assessment committee, will he present noise modelling that includes the noise that will be generated by trucks using the east–west tunnel?

Hon. M. J. GUY (Minister for Planning) — It should be remembered that the Minister for Planning does not produce evidence. I am not there to produce noise modelling evidence to an advisory committee that will then report back to me. The premise of the question is ridiculous. Others who will appear before the advisory committee will produce evidence to the committee. The advisory committee will then provide a recommendation to me. They are reporting to me. Why would I produce concocted evidence — —

Mr Tee interjected.

Hon. M. J. GUY — There is no use Mr Tee trying to interject because he fundamentally stuffed up another question. I simply say this. Who was it in 2012 who said that delaying the east–west is not leadership? Daniel Andrews said that, and believe it or not, he was right.

Early childhood facilities

Mr ELSBURY (Western Metropolitan) — My question is for the Minister for Children and Early Childhood Development, the Honourable Wendy Lovell. Can the minister provide an update on the progress of the recently announced \$20 million children's capital grants round?

Hon. W. A. LOVELL (Minister for Children and Early Childhood Development) — I thank the member for his question and his ongoing interest in children's infrastructure in Victoria, particularly in his electorate of Western Metropolitan Region. This is an opportunity to remind the house that this government has made a record investment in children's infrastructure in this state. Grants totalling \$106 million have been made available to children's services since the Baillieu-Napthine government was elected in 2010.

In our last grant round, the \$20 million grant round, we had a great response from applicants. This latest round has a new category of minor infrastructure grants of up to \$10 000. Local members have had the pleasure of announcing those grants during the last week. There were 87 services across Victoria that benefited from these grants, which total \$727 165. Projects included extending the size of rooms, improving storage and improving outdoor areas, amongst other things. The grants will fund \$1 280 000 worth of work, with a contribution of \$555 168 from local communities. This shows that early childhood infrastructure is a true partnership between this government, local government and community groups throughout Victoria.

The successful applicants for major grants will be announced later this year, but in this latest grant round, of the 87 that were announced for minor infrastructure I know that in Mr Elsbury's electorate, Western Metropolitan Region, he had the pleasure of announcing three grants worth nearly \$30 000 in Strathmore, Footscray and Ascot Vale. In Northern Metropolitan Region, the Kinder King, Craig Ondarchie, announced 12 grants worth \$79 414 in areas including Bundoora, Glenroy, Mill Park, Fitzroy and Richmond, amongst many other kindergartens in that area.

In Southern Metropolitan Region, the electorate of Mrs Peulich and Mr Rich-Phillips, we saw six grants totalling \$49 523 in areas such as Hampton Park, Carrum Downs, Oakleigh South and Frankston, amongst others. In Eastern Victoria Region, the electorate of Ed O'Donohue and the new member as of tomorrow, there were two grants: one in Sassafra, which was a great result for that community, and one in Upwey. In Western Victoria Region the local members, David Koch, Simon Ramsay and David O'Brien, received grants throughout that region, including Lara, Ballarat and many other areas. In my own area, Northern Metropolitan Region, Mooroopna and Long Gully were recipients of grants, but grants were also announced in Benalla, Murray Valley, Benambra and Mildura. These grants are providing real outcomes for

children in Victoria as part of this government's record investment in children's infrastructure.

Offender GPS monitoring

Mr TEE (Eastern Metropolitan) — My question is to the Minister for Corrections. I refer to the coalition's 2010 election commitment to track convicted arsonists using GPS technology. This commitment was reannounced in November 2012, and at the budget estimates hearing last year the minister spoke of world-leading technology that had been procured through a robust process. Can the minister tell the house how many convicted arsonists are being tracked by GPS technology?

Hon. E. J. O'DONOHUE (Minister for Corrections) — I welcome the opportunity to respond to this question from Mr Tee. The use of technology to track sex offenders, violent criminals and arsonists is very important. The government had a clear policy prior to the last election to introduce the use of GPS technology. Soon after I became the minister in April I announced a successful contract for the deployment of GPS technology. I am very pleased that the GPS technology is now available for sex offenders. Indeed, all the residents of Corella Place are tracked by GPS technology.

We have made GPS technology available to the courts when they are making community correction orders, and we have also made GPS technology available as a tool to the Adult Parole Board of Victoria. In addition to the toughening of the parole system, in addition to the changes to and reforms of sentencing and in addition to the community correction order, we have provided the courts and the adult parole board with the tool of GPS technology which they can deploy as a condition of a community correction order or an adult parole board grant of parole. I do not second-guess the courts and I do not second-guess the adult parole board.

Mr Lenders interjected.

Hon. E. J. O'DONOHUE — I take up the interjection from Mr Lenders that somehow the government directs the adult parole board or directs the courts on what to do. Clearly, just as Mr Tee does not understand how the planning system operates, despite being a former Parliamentary Secretary for Justice — —

Mr Lenders — On a point of order, President, on the question of answering a specific question in the corrections portfolio — —

Mr Drum interjected.

Mr Lenders — My point of order is that there was a specific question to the Minister for Corrections on the corrections system. For him to reflect on a member of the opposition’s knowledge of another portfolio area is clearly debating the question. I ask you to ask the minister to cease debating and to answer the question on his portfolio.

Mr Drum — On the point of order, President, if any member in this house wishes to interject during a minister’s answer, then they need to understand that with that will come the opportunity for the minister to reflect on that interjection. That is all that took place here.

Hon. D. M. Davis — On the point of order, President, the minister is entitled to reflect on errors or confusions in the question and misunderstanding by the asker of the question. In this case the asker of the question is a former parliamentary secretary and the minister is entitled to reflect that he is surprised that such a former parliamentary secretary would not understand basic things about the justice system.

The PRESIDENT — Order! On the point of order, in this case the area of corrections and responsibilities under corrections that the minister has jurisdiction over are closely linked to the legal system, for which the Attorney-General has responsibility. The minister’s proposition to this house that in fact the member asking the question might well have understood that relationship and perhaps asked the question in a different way is a relevant contribution by the minister in his response to this answer. I am not keen to hear the minister continue along that line much further in terms of debating the matter, but his remarks are apposite in responding to the question on this occasion.

Hon. E. J. O’DONOHUE — In responding to Mr Tee’s question, both the adult parole board when issuing a grant of parole or considering whether to issue a grant of parole and the courts when determining the appropriate conditions to impose when making an order for a community correction order can impose GPS monitoring on an arsonist.

The government has delivered on its commitment to the Victorian people as part of a broader suite of reforms. As the Attorney-General and I have said, we have abolished Labor’s hotchpotch of orders — their confusing, illogical list of orders — and replaced them with a broad, single, flexible community correction order that empowers the courts to make appropriate orders in individual circumstances, and that includes GPS monitoring for arsonists. The government is very proud of the reforms it has made in this area. We have

provided the courts and the adult parole board with the appropriate tools when considering what orders to make in relation to arsonists.

Supplementary question

Mr TEE (Eastern Metropolitan) — My question was: can the minister tell us how many are currently being tracked by GPS technology? Can the minister confirm that there are in fact no convicted arsonists being tracked using GPS technology?

Hon. E. J. O’DONOHUE (Minister for Corrections) — I can confirm that Mr Tee is incorrect. I understand that there are a number of people who are the subject of the Serious Sex Offenders (Detention and Supervision) Act 2009 who are GPS monitored and also have a history of arson, so Mr Tee is incorrect.

Prisons

Mr DRUM (Northern Victoria) — My question is also to the Minister for Corrections, Ed O’Donohue, and I ask: can the minister inform the house as to the measures the coalition government has introduced to increase capacity in Victorian prisons?

Hon. E. J. O’DONOHUE (Minister for Corrections) — This government has been absolutely clear about its commitment to community safety and reforming the system inherited from Labor. We have the 1700 additional police that are being recruited, trained and deployed; the 940 protective services officers that are being deployed on our railway stations; the reform to sentencing that I addressed in part in response to the question from Mr Tee; the new community correction order; the additional community corrections officers; changes to sentences to better reflect community expectations; and the important changes this government has made to the parole system, following some tragic and heinous crimes that the Victorian community and members of this place are all too familiar with. We have toughened the parole system so that now it is the toughest in Australia.

All this has been done in the context of Labor’s gross and wilful neglect of the corrections system. Since we came to government we have been addressing this neglect. We have been investing in the corrections system. In each of our three budgets we have made new investments in the corrections system.

As we all understand, the previous government was told on three separate occasions — these are not my words but the words of the Auditor-General — to commit to a new prison because the lead time for new complex infrastructure such as a prison is significant.

Labor failed. We have responded to that challenge and have committed to the new Ravenhall prison, a 1000-bed prison in Melbourne's west, which is well on track to be completed in late 2017.

We know that, in the great tradition of Labor, they cannot manage money and they cannot manage projects. The one project in the corrections system that Labor did commit to was the expansion of the Ararat prison project. What happened to that? It fell over. They botched it. They cannot manage money and they cannot manage projects.

Honourable members interjecting.

Hon. E. J. O'DONOHUE — That project is now back on track. It should have been completed in late 2012. It fell over. This government has it back on track and it is contracted to be completed late this year.

In that context, the coalition government has taken decisive steps to provide additional capacity to the corrections system. Since coming to government, 931 new beds have been added to the system and there are approximately 2500 in the pipeline. Those opposite may scoff at that investment, but in the coalition we understand that not only is additional prison capacity important to the corrections system, but it is also a great economic generator, particularly in country communities. I was very pleased to visit Dhurringile Prison together with Ms Lovell and Mrs Millar and the then Acting Premier, Mr Ryan, to inspect the relocatable accommodation that has been deployed to that prison; there were 50 units and 100 additional beds. It is the same form of accommodation used in Western Australia, South Australia and New Zealand.

On that day Mr Jennings, on behalf of the Labor Party, told a media conference that tougher sentencing and parole should only be introduced where there is enough prison capacity. The cat is out of the bag! In his comments Mr Jennings has flagged that Labor will roll back parole reforms, roll back sentencing reforms and wait for additional prison capacity to come on-stream. Prison capacity will be coming on-stream at a later time because of Labor's incompetence. Labor is now going to use that incompetence as a justification for rolling back the reforms of the coalition government.

Flagstaff Partners

Ms PULFORD (Western Victoria) — My question is for the Minister for Liquor and Gaming Regulation. Can the minister confirm that Flagstaff Partners, which was paid \$214 000 for 15 days of advice to government, provided advice on the gambling tax

increases announced in December, including the increase applicable to Crown Casino?

Hon. E. J. O'DONOHUE (Minister for Liquor and Gaming Regulation) — The Treasurer, Mr O'Brien, is responsible for those matters. Mr Rich-Phillips represents the Treasurer in this place.

Supplementary question

Ms PULFORD (Western Victoria) — The Minister for Liquor and Gaming Regulation is the minister responsible for gambling regulation which clearly engages issues around revenue from gambling. In fact this minister frequently refers to revenue from licence fees in this place in his capacity as the minister for gambling regulation, and indeed he mentions revenues from the electronic gaming machines auction in this place. With your forbearance, President, I would like to direct my supplementary question to the minister and ask if he could perhaps confirm instead that Flagstaff Partners acts as an adviser to Echo Entertainment Group.

Hon. D. M. Davis — On a point of order, President, the initial question was out of order; it was addressed to the wrong minister. Therefore the supplementary question cannot be asked.

Mr Jennings — On the point of order, President, you have already heard Ms Pulford refer to matters related to revenue that the minister has commented on as being within the scope of his portfolio responsibility. Ms Pulford is using that as a precedent to assume that her question is valid and should be answered by this minister who has drawn himself into this area of responsibility.

The PRESIDENT — Order! Firstly, I indicate that the original question was not out of order as such in terms of the processes of the house. Whether or not the minister felt that it lay within his jurisdiction is quite another matter, and the minister has suggested that it is not part of his jurisdiction. I am quite happy to have Ms Pulford pursue her supplementary question on the basis that she has put some explanation to the house as to why she directed the matter to this minister.

I believe it is fair for Ms Pulford to put the question in the context of ministers who at other times refer to revenue and expenditure within their departments that is relevant to their responsibilities, in this case with respect to gaming machine revenues. I am not sure that it is totally outside the scope of the minister's responsibility to respond to this question in the house, because I would expect that a minister should have an awareness of revenue levels and trends and so forth as

part of the governance of the gambling networks. That does not mean that the minister is necessarily specifically required to provide information particularly on current revenue that would only be available to the Treasurer or perhaps the Assistant Treasurer.

To that extent the minister is quite able to suggest to the house that if the member wishes to pursue further information, perhaps she needs to redirect her question to someone else. But I certainly think she is entitled to a supplementary question, and her explanation as to why she has directed it to this minister is relevant in terms of today's proceedings. I ask Ms Pulford to put her supplementary question.

Ms PULFORD — Can the minister confirm that Flagstaff Partners also act as advisers to Echo Entertainment Group, Crown Casino's principal competitor, and does that not amount to a significant conflict of interest?

Hon. E. J. O'DONOHUE (Minister for Liquor and Gaming Regulation) — I welcome the opportunity to clarify this matter through the supplementary question. Ms Pulford is correct that at times I have reflected on the Auditor-General's report on the \$3 billion of lost revenue from the previous government's botched and bungled auction process. It was one of the biggest financial disasters in Victoria's history. It is true that I often provide information to the house on expenditure from electronic gaming machines. Indeed I have provided the house with much information about the impact of the removal of ATMs, for example, from gaming venues. But Ms Pulford's question is fairly and squarely related to a taxation measure, a measure which was announced by the Treasurer in his budget update. It is a matter for which the Treasurer has responsibility and for which Mr Rich-Phillips is the responsible minister in this place.

Teachers

Ms CROZIER (Southern Metropolitan) — My question is for the Minister responsible for the Teaching Profession, Mr Hall. Can the minister inform the house of any recent initiatives that will better prepare university graduates for the teaching profession?

Hon. P. R. HALL (Minister responsible for the Teaching Profession) — I thank Mrs Crozier for her question and her interest in teacher education. One of the first tasks I undertook when I was assigned responsibility for the teaching profession was to launch the School Centres for Teaching Excellence. There were seven such centres created; some were launched at the end of 2010 and others in early 2011. These are

unique partnerships between six Victorian universities and seven clusters of schools scattered around the state. That initiative promoted a close working partnership between the school clusters and universities in terms of training teachers, enabling the universities and the schools to interact and ensuring that the pre-service training being delivered to the teachers was appropriate for the schools and the school communities in which they were gaining that particular experience.

Over the last couple of years that particular program has received very positive evaluation. This government has recently committed \$1.6 million to extend those School Centres for Teaching Excellence into 12 new Teaching Academies for Professional Practice. I am pleased to say that the seven existing School Centres for Teaching Excellence will form part of the 12 new academies, and invitations for other clusters of schools to participate in this program have now been officially called for. I welcome feedback from schools across the state.

Last Friday I visited Point Cook Senior Secondary College and met with the school principal, Greg Sperling, and others. Point Cook is part of a cluster involving in total four or five schools that are working with Victorian universities under one of these particular models. The feedback we received on this particular initiative was very positive. I met with some of those who have been involved in the program over the last few years. There is no doubt that this close working partnership between universities and schools has led to a fertile recruiting ground for the schools themselves as the pre-service teachers have been practising in those schools, have demonstrated their value and have gone on in many cases to be employed by that school as a teacher.

I particularly mention two teachers I met because I was most impressed with their abilities, their enthusiasms and their endorsement of this program. Peter Wilson is undertaking his first year of full employment at the school. He took a rather circuitous route to get to teaching; it has taken him six years. He spent some time doing TAFE programs, which he articulated into some higher education programs, before eventually becoming a teacher. His excitement at teaching for the first time really filled me with a lot of enthusiasm as well, and his infectious nature points to a wonderful career ahead of him in teaching, and that was endorsed by his principal, Greg Sperling.

The other young teacher I spoke to was Ross Hunter. Ross also did not immediately leave school to undertake pre-service teacher training but had experience in other areas before training to become a

teacher. Ross was a contract teacher last year and this year he has a permanent position at the school, teaching in the areas of English and humanities. His attitude to his future career suggested that he will be an outstanding teacher into the future. These are a couple of the people I had the opportunity to meet, and they filled me with confidence that we are on the right track with the establishment of these new academies of teaching practice, something which I again encourage other schools to get involved with.

Swinburne University of Technology

Mr LEANE (Eastern Metropolitan) — My question is to the Minister for Higher Education and Skills, Mr Hall. I refer him to an answer that he gave in question time yesterday, where he stated that expressions of interest for the now empty Swinburne University of Technology Lilydale site will be conditional on that particular land and those buildings being zoned for educational use. Can the minister confirm, given the interest of the Shire of Yarra Ranges around this particular building and land, that ordinary council activities, including housing the CEO's office, the manager of the dog catchers, the manager of the local roads or the manager of garbage collection, cannot occur in an educational zone?

Hon. P. R. HALL (Minister for Higher Education and Skills) — I am happy to have a go at answering the question. Perhaps it would be more appropriately directed to the Minister for Planning, who could give some definitive views on what is allowed and what is not allowed in particular planning areas. Let me repeat what I said yesterday to clarify my answer to the question. The entirety of that land has educational zoning applied to it. Expressions of interest are being sought for sale or lease of the site with that education zoning being applied to it. The Minister for Planning might be able to help us out, but if it says educational, I would not think that rubbish collection would be considered an educational use. I would have thought that there would probably need to be a planning zone change if garbage collection was to be located as an industry on that particular site.

Supplementary question

Mr LEANE (Eastern Metropolitan) — To be 100 per cent clear, and taking into account the minister's brief interaction with the planning minister and the nodding of heads, if the Shire of Yarra Ranges puts in an expression of interest on those particular buildings at the Swinburne Lilydale site, and if that expression of interest includes a couple of rooms for training that will be classed as education but also

houses other activities such as the CEO's office, all the managers officers, all the people that participate in the day-to-day work of a council, will that particular expression of interest be rejected because of the educational zoning?

The PRESIDENT — Order! I am a little concerned about the nature of this question and the capacity of the minister to provide an answer to the house. I am mindful of his initial remarks in his answer to the substantive question. Nevertheless, the minister has been in this place for many years and is a very competent minister, so I will let him have a shot at it.

Hon. P. R. HALL (Minister for Higher Education and Skills) — One of the things that I know Swinburne University of Technology is particularly concerned about is ensuring that the process that has been applied to the future use of this land is one of the utmost integrity and that people can have confidence that the process is proper. For that reason it has appointed a probity auditor to oversee the whole process, and as such I have confidence that the determination and future use of that site will be undertaken with the utmost probity and responsibility that should be exercised on a matter of this nature. Therefore I will not respond to the hypothetical 'what if' because — —

Mr Leane — It's not a hypothetical.

Hon. P. R. HALL — It is a hypothetical because the question you asked was 'what if this contained', and I am not prepared to speculate on those hypothetical situations. But I can give an assurance that the land is being offered for expressions of interest for sale or lease, with educational zoning on it, and my understanding of planning law is that any such change in activity would require changes to the planning scheme.

Questions interrupted.

DISTINGUISHED VISITORS

The PRESIDENT — Order! I take this opportunity to note that a former member of this place, George Cox, is in the gallery today. We welcome him back to this place, and I look forward to seeing him at lunch.

QUESTIONS WITHOUT NOTICE

Questions resumed.

Illegal tobacco

Hon. R. A. DALLA-RIVA (Eastern Metropolitan) — My question without notice is to the Minister for Health. Can the minister advise the house

what action the government is taking to crack down on dangerous illegal tobacco, given that yesterday was World Cancer Day?

Mr Lenders — And in relation to Philip Morris.

Hon. D. M. DAVIS (Minister for Health) — I will come to that in a minute. The member is right. Yesterday was World Cancer Day, which is an important day and an opportunity to indicate that the government is very serious about tackling the challenge of cancer. In Victoria the five-year survival rate has reached a record high of 66 per cent over several decades, which is an increase from 47 per cent in 1985. It is a good story of improvement in cancer outcomes under several governments.

Importantly, World Cancer Day is an occasion to highlight what is being done in Victoria, including the cancer agency and its work, the \$14.9 million annually that is available to fund the activities of the cancer agency and of course the \$1 billion Victorian Comprehensive Cancer Centre that is fast progressing. I invite members to either go onto the webcam and see quarter-hour refreshers of progress on that site, or to look at the site itself as they drive past.

Victoria is hoping to not only build and bolster its activities in this area with physical infrastructure but to support biotechnology and medical research through its 13 major research institutes and 7 major teaching hospitals and also the 23rd World Cancer Congress coming to Melbourne in December 2014. That is being supported by the government and will bring more than 2000 delegates, including clinicians, practitioners, agencies of various types and researchers to Victoria. It is an important event.

The government is also strongly aware of the need to continue tobacco control measures, and I was pleased to announce that the government will quadruple the fines for those who sell illegal tobacco. Illegal tobacco is a growing problem, although I do not believe it is on the scale that is suggested by a number of companies that have put out research, but nonetheless it is a significant problem. Any form of tobacco that is sold ought to be regulated and controlled. It is important to understand that illegal tobacco often contains impurities and may well be a health hazard in and of itself, beyond the normal level of challenge that comes from tobacco.

Honourable members interjecting.

Hon. D. M. DAVIS — I hear the interjection from the member opposite, and I note that the Labor Party still has tobacco unions giving it money — the Australian Workers Union — and indeed it has voting on its preselection panels for those who are tobacco

workers. It ought to be prepared to renounce those votes and renounce that money if it is serious about tobacco control. How many of you had an Australian Workers Union worker on your preselection panel?

The PRESIDENT — Order! The minister is clearly debating rather than responding to Mr Dalla-Riva's question and venturing into areas of another party's internal processes, which is something that I have shown a disinclination to allow in this place. I accept that the minister was clearly provoked by a number of interjections about the affairs of the Liberal Party and funding that perhaps might be derived from some of the tobacco companies. Therefore I understand why he has ventured where he has, but I have heard enough of that and suggest the minister return to the substantive part of his answer.

Hon. D. M. DAVIS — I welcome the Prime Minister's announcement that the Liberal Party will not take donations, and I have indicated that we will stick with that. I certainly support it. President, you will understand why I think it is time that the Labor Party took some steps in that direction too, which would remove any influence on it.

Having said that, I will return to the direct question that was asked of me, and I indicate that the Trident task force has an important role. It is comprised of Victoria Police, the Australian Federal Police, the Australian Transaction Reports and Analysis Centre, the tax office and a number of other agencies and is involved in seizing and destroying illicit tobacco. I was pleased to join with it in announcing the \$67 million worth of tobacco that was seized — a massive warehouse that will be destroyed, and I welcome that. The government is prepared to make it clear to retailers that sell illegal tobacco that there will be a quadrupling of fines. We are serious about tobacco control, and this is one aspect in the long series of steps to reduce tobacco harm.

QUESTIONS ON NOTICE

Answers

Hon. D. M. DAVIS (Minister for Health) — I have answers to the following questions on notice: 8484, 8993, 9016, 9532, 9533, 9584, 9811–29, 9840, 9845, 9853–5, 9859–907, 9938–40, 9944–6, 9948–10 029, 10 033, 10 036, 10 038, 10 042–5, 10 047.

MINISTER FOR HEALTH

Debate resumed.

Mr LENDERS (Southern Metropolitan) — As I was speaking on the motion of no confidence in

Mr Davis, I reiterated the issues raised by my colleague Mr Jennings, who meticulously and thoroughly went through the seven points in his motion as to why the minister should not have the confidence of the house, and I was outlining how the government has no empathy, no passion and no vision for what a health system can be. There is simply a quibbling over statistics and an absolute obsession with what others have done and how other people can be blamed.

I cannot help but go to the central premise of this blame issue, which is that there is always someone else to blame. As Mr Jennings said, it is fine for three Liberal treasurers to take \$826 million out of the health forward estimates and for this minister to ineffectually sit around the cabinet table and fail to stop this happening, but then the minister will spend time trying to blame the commonwealth government for cuts. It is fascinating how obsessed the minister and Ms Crozier are with trying to blame someone else. For example, an inane motion came before the Victorian Legislative Council chamber calling on the federal government to do something, which is fine. But because that motion was not supported by the opposition, the bizarre assertion was made that somehow people voted for health cuts. The government moved a political motion in this chamber, and suddenly it is the Labor Party's fault for what happened in another jurisdiction because of a motion moved by David Davis. It is truly bizarre.

There were 800 beds promised, but there has been a decline in the number of beds. There has been nothing but an attack on workers' organisations, whether it be the Australian Nursing and Midwifery Federation or the ambulance employees component, and this goes to a bizarre level. In question time yesterday in this house Mr Davis made some remarks that I can only paraphrase because I cannot quote *Hansard* from the current session. Mr Davis actually said that the ambulance union wanted people in regional Victoria to be in pain. I invite anybody opposite to read the relevant part of *Hansard* and disagree with my paraphrasing of this bizarre assertion by the minister. Anyone who criticises the minister gets attacked and criticised. What we have seen in this house is a minister who when trying to explain why he has not delivered 800 hospital beds tells us it is the fault of the carbon tax or the fault of the workers and their organisations. I have never heard a minister attack his workforce to the extent that this minister has done.

I will describe what for me was probably the most salient moment that occurred in the chamber in relation to this minister, as opposed to the lack of service provision outside and the lack of empathy for citizens of this state who roll up to emergency departments and

wait in pain. Mr Jennings asked the minister a series of questions in this house about the annual report of his department. It is not as if Mr Davis is an incoming minister and the annual report covers part of the previous government's administration. It is not as if he is a junior minister in the department and the annual report was supervised by another minister. This was a Minister for Health in his fourth year as minister being asked to comment on the annual report of his third full year as minister. When Mr Jennings asked him a series of questions about measures, including ones that Mr Davis had promised to deliver at the election, the best Mr Davis could do, in a flurry, thinking he was an undergraduate student politician again, was flick in a panic through his annual report and point to the hand hygiene measure in that report. With great pizzazz he then said, 'We have achieved that'. Pontius Pilate was a comparative amateur at washing his hands; all Mr Davis needed to do was add the hand-washing gesture.

When the Minister for Health has promised to deliver 800 new beds and the objective data shows there has been a cut, and when people are in pain and services are not being delivered, all the minister can do is try to blame the carbon tax, the workforce, the previous government, the federal government or anybody other than himself. I put it to you, President, that this house should express no confidence in this minister because he is not up to the job and Victorians deserve better.

Sitting suspended 12.59 p.m. until 2.02 p.m.

Mrs MILLAR (Northern Victoria) — I am pleased to speak against this motion, which is misguided in substance and in content. Since coming to this role last August I have spent a great amount of time driving thousands of kilometres across my huge electorate, and talking to locals about their health needs has been a particular focus for me. This government is investing in improving health infrastructure and services in regional and rural communities, especially across northern Victoria, as no other government has before. Some of the earlier suggestions of Mr Lenders were outrageous. He asserted that the Minister for Health, the Honourable David Davis, wants people in rural Victoria to be in pain and that there is a lack of empathy from this government. I strongly refute those outrageous assertions. I note Minister Davis has done much to enhance the delivery of quality rural health infrastructure and services in Victoria.

In terms of hospitals, this government's record on capital investment in the health sector across northern Victoria is unparalleled. Investing in both upgrading and constructing new hospitals is of great importance

and speaks volumes to local regional communities. There are so many health infrastructure programs in northern Victoria that even I struggle to keep up with the projects that are going ahead on time and on budget. I will summarise a few of these projects — the list is very long — across the Loddon Mallee and Hume regions.

In the Loddon Mallee region Bendigo Health has received \$630 million for the development of a new hospital, the single biggest health-care service investment in regional Victoria's history. There is a great sense of pride and excitement as the people of Bendigo daily watch the progress on the building site. I have visited the site in the last couple of weeks; I always love visiting the hospital and talking to locals about their excitement for the project. Castlemaine Health has received \$10 million to upgrade the hospital, including the relocation and refurbishment of its emergency department. The Charlton hospital, which is another facility that I love to visit, has received \$22.7 million to rebuild the hospital following the 2011 flood devastation, which is well remembered in this place. The Echuca hospital is well on track, with \$65.6 million for a redevelopment with modern purpose-built facilities, including a larger specialist emergency department and new inpatient beds.

Also in the Loddon Mallee region, Heathcote Health has received \$2.4 million for a GP primary care clinic. Kerang District Health has received \$36.3 million to redevelop the hospital, including the residential aged-care facility, which is an important priority in that community. Kyabram and District Health Service has received \$3.5 million for a health and wellbeing centre. The Kyneton hospital, which is close to my home, has received \$6.8 million for an ambulatory care centre. Maryborough District Health Service has received \$600 000 for medical imaging upgrades. Mildura Base Hospital has received \$16.37 million for a hospital upgrade, including the expansion of the emergency department, a short-stay unit and expanded obstetrics and mental health services. The Swan Hill hospital has received \$24 million for three redevelopment projects, including the hospital, an aged-care facility and community rehabilitation services.

Equally in the Hume region there is a great deal of investment going on in the health sector. Albury Wodonga Health has received \$81 million, including \$65 million for a regional cancer centre, an emergency department, elective surgeries and subacute and positron emission tomography services. Alexandra District Hospital has received \$19 million for an aged-care redevelopment and \$50 000 to upgrade the ambulance station. Cobram District Health has received

\$3.5 million for a community rehabilitation centre development and \$450 000 to deliver subacute services to the Moira shire. Healesville and District Hospital has received \$7.8 million for a hospital expansion, including a new operating theatre, a renal dialysis unit and a community health centre expansion. Kilmore and District Hospital has received \$20 million for a hospital redevelopment to increase capacity and service range and create a dedicated outpatient service.

Also in the Hume region, Mansfield District Hospital has received \$1.3 million to co-locate primary health-care services in Mansfield. The Numurkah hospital is another significant project, with \$23.2 million to rebuild the hospital following the 2012 flood devastation. Seymour Health has received \$4 million to establish chemotherapy services. In Shepparton, Goulburn Valley Health has received \$1.66 million for subacute services in addition to \$320 000 for new X-ray equipment. Northeast Health Wangaratta has received \$3.5 million to revamp the emergency department and develop a dedicated procedure room, in addition to \$1.5 million for a dental clinic and community care centre redevelopment. This list shows that many communities across northern Victoria are excited about the investments this government is making to improve health infrastructure in their areas.

In terms of ambulances, not for one moment would I suggest that every town in northern Victoria that deserves an ambulance has one, but I note with pride that this government is investing \$151 million to deliver the single biggest investment in the ambulance service in our state's history. Across the Hume and Loddon Mallee regions we are investing in new ambulance branches in Wodonga, Wallan, Cobram, Numurkah, Mildura, Swan Hill and Kyneton and upgrading existing stations in Alexandra, Wangaratta, Maryborough, Kyabram, Castlemaine and Romsey. We have also delivered five new mobile intensive care ambulance single responder units for northern Victoria in the important locations of Mildura, Shepparton, Wangaratta, Wodonga and Swan Hill. These are all now up and running and delivering highly trained specialist care that was never before available to these major regional cities.

Having ambulances is just one part of the issue. The other issue is the number of paramedics, and this government has delivered an additional 465 paramedics since November 2010. That is an additional 65 paramedics for the Hume region and an additional 44 paramedics for the Loddon Mallee region. In a recent media release Minister Davis noted that the annual report on government services shows that

Victoria had 49.3 full-time equivalent (FTE) ambulance officers per 100 000 people across 2012–13, which was higher than the national average of 46.4. We especially need to note that this is up from 38.2 FTE officers in 2009–10, when Labor left government. It is a big difference and a big improvement. This means there are more paramedics, more shifts and more vehicles than at any other point in Victoria's history.

Ambulance response times in rural and regional areas, with the distances that need to be travelled, are very different from metropolitan Melbourne. Will this ever be perfect? No. But we need to note the significant improvements in response times. The Victorian health services performance data also shows significant improvements in timely transfers of patients from ambulances to hospital emergency departments, with the statewide proportion of ambulance patients seen within 40 minutes improving from a December year to date figure of 76.1 per cent in 2012–13 to 80.9 per cent for the same time in 2013–14. Victorian coalition government initiatives to ease congestion in busy hospital emergency departments introduced following the recommendations of the Ambulance Transfer Taskforce, which was chaired by Mr Andrew Stripp, have assisted significantly with these improvements.

This very flawed motion strikes at the fundamental difference between the parties. The coalition government is about delivering good and responsible government and investing through good management in real infrastructure. What Labor is about is whingeing, complaining and taking away from what others create. What Labor cannot do is manage and deliver. Just look at its track record — though I know none of us wants to go back to those dark times. The opposition may like to ignore its period in government, but Victorians have not forgotten, let me tell you.

This government can stand on its record because locals can see tangible investment in their local regional communities. No-one would suggest, and nor do I, that there are no challenges remaining or that there is nothing still to be delivered, but this is the health sector and we all live in the real world. What I can say with certainty is that no other government has invested as much, and this investment will continue to serve these communities for decades to come. For these reasons I will be voting against this motion.

Mr SCHEFFER (Eastern Victoria) — The seven charges that Mr Jennings's motion lays — —

Mr Elsbury — Charges?

Mr SCHEFFER — The seven deteriorations — maybe I could call them that — that Mr Jennings's motion lays against the Napthine government, and specifically against the Minister for Health, David Davis, stand as a serious indictment of a government that promised much but is now shown to have betrayed its responsibilities of office. Mr Jennings's motion does not comprise seven assertions or contentions; they are all statements of fact that government speakers have tried to sidle around in one way or another, but in the end they have been unable to refute them.

It is a fact that after the last three years of the coalition government's administration 10 000 more Victorians are waiting for surgery. It is a fact that there were 4175 fewer surgeries in 2012–13 than in 2010–11. It is a fact that the statewide ambulance code 1 response times have worsened. It is a fact that adult cardiac survival rates have also worsened. It is a fact that ambulance ramping at emergency departments had risen to 13 178 instances per month in 2012–13. It is a fact that 29 per cent of patients were not treated within required times at emergency departments in 2012–13. It is a fact that the number of hospital beds, contrary to Mrs Peulich's interventions during Mr Jennings's contribution, has gone down.

Behind the statistics that Mr Jennings provided in his motion and elaborated on in his contribution there are Victorians who personally bear the pain and suffering and whose families are profoundly affected by the worry and anxiety that this minister's negligence and maladministration has caused them. Week after week Minister Davis's responses to questions put to him by Mr Jennings during question time use the opportunity to attack the opposition, a union or a professional association or institute that has pointed to weaknesses in the minister's handling of his portfolio. Alternately, the minister uses opposition questions, as well as questions from his coalition colleagues, as an opportunity to talk up various funding announcements or selected statistics in an attempt to rescue what is now a shredded credibility. We heard a very similar thing from Mrs Millar in the previous contribution, where basically her speech consisted of a catalogue of infrastructure and funding of the government but did not answer the basic facts that are put in Mr Jennings's motion this afternoon.

No doubt the minister sees his responses to the repeated questions and issues that the opposition raises as smart, witty and tough, but no-one — including his own backbench, who we from the opposition side see behind him — gives him any credit for all his thrashing about. Who can blame him for this obfuscation? What else is open to this minister when the facts trumpet his

shortcomings and when desperation is evident in his inability to deal squarely with the facts presented to him?

The health minister appears to be incapable of giving an honest and frank account of health delivery in this state, because he has failed to both administer effectively and credibly explain his government's policy or its objectives. Victorians are sick of hearing about how much the government is spending on this and that health project, when their own experience tells them that health services are collapsing. The government and the minister are caught up in an inward-looking syndrome that we recognise all too often in terminal administrations — that is, believing that problems have nothing to do with what you are doing and everything to do with what someone else is doing. The message is not getting out and the public is being misled by the opposition and the media — so it is about shouting louder, criticising the critics and reprosecuting its own sense of achievement, all the while failing to listen and not taking the real concerns of real citizens seriously.

For example, when the opposition asks the minister how he responds to the concerns of the professional association of Victorian emergency physicians about the ambulance dump-and-run policy not working unless there are additional resources for beds, doctors and nurses to meet the need, the minister replies that these critics are closely associated with the Trades Hall Council, that the Victorian Emergency Physicians Association is a small splinter group that does not speak for all emergency doctors, that the government was consulting and that additional funds had gone into the health system in general. The minister does not mention one single remedy that the government has implemented.

I use this as one example that illustrates how the minister attacks and obfuscates but is unable to directly deal with or address a specific issue that is directly and negatively affecting the ambulance system and is hurting the people who rely on it. As any listener of question time would know, Mr Jennings's questions of the minister are always grounded in clear, authoritatively sourced data and always ask the minister to provide an explanation or an objective description of the state of affairs, and almost always the minister says that the government talks up health spending or he accuses or denigrates those who criticise.

As I said at the outset, the motion before us this afternoon contains seven incontrovertible and evidence-based facts about the state of Victoria's health system after three years of coalition government. Government speakers have so far failed to face up to

the fact that they have allowed the Minister for Health to inflict great damage on the health system in this state. As has been mentioned previously, at the end of January the Productivity Commission released its *Report on Government Services 2014 — Volume E — Health*. The opposition points out that this most detailed piece of work shows, firstly, that during the Labor leadership of the state, health services continually and consistently improved. This is not self-justification and some kind of mindless party-political promotion on our side; it is a fact. It is based on the exhaustive and forensic work of the Australian Productivity Commission, and I urge members to look at the report themselves if they have not done so already.

As the Labor opposition announced last week just after the report was released, there was a drop in the percentage of patients who were treated in the Victorian emergency departments within the recommended time, to below the national average. The Productivity Commission report shows that there was an increase in elective surgery waiting times and that those Victorians who wait the longest are waiting over two weeks longer, whereas in Labor's last four years this measure decreased by an average of 3.4 days a year. The commission's report says that there is an average increase of 11.6 per cent in the number of patients who have waited longer than 365 days — that is, one full year — for elective surgery, compared with what occurred in Labor's last three years, which saw an average decrease of 8 per cent.

On this basis it is crystal clear, without any doubt, that the Napthine government and Minister Davis have presided over a deterioration in health services that has seriously harmed Victorians who need reliability and speed in health service delivery. What is the reason for this decline? What is the reason that the level of services and delivery have not met targets and have deteriorated and gone backwards? The fault does not rest with nurses or doctors or ambulance officers or hospital administrations or government departments; its fundamental cause is reckless and ill-considered budget cuts that have no or little regard for the practicalities of health delivery. The Productivity Commission report says that in the first year of the coalition government alone, recurrent expenditure had fallen 0.3 per cent whereas under Labor in the last four years the average increase was 6.1 per cent.

There is more. The commission's report says that during Minister Davis's administration, growth funding did not even match the population increase, meaning that in financial terms the state's health services are going backwards. By contrast, Labor increased funding

on an average of 3.6 per cent per year — and Minister Davis has savagely reduced that down to 1.9 per cent, which is around half.

The picture is clear. A failure to resource what is arguably one of the two most critical portfolio areas has resulted in a collapse in health services. This is why Victorians have demonstrably lost any confidence they may have had in the coalition. When the Baillieu government was elected with great glory and triumph in 2010, it made a number of pledges to Victorians living in both metropolitan and regional areas. It promised to rebuild hospitals, increase the number of hospital beds by 800 — and we have heard many times that at this point not one of those 800 beds has been delivered — rebuild the mental health system and the regional health capacity, build capacity in the ambulance service and invest in infrastructure. On behalf of his new coalition government, Premier Baillieu promised to fix the problems, but the government and the Minister for Health have failed through their own lack of capacity. It is no wonder that Victorians are most concerned about the weaknesses of the state's health services.

On those grounds I have no hesitation whatsoever in supporting Mr Jennings's motion before the house. I support the view that this house lacks confidence in the Minister for Health to effectively undertake his duties.

Mr ELSBURY (Western Metropolitan) — It is quite telling from Mr Scheffer's contribution what the opposition is trying to achieve here today. Mr Scheffer got up and referred to the seven items listed in the motion as charges. Basically what Mr Scheffer is alluding to is the fact that this is a kangaroo court; this is an attempt by the opposition to try to bring forth some trumped-up charges — as he put them, as he leaves the chamber — to try to somehow embarrass the Minister for Health, a minister who is doing an extraordinarily good job in delivering for the people of Victoria. He is not only delivering the infrastructure that we need into the future but also ensuring that front-line services are where we are putting our investment. There is no point in having hundreds of staff at a hospital if they do not contribute to the health care of a patient. If all they do is shuffle paperwork between one another, we are not getting the purpose of what is done at a hospital.

The purpose of a hospital is to take care of patients, to ensure that their medical needs are met and, hopefully, to ultimately allow them to leave that hospital and take on a fulfilling part of their lives for many years to come — whether it be after some rehabilitation following a stroke, after some work that has been done after a major heart operation or a traffic accident, or

after some surgery to make their lives a little bit more comfortable, like a knee reconstruction or a spinal realignment.

These charges are completely unfounded. I use Mr Scheffer's determination of what the motion contains. He calls its points 'charges', so I will continue along that line and let the Labor Party's kangaroo court continue. We have actually seen a great deal of investment in the medical sector. Certainly we can be proud of what we have been able to achieve across the western suburbs in my electorate of Western Metropolitan Region. In the 2012–13 budget the minister announced a \$15.1 million upgrade of the critical care services at Sunshine Hospital, including maternity services and 13 intensive care beds. This project is one of my favourites, as we move away from the waste of Labor and into the practical implementation of health policy for the people of the western suburbs under a coalition government.

The backstory behind this is that in 1999 the then Kennett government decided to build an intensive care unit (ICU) at Sunshine Hospital. It was constructed, but unfortunately before we could commission that unit the Labor Party won the election. This was unfortunate for many reasons, and the people of Victoria will have to deal with the consequences of Labor being in power for 11 years. For 11 years we did not have an intensive care unit at Sunshine Hospital; it was closed down. For 11 years it sat idle and did not deliver the services it was designed for, nor did it provide the care that it was supposed to deliver. Instead it was used as a film studio. If you wanted to film *Water Rats* or a scene from a telemovie showing people with medical equipment around them lying in a bed being cared for by nurses and doctors of the highest quality, you could go there and have fictitious care given to someone, but for 11 years you could not get the real care that was supposed to be delivered by that facility.

Contracts have now been called for. They have been called for and accepted, and we await the final announcement as to who will make this ICU into the facility that it should be — that is, a modern facility that provides care for 13 patients and also provides the additional care that is needed in the western suburbs for complicated pregnancies. I have spoken in the past with a family friend who had to go from Melton to Heidelberg to have twins because having twins was considered to be a high-risk pregnancy. It seems insane that in recent history that could not be accommodated in the western suburbs of Melbourne because Labor chose to have a film studio over an intensive care unit at Sunshine Hospital.

Sunshine Hospital has also benefited from a \$3.85 million package to open four short-stay psychiatric beds. It is unfortunate that in our society we have people who have times where life gets too difficult, the pressures of life become too much and something in their psyche no longer works. It is quite scary to watch when someone in your family has a psychiatric problem, and it is comforting to know that they are able to receive care. Certainly those new beds at Sunshine Hospital for the people of the western suburbs are a welcome inclusion.

In the 2013–14 budget a \$34 million investment was made at Werribee Mercy Hospital to build a new 54-bed mental health unit. This project will deliver 25 additional beds to help people who fall on those hard times and need assistance in getting their lives back together. It will enable them to get the professional help they need. Western Health has been given another 12 psychiatric assessment beds so that people can be given the care that they need. They can now be directed towards the care that they genuinely need should they present at the hospital with psychiatric problems.

Another project close to my heart — or should I say my mouth — is a \$9.7 million investment in the Western Region Health Centre to improve its dental services. This is a project that I worked studiously on to get the funds that were needed to provide a service that is adequate for the people of the western suburbs of Melbourne. This issue had been ignored by the previous government — completely ignored. To say that the equipment being used at those facilities was antiquated would be something of an understatement. I have a feeling that our friends up at Melbourne Museum in the Carlton Gardens would be very eager to gain some of the equipment that is in place at that dental clinic, it is so old.

What we are doing is building a 12-chair dental clinic at Footscray. It will improve the facilities markedly. It will provide the staff, who give of themselves to be at that clinic, with the equipment they deserve to get the job done for the people who need their dental care to be improved. This dental clinic provides assistance to people who are on health-care cards. It provides assistance to our Indigenous community, to refugees and to some of the people who are in the most need of help.

This is also a matter of health of the highest order. Dental health is vital in ensuring that other health needs are also taken care of because it has to do with nutrition. It has to do with your mental health as well. The threshold of pain, which can be excruciating if you have a major dental problem, is sometimes out of

control. I know that when I had an abscess under a tooth I could not believe how painful it was. I was fortunate because I had private health care, but what this clinic can do is provide that relief to people who cannot afford private health care so that they can get the care they so desperately need.

Certainly the health system has improved for the people of Craigieburn because the coalition government implemented a 24-hour ambulance service in Craigieburn — a service that was scrapped under Labor. We reintroduced it. We put the ambulances back into Craigieburn 24 hours a day, 7 days a week. We put them there because we recognised the massive growth that is occurring in that community and the critical need to have an ambulance service on the ground. Before that Labor had decided that it could have a part-time ambulance service. People obviously do not get sick outside of office hours! We provided a 24-hour service. Although I am not completely across the details, because Northern Hospital is outside of my electorate, I understand that improvements at the emergency department at Northern Hospital will greatly elevate the level of care people are receiving in Craigieburn from their closest medical centre.

Those opposite come in here, beat their chests and rant and rave about the seven charges they have put before us as if they are just waiting for Perry Mason to wander in here at some stage — although he would be a stranger in the house. Perry Mason would come in here with some vital clue and evidence to prove *actus reus* and *mens rea* and that some heinous crime was being inflicted upon the people of Victoria. The heinous crime I would like to put before this house is one that was committed by the previous Labor federal government. It involved taking \$107 million out of the funding of surgery lists. That \$107 million was ripped out, outside of a normal budget period. It was taken away from us so that we could not deliver the surgery services the people in this state deserve and need.

The added difficulty of doing it at the time the federal government did it, which was outside of a budget cycle, was that hospitals had already laid out their plans. They had already decided how much surgery they were going to do. They had already gotten the specialists they needed on the roster. They had already told the surgeons that this is where they were going to be doing this work, and in some cases patients had already been told the dates when they needed to be available for the surgery.

Once the money was gone, the hospitals had to change all of their activities. They had to rearrange who was on staff. They had to rearrange who was coming to the

hospital. They had to reorient medical technicians — the people who get the operating theatres up and running and the people who prepare the operating theatre and make sure it is a sterile place. They rearranged their orders of medical equipment and medicines so that they could smooth out the impact this \$107 million cut was going to have on their patients. It was not just a cut to Victoria. It had a significant impact on patients — the people who are sick.

There was a lot of aggro from the Minister for Health. He took the lead on this issue and took it up to the federal government. He stood up for the rights of this state. Slowly but surely the other states also came on board. The other states started to feel a bit more boisterous and a bit more willing to put their necks out and say, 'No, it is not right for us either. We have been ripped off. This is not fair'. It was our health minister, David Davis, who led the charge. If he had not led that charge and just rolled over like those opposite suggested we should when they voted against a motion in this place to condemn the federal Labor government over these funding cuts, the money would never have been returned to this state or to any other state in Australia.

Once again the conflict between state rights and federal rights came into play, and our minister stood up to an aggressive federal Labor government which was trying to rake back as much money as it could after it realised it had maxed out the credit card just that little bit too much. I do not know what stopped it then, because it was spending like a drunken sailor up to that point, but it suddenly decided to throw on the handbrake and try to do a 180-degree turn on the highway, and then suddenly we got the money back and were able to get things going again.

It sounds great. Some \$107 million was taken out, but it has been given back. It is all sunshine, lollipops and rainbows everywhere! That is how it should be, should it not? That is what those opposite would have us believe, but no, it does not work like that. You cannot just ring a patient and say, 'Yes, come in now and get your surgery done', because they have to prepare for surgery. They have to make sure that they do not eat. We have to make sure that we have the beds available. We have to make sure that we have the staff available. We have to make sure that we have the surgeon available. We have to make sure that the medical equipment is available. We have to make sure that we have the medication available. This takes time to put back together again. It does not happen overnight.

Instead of getting the full benefit of the \$107 million, which we should have, we lost money in that deal. We

lost it because of the fact that the federal Labor government took it out and then just tried to plonk it back in. Not only did it try to plonk it back in, apparently it could not trust the state government to administer that cash, so it came up with some convoluted system of trying to give the money back to each individual hospital. Instead of giving us the allocations — which we as a state government would have given them — to then distribute, the federal government attempted to give the allocations to the hospitals directly. There was no mechanism in place. There was no way for that money to just turn up as a cheque. It was not as though staff could go down to the staff canteen and use the federal government credit card on the EFTPOS machine. It could not happen. It took a convoluted process before that money was made available. There was a big fanfare because they were giving the money back, but it took three to four months before that money was actually available.

Certainly we have had those difficulties — the difficulties of a federal Labor government, for starters, and the difficulties of a previous Labor government in Victoria. We had those difficulties, but we are overcoming them. I can proudly say that the hospital network in the western suburbs is doing some remarkable things. It is a partnership: the medical staff on the floor, their administrators, the administrators of the Department of Health and the health minister all working in unison so that on a day-by-day basis the people of the western suburbs receive the health care they so richly deserve.

Williamstown Hospital had a maternity department until the previous government closed it. Williamstown Hospital provided a total of 7088 bed days to patients in the three months to the end of June, up from 6814 bed days in the previous quarter. We are increasing the number of patients that we are able to care for at Williamstown Hospital.

Werribee Mercy Hospital admitted 6438 patients in the three months to the end of June, up from 5495 admissions in the previous three months. Being a larger hospital, it of course produced other achievements. It admitted 1581 emergency patients in the three months to the end of June, up from 1228 in the previous three months. It saw 8523 patients in its emergency department in the three months to the end of June, up from 8303 in the same quarter of 2012. It admitted 107 neonatal intensive-care/special-care nursery babies in the June quarter, up from 94 admissions in the June quarter of 2012. That hospital has to deal with quite a number of births. The city of Wyndham celebrates 76 births every week. It is one of the fastest-growing growth corridors in Australia. If I

am not mistaken, the city of Melton has around 64 births per week. We may have to talk to the Minister for Water about the drinking water out there, but in any case, that is a reality that has to be dealt with. We have a large number of births at that hospital, and the hospital network is keeping up with that demand.

Sunshine Hospital has had improvements in key areas. It admitted 12 391 patients in the three months to the end of June, up from 12 133 admissions in the previous three months. It admitted 4338 emergency patients in the three months to the end of June, up from 4147 emergency admissions in the previous three months. It saw 16 851 patients in its emergency department in the three months to the end of June, up from 15 838 in the same quarter of 2012. It provided treatment to 22 890 outpatients in specialist clinics in the June quarter, up from 21 868 treatments in the previous three months. Ambulances are discussed in this house quite frequently, but Sunshine Hospital was on bypass for 1.9 per cent of the time in the three months to the end of June. That is well below the 3 per cent benchmark for the state. It received 3851 ambulance arrivals at its emergency department in the three months to the end of June, up from 3518 arrivals in the 2012 June quarter.

Sunshine Hospital receives a substantial number of people for various reasons. I have taken my children there and even had to take myself there once or twice in recent history — not too recently, but accidents happen and children who get sick in the middle of the night need attention. I have used Sunshine Hospital for these purposes. I congratulate the staff at the hospital on the fantastic work they do.

Western Hospital at Footscray admitted 10 931 patients — lucky we got that extra 1 patient in, I am sure — in the three months to the end of June, up from 10 672 admissions in the previous three months. It admitted 5125 emergency patients in the three months to the end of June, up from 4888 emergency admissions in the previous three months. It provided treatment for up to 13 099 outpatients in specialist clinics to the end of the June quarter, up from 12 088 treatments in the previous three months, and it provided a total of 33 988 bed days to patients in the three months to the end of the June quarter, up from 32 309 bed days in the previous quarter. It treated 960 patients from the elective surgery waiting list in the June quarter, up from 878 in the previous three months.

We have a minister who stands up for Victoria. We have a minister who provides the infrastructure, not only for hospitals but also for other health-care needs. We have a minister who is delivering more bed days for

our patients and who is improving the capacity of medical units and emergency departments in the western suburbs so that they can cater for more people. Then we have an opposition which brings its charges in a kangaroo court to try to belittle the massive effort that this minister has made in not only defending Victoria's rights but also delivering a better system with proven outcomes. I have no doubt the minister will continue to perform this task. He will continue to provide the health infrastructure and work to improve the medical outcomes for people, not only those in the western suburbs — although I thank him very much for the fantastic work he has done out there — but across the state.

Just before I conclude I mention another hospital. The Bendigo Hospital is the biggest medical infrastructure investment in the regions in this state's history, if not the country's.

Mr Drum interjected.

Mr ELSBURY — That hospital is close to my heart also, Mr Drum, as I have many family members living in Bendigo who have young families, and I also have elderly aunts and uncles who need medical attention from time to time.

Mr Drum interjected.

Mr ELSBURY — Labor was going to build a smaller hospital.

Mr Drum interjected.

Mr ELSBURY — Exactly. They were going to segregate them. Certainly that hospital — in which, as I have said, I have a vested interest — will deliver much better outcomes for the people of Bendigo, including family members who will benefit from that particular project.

I do not think we will ever again see the debacle we saw at the Royal Children's Hospital where someone somehow forgot that you need computers to run a modern hospital. I would have thought that that would be a no-brainer. It is probably more reflective of the former health minister. In any case, I do not think we will ever again overlook something as important as computers in delivering information and communications technology for our projects. In fact we will deliver better projects, as we are at the Box Hill Hospital, where additional floors are being added. I only hope construction of hospitals in the western suburbs will one day benefit from such good management of projects and our health system in

general. With those few words, I indicate that I will not be voting in support of the motion.

Ms PULFORD (Western Victoria) — In his wide-ranging contribution over just shy of half an hour Mr Elsbury canvassed all manner of things, including the health needs of members of his extended family. Better than anybody else who has contributed to this debate he has exhibited the extent to which this government is in denial about the crisis affecting the access by Victorians to health care and our health system in general.

In moving and seeking to debate a motion of no confidence in the Minister for Health, Labor members come to this place with a heavy heart. Contrary to what Mr Elsbury said, Labor members are very proud of our record in government. There was a requirement to rebuild our health system after the Kennett government's closure of a dozen hospitals, the sacking of 3500 nurses and the standing by idly while the Howard federal government denied Victoria its fair share of health funding. Labor members worked hard to restore confidence in Victoria's health system, and we are proud of our record in health.

What has happened in the past three years has had devastating consequences for tens of thousands of people in Victoria. As members know, we have a health system that is in crisis. We have a complete loss of public confidence in our ambulance system. There are 10 000 more Victorians on the surgery waiting list than there were when the government came to office. Fewer surgeries are being performed than were performed in the year this government came to office. Our ambulance response times have deteriorated. There is a farcical dump-and-run policy in place as part of this government's attempt to deal with an ambulance ramping crisis that each and every day puts at risk the lives of Victorians in this state.

Before the election the coalition said that there would be 800 new beds in hospitals in Victoria. Government members have not been able to point to a single new bed. In every suburb and every town of this state there are examples of the real human consequences of this government's and this minister's failure to provide the health services that the Victorian public needs.

Members opposite have today clearly demonstrated that they are in denial about this crisis. Mr Elsbury has declared that he will be very proudly voting against this motion. I can only infer from that that government members have confidence in the health minister. The job of the health minister in Victoria is by any objective reckoning one of the most important jobs in Victorian

public life. The health portfolio is the most significant area of public expenditure. Unlike the many matters members debate in this place from time to time, the matters dealt with by the health minister in the administration of the health portfolio are plainly matters of life and death.

The statistics are clear. Previous speakers have detailed the ongoing, year-on-year decline in the provision of health services in Victoria. Given the limited time I have to contribute to this debate today, I will not labour this point, but I will say that the statistics clearly demonstrate that Victoria simply cannot go another year with David Davis as the health minister. In every instance the minister's response to criticism is to turn around the attack and direct it to the health system workforce or a federal Labor government that does not exist anymore. This minister has failed to take responsibility on any occasion for any of the areas for which he is responsible.

The communications system of our ambulances has been downgraded. The minister refuses to meet with doctors from the Victoria Emergency Physicians Association. The minister seems to be relishing the pay dispute with ambulance officers, which is quite extraordinary. There is a litany of the government's broken and half-cooked promises across my electorate. One particularly salient example is a promise relating to the Beaufort ambulance station which was made by the coalition before the election. Beaufort ambulance station will be understaffed and not resourced in any way.

The government is wasting money on its public advertising campaign to try to turn around public opinion. In this debate today it has been demonstrated time and again that government members completely fail to acknowledge that there is a problem in our health system. Mr Jennings's motion details not opinions but a set of facts and hard data. In the debate today government members have refused to acknowledge any of the points in the motion. It is very hard to fix a problem that is not acknowledged as existing. There is no sign of hope that this government will turn things around.

I note the Premier has indicated that he will be undertaking a ministerial reshuffle because of the announcement to retire by at least one minister in the other place. I urge Dr Napthine to take immediate action to replace Minister Davis with someone who can perhaps be a little less involved in the politicking around health and a little more involved in the delivery of health services.

I will provide one recent example that I am familiar with in my electorate, and it relates to our ambulance crisis. The government is increasingly avoiding the rostering of qualified paramedics to meet community needs. On public holidays, for example, first aid volunteers are being used in place of paramedics, and disturbingly there are now reports that during emergencies like the bushfire that the Grampians faced a couple of weeks ago there are instances where first aid volunteers are being used instead of paramedics. In just that one example, if a firefighter is burnt, a paramedic can insert a peripheral intravenous line and administer intravenous fluid, give morphine for pain, manage a burnt airway with an endotracheal intubation and sedate and ventilate the patient if the burns are severe. Those are not functions that volunteers can perform.

The minister's desire to deride any critic, including those who are part of our health workforce, could have dangerous consequences for the health of Victorians. I call on the government, indeed the Premier, to address the government's consistent deficiency and deteriorating performance in this critical area of public administration. I urge government members to wake up, smell the roses and notice what is going on in Victorian hospitals and in the daily experience of those who encounter our health system.

It has been lovely to have the 30-minute version of, 'Here are the lines from the department on this and that; it's all the former federal government's fault', and the like, but government members owe it to their constituencies to find out what is actually happening in the health system. If they do so, I think some of them, one or two maybe, might put the interests of their constituencies ahead of the interests of the Liberal Party and support Mr Jennings's motion on this occasion. This is not something we do lightly, but Victoria cannot afford another year with this health minister at the helm. It is simply too dangerous.

Mrs PEULICH (South Eastern Metropolitan) — I am pleased to rise to speak against this motion in defence and recognition of the enormous amount of work that the Minister for Health, David Davis, has undertaken in the area of the health portfolio, himself having a medical background, in what is no doubt the most challenging portfolio in any government, irrespective of whether it is a coalition or a Labor government. We all know that the health portfolio is the most challenging, and it is the most challenging for a range of reasons. Obviously the demand for health services will continue to increase, in part because we have a growing population, in part because we have an ageing population and in part because there is now a

greater complexity of issues as a result of the ageing population that is present in our hospitals and health system.

There is obviously a growing issue and a problem with a large number of people being affected by mental health issues, by substance abuse and by drug abuse, which creates complex and compounded health issues that often present at emergency departments and are most challenging to deal with. There is an increased and more sophisticated capacity to diagnose patient illnesses, and so the cost of diagnosis increases every year because of innovation and improved technology. That also gives rise to increased expectations amongst those who find themselves involved in the health system. There is also the increased cost of medical care, whether it be the cost of drugs, the cost of equipment or the cost of construction of new health infrastructure, plus there is the increased cost of salaries for health personnel.

When we look at all the dynamics of the health portfolio, everyone should understand that the health portfolio is always going to be the most complex and the most challenging, and there will always be areas where close management is required in order to make sure that we maximise the outcomes for those who need health care, that we maximise the outcomes for those who need it the most and that we provide it at the time when they need it. I think the ALP is being entirely hypocritical to move such a motion. Mr Jennings, of all people, actually has quite a keen brain and understands the health portfolio, so for him to move this sort of motion diminishes him, diminishes his seniority and experience as a former minister in the Brumby and Bracks governments and sells him short. He sells himself short by grandstanding some indicators that he likes to spin. He spins them because he only tells a little bit of the truth, and that is easy to do. He is a seasoned performer, he is an experienced former minister, he knows how to spin it, he knows how to select the indicators, he knows how to line them up in order to create an impression that the health system is — —

Mr Jennings — It is compelling!

Mrs PEULICH — No, it is far from compelling, and the most obvious of political lies is to make reference to bed counts. I know there is a method by which we can identify the average number of beds in the system, but it has been impossible to do so since we moved in the 1990s under the Kennett regime and the then Minister for Health, Marie Tehan, from stand-alone hospitals to health networks. It would be impossible to identify the specific number of beds in a specific hospital because at the end of the day what

really matters is the ability to use the maximum number of resources possible and the maximum capacity of our hospital system in order to treat and care for the greatest number of people.

Mr Jennings sells himself and his government short. I am pleased to get up and speak in favour of and in support of the Minister for Health, David Davis. I note a few things that Mr Jennings failed to mention, such as the improvements in the Victorian health system since 2010 or the admission by the Leader of the Opposition and member for Mulgrave in the Assembly, Daniel Andrews, that when in government prior to December 2010 Labor failed to plan for the growth of Victoria, and I quote from an article in the *Herald Sun* of 4 December 2010:

I think it's fair to say that in the face of unprecedented growth, we struggle to keep up ... I think we could have done more, we could have done better.

Mr Jennings — What's wrong with that?

Mrs PEULICH — It goes to my opening remark, that health is a complex and challenging portfolio where the costs are growing exponentially and the expectations of the community are growing likewise, and the responsibility of the government is to manage that as best it can in order to maximise the returns to the community. It is not made easier by the union movement, given its close association with the Labor Party, particularly in terms of political donations. The close association between the Construction, Forestry, Mining and Energy Union and Labor has now been exposed in relation to the construction industry. There are members affiliated with the union movement here and in the other chamber. We all know that the ALP is the political arm of the union movement.

To judge the health system or any other portfolio by the industrial unrest that is caused during an enterprise bargaining agreement (EBA) negotiation process by people closely affiliated with the Labor Party is not a sound basis on which to judge government performance. It is in the interests of the Labor Party and the union movement, given their close, historic affiliation, to protract those union campaigns for long as possible and hope against all hope that somehow that will cause some political haemorrhaging for your political opponents so that those — I would not use the word 'puppets' — members of Parliament who have a close affiliation with particular unions and particular factions may somehow get a better opportunity of being returned to the government benches.

The worst outcome for our health system would be to see Labor back in charge. We saw the phenomenal

amount of money that was wasted under Labor, which was a huge factor in convincing a sufficient number of Victorians to turn against Labor in 2010. They saw how much money was wasted. They saw the money that was wasted, for example, on the desalination plant; they saw the money that was wasted on the poker machine licence auction, which saw \$3 billion less than the forecast value collected. They saw, for example, the botching of the smart meters program and the ultranet. They saw a phenomenal amount of money wasted, all of which could have been directed to far better uses for the community, including more investment in much-needed infrastructure — I will come to some of that investment in the health portfolio in a moment — and far greater service provision for an ageing, diverse and growing community.

If we look at the inaugural speeches of Labor Party members following their election to Parliament, we see that they all, hand on heart, beat their chests and profess their profound, undying commitment to their sponsors — a particular union movement with which they have been affiliated. I also hear it from the Labor Party grassroots members. We had one very highly connected Labor Party member come to a Liberal Party fundraiser. She was a delightful, intelligent woman, and we had a great conversation. It was a slightly eclectic gathering of individuals having a good time in a suburban backyard — I am digressing for the moment but it is relevant. This woman said, she really missed having these types of activities in the Labor Party. She said it was the faceless men of the union movement who made all the decisions and determined all the preselection outcomes. She said it used to be fun, but the ordinary branch member was disenfranchised due to the rising power of the faceless men in the union movement, and I sympathise with her.

Mr Jennings — You're off topic.

Mrs PEULICH — No, I am not. What I am pointing to is that the ambulance officers EBA campaign should not be used as a basis on which to judge the state of the health system, nor should we use the Australian Education Union's campaign in the renegotiation of the teachers EBA agreement or any other industrial arm of the Labor Party, because they are obviously working to a single political objective, and that is to bring about a change of government.

Mr Jennings failed to mention the improvement of the Victorian health system since 2010. He has a myopic view of the health portfolio, although he knows how complex a portfolio it is, and he seems to now be afflicted with a short-term memory problem. Not only is he myopic but he has some memory issues. He failed

to reflect on the flawed record of the former Minister for Health, Daniel Andrews, of allowing systematic manipulation of health data. Then Mr Jennings becomes aggrieved when the Minister for Health, David Davis, attempts during question time to place our government's performance in the broader context of the system we inherited, something of course which is absolutely relevant when answering those questions on performance. What he has also failed to mention is Labor's botched merger of the ambulance service as well as its failure to properly resource Ambulance Victoria. There is no mention of that — none whatsoever.

He failed to mention something that is very close to my heart — because it will service my constituency — and that is Labor's failure to build the Monash Children's hospital, despite knowing for eight years that it was needed. He also failed to mention the failure by Labor to build the Royal Victorian Eye and Ear Hospital, and he failed to mention Labor's failure to plan and build the Bendigo Hospital for a sufficient capacity — which reminds me of the Monash Freeway. It was intended to be three lanes in one direction, but in order to bring it in on time and on budget the Labor government scaled it down to two lanes, and we now have heavy congestion on the Monash Freeway for which the good burghers of the various city of Casey seats suffer day in, day out, every commute.

Labor's track record on planning for and building the necessary infrastructure — whether it is in health, education, roads or public transport — was one of the big reasons why it got a kick in the backside in 2010. Labor is very slow to invest in the necessary infrastructure because it likes to spend money in so many other areas to look after its political friends rather than looking after Victorians. What Victorian Labor members have been absolutely silent on is their failure to stand up for Victorians when the Gillard Labor government cut funding to Victorian hospitals from December 2012. Instead they voted in this chamber to support the cut. Their stand is recorded in *Hansard*. They lost their voices. They were mute to their political masters in Canberra, never raised a squeak, sat there and voted for it, so the hypocrisy of this motion and Mr Jennings's own contribution is there for all to see.

Also, what Labor has failed to do is support the Victorian coalition government's record of \$14.3 billion in health funding, which is \$2 billion greater than under the plans of Daniel Andrews, the Leader of the Opposition in the Assembly. We did not hear a word about that, not even a concession to some of the improvements in the health system. Lastly, he failed to mention and support the massive \$4.5 billion

health capital works program currently under way, including hospitals Labor failed to build in metropolitan and country Victoria.

Each one of those points I could talk about extensively, but I understand that the Labor opposition is keen to have a vote and that there are other matters on the opposition business program. Therefore in closing, if Mr Jennings wants to be remembered for being the parliamentarian and the minister who has been wise, who has been effective and balanced, and who has made a contribution to this Parliament, then he needs to resist bringing shabby motions of this nature into the chamber for debate. What he has done is embark on a shabby public relations propaganda contribution without apprising the chamber of the improvements and challenges in the health portfolio. I think Minister Davis has done exceptionally well, especially in the context of the concerted attack that has emanated from the union movement associated with the various enterprise bargaining agreement reviews. With those few words, I look forward to voting against this motion.

Mr JENNINGS (South Eastern Metropolitan) — Acting President, thank you for the opportunity to respond to members who have contributed to the debate today. I certainly thank those people who have spoken in support of the motion, which expresses no confidence in the Minister for Health and is consistent with the campaign the opposition has run in the public domain calling for the removal of the health minister because of the failings of the portfolio.

Mr Elsbury interjected.

Mr JENNINGS — Mr Elsbury invites me to remind the chamber of the facts that have been put on the table as distinct from a number of assertions that government members have put on the table. I have relied significantly on information that is available from the Australian Institute of Health and Welfare, from the Australian Productivity Commission, from data that has been published by the government itself in terms of the hospitals performance data and from FOI documents that have been gathered by the opposition and others to support the facts of the deterioration in the health system.

In countering this information, a number of government members have tried to assert that I am motivated purely, simply and solely on the basis of my allegiance to unions which operate within the health sector, as distinct from the concern that I have expressed consistently over the last three years for the wellbeing of Victorian patients. It is the interests of Victorian patients that should be paramount to us all, and in fact Mr Elsbury was one of the few government members to

at least have a go at identifying some skerrick of credibility that the government may bring to bear on some of its decisions and investments. He and Ms Hartland drew attention to some investments in the western suburbs of Melbourne that, quite rightly, should in some shape or form be applauded by all members of the community in terms of an achievement of the government.

I am glad the government has done something of value in its investment strategies. The trouble is that it is very little very late and it is not in accordance with what it promised. That is the real test for the government and the minister, and it has been sorely failed. My colleagues who have responded to the debate have drawn attention to a number of aspects that I did not mention. Mr Lenders referred to a matter that I debated with the minister yesterday in question time about the effectiveness of his spending over \$400 000 to publicise his government's negotiating position in relation to the ambulance paramedics enterprise bargaining agreement rather than using that \$400 000 to add to the fleet of ambulances in the state of Victoria at a time when it is very clear that every single one of those ambulances is precious in terms of providing support for the Victorian community at a time of crisis and transferring patients in an appropriate and timely way to our hospitals.

There is a critical shortage of ambulances and paramedics in the state and an ongoing difficulty in ambulances being able to smoothly transition patients from their care into hospitals because there are insufficient doctors, nurses and beds being provided within Victorian hospitals to enable this to occur. We then had the extraordinary intervention of the Minister for Health midway through 2013 of introducing the infamous dump-and-run policy, which was designed by him on the advice of relatively few stakeholders in the health sector, to encourage paramedics to transport patients to a hospital and then leave them without the appropriate transitional care arrangements being put in place.

That policy was rejected by paramedics and emergency workers within hospital systems as an inadequate response to the issue, and I thank my colleagues for drawing this response to the attention of the government and the chamber. Earlier in my contribution I indicated that it was the factual basis of the analysis provided by those various sources that I needed to demonstrate the point, whether it be the Productivity Commission, the Australian Institute of Health and Welfare, the hospital data itself or information that has been gathered by the opposition through freedom of information.

In my contribution I indicated that I did not need to rely on proof put forward by or arguments mounted in newspapers, and I specifically drew attention to the *Herald Sun*. I did not need that newspaper to prove the point, but in October 2013 the *Herald Sun* certainly nailed the point that the health crisis and the ambulance crisis could and should be resolved by the intervention of the Premier because clearly the health minister was not up to it. Clearly the health minister was incapable of solving this problem, and that was a challenge that the *Herald Sun* was very happy to put on the public record. It is totally consistent with what the opposition has been saying for a number of years and, increasingly, with what members of the community are saying.

The motion before the chamber today calls upon members to vote to condemn the minister for not having sufficient wherewithal to undertake his responsibilities and to indicate that he has failed the people of Victoria. I implore government members to not only do Victorian patients a favour and the Parliament a favour but also, ultimately, to do themselves a favour and support today's resolution. Members should vote to support my motion, which clearly articulates the reasons this minister does not deserve the ongoing support of this chamber. We express no confidence in his ability to acquit his responsibilities or satisfy his election commitments. I urge members to support the motion.

House divided on motion:

Ayes, 17

Barber, Mr	Melhem, Mr
Broad, Ms	Mikakos, Ms
Darveniza, Ms	Pennicuik, Ms
Eideh, Mr	Pulford, Ms
Elasmar, Mr	Scheffer, Mr (<i>Teller</i>)
Hartland, Ms	Somyurek, Mr (<i>Teller</i>)
Jennings, Mr	Tee, Mr
Leane, Mr	Tierney, Ms
Lenders, Mr	

Noes, 19

Atkinson, Mr	Koch, Mr
Coote, Mrs	Kronberg, Mrs
Crozier, Ms	Lovell, Ms
Dalla-Riva, Mr	Millar, Mrs
Davis, Mr D.	O'Donohue, Mr
Drum, Mr	Ondarchie, Mr
Elsbury, Mr (<i>Teller</i>)	Peulich, Mrs
Finn, Mr (<i>Teller</i>)	Ramsay, Mr
Guy, Mr	Rich-Phillips, Mr
Hall, Mr	

Pairs

Tarlamis, Mr	O'Brien, Mr
Viney, Mr	Liberal Party vacancy

Motion negated.

HEATWAVES

Ms HARTLAND (Western Metropolitan) — I move:

That this house —

- (1) notes that from 14 to 17 January 2014, Victoria experienced an unprecedented heatwave with the hottest four-day period on record for both maximum and daily mean temperatures;
- (2) acknowledges with great sadness the loss of life due to this heatwave that engulfed Victoria and offers our sincere condolences to those families;
- (3) highly commends the hard work and dedication of staff and volunteers of emergency services, community-based health services, local governments and community organisations who responded to the heatwave emergency in extremely difficult conditions;
- (4) recognises that 2013 was Australia's hottest year on record and that climate change is increasing and will continue to increase the frequency, duration and intensity of heatwaves in Victoria;
- (5) refers to the Legal and Social Issues References Committee for inquiry, consideration and report by 19 August 2014 the heatwave planning, response and recovery with reference to —
 - (a) the adequacy of the heatwave plan for Victoria to address the threat to health and life posed by the January 2014 heatwave;
 - (b) the adequacy of emergency services, local government and other key community agencies' heatwave action plans and how effectively they were able to be implemented;
 - (c) how effectively Victorians who are most vulnerable to heatwaves were protected and supported to manage the heat health threat; and
 - (d) opportunities for improvement, including considering a whole-of-government integrated approach, similar to that taken for bushfire emergencies.

Heatwaves are of critical concern to Victorians. This motion begins by recognising the extreme heat we have faced over the past month. The Bureau of Meteorology found that the heatwave that engulfed us between 14 and 17 January this year was mainly focused over Victoria and that numerous records were broken for extended periods of heat. It was the hottest four-day period on record for both maximum and daily mean temperatures. It reached 45 degrees in Victoria on three days during the heatwave. The bureau reported a fivefold increase since 1957 in the average annual frequency of 45 degrees centigrade temperatures. The statewide average maximum temperature exceeded 41 degrees on four consecutive days, surpassing the

record of three consecutive days set in 2009 in the lead-up to the Black Saturday fires. These two heatwaves, both of which occurred in the last five years, stand ahead of any others recorded on a statewide basis.

This motion acknowledges with great sadness the loss of life caused by the recent heatwave, and along with my colleagues, and I believe everyone in the chamber, I offer my condolences to families who have lost loved ones. Current estimates are that more than 100 people died as a result of the heatwave. I await the chief health officer's report on the heatwave for the final toll and for a greater understanding of the circumstances in which people passed away. I would appreciate the government providing us with an estimated time line in which we can expect to see the chief health officer's report. We know that heatwaves have a major impact on human health. People aged over 65, children and those suffering chronic disease are the most vulnerable to extreme heat. The cause of death is often heart failure or heatstroke. Once again I offer our condolences to the grieving families.

This motion commends the hard work of those employed by or volunteering with emergency services, community organisations, local government and community health centres who worked long hours under difficult conditions to protect our most vulnerable residents from the heatwave. Without their work on the front line, I am sure that many more lives would have been lost. Simple measures can save lives during a heatwave — providing an air-conditioned space for people to get a break from the heat, keeping swimming pools open later, handing out bottles of cold water and sunscreen, providing health-care and heatwave advice and checking on the welfare of vulnerable people. All of these acts make a great difference.

Some organisations went to great lengths to find temporary alternative housing arrangements for people in rooming houses or high-rise apartments with no air conditioning and no natural ventilation because their windows cannot be opened. Some council workers spent hours on phones, checking the wellbeing of every home and community care client in their area and sending workers to check on residents who seemed to be struggling. We congratulate all those who went the extra yard to look after their neighbours and the people in their care.

The fourth part of the motion acknowledges that heatwaves like the ones experienced in January this year and in 2009 are part of our climate reality today. The Bureau of Meteorology recently declared 2013 Australia's hottest year on record. This follows

consistently high temperatures over the past decade. Climate change is increasing and will continue to increase the frequency, duration and intensity of heatwaves in Victoria. Heatwaves will only get worse, and the health impacts will continue to grow. CSIRO predicts that heatwave deaths across Australia will more than double by 2020, from around 1100 per year at present to 2300 to 2500, and these deaths are projected to quadruple by 2050.

Given the significant toll heatwaves are taking and will continue to take on the Victorian community, we must respond to heatwaves with the same seriousness, resolve and investment as we do to other disasters. Heatwaves deserve a whole-of-government, integrated emergency response on the scale of our response to major bushfires. After the 2009 heatwave the government took some steps to improve our heatwave response. In 2011 it released a heatwave plan for Victoria. As part of this plan the Department of Health issues heat health alerts to various agencies that choose to subscribe to it. The government acknowledges that heatwaves require emergency responses, but the system of heat alerts is hardly an emergency response on the scale of other threats such as bushfires.

There is mention of heatwaves in the *Emergency Management Manual Victoria*, which allocates responsibility for management to the police. In appendix 10 the manual provides a list of detailed multi-agency emergency management plans. There are plans for road rescues, bushfires, earthquake emergencies, flood emergencies, health emergencies, storm emergencies, tsunami emergencies, transport and engineering emergencies, chemical, biological and radiological responses, animal welfare emergencies, human pandemics and marine pollution — but there is no emergency plan for heatwaves. The manual was last updated in 2013, so it is not as though there have not been opportunities to include a heatwave emergency plan in recent years, especially considering what we saw in 2009.

The federal government's *State of Australian Cities 2013* report shows that heatwaves cause more deaths than all other emergencies in Australia, including bushfires, cyclones, earthquakes, storms and floods combined. Since 1890 heatwaves have caused 2887 deaths, far more than the 843 from bushfires, 453 from floods and 124 from storms.

Given that so many lives are lost — more than from all other emergencies — it is confusing and alarming that heatwaves do not attract the same level of concern and emergency planning. The government failed to even mention heatwaves in its 2013 emergency management

white paper, which is its 10-year vision for emergency management in Victoria. It seems that the scale of response currently afforded to heatwaves would be adequate for a small-scale health threat, but it is not adequate for an emergency that affects the entire state, causes massive strain on the health system and community support agencies and leads to hundreds of lives being lost.

Clearly the government is not taking heatwaves seriously enough, and the Greens are not alone in their concern about that. The Victorian Council of Social Service (VCOSS) has also called for a whole-of-government approach to heatwave emergencies using a model similar to that for bushfire emergencies. The VCOSS report *Feeling the Heat — Heatwaves and Social Vulnerability in Victoria* outlines concerns that heatwaves are not included in Victoria's emergency management provisions. VCOSS has said that the lack of dedicated planning for extreme heat events puts an extra burden on local government, emergency services and local community sector organisations which are at the front line of responses and often struggle to meet the heightened demand for services. This is exacerbated as heatwaves often correspond with periods of high fire danger.

The previous government did provide funding and support to local government to develop local heatwave action plans. However, no funding has been provided by the coalition government to implement the plans. The coalition government is relying on emergency services, local government, community health centres, neighbourhood houses and community organisations to put on extra staff, open up air-conditioned spaces and respond to heat emergencies on the ground. The government expects them to simply shoulder the costs, which could run into hundreds or even thousands of dollars. Some local councils and organisations, as I have said, go to significant effort and expense to respond to heatwaves; however, the lack of funding, together with a lack of statewide investment and coordination, means that the response by local government and other agencies is quite modest in nature and often not commensurate with the seriousness of the emergency.

These responses are not consistent across the state but are rather ad hoc, dependent upon local circumstances and the availability of resources and services. I do not believe that is good enough. During the January heatwave we had many examples of people slipping through the cracks. There was no statewide plan that considered where homeless people would go to escape the heat. Thankfully the Salvation Army, after identifying the issue on the first day of the heatwave,

acted quickly and contacted the City of Melbourne to create air-conditioned refuges in the town hall and other buildings. The City of Melbourne agreed immediately and should be commended for that, but such a scenario should have been anticipated and properly considered in a statewide emergency management plan. Places should have been prepared and promoted in advance of the heatwave to protect the health of those on the street, people who often suffer from chronic health conditions and thus are particularly vulnerable to extreme heat.

The president of the Australian Medical Association Victoria in an interview on the *7.30 Report* said that some hospitals were not prepared for the spike in presentations during the heatwave and needed contingency funding to put on extra staff and open extra beds for the influx during heatwave emergencies. He said that the performance of these hospitals suffered as a result of this lack of preparation.

One of Australia's leading heat health experts, Dr Margaret Loughnan, a health geographer at Monash University, said too many vulnerable people, such as the elderly and those with chronic illnesses, were not prepared for such hot weather. While she recognised that we get a few days warning that a heatwave is coming, Dr Loughnan said that it is not enough for people to say that they are heatwave prepared. Being heatwave prepared means making sure your air conditioner is working, making sure that you have got your medication stored at the right temperature and, if you do not have an air conditioner, making sure that you can get yourself somewhere that does. It takes some research and preparation to find where you can go to get a seat in an air-conditioned space for a couple of hours and how you can get there safely in searing heat.

Many people are not prepared to cope with the heat should there be a blackout, as we have seen in South Australia over the last few days. We now know that that is quite common during heatwaves. Most home phone lines now rely on power to operate as they are cordless systems. During a blackout people are cut off from communication networks and cannot phone for help. With no air conditioner or fan, sometimes for hours, this puts many people at further risk.

Dr Loughnan said that the government could ask people to develop ahead of summer heatwave plans that make them contemplate staying safe at home during the heatwave or leaving, just as people do with their bushfire plans. We all know that these bushfire plans have been extremely successful. The Department of Health should then be able to say, 'We are issuing a heat alert and it is time to activate your heatwave plan now'.

Local radio station 774 ABC is the official emergency broadcaster in Victoria. During the January heatwave there were systematic bushfire warnings at regular intervals during station programming. However, provision of heatwave health advice was dependent on if and when the presenter mentioned it, and you can safely say that it is not mentioned nearly as often as a fire threat. The two should be linked, although we know that the health impact of a heatwave is far greater. These deficiencies in health warnings are just a few examples of what happens during heatwaves, which are not taken as seriously as bushfires. They are examples reflective of the deeper lack of commitment by the state government to addressing the heatwave health threat.

In response to the January heatwave, VCOSS has also highlighted that a number of other states and cities prone to heatwaves, such as Western Australia and New York, have adopted better approaches. Western Australia has an integrated heatwave emergency management preparedness, planning and response plan. The Western Australian state emergency plan for heatwaves details the arrangements for the control of emergency response in the management of heatwave emergencies. It is a whole-of-government, consolidated plan that not only identifies triggers for the emergency response but identifies response strategies and establishes clear notification and communication protocols between emergency management stakeholders.

A more detailed example of heatwave planning is in New York. The New York Office of Emergency Management plans and prepares for emergencies, educates the public about preparedness, coordinates emergency response and recovery and collects and disseminates emergency information on a range of natural and man-made emergencies, including extreme heat. When the heat index is forecast to reach a prescribed temperature the Office of Emergency Management convenes a steering committee, which comprises various health, critical infrastructure, public safety and communications agency representatives. The steering committee meets daily to review forecasts, assess the status of the city's infrastructure and its citizens' health and safety and determine what action should be taken. Depending on the severity, the city may open cooling centres in air-conditioned public community centres, senior citizens centres and public libraries to offer people relief from the heat. It may increase outreach to the homeless and other at-risk populations, or issue evacuation safety alerts for contractors working with underground infrastructure.

In a more severe heat emergency the city's emergency operations centre will also be activated to provide a

central point of coordination and communication for various aspects of the emergency response. The Office of Emergency Management provides a free telephone service to locate cooling centres or pools and provides an online location service. Its website also offers information and advice on keeping cool, heat-related illness, conserving energy and other heat-related issues. This is a great example of what we could be doing in Victoria. A consistent and coordinated approach to heatwave is long overdue.

The final part of the motion before the house today calls for the Legal and Social Issues References Committee to undertake a wide-ranging inquiry into the adequacy of the *Heatwave Plan for Victoria — Protecting Health and Reducing Harm from Heatwaves* for Victoria to address the threat to health and life posed by the 2014 heatwave. The inquiry must investigate not only the state government's plans but also those of emergency services, local government and other agencies upon which the government relies to deliver life-saving measures.

As I indicated earlier, I believe many of these front-line agencies were hampered in their efforts by a lack of funding and, in some cases, a lack of planning support to deliver all the services that would substantially benefit vulnerable people during heatwaves. The motion specifies that the inquiry must investigate how Victorian heatwave management plans could be improved, including the adoption of a proper emergency management plan such as that which exists for bushfires.

In Victoria we need to develop a better understanding of best practice heatwave management and how it can be applied across the state. The Victorian government is currently undertaking major reform of the state's crisis and emergency management arrangements to create a more disaster-resilient and safer Victoria. It has established Emergency Management Victoria to create an all-hazards, all-agencies approach. An inquiry by the Legal and Social Issues References Committee into our statewide heatwave response, ahead of the operation of these new emergency management arrangements, would be extremely informative and critical to ensuring that this new agency oversees heatwave emergencies, and does so with greater commitment and investment than we have seen from the government in the past.

Hon. D. M. DAVIS (Minister for Health) — I am pleased to respond to the motion moved by Ms Hartland. It is an important motion. It canvasses a very important topic — that is, our preparation for heatwaves that occur from time to time. There are some lessons to be learnt, as there always are out of each and

every occasion of this type. As Mr Barber said in this chamber yesterday in speaking on a bill, in 2010 a parliamentary committee looked at the 2009 heatwave impact. The chief health officer at the time, Dr John Carnie, conducted a systematic review of what had occurred then. It was clear that 374 people had died, and in that sense it is likely to have been the biggest tragedy that has occurred in peace time in Australia in terms of its impact and loss of life. It had a very significant impact. That was under the previous government. It is important to note that through that period there were no heatwave plans and there were no systemic responses or organised responses of any scale. I observed that evidence.

Professor Chris Brook, who is a director in my department, gave evidence at that hearing. I have had many discussions with Professor Brook, who is a very experienced person in disaster planning. He is the state health commander and is somebody of great eminence who has knowledge in this area and strong connections with those who understand how to plan for these sorts of emergencies. I can indicate that Professor Brook and I made contact with authorities in both the United States and Canada on matters surrounding emergency management. We looked at similarities and challenges in those jurisdictions to understand how to respond in a whole range of circumstances.

There is also the set of very important recommendations that came out of the bushfires royal commission. The now government, then opposition, adopted those recommendations. A number of the recommendations went to greater coordination and arrangements between agencies. We now have a systemic and statewide organisation between different agencies — between health, ambulance, the fire authorities, the emergency services, the State Emergency Service and so on. There is a systemic approach there that was not there previously. I am not being critical of the previous government; this is from learning that has come out of some of the disasters that occurred in 2009, including both the bushfire disasters and also the heatwave impacts.

I was proud to launch *Heatwave Plan for Victoria — Protecting Health and Reducing Harm from Heatwaves* in recognition that from time to time we will see significant impacts on our communities. I want to pay tribute to the current chief health officer, Dr Rosemary Lester, for the work that she and her predecessor, Dr John Carnie, have undertaken in terms of preparation in this area; and also others in my department, Alison MacMillan and Carmel Flynn, who have done enormous work to put this on a stronger and more planned footing, particularly in conjunction with

the other agencies. It was interesting that as the recent very hot week came forward, the planning between agencies was stronger than it had ever been before in Victoria's history. There was integration between the agencies. Staff from the Department of Health, the Department of Human Services and Ambulance Victoria were integrated into the state emergency response in a way that they had not been before. Ambulance Victoria and my own Department of Health staff and emergency management people were more coordinated than ever before.

Our own small emergency centre has, as a matter of routine and practice now, incorporated links with Ambulance Victoria and personnel are being based there so that the coordination that operates is seamless and the ability to transact data and information and to share the sources of information that are available is much greater. The links with councils were also strengthened, and a set of arrangements were put in place. Councils were asked to plan ahead of time. Each local community has a responsibility in that regard.

Under the system that has been put in place the chief health officer issues the alerts in a timely way, ahead of time, based on the evidence and on an algorithm that enables us to predict the likely results in the different regions of Victoria. For those who have not read the heatwave plan document, I would suggest it is a very worthwhile read. I am not suggesting that there can never be any improvements to this plan; I think there can be and there will be over time. As each occasion occurs we add more coordination and more useful ways forward that protect the public and that put things in place ahead of time to ensure that there are better outcomes for our community. At figure 1 in the document you will see the heat health temperature thresholds and corresponding weather forecast districts. It lays out the municipalities and a number of the key forecasting matrices that will enable the chief health officer to make the decisions that she needs to make.

The warnings go out. This time there were not just warnings from the chief health officer but a significant and broad communications plan was launched. I want to pay tribute to a number of others, including Ambulance Victoria and particularly Paul Holman, who is a person of great integrity and good sense. He was the one who had the responsibility of coordinating Ambulance Victoria's input with the Department of Health's emergency response team and worked with them in a coordinated way. He was also very good in getting many of the messages out to the community, whether on radio or television or in other forums.

From the start of this process we increasingly found that we were holding joint and integrated briefings for the press and for those we wanted to alert to enable them to get the messages out to the broader community. Paul Holman was very effective in helping to get those messages out. The chief health officer also took part in those briefings, and on a number of occasions the fire authorities and others were involved, including my colleague the Minister for Police and Emergency Services. Importantly, another approach we took saw the commissioner for senior Victorians, Gerard Mansour, also involved. He sought to communicate with seniors through organisations, individuals and direct communications like email and other mechanisms, including news releases and press appearances around the state, to get the message out that those who are older and, in some cases, much more vulnerable needed to take specific action. Those actions were well detailed. Tips sheets and information were provided across the community very broadly.

It is important to understand that the heat response is somewhat different from other emergencies. It is dispersed across local communities. One of the things we tried to get across is that people should talk to their neighbours, knock on their doors and assist them if possible. As Ms Hartland pointed out, many of our councils took elaborate steps to contact those in their municipalities who were in the at-risk categories. Obviously the response varied considerably between municipalities. No-one should think that a very small rural shire would have the same response as a major metropolitan municipality. There are different response outlines, different communities and different abilities to respond. We have worked with councils and talked these matters through.

Health services were also notified through the heat health alert system. Health services are required to have heat plans and to put them in place at the appropriate time. Those documents were put in place ahead of time, and they are followed by alerts from the chief health officer or other authorities. They enable the health services to take whatever action is required in the circumstances to put themselves in a position to handle changes that occur. The heat health alert system is an important one. As I said, the chief health officer issues imminent heat condition warnings, and the updated State Health Emergency Response Plan was issued on 19 November 2013, putting in place many of these related steps.

It is important to note that the period between 13 and 18 January was very hot — and likely to have been the hottest period on record. Day three of the heat event in 2009 saw mean temperatures of 34.6 degrees, day four

saw temperatures of 35.0 degrees and day five saw temperatures of 33.8 degrees. These were very significant mean temperatures, with three days over 30 degrees. But in the 2014 event the temperatures were 35.7 degrees on day three, 34.4 degrees on day four, 34.8 degrees on day five and 32.7 degrees on day six. This was a longer heatwave, with mean temperatures very significantly challenging the community. The important thing is the additional day coming cumulatively on top of three very hot days, which had a significant impact on communities and on older and vulnerable Victorians.

The government was very aware of that, and I can indicate that all the emergency authorities were deeply engaged in getting the messages out. I want to put on record the government's thanks to the fire services commissioner Craig Lapsley for the work he did in assisting in getting these messages out. Both he and the Minister for Police and Emergency Services, Kim Wells, were very helpful in enabling a coordinated response and assisting with the task of getting out the detailed messages. I also want to record my thanks to Ambulance Victoria; I think it played a magnificent role here. Additional resources were available, and the relationship that exists with the Metropolitan Fire Brigade enabled an additional first responder capacity to be deployed. There were also staff call-backs to make sure that as many staff as possible were available, and there was flexing up and down by using the non-emergency patient transport vehicle fleet, which can be deployed under the contractual arrangements with those non-emergency patient transport firms when there is an emergency. This enables the fleet to expand as required and to do so in local areas to enable response to greater demand. Those non-emergency ambulances are used specifically for less acute code 3 patients, enabling the Ambulance Victoria fleet to be deployed for the most acute patients. There was a significant effort to have a very fast response on every possible occasion to cardiac events. The number of cardiac events was much greater than is normally the case, and the number went up as the hotter days rolled on.

There was also close communication with the Bureau of Meteorology and briefings to our centre and to the state control centre to enable an understanding of the likely impacts and timing of those impacts in different regions. The chief health officer, the fire services commissioner, the state health and medical commander and, as I said, the commissioner for senior Victorians and the Minister for Police and Emergency Services worked closely together in a seamless and coordinated way. I think the preplanning paid very big dividends. There is no doubt that there will have been significant

impacts, and I can indicate to the house today, as I have done publicly on a number of occasions, that the chief health officer will complete a report on this event, as she did in the case of the 2009 event. That is entirely appropriate and as it should be. That final report will take some time to complete, because quite a lot of detailed work is required to understand each and every area that has been impacted upon and to do it in a thorough and thoughtful way.

I have no doubt that Rosemary Lester, the chief health officer, will undertake the steps in a coordinated, proper and entirely scientifically based way. It is important that we not jump to conclusions about individual cases or even broad numbers of cases, because there are a number of factors at work here. Public comments have been made which were ill-informed reflex comments which were made in some cases by people not fully briefed about the detail of the state's response, the coordination of the state's response and the thought and effort that had been put in by many people across a large number of agencies in terms of the response. Some of those people have since been briefed, and they took a very different view once they could see the detail and planning that had gone in.

In this context I want to say something about the importance of not confusing the response on individual occasions with broader and more esoteric debates on climate change. I heard Mr Barber's comments in this chamber yesterday, and I understand his points about adaptation and mitigation. I also understand the points that are made about climate change and that there are some people who have particular agendas there. They are entitled to have particular agendas — it is a free country, and people can say what they wish — but we ought not confuse the specifics of the response and the specifics of preplanning with a broader agenda.

Some political parties have a particular agenda and see the heatwave as a way of bringing certain issues back onto the political agenda for their own ideological and political purposes. Again, they are entitled to do that, but I am entitled, as are government members and others, to call them on it and say that that is what is going on. We need to be quite clear that the specifics of planning, the specifics of preparation and the specifics of our response — both the response of the government and the response of the community — to these things are incredibly important matters, and they ought not to be mixed up like a great big cake with concepts around climate change and the debates that are occurring there. Where people have political allegiances and so forth, they should declare those up-front rather than, in a few cases, running agendas that are clearly designed in a particular way.

Notwithstanding that, I welcome debate on these matters publicly because it is only by sensible, practical debate that we can actually improve in an ongoing way the response in these areas. There is always something further to learn and additional points to add that will improve and refine the way these matters are dealt with. Of course the chief health officer will undertake a detailed examination, and the heatwave planning will no doubt be improved in individual steps as ideas are introduced. There is no doubt that further steps can be taken to ensure that the state health and emergency response plan, which is now in its third edition and was issued on 19 November 2013, undergoes further iterations.

An example of one little piece of mischief that was run by a group that ought to have known better in this circumstance was putting out that the calling of the code orange by Ambulance Victoria in some way was the wrong thing to do or some mode of crisis. In fact the opposite was true. It was a preplanned code that brought resources and a clear message to ambulance service people across the state about the likely scale and need for preparation. This was a carefully preplanned calling of a code orange exactly as it was meant to occur. It was to give people forewarning and time for preparation for a particular series of heat events. For a group to go out publicly and seek to indicate that this was in some way a wrong response or something that indicated a crisis or a lack of preparation is mischief designed for political purposes. I was very disappointed to see that particular group go out and make those claims in circumstances where the state was responding ahead of time with appropriate warnings and additional resources being deployed, and we were doing that in an entirely responsible way and in the way it was intended to operate.

Groups that have a particular political agenda need to take a step back and look at the immediate circumstances and the need to make sure that everyone pulls together. We saw one group seek to play political games about whether additional resources would be deployed. I, along with my ministerial colleagues, very much have the view that where there is a natural disaster or some broad and diffuse challenge, like the heatwave, it is all hands on deck, as it were. It is about everyone not playing demarcation games or industrial games in circumstances like those during a heatwave. I was very disappointed to see one or two groups playing those sorts of industrial games at a time when the state was challenged by a major heatwave.

These are important points to put on the record. I again mark particularly the response of Ambulance Victoria, the paramedics of our state and the volunteers for their

remarkable contribution. They all pulled together in a way that saw the deployment of maximum resources and the significant saving of lives and misery through that important preplanning. We will learn from each of these events. Ideas will be taken on board, and I welcome constructive suggestions from wherever they might come. I look forward to that being done in exactly that mode rather than in the ill-informed mode of a couple of individuals who commented in the public domain — unhelpfully — throughout this period. It is likely that we will face further heat impacts in the coming period, and the government and the agencies involved are certainly preparing for those.

I should say something too about local government. By and large across the state local government performed admirably, and it is important to put on record the thanks of the Victorian community for the work that was done in ensuring that older people, vulnerable people and others across the community were supported to a very significant extent in this process.

Mr JENNINGS (South Eastern Metropolitan) — On behalf of the Labor Party I am very happy to support Ms Hartland's motion before the chamber today and her intention to try to find ways in which we can enhance our ability to respond to ongoing heatwave situations — something we have witnessed and experienced in Victoria in recent times. By the end of this week we will experience another, and they will be a feature of our lives in years to come. I join Ms Hartland and the Leader of the Government in congratulating our emergency workers, who have responded to the needs of our community in the latest heatwave conditions. I thank them for their contribution and support them in the vital work they will be undertaking on behalf of vulnerable members of the community.

I also join Ms Hartland particularly in congratulating the non-government sector and the local government sector on playing a role and sharing the load within the community. A point she made well, which was reiterated by the minister, was that there are any number of members of our community who have found there is an important role to play in supporting vulnerable members of our community — particularly the aged, the infirm and children — and in responding to the sometimes urgent and ongoing need for them to be provided with a safe environment and the appropriate health provisions and health care in a time of heat stress.

Many members of the Victorian community have had to endure very trying circumstances in recent times. We anticipate that occurring into the future, probably at an increasing rate. I am one member of the Parliament

who is not afraid to acknowledge the existence of climate change or the pressures that global warming may have already placed upon people's quality of life, not only in Victoria but also across Australia and indeed around the world. I anticipate that these natural phenomena will increase environmental pressures and the stresses and strains on human habitation in the years to come.

I do not know why politicians such as the Minister for Health claim that this is an esoteric debate. It is a real set of climatic conditions that we have to be alive to, not live in denial of, and that we should take account of in our proper planning for the future, whether that be in health care, in environmental management or in other ways we can mitigate the risks of global warming. We should not at every turn try to absolve ourselves of responsibility for this problem or its consequences by saying that this is an esoteric debate, as the minister has done today and indeed as I heard him say yesterday. It is important that we concentrate on the coordination of care in Victoria and our ability to respond to emergency situations and human need in our community. That is the measure we should focus and concentrate on, and that is the spirit in which Ms Hartland has raised this motion today. That is the spirit in which I support her in this motion.

I listened to the minister speak for the best part of 20 minutes. Whilst he spoke about issues that were relevant to the motion, he concluded his contribution without making it clear whether he supported the motion or opposed it. I on behalf of the Labor Party indicate within my presentation, which will not be as lengthy as that of the minister, that we will support this motion, not only because of its recognition of issues that are important to our community but also because it calls for further work and exploration of our ability to respond to these issues. In a totally appropriate way it gives a job to a committee of the Parliament to account to the Parliament and the Victorian people for those issues now and into the future. It is worthwhile that a parliamentary committee should undertake this type of inquiry.

The minister should not be defensive about this issue, because quite rightly he was able in his contribution to identify a range of ways in which the emergency response to heatwave conditions has been enhanced in the last few years. That is a positive thing. That is something for which I congratulate the good citizens of Victoria. The professional public servants and agencies that the minister identified in his contribution are worthy of ongoing support and recognition for that work. But as the minister indicated, he does not assume, as I do not assume and nobody should assume,

that the implementation of that work or the further work to be done is without blind spots or awkwardness. In that spirit I call on the minister to embrace this opportunity to evaluate the effectiveness of the response of agencies, to evaluate our ability to fund these matters into the future and to have some inquiry into these matters. If that is the spirit in which we can be united, well and good.

I understand that the minister may be anxious about the potential resource allocation that may flow from this inquiry. Ms Hartland's questions yesterday in the Parliament of Victoria concerned whether the Victorian government has the ability to support non-government agencies, the local government sector and community organisations which have embarked on this important work in recent times and may be called upon to do so in the future. The minister is anxious about this matter. He is anxious about the availability of ambulance services at the best of times, let alone in times of emergency or crisis. It is incumbent upon the government to come to terms with these matters. It has to overcome its anxiety in order to examine them. It must expose itself to external scrutiny and seek the best advice about how these matters should be dealt with in the future.

That is why I encourage the government to participate and to support the motion to enable the Victorian Parliament to undertake the important work that Ms Hartland is asking of it through this motion. I am happy to support her today.

Ms CROZIER (Southern Metropolitan) — I am pleased to rise and speak briefly to Ms Hartland's motion. The minister has eloquently outlined to the house the issues and the background to what has occurred with regard to heatwave response in this state. Following 2009 the Department of Health developed a heatwave plan for Victoria. That has been implemented by the coalition government, beginning in 2011. I would like to commend the department and all those who worked on that heat plan. It is a comprehensive plan, and it provides detailed levels of information for some of our most vulnerable groups.

As has been said, many individuals, community groups and other agencies have worked collectively on this issue to ensure that we can get communication out to the most vulnerable people to forewarn them of heatwaves. We have various temperature ranges across the state. As we know, just a few days ago there was an extensive period with high levels of heat. The heatwave continued for six days, with the temperature above 45 degrees Celsius on three consecutive days, so there were significant temperatures across the state, which impacted on a range of people.

I am pleased that along with others the commissioner for older people, Gerard Mansour, has been active in highlighting one of those vulnerable groups, those in aged care. Some very good advice is available for those involved in residential aged care about heatwaves, the resources that are available and what aged-care agencies and services should do to provide the best plans for people in residential aged care.

The other thing I will mention briefly in the time I have is the very good initiative of the Minister for Children and Early Childhood Development, Ms Lovell, in launching the campaign for not leaving children in cars. Last Sunday the minister launched the No Exceptions, No Excuses campaign to combat children being left in cars in the heat. That campaign has been widely supported, with widespread advertising in the metropolitan and regional newspapers, on radio and in digital advertising highlighting the very dangerous situation if children are left in cars on hot days. That is an element indirectly related to the subject of the motion, but it goes to safety in the heat.

Whether it be Ambulance Victoria, the State Emergency Service or the fire services, those agencies that all worked very constructively together with the Department of Health in alerting the Victorian community have done a very good job in providing information about the heatwave to service providers and individuals and community groups.

I would also like to commend Lord Mayor Robert Doyle on his initiative of opening public pools to the homeless by providing free passes. That very good initiative of the Melbourne City Council was welcomed. It obviously gave great relief to many people. If more local government and community groups think a little outside the square, if you like, and take initiatives such as that, they will assist many people who might be experiencing heat stress in the future.

Business interrupted pursuant to order of Council.

STATEMENTS ON REPORTS AND PAPERS

Ombudsman: investigation into children transferred from youth justice system to adult prison system

Mr MELHEM (Western Metropolitan) — I rise to speak on the report recently tabled by the Victorian Ombudsman entitled *Investigation into Children Transferred from the Youth Justice System to the Adult Prison System*. It concerns a matter of great importance for this state — that is, the management of youth

prisoners within our justice system in a way which strikes a balance between the objectives of adequate punishment for antisocial behaviour, the protection of society as well as workers and youth prisoners in the system, and rehabilitation. The report paints an alarming picture and makes it clear that at present the current government is far from achieving that balance.

By way of background, since 2010 there has been a constant increase in the number of children transferred to adult prison custody. In 2010 there were three transfers, in 2011 there were four and in 2012 the figure jumped to seven. In the report the Ombudsman observes that this increase in transfers is due to both an increase in violent offences and boredom amongst long-term detainees.

There has been a marked trend in the type of offences for which our youth are being detained in this state. That trend is away from property offences and towards violent offences. We have seen this in the statistics collected by institutions of the youth justice system. In its report entitled *Sentencing Children and Young People in Victoria*, the Sentencing Advisory Council concluded that:

There has been, however, an increase over the 10 years in the rate of violent offences sentenced in the Children's Court and a decrease in the rate of sentenced property offences.

It should be remarked, however, as it is in the Sentencing Advisory Council report, that offences dealt with in the criminal division of the Children's Court are mostly non-violent and many of them are minor. For the period 2000–09 transit offences constituted 34.1 per cent of all principal proven offences, followed by 32.1 per cent.

The Ombudsman made three recommendations. The first was that the Children, Youth and Families Act 2005 be amended so as to remove the option to transfer children to the adult prison system, provided that additional accommodation becomes available at the Malmsbury Youth Justice Centre. In the second recommendation the Ombudsman was of the opinion that Corrections Victoria should adopt the practice of checking the dates of birth of young offenders so as to ensure that no child is incorrectly remanded in prison. That is a very simple thing, and I cannot believe that in this day and age the dates of birth of young people are not checked. In the third recommendation the Ombudsman urged the Minister for Corrections to consider making the Office of Correctional Services Review both separate and independent from the department.

The Napthine government obviously needs to heed these recommendations if we are to address some of the problems which plague our youth justice system. However, this is an issue which extends beyond the recommendations and must be looked at seriously by the government. The Ombudsman offers an unequivocal statement on the issue of youths in the adult prison system. On page 36 of the report the Ombudsman states:

I am of the view that there are no circumstances that justify the placement of a child in the adult prison system.

This is also the opinion of the Victorian Equal Opportunity and Human Rights Commission and a range of other well-placed bodies, such as the American Bar Association and so on.

It is very important that we do whatever possible so that young people are not ending up in adult prisons. Everyone in the house and every person with common sense will agree with that. The objective must be based on the prospects of rehabilitation and safety whilst detained. Some of the cases in the report go to individuals who displayed some violent behaviour and the officers in the particular facility, who were not able to deal with them. The understanding was that they were getting bored, so the answer was to send them to adult prisons. Obviously that is not how we want to treat our children. The main focus should be on rehabilitation — that is, making sure that these kids get back onto the straight and narrow, become decent adults and contribute to society. We definitely do not want to send them to adult prisons to be with adult prisoners who will basically take advantage of them. We do not want adult prisoners to be role models for the children so that when their sentences are finished they will have become criminals. It is very important that the state government look carefully at that report and take the appropriate action.

Department of Human Services: report 2012–13

Mrs COOTE (Southern Metropolitan) — This is the first time that I have been able to speak on the annual report for 2012–13 of the Victorian Department of Human Services. This is a volume about success. It is a volume about a whole range of achievements of the coalition government during its time in government. It is about a difficult and challenging portfolio area which has dedicated staff dealing with many clients with some severe challenges. It is important to reiterate the values of the department, which appear at the beginning of the report. It is important for members of the chamber to hear again and understand what the values are. At the

very beginning, under ‘Year in review’, the report states:

The Department of Human Services values are central to the way we deal with clients, colleagues and suppliers. Our values are:

Client focus

We listen to our clients, respond to their needs and work with them to help them improve their wellbeing.

Professional integrity and respect

We act impartially, treating all people with dignity and respect.

Quality

We always strive to do our best and improve the way we do things.

Collaborative relationships

We work together to achieve better results.

Responsibility

We commit to the actions we take to achieve the best possible outcomes for our clients.

As everyone in this chamber will be aware, the Department of Human Services has faced some significant changes to its structure. At the outset I want to express my praise for the staff members and how they met these challenges. There was a major reorganisation in four major regions and different areas of responsibility, and the staff made it work exceedingly well. At the time this annual report was written this process was beginning, and now there has been a year for it to settle in and there has been great success in this area.

The other great success which I have spoken about before, which we are looking at expanding, has been Services Connect. As many members who have had any interface with the Department of Human Services (DHS) will know, in the past clients would tell their story 25 times and people got highly sick of writing out the same forms, dealing with people in isolation and having no hope of any seamless transition or flow-through in what are usually very difficult and emotive circumstances. Services Connect, which started in the Geelong region, has looked at all DHS issues to make certain that there is a seamless transition. One family was found to have 10 caseworkers; that was absolutely absurd. None of the caseworkers were speaking to each other, but now there is a seamless transition and everyone has responsibility for the individual concerned and it is a collaborative approach. It really is sticking to the values that are enunciated in this report.

I have spoken at other times to various elements of this report and in detail about some of the great successes we have had. Although there are so many divisions within the Department of Human Services that do excellent work, I am particularly affiliated with people in the disability sector who do an extraordinary job. I have found both the people who work in that area and the clients with whom we deal to be truly remarkable people. Many of us could learn some very great life lessons from them.

I have also spoken about child protection and the fact that workers in child protection need additional recognition and support. However, today I would like to talk about the youth justice sector of the Department of Human Services. It is an area that not many people think about being conducted by DHS. Victoria is quite different from other states because we have a custodial system which provides a break between the juvenile area and the hard-core prison area. The youth justice system has been a focus for action with significant improvements and that is highlighted in this annual report. There has been increased capacity and proactive reforms implemented, including the launch of Parkville College, which provides schooling and vocational training across the Parkville and Malmsbury youth justice precincts. It has been an extraordinary success. We are finding now with children who had never been to school, who had absconded and who had major problems that the schools themselves were not keen to persist with in trying to assist them, that the school at Parkville has had great success. I put on record my praise for everyone.

The custodial services are quite large. The average daily number of young males in custody under 15 years and females was 49; the average daily number of males in custody aged 15-plus years was 83; and the total number of young people in custody during the year was 729. As I said, we hope to keep these people in the system so that we can help them choose a better path.

Auditor-General: *Water Entities — Results of the 2012–13 Audits*

Mr ELASMAR (Northern Metropolitan) — I rise to speak on the Victorian Auditor-General's report *Water Entities — Results of the 2012–13 Audits*. According to the report, the Victorian water industry consists of 20 entities, comprising 19 water entities and 1 controlled entity. All entities are wholly owned by the state. The entities are stand-alone businesses responsible for their own management and performance. The 19 water entities are expected to adopt sustainable management practices which give due regard to environmental impacts and which allow

water resources to be conserved, properly managed and sustained. The question everyone asks today is, 'Why is it that our water bills keep rising and why does it cost so much? In the old days we knew where we stood with the Board of Works and the Rural Water Commission'. But in fairness to the water providers, and according to this report, from 1 July 2012 water entities began returning the payments to customers via a 12-month price freeze.

At 30 June 2013 the Essential Services Commission estimated that the water entities had returned \$265 million to customers. A total of \$167 million was returned via the price freeze. In addition, the three metropolitan retailers and Western Water provided rebates of \$98 million to eligible customers by 30 June 2013. The report highlights a more sophisticated and very different approach to providing water to our Victorian households and farmers. Overall the Auditor-General's report states that Parliament may have confidence in the running of the water entities cited in the document. However, I would like to comment on the procurement and payments to contractors processes outlined in the report of the water industry.

The water industry spent around \$1.2 billion on goods and services and \$1.5 billion on capital in 2012–13. One entity delayed final payment to a contractor as insufficient funds were available when payment was due. It consequently incurred a penalty interest charge of 18 per cent on the outstanding amount, wasting approximately \$90 000. This is not only grossly unfair to the contractor but a ridiculous waste of money. It shows a lack of planning. Transparency is vital to the ongoing confidence of the Victorian public, not just this Parliament, and it would appear that conflict of interest declarations have not always been completed or signed off. That is a situation that is not acceptable.

Water industries must clearly demonstrate their professionalism when awarding procurement tenders. To do otherwise would jeopardise the integrity of the people who are awarded the tenders. The recommendations contained in the report highlight the need for the introduction of improved practices and strict adherence to the policy framework.

Mount Buller and Mount Stirling Alpine Resort Management Board: report 2012–13

Mrs MILLAR (Northern Victoria) — I am very pleased to make this statement in respect of the Mount Buller and Mount Stirling Alpine Resort Management Board — annual report for 2012–13.

Mount Buller, and Victoria's alpine region more generally, is a place of great beauty, heritage and significance to Victoria. The electorate of Northern Victoria includes the prime Victorian alpine destinations of Mount Buller and Mount Stirling, Mount Hotham and Falls Creek. These regions play a huge role in Victoria's tourism industry, in terms of the wide range of sports and outdoor endeavours on offer and the unique alpine environment which is integrally connected to our concept of being Victorian. I have been visiting Mount Buller since I was a child and I still go there every year with my family. We go in winter to enjoy Australia's very best snow sports. It is timely to reflect upon the winter Olympic Games which commence in Sochi this weekend, and we wish our Australian Olympic team every success at these games. We also go in summer to enjoy the iconic and unparalleled beauty of the legendary Victorian high country.

In this context I am pleased to note that the resort has reported a year of consolidation and steady progress in 2013. This is despite a relatively limited snow season, which is the resort's 'engine room' period for its annual operations. Prior investment in snowmaking infrastructure has allowed the resort to lengthen the snow season, and the board is currently focused on securing greater water storage for Mount Buller to, inter alia, assist with snowmaking to increase and protect tourism numbers across the snow season. Despite the somewhat limited snow season, visitor numbers remained steady, with 253 647 visitors in 2013, down slightly from 272 049 in 2012. Pleasingly, Mount Stirling reported a slight increase in visitor numbers in 2013.

Visitor numbers are also supported by the continuing presence of the Subaru Victorian Interschools competition and the consolidation of Mount Buller's position as the no. 1 mountain biking destination in Australia after being awarded this country's first International Mountain Bicycling Association certified ride in 2013. This is exciting news, as cycling tourism is an ever-increasing market for our alpine regions. The report notes that the board has delivered a net result of \$270 000 this year and has strong plans to continue the capital investment needed to sustain and build visitor numbers across the year in accordance with its master plan to guide the resort's development over the next 10–15-year period. The report also notes the success of the government's new alpine policy that was implemented in 2012 under the leadership of Minister for Environment and Climate Change, Ryan Smith.

My congratulations go to the board's chair, Ms Jennifer Hutchison, chief executive officer Mr John Huber and

the members of the Mount Buller and Mount Stirling Alpine Resort Management Board. In particular I note the welcome addition to the board of Mr John Lithgow, whom I have personally known for many years as both a great business professional within the tourism industry and a very keen skier and cyclist. The report notes the strength which Mr Lithgow and the other new board members have contributed this year.

I wish the Mount Buller and Mount Stirling Alpine Resort Management Board every success in the forthcoming year, and I am counting down the days until I am also back on Mount Buller in 2014.

Auditor-General: *Occupational Health and Safety Risk in Public Hospitals*

Ms TIERNEY (Western Victoria) — I rise to make a statement on *Occupational Health and Safety Risk in Public Hospitals*, a report undertaken by the Victorian Auditor-General in November 2013. The report examines how public hospitals in Victoria are effectively managing occupational health and safety. Hospitals are the single largest subsector in the public sector workforce, and as of 30 June there were 84 public hospitals in Victoria with 98 446 employees. In his opening comments the Auditor-General states:

I found significant shortcomings in the daily management of OHS in public hospitals visited during this audit.

The key issues that arise from this report are inadequate reporting systems, inconsistent follow-up and investigation of occupational health and safety incidents, and superficial analysis of root causes. Further, improvement is not likely to occur without a renewed focus from senior hospital management. There needs to be clearer accountability by the managers of occupational health and safety performance. Whilst the board might have a comprehensive policy, there seems to be a breakdown of that policy when it comes to its implementation by hospital managers. The report also notes the need for closer collaboration between the Department of Health and WorkSafe. The Auditor-General notes that collaboration between these two organisations has started but that there is a need for them to work together more.

This is a particularly important report. Not only do an enormous number of people work in those 84 hospitals, which are of course workplaces, but there is also a situation where, obviously, members of the public are attending those hospitals too. If we do not have a properly managed risk management regime in our hospitals, it will not only place the workforce at greater risk but also the general public. It is important to be reminded that the sorts of risks that occur in hospitals

do not necessarily happen in other workplaces and other interfaces with the public — for example, there is a greater risk of being exposed to infectious and chemical agents in hospitals.

There are also issues for staff in manual handling of patients and materials, and there are slips, trips and falls as well as issues around occupational violence. It was clear through the investigation that the staff did not see occupational health and safety as very significant, and a lot of work needs to be done in accepting that occupational risks are just around the corner for everyone. It was also indicated that because staff are under enormous pressure they often do not report occupational health and safety incidents because it takes so much of their time.

The training of staff at all levels needs to be improved, and records need to be kept. At the moment records are not kept so that management knows and can ensure that staff are up to date in terms of occupational health and safety. I support the Auditor-General's calls for a future review to assess whether the level of protection for public hospital workers has been improved. The issues are simply too important not to be under control, and we need to be vigilant in ensuring safe public hospital environments for the workers as well as for the general public in Victoria.

Department of Human Services: report 2012–13

Ms CROZIER (Southern Metropolitan) — I am pleased to speak on the annual report 2012–13 from the Victorian Department of Human Services. In doing so I note the foreword from the secretary of the department, Ms Gill Callister, and I commend her on the work she has undertaken and the issues she highlights, which outline major improvements in the department and work being done towards giving more of our community and those less fortunate or more vulnerable greater access to services.

I note that four ministers have responsibility in this area: Mary Wooldridge is the Minister for Mental Health, the Minister for Community Services, and the Minister for Disability Services and Reform; Wendy Lovell is the Minister for Housing; Ryan Smith is the Minister for Youth Affairs and Heidi Victoria is the Minister for Women's Affairs. One of the areas highlighted in the report is Services Connect, which brings a range of services together, whether it be child protection, public housing, disability, youth justice, family violence, mental health or alcohol and drug services, providing an integrated response. It is about drawing on the best practice across the services and

programs. Through an integrated approach this is an area in which the department is able to achieve great improvements in service delivery, and I commend the department and the various ministers on working together to enable that to occur.

I note in the secretary's foreword that:

Through partnerships across the youth, business and philanthropic sectors and directly engaging with young people, almost one in five young Victorians participated in one of our youth affairs programs in the last year.

That is a great indication of how some of the programs are working. I note that there are a number of challenges highlighted in the report, and an area on which I have spoken in the past is the ageing population, which will place more demands on this particular department, and those services will at times be challenged. The comparison between the situation now and in 15 years time highlights the issue of that ageing population. At page 4 the report states:

The population aged over 65 is expected to represent 19.5 per cent of Victoria's population by 2031, compared to 13.8 per cent in 2010. As the population ages, we are also likely to experience higher demand for services.

The government is focused on looking at those various challenges. In the area of mental health the minister has made that a priority for the government. A range of initiatives and programs has been rolled out, and recently the minister highlighted a number of reform agendas, including reform to Victoria's mental health legislation, strengthening clinical mental health services, reforming community mental health support services, connecting mental health services with other health and human services — as has been highlighted in this report — broadening prevention and promotion, and boosting the specialist mental health workforce. Therefore some significant reforms are being undertaken in the area for which the minister has responsibility, and I commend her for undertaking those reforms and also for promoting and providing significant funding for that area.

There has been a record investment of \$1.2 billion in mental health services in 2013, which represented a 20 per cent increase over three coalition budgets, which goes to the heart of what is needed here — more funding in these relevant areas — and the Services Connect service delivery will certainly assist those people who are vulnerable and suffer from mental health issues. I commend all those involved with putting this report together for providing very good information to the Victorian public.

Metropolitan Fire and Emergency Services Board: report 2012–13

Mr EIDEH (Western Metropolitan) — I rise to speak on the annual report of the Metropolitan Fire and Emergency Services Board 2012–13. Firstly, I congratulate the president of the board, Mr Neil Comrie, and deputy president Ken King, along with other members of the board — Jay Bonnington, John Lord, Alfred Long and David Purchase — for their contribution and leadership of this very important service in Melbourne. In addition, I thank the chief executive officer, Mr Nick Easy, and executive members Shane Wright, Danielle Byrnes, Russell Eddington, James Holyman, Peter Rau, Paul Stacchino and David Youssef for their hard work during the 2012–13 financial year. I also thank and congratulate the 2190 employees, who provide services to almost 4 million Melburnians. In particular I thank the firefighters. They work tirelessly all year to keep us safe from dangerous fires and other hazards.

During the 2012–13 financial period the Metropolitan Fire Brigade (MFB) actively delivered programs that sought to build community resilience. This strategy, as indicated in the annual report, will be completed by 2014 and seeks to align to and complement the national and state community resilience strategies. It focuses on three main themes: building stronger communities, making firefighters safer and working together for the better.

One of these programs was the Fire Ed program, which was delivered to over 38 000 prep children. This program sees firefighters visit schools across Melbourne to teach basic fire safety procedures and then revisit to revise the concepts taught and reward students with a visit in the station's fire truck. The look on the children's faces shows that they really enjoy it, and at the same time they are learning invaluable skills, such as the difference between good and safe fires, and bad and unsafe fires; crawl down low and go, go, go; the importance of a safe meeting place; the 000 emergency phone number; and stop, drop, cover and roll.

In addition, the MFB also delivers the Fit to Drive road safety education program to over 12 000 students across greater Melbourne. This program is a community education strategy which aims to reduce the disproportionate representation of young people in road accidents. It is a great initiative by the officers, and I commend them for making road safety a priority for those who are in the high-risk category for an accident.

The annual report indicates that during the 2012–13 financial year the Metropolitan Fire Brigade responded to 36 059 calls for assistance. This figure has seen a steady increase in the past years, which is why it is essential that the government provide the service with the support it needs. The president refers to this in his address on page 4, in which he states:

The sector's reform agenda, a tight fiscal environment, and ongoing socio-demographic change mean that MFB will need to be agile and resourceful in the way it delivers products and services to the community.

Funding to this emergency services provider is essential not only to ensure that it can continue to respond quickly and reduce any harm caused by fires or other dangerous situations but also so it can continue to deliver these vital programs to people in the community. I commend this report to the house.

Auditor-General: *Managing Victoria's Native Forest Timber Resources*

Ms PULFORD (Western Victoria) — I make some comments on the report entitled *Managing Victoria's Native Forest Timber Resources* and take the opportunity to talk about some of the consequences of the fires in the Grampians National Park area in my electorate in the last couple of weeks.

Many issues remain for fire-affected communities long after the media interest has moved on and, indeed, after a lot of our emergency services responses have moved on. Members will be acutely aware that for a number of weeks each year this part of Australia experiences some of the most dangerous fire conditions anywhere in the world. It is appropriate to acknowledge in the house that the Grampians northern complex fire was a very significant event. Some 122 structures, including 32 houses and 90 sheds, were destroyed. Around 3000 sheep are dead, with almost another 1000 missing. We lost 14 pieces of farm machinery, 313 kilometres of fencing, 3 hay sheds, 4 irrigation pumps, 9 other residences, a woolshed and 109 hectares of olive trees. I was pleased to learn olive trees bounce back pretty well after fire. They do not bounce back immediately, but within a couple of years they should be fruiting again. A native flower farm was also lost and 400 hectares of plantation, 2000 hectares of grazing pastures and 400 tonnes of hay.

The Grampians is one of the most important tourism destinations in Victoria. At the peak of the fire some 520 firefighters were hard at work protecting the many communities affected in and around the Grampians. Crews were sent from as far away as Geelong and Lara, and 406 people registered at the relief centre in Stawell.

After the evacuation order 40 people elected to stay in Halls Gap. The damage estimate is somewhere in the order of \$7 million to \$9 million, but it is very early days in the clean-up. I note that the Minister for Environment and Climate Change, Ryan Smith, has pledged \$250 000 to repair tourist attractions in the national park. It is important to note that the contribution of the Victorian government after floods affected the same area was in the order of \$5 million. I am assuming that the government's announced figure is an early instalment on what will be a greater contribution.

This is an incredibly resilient community. There is a beautiful and iconic walking track in the Grampians from Zumstein picnic ground to MacKenzie Falls. It is a beautiful part of the Grampians. The repair works to the track were completed not many months ago. It was a long and difficult journey for those involved in the repairs after the floods to see all of that infrastructure destroyed again by fire just a couple of weeks ago. There is a lot of work to be done in the Grampians. I urge the Minister for Tourism and Major Events, Ms Asher, to visit and support local tourism operators. That community needs a lot of support.

There are a number of people I would like to thank for showing me around as well as Wade Noonan, the member for Williamstown in the other place and shadow minister for police, emergency services and bushfire response, and the Leader of the Opposition in the other place, Daniel Andrews. These people include: Cr David Grimble, the mayor of the Horsham Rural City Council, who was also personally affected; Cr Sue Exell and Peter Brown, also from Horsham council; Justine Linley from the Northern Grampians Shire Council; Deidre Baum, who runs an amazing business at Laharum Grove Olives and has some work ahead of her to clean up her property; Drew and Melissa Sutherland from the Roses Gap Recreation Centre; Greg and Yvonne Culell from Halls Gap Zoo, who are incredibly committed animal conservationists; the Country Fire Authority volunteers from Lara and Bannockburn that I met; the staff at the Giant Koala; the staff at the recovery centre in Stawell; Will Flamsteed from Grampians Tourism; and Jason Ralph at Basecamp Eatery.

I am very confident that this resilient community has what it takes to get back on its feet, but it is incumbent on all of us in the Parliament to spread the word whenever we have the opportunity that the Grampians is open for business.

Department of Health: report 2012–13

Mr LEANE (Eastern Metropolitan) — Today I would like to make a statement on the annual report for 2012–13 of the Department of Health. There has been a lot of discussion in this chamber about the state of the health system in Victoria, and it is good to get an opportunity to speak on this report. It is a report in which Minister David Davis nominated his most proud key indicator to be hand hygiene compliance, which makes you wonder. If that is how far he had to reach to find something he is proud of, how bad is the state of the health system in Victoria under his stewardship?

A lot of discussion about the health system in recent times and in today's debate has been in relation to the ambulance service, ramping and the extended periods of time that people are waiting for ambulances. A lot of blame and finger-pointing has been directed at the paramedics who are members of the ambulance union.

Over the parliamentary break I had the opportunity to speak to a number of paramedics, and I had a good conversation with two in particular. They were wearing the T-shirt which is part of the protest against this government not being able to negotiate a decent outcome for the enterprise bargaining agreement (EBA). The negotiations seem to be going on forever. In the conversations I had with this particular man and woman, who have been working as paramedics for a number of years, they told me that they have been around a while, that EBAs, governments and ministers come and go and that the way they have seen life is that at the end of the day EBAs get negotiated, pay rises get delivered and people move on. That has been their attitude. They have never been so fired up that they have wanted to be active in the agreement negotiations. They have always expected the executive of their union to work out an outcome and that the outcome would be acceptable.

However, as a result of the health minister, both in the press and by his words, coming out and inflating the amount of money paramedics make these two paramedics have turned into militant unionists. They have gone to the rallies, worn the T-shirts and marked the ambulances. This health minister has managed to turn 100 per cent of paramedics into something he despises. He has single-handedly managed to turn the whole paramedic workforce, many of whom never used to care too much about the argy-bargy of EBAs, into solid union members.

As a result of the misinformation the health minister has put out about what paramedics earn, they have become passionate about this matter. They are not silly

people, they are intelligent, and they have worked out that the minister has added in the wages of executives, inflated the number and come up with a mean and said, 'This is what a day-to-day paramedic earns'. They know he has done that, and their friends and families know he has done that. What burns in their guts is that this health minister has had the gall to put in print an inflated rate of pay. I congratulate the minister on the one thing he has managed to do that previous ministers have not — he has managed to solidify the ambulance union. Congratulations to him.

ADJOURNMENT

Hon. D. M. DAVIS (Minister for Health) — I move:

That the house do now adjourn.

Beaufort ambulance station

Ms TIERNEY (Western Victoria) — My adjournment matter is for the attention of the Minister for Health, David Davis, who is in the chamber, and it is in relation to ambulance services in Beaufort. In the May 2012 state budget the coalition government promised a new 24-hour ambulance station for Beaufort. However, late last year an internal memo leaked to the *Pyrenees Advocate* revealed that there would be only three paramedics employed at the station when the normal number of staff for a 24-hour ambulance station is 11. The *Pyrenees Advocate* has since reported that the number of staff to be employed at the Beaufort station is actually only two. According to Steve McGhie from Ambulance Employees Australia, this will mean that the station staff will work solo shifts and have to rely on volunteer community officers in times of emergency.

The provision of proper ambulance services in Beaufort for the township and outlying communities is a significant issue and has been talked about in the community for a long time, even before the 2012 budget announcement, but it has taken on major proportions in recent months. The action I seek is that the minister come clean and advise me and the community as to what date the station will be fully operational, whether the station will be a 24-hour operation, how many paramedics will be on the station's roster and how many paramedics will be working at any one time.

Foodbank Victoria

Mr MELHEM (Western Metropolitan) — My adjournment matter is for the attention of the Honourable Mary Wooldridge, the Minister for

Community Services, and is in regard to Foodbank Victoria's refrigerated infrastructure. The action I seek is that the minister provide funding so that Foodbank Victoria can purchase refrigerated trucks for the distribution of fresh food across the state, especially for people who require food relief and support. As we know, Foodbank Victoria is one of the largest and most effective not-for-profit organisations and delivers food to many organisations and people in Victoria. Foodbank Victoria's recent annual report showed a 12 per cent increase in the number of people seeking food relief this year. More than 11 000 Victorians seek food relief each month but are unable to be assisted. In the old days food relief was given to the homeless, but that has been changing in recent times. The most common groups now seeking emergency food relief are low-income families, single-parent families and those who are unemployed.

I call on the minister to assist. If we are able to buy one refrigerated truck, it will go a long way to delivering fresh food to people, especially on summer days. I have had the opportunity to visit Foodbank Victoria's facility in Yarraville. It does some wonderful work and is a cause worth supporting. I am not asking for a particular number — 1 truck would be good, 10 would be wonderful — but if the minister is able to pay some attention and assist Foodbank Victoria, it will go a long way to assisting many families in Victoria. It is a great cause to support.

Landmate

Mr RAMSAY (Western Victoria) — The matter I raise is for the attention of the Minister for Corrections, the Honourable Edward O'Donohue, and it is a request that he visit the fire-affected community of Dadswells Bridge to meet with community members and view the fire recovery work that Landmate crews have been undertaking. These Landmate crews are from the Hopkins Correctional Centre, which is just outside Ararat and is undergoing a significant upgrade and transformation.

Some weeks ago the Premier, the Honourable Denis Naphine, along with the Minister for Corrections, Mr O'Donohue, and I visited the Hopkins Correctional Centre, otherwise known as the Ararat jail, to look at the new accommodation facilities known as the Canton unit. It is made up of residential flat-style units that have kitchen facilities and accommodation for five inmates. The unit is part of a significant upgrade and renovation of the Hopkins Correctional Centre. It is pleasing to see that the public-private partnership that was totally botched by the previous government now has new financial partners and is progressing well

towards completion. The project is playing a significant part in the health and wealth of the economy of the Ararat district.

The action I seek in relation to the minister's visit is that he recognise the important work that these Landmate crews, coming from correctional facilities, do in helping to support communities where there have been natural disasters.

A classic case is the significant damage caused by the Grampians fires, and this adjournment matter gives me the opportunity to thank all those people who have volunteered their time to help in the aftermath of those fires and have worked with crews like Landmate to help reconstruct infrastructure that was burnt, whether they are active volunteers with the Country Fire Authority or Parks Victoria or community members. They play an important role, and I am pleased to see that the government will help to fund these Landmate activities in communities where infrastructure is required to be replaced or reconstructed. It is important that the minister attends and is able to meet with those community members and the Landmate crews who will be undertaking that work in response to the damage that was done around Dadswells Bridge.

Public housing

Ms BROAD (Northern Victoria) — My adjournment matter is for the attention of the Minister for Housing, and it concerns the matter of air conditioning in public housing in Mildura. I am aware that the current policy, which has been in place under successive governments of all political persuasions, does not provide air conditioning in public housing except on medical grounds. I am also aware that Victoria has just experienced its hottest period on record, and Mildura and surrounding districts have again borne the brunt of that heat. Temperatures in Mildura will again climb up into the 40s by the end of the week.

As a result there have been many calls through the local paper, the *Sunraysia Daily*, and to my office for air conditioning to be provided in public housing in Mildura. These calls have come from residents of public housing, from Cr Ali Cupper of the Mildura Rural City Council, who holds the community development and safety portfolio, from the local ALP branch and many others. These compassionate calls have been made in the name of providing for the health and welfare of our public housing residents. It has been put to me that it is time the current policy, which has been in place for a long time, was reviewed, and I must say that I agree. For that reason the action I am seeking

from the minister is that there be a review of the policy of not providing air conditioning in public housing except for medical reasons. The objective is to change the policy so that air conditioning is available to public housing residents living in one of the hottest parts of Victoria.

I stress to the minister on duty that I am not seeking to play politics in any shape or form with this adjournment matter. I recognise that this policy was in place when I was Minister for Housing, and it was in place for a long time before that. However, it is time for it to be reconsidered. I appreciate that there is a cost both to the Office of Housing and to residents for running air conditioning, so this is a matter which needs to be carefully considered. That is why I am calling for a review with an objective which takes into account all the issues that need to be considered in relation to this matter. I am sure the Minister for Health appreciates the need for this to happen.

Australian Red Cross Blood Service

Mr KOCH (Western Victoria) — My adjournment matter is for the Minister for Health and concerns the decision by the Australian Red Cross Blood Service to close its blood donor centre in Hamilton. The Red Cross announced in early January that it would cease collecting blood donations at its Hamilton donor collection centre from 16 January. This decision came as a huge shock to the 900-plus regular blood donors from the Hamilton catchment area. While the Red Cross blames dwindling donations for the closure of the Hamilton centre, it has ignored a year-long campaign by a Hamilton teenager, Alistair Hearn, who has encouraged more people to give blood at the Hamilton centre.

Alistair has been diagnosed with an autoimmune neurological disorder that reduces his mobility, and every five weeks he needs blood products from 51 donors. As a way to thank donors, Alistair led a campaign for more donors to give blood so that the Hamilton centre would open more frequently and would include a plasma collection service. With its closure, all of Alistair's hard work has come to a sudden end, and it has resulted in the loss of four part-time positions at the centre. The closure of the centre follows a disastrous decision by the Labor government in 2005 when Hamilton Red Cross volunteers were told that they were no longer needed for blood collection and would be replaced by paid Red Cross staff. That decision was handled poorly. Many volunteers were upset about the way the Red Cross treated them after years of dedicated service.

Volunteers were simply told that they were no longer wanted.

The Red Cross has now bluntly told local blood donors that it will replace the Hamilton centre with a twice-yearly mobile collection service from May. The Red Cross claims that expansion of the existing centre is not an option and replacing the centre with a mobile collection service is the best way to collect blood from Hamilton donors. Many blood donors using the Hamilton centre recognise the importance of its retention in encouraging regular blood donations, something not possible with a mobile collection service proposed to visit only twice yearly. The Red Cross continues to turn its back on regional volunteer blood donors when it frequently calls on all Victorians to donate blood due to short supplies, particularly in times of high demand.

My request is for the minister to encourage the Australian Red Cross Blood Service to be more responsive to country donors and review its recent decision to only provide a twice-yearly mobile blood collection service for Hamilton donors. There may well be other regional centres that have faced a similar fate without any community consultation or support.

SPC Ardmona

Ms DARVENIZA (Northern Victoria) — I raise a matter for the Premier, Denis Napthine, regarding manufacturing at SPC Ardmona. The matter I wish to raise concerns the thousands of Goulburn Valley workers whose fate is in limbo and who are very concerned about the ramifications should SPC Ardmona cease manufacturing in Shepparton. Workers, growers and all those in the supply chain are in shock and worried sick about the financial implications for their families should this happen.

What the Premier needs to fully comprehend is that this is the most important issue that people in the region are talking about. They are talking about it on the street, with their friends, colleagues and neighbours, in the daily regional paper, the *Shepparton News*, on social networking sites and in talkback on ABC local radio. They are worried sick and feel that the state government is treating them with disdain.

People from the region are filling social networking sites to outline just how disappointed and angry they are that workers pay and conditions and exaggerated staff allowances are being called into question by the government. The Goulburn Valley community is an incredibly resilient and resourceful one, but there are only so many blows that even the hardest of

communities can bear. The Goulburn Valley is known as Victoria's food bowl, and at this time of the year hundreds of backpackers head to the region to pick fruit that ends up in SPC Ardmona products. While in the area they spend money on food and places to stay and in local restaurants and businesses.

Shepparton's SPC Ardmona factory outlet is also a very popular stop for touring buses coming into the town. According to the Greater Shepparton City Council, 150 000 people visit the outlet each year. The big drawcard is the SPC Ardmona brand and its quality products. It is not unlike Cadbury in Tasmania, but Cadbury is getting over \$16 million from the federal government while SPC Ardmona is getting nothing.

The specific action I am seeking from the Premier is that he do all he can to persuade the federal government to support SPC Ardmona and that he immediately outline what he and his Liberal-Nationals colleagues will do to support SPC Ardmona and to secure its long-term viability in the region. Victorian Labor recognises the importance of SPC Ardmona not only to the Shepparton and Goulburn Valley economies but also to the Victorian and Australian economies as we position ourselves as the food bowl of the Asia-Pacific region. I welcome the commitment made by Labor that if it should win the state election this year it will support the processor, SPC Ardmona, with a \$30 million — —

The PRESIDENT — Time!

Ambulance officers

Mr LEANE (Eastern Metropolitan) — My adjournment matter is directed to the Minister for Health. Previously when speaking on a report, I outlined that recently I had discussions with paramedics regarding their application to their job, their reimbursement for their amount of application and how upset they were that the Minister for Health has been printing and inflating the actual pay rate and annual reimbursement of these paramedics for the fine job they do for the community.

The action I seek is for the minister to accurately report the situation in the same outlets that he recently reported the inflated rate of pay for paramedics. I call on the minister to print in those same journals the accurate amount of wages they earn on an annual basis and the conditions of each paramedic who works day to day and does such a great service for the community, compared to the inflated rate that the minister printed after he took the mean average of the ambulance organisation wages by adding on the executive and

other inflated wages and then somehow managed to inflate the paramedics rate.

The PRESIDENT — Order! I indicate that I have some concerns about Mr Leane's adjournment matter.

Hon. D. M. Davis interjected.

The PRESIDENT — Order! Yes, I am sure Mr Davis is. That is what I am afraid of, actually. I know that Mr Leane structured it tonight at fairly short notice. It did seek an action, but what concerns me is that it actually reflects on the minister in a way that I am not sure is appropriate for the adjournment debate because essentially he has said that the minister has —

Honourable members interjecting.

The PRESIDENT — Order! This is not a conversation. He has indicated that the minister has inflated the figures and in effect suggested that he has acted improperly by doing so, and he has sought an action by the minister to correct what Mr Leane is asserting is an improper picture of the circumstances with regard to those wage rates. That concerns me in the way it has been raised as an adjournment matter tonight. I think it might well have been better to have raised that suggestion more in a substantive motion form rather than as an adjournment matter because, as I said, it does reflect on the minister. I know the minister is champing at the bit to have a go back, but my concern as President is not about any individual question raised from time to time on the adjournment but more about the overall implications of that from a precedent point of view. That is what worries me about the way the member has raised the matter tonight.

Hon. D. M. Davis — Further to the point of order —

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

Disability funding

Ms MIKAKOS (Northern Metropolitan) — My matter this evening is for the Minister for Community Services. The matter I wish to raise relates to a young boy by the name of Bryce. For privacy reasons I will not use his surname, but I will provide a letter to the minister tonight providing Bryce's and his family's full contact details.

I have been contacted by Bryce's mother, who is concerned for her son's wellbeing. Bryce is 12 years old and has cerebral palsy. I am advised he has

difficulty walking and uses a K-walker at times and that he also has difficulty with his speech. Bryce currently accesses physiotherapy and occupational therapy funded through UnitingCare Community Options and privately funded speech therapy. Bryce's family has advised that while he was approved for an individual support package in 2009, funding has not yet become available to him. Bryce is just one example from the individual support package (ISP) waiting list that the government cannot control. There is even a waiting list to access the waiting list.

The Napthine government promised 700 individual support packages in the 2012–13 state budget but is yet to deliver them. In order to expand ISPs the government has sought to burden those who can least afford it by increasing the fees paid by residents of Department of Human Services-run disability accommodation services. Those on the waiting list deserve to know when these new packages will become available.

The wait is placing considerable pressure on Bryce's family members, who are very concerned and distressed at the thought of making tough choices financially as to the extent of the support they can provide. Bryce also has an adopted sister with an intellectual disability. As a result of these financial constraints I understand Bryce and his sister no longer attend their weekly swimming lessons, which were of great benefit overall to Bryce's body. Bryce has just started his first year of high school, and his family is concerned about the level of support he will receive via an aide and the challenges that this will present to him in doing tasks like going to the bathroom.

An individual support package would cover many of the things that Bryce's parents are currently struggling to afford privately, such as speech therapy, and would enable them to provide other levels of support to him. Bryce's family is understandably frustrated with the lack of information provided to them by the Department of Human Services and the advice they have received that once the national disability insurance scheme (NDIS) is fully operational, Bryce will definitely receive his funding. This is completely unacceptable. The NDIS rollout in Victoria is not due to begin until July 2016, and even then it will not be complete until July 2019. Is Bryce meant to wait until he is 17 in order to access a package? The minister cannot wash her hands of disability services in this state, expecting the NDIS to just fall into place with no further advocacy or leadership on her part.

I call on the minister to step up to her responsibility as minister and urgently look into Bryce's situation with a

view to ensuring that Bryce and others on the waiting list receive the support they so urgently require.

Responses

Hon. D. M. DAVIS (Minister for Health) — I have responses to three adjournment matters tonight: Mr O'Brien's adjournment matter of 18 September 2013, Mr Elsbury's adjournment matter of 14 November 2013 and Mr Leane's adjournment matter of 27 November 2013.

In addition, I have received a number of adjournment matters tonight — eight, in fact.

The first was from Ms Tierney. It concerned the Beaufort ambulance station and the coalition's determination to improve that service after 11 long years under a Labor government that failed to do so. I can indicate that in the Grampians region there has been a very substantial increase in the number of paramedics. It is an increase of 42, if you count ambulance officers, including the patient transport officers who have been added as part of the election commitment. The coalition is very close to providing the number promised during the election across the Grampians region, including additional paramedics in Beaufort. A minimum of three new paramedics will be provided in a new branch there, and the facility is very close to completion. Mr Ramsay was telling me the other day that he has walked through the facility and seen that it is very close to opening.

This stands in stark contrast to the actions of Labor members, who over 11 years failed to renew or build that ambulance service. It is a disgrace that Labor did not do that over 11 years. Every Labor member, particularly those representing Western Victoria, ought to hang their head in shame for their failure to rebuild that ambulance station and upgrade it to the standards of a professional service by providing additional paramedics and adding the support that is required for the volunteers and others who have held that service together.

The station has an important location on the main road, but looking at the additional services across the Grampians region we see there are patient transport officers in Ballarat who take the load off paramedics across the whole region; there has been a new upgrade to a fuller service in Daylesford; there has been an upgrade to the service in Stawell, which is now on call to night shift; eight paramedics have been provided in Beaufort, as I said, with paramedics going into a new branch for the first time; and there is a mobile intensive care ambulance (MICA) single-responder unit in Horsham.

Labor failed to put these single-responder units into the 10 big regional cities. In the Grampians region there is a full MICA single-responder unit operating out of Horsham. That was not in operation under the previous government. We have seen Wade Noonan, the member for Williamstown in the Assembly, moving around the countryside in recent times indicating that if the Labor government were re-elected, it would rip to bits the arrangements for the MICA single-responder units in the 10 big regional towns. In fact Wade Noonan is saying he would go with the union policy of allowing MICA officers to go to any branch they felt like going to, thereby ensuring that the concentration of highly qualified MICA professionals in those 10 big regional cities would be ripped to bits.

What I would say is that those MICA professionals, who are actually providing a full service out of Horsham, would be gone under Labor, and it is time that Mr Jennings and the Leader of the Opposition disowned the promises made to the union by Wade Noonan. Unless they disown those promises and walk away from the extraordinary statements made by Mr Noonan, no-one in those 10 big regional cities can have confidence that the MICA services will remain. In fact, if Labor were re-elected in November, those MICA services would be unplugged. Horsham would lose its MICA service if Wade Noonan's policy were implemented. There would be no MICA in Horsham, Warrnambool or Mildura — those services would be gone. It is a significant risk.

Mr Leane — On a point of order, President, I am happy to be educated, but I am not too sure if the responses to adjournment matters are supposed to be debated by the minister when he discharges them. Also, I do not know whether the minister should make claims about promises at the end of this year or what might happen after the election and name sitting members of the other house. Maybe he should do so in a substantive motion.

Hon. D. M. DAVIS — On the point of order, President, I was asked about resources for an ambulance station in the Grampians region along the main highway at Beaufort. One of the key resources providing support there is in Horsham. It comes about 100 kilometres down to Stawell, Creswick — —

The PRESIDENT — Order! That is not a point of order; the minister is debating. I am happy to educate Mr Leane. The adjournment debate is a little different to question time. Ministers are not quite as constrained by the standing orders in the adjournment debate as they are in question time in terms of the manner in

which they ought to be responding to matters that are raised.

However, there is an expectation in our standing orders that ministers should be not just responsive but also concise and brief, that in fact their response should be an acknowledgement of the matter. Indeed in most cases in the adjournment debate the matter will hopefully be subject to a more detailed response at a later stage rather than on the night. I know in some cases ministers are in a position to dispatch a matter on the night with relevant information that satisfies the query. To that extent, yes, perhaps a little bit more information can be conveyed as part of dispatching the matter. But the standing orders certainly require that responses to adjournment items be brief and obviously, again, responsive to the question.

In the case of a response where there is discussion of what the alternative policy of another party might be at a subsequent time, it would be true to say that is entering into the realm of debating the matter rather than really responding to the request that has been put as a matter in the adjournment debate. Whilst I think it might be relevant to refer to another option, I do not think it is a matter that should be laboured in the context of that response, given what our standing orders expect — that is, a brief response. Those are the words they use, and I think the minister has probably done fairly well on this matter.

Hon. D. M. DAVIS — In conclusion, I can indicate in response to the member that there will be further resources going into the Grampians region in the forthcoming months. Sebastopol, Horsham, Creswick and Dunmunkle will all receive additional resources in the specific health region that is being discussed here.

I can also indicate that Mr Melhem raised a matter for Ms Wooldridge, the Minister for Community Services, and I will pass that matter on to her. I too agree with him about the importance of Foodbank Victoria and the fresh food and relief that it provides. I am familiar with the operation, the facility and the good work that is done. I will certainly pass on that matter. I know that the Minister for Community Services is also aware of this important service, and I pay tribute to the volunteer component in particular that is part of that service delivery.

Mr Ramsay raised a matter for the attention of the Minister for Corrections and requested that he visit Dadswells Bridge. I note the fire impact in that area and the role of crews in providing support there. I have no doubt that Minister O'Donohue will support a visit

there and that he is well aware of those matters, but I will certainly pass that matter to him.

Ms Broad raised a matter for the attention of the Minister for Housing. She quoted local council members and members of an ALP branch in Mildura who are seeking, on compassionate grounds, a review of a policy that goes back to a period when she was Minister for Housing. It relates to the policy that air conditioning in public housing is only provided on medical grounds, and she has asked that there be a review of the grounds around the provision of air conditioning. I can say by way of background that there are a number of policies that have supported people in this regard, including in public housing, one of those being the coalition's new concession arrangements. Where air conditioning is installed in one regard or another, the energy concession is available all year round, including in hot periods, and provides financial support for the delivery of those services. Previously the energy concession was only available in winter. I will pass on the broader point to Minister Lovell.

Mr Koch raised a matter for me concerning the Red Cross, its blood centre in Hamilton, the regular collection of blood and the 900 people who are regularly involved in that. He mentioned Alistair Hearn, a young man with autoimmune disease who has been active in recruiting donors. We have a voluntary blood collection system here in Victoria and Australia, and it is the envy of the world. We need to protect that and to treasure and honour our volunteers who provide blood donations and do so willingly and for free. It is a very different system in other countries. That means sometimes going a little further, even if it means additional cost, to actually collect that blood.

I am aware of the changes that were made in 2005, and I certainly campaigned strongly against those changes at the time. I understand the importance of those country services and of the generous donors, who in many cases have selflessly made donations for decades and deserve great credit for that. I will speak to the Red Cross and make my views known on this matter. I know that the idea of twice-yearly collection by mobile services has been mooted, but it seems to me that that might not be quite the spirit that is required here. Nonetheless, I thank Mr Koch for raising that matter for my attention.

Ms Darveniza raised a matter for the Premier concerning manufacturing, SPC Ardmona and its supply chain. This is a matter that is well understood, I know, by all in this chamber. I will pass this matter to the Premier. I have met with SPC Ardmona on these matters and their relationship to health, and SPC

Ardmona has raised matters with me on this precise topic. It has also raised matters about the safety of some imported food, and I have requested that my department undertake some testing. When SPC Ardmona handed me its testing in full we were able to look more closely at the issue. It is quite a serious matter.

The Premier has been very active in advocating for Victoria and SPC Ardmona and in understanding the importance of the supply chain. I understand there is \$4.4 million on the table, and I know that SPC Ardmona has accessed only a portion of that. I know that the Premier has been active in visiting Shepparton, seeking the views of not only the council but also SPC Ardmona and workers there, specifically trying to understand how best we can work.

I note that the federal Labor government did not put money in in the period before the last federal election. It made an announcement in the lead-up to the election but did nothing substantive before that. There was no money ever allocated by federal Labor, and it is important to have that on the record. I will pass on that serious and important matter for Victoria and for Shepparton to the Premier.

Mr Leane raised matters about the paramedics enterprise bargaining agreement and sought to claim that the pay rates were being inflated in public statements I had made. He is quite wrong; they are based on Ambulance Victoria figures. They are absolutely correct. I know it is a difficult and galling fact, but let me be quite clear here. I will give him some facts. An advanced life support year 6 (ALS-6) paramedic, which is the single biggest category in Ambulance Victoria, earns — —

Mr Leane interjected.

The PRESIDENT — Order! I ask Mr Leane to withdraw the comment.

Mr Leane — I withdraw.

The PRESIDENT — Order! Then there was a subsequent comment, which was considerably worse.

Mr Leane — I withdraw.

Hon. D. M. DAVIS — To give Mr Leane some understanding, about \$94 000 is the figure that is involved for an ALS-6 in terms of effective salary, and it is important to understand that there are food allowances and fringe benefits tax (FBT) benefits. Also, ambulance officers on a standard roster will get 10 weeks leave annually. The assertion that

management rates were put into those figures is quite wrong, and I refute that completely. These figures come from Ambulance Victoria. I can also indicate that the superannuation arrangements are quite clear. The only superannuation defined benefit scheme with a guaranteed outcome that remains open for paramedics in Australia is in Victoria. No other state in Australia has a defined benefit scheme with guaranteed outcomes; it is only Victoria.

An honourable member interjected.

Hon. D. M. DAVIS — I am telling you that it is absolutely right. I can also indicate to Mr Leane that the proposed FBT changes that were sought by the previous federal government were not opposed by the union. I wrote to the union and said I needed its support to oppose the federal FBT cuts that were going to be made, but Steve McGhie would not do that, and I understand why he would not do that. I was going to campaign with a number of Liberal candidates around the countryside to see if we could get some change. In federal seats across the eastern suburbs — Deakin, Chisholm, La Trobe — there were people who were going to be clobbered very hard. In country centres as well — Ballarat and Bendigo — they would have been clobbered. Despite campaigning against FBT changes in 2004 when there was a Liberal government, the union would not campaign against FBT changes in 2013 when there was a Labor government. The union supported the cuts for paramedics — —

The PRESIDENT — Order! In keeping with the remarks I made before on the point of order, the responses are to be brief and they certainly should be responsive and not move into debating the matter. When the minister starts to talk about election campaigning and mentions particular seats and dwells on the FBT as distinct from wage rates, that constitutes debating and is outside the scope of the adjournment debate under the standing orders.

Hon. D. M. DAVIS — In response to Mr Leane's request, the ads are accurate and will remain accurate. The fact that Mr Leane is misinformed is a separate point.

Ms Mikakos raised a matter for the Minister for Community Services about Bryce, whose privacy no doubt all in this chamber would wish to respect, seeking certain support packages from the Department of Human Services ahead of the implementation of the national disability insurance scheme. I will pass that to Minister Wooldridge and seek her support on that matter. I know that she is deeply committed to these sorts of packages and works very hard to ensure that

they are delivered to the maximum number of people possible. I know she is also a very strong supporter of the national disability insurance scheme and will work to see the introduction of that scheme to provide better benefits for all Victorians.

The PRESIDENT — Order! On that basis, the house now stands adjourned.

House adjourned 5.55 p.m.

JOINT SITTING OF PARLIAMENT**Legislative Council vacancy****Honourable members of both houses met in
Assembly chamber at 6.17 p.m.**

The Clerk — Before proceeding with the business of this joint sitting it will be necessary to appoint a Chair. I call the Premier.

Dr NAPHTHINE (Premier) — I move:

That the Honourable Bruce Atkinson, President of the Legislative Council, be appointed Chair of this joint sitting.

He is willing to accept the nomination.

Mr ANDREWS (Leader of the Opposition) — I second the motion.

Motion agreed to.

The CHAIR — I formally declare the joint sitting open. I draw the attention of honourable members to the extracts from the Constitution Act 1975 which have been circulated. It will be noted that the various provisions require that the joint sitting be conducted in accordance with rules adopted for the purpose by members present at the sitting. The first procedure, therefore, will be the adoption of rules.

Dr NAPHTHINE (Premier) — I desire to submit the rules of procedure, which are in the hands of honourable members, and I accordingly move:

That these rules be the rules of procedure for this joint sitting.

Mr ANDREWS (Leader of the Opposition) — I second the motion.

Motion agreed to.

The CHAIR — The rules having been adopted, I now invite proposals from members for a person to occupy the vacant seat for Eastern Victoria Region in the Legislative Council.

Dr NAPHTHINE (Premier) — I propose:

That Andrew Mark Ronalds be chosen to occupy the vacant seat in the Legislative Council.

He is willing to accept the appointment, if chosen. In order to satisfy the joint sitting as to the requirements of section 27A(4) of the Constitution Act 1975, I also advise the house that Mr Ronalds is the selection of the Liberal Party of Australia, the party previously represented in the Legislative Council by Mr Philip Davis.

Mr ANDREWS (Leader of the Opposition) — I second the proposal.

The CHAIR — Are there any further proposals?

As there are no further nominations, I declare that nominations are closed.

Motion agreed to.

The CHAIR — I therefore declare that Mr Ronalds has been chosen to occupy the vacant seat in the Legislative Council. I will advise the Governor of Victoria accordingly.

I now declare the joint sitting closed.

Proceedings terminated 6.20 p.m.

