

PARLIAMENT OF VICTORIA

**PARLIAMENTARY DEBATES
(HANSARD)**

LEGISLATIVE COUNCIL

FIFTY-EIGHTH PARLIAMENT

FIRST SESSION

Tuesday, 17 October 2017

(Extract from book 17)

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By authority of the Victorian Government Printer

The Governor

The Honourable LINDA DESSAU, AC

The Lieutenant-Governor

The Honourable Justice MARILYN WARREN, AC, QC

The ministry

(from 16 October 2017)

| | |
|---|------------------------------|
| Premier | The Hon. D. M. Andrews, MP |
| Deputy Premier, Minister for Education and Minister for Emergency Services | The Hon. J. A. Merlino, MP |
| Treasurer and Minister for Resources | The Hon. T. H. Pallas, MP |
| Minister for Public Transport and Minister for Major Projects | The Hon. J. Allan, MP |
| Minister for Industry and Employment | The Hon. B. A. Carroll, MP |
| Minister for Trade and Investment, Minister for Innovation and the Digital Economy, and Minister for Small Business | The Hon. P. Dalidakis, MLC |
| Minister for Energy, Environment and Climate Change, and Minister for Suburban Development | The Hon. L. D' Ambrosio, MP |
| Minister for Roads and Road Safety, and Minister for Ports | The Hon. L. A. Donnellan, MP |
| Minister for Tourism and Major Events, Minister for Sport and Minister for Veterans | The Hon. J. H. Eren, MP |
| Minister for Housing, Disability and Ageing, Minister for Mental Health, Minister for Equality and Minister for Creative Industries | The Hon. M. P. Foley, MP |
| Minister for Health and Minister for Ambulance Services | The Hon. J. Hennessy, MP |
| Minister for Aboriginal Affairs, Minister for Industrial Relations, Minister for Women and Minister for the Prevention of Family Violence | The Hon. N. M. Hutchins, MP |
| Special Minister of State | The Hon. G. Jennings, MLC |
| Minister for Consumer Affairs, Gaming and Liquor Regulation, and Minister for Local Government | The Hon. M. Kairouz, MP |
| Minister for Families and Children, Minister for Early Childhood Education and Minister for Youth Affairs | The Hon. J. Mikakos, MLC |
| Minister for Police and Minister for Water | The Hon. L. M. Neville, MP |
| Attorney-General and Minister for Racing | The Hon. M. P. Pakula, MP |
| Minister for Agriculture and Minister for Regional Development | The Hon. J. L. Pulford, MLC |
| Minister for Finance and Minister for Multicultural Affairs | The Hon. R. D. Scott, MP |
| Minister for Training and Skills, and Minister for Corrections | The Hon. G. A. Tierney, MLC |
| Minister for Planning | The Hon. R. W. Wynne, MP |
| Cabinet Secretary | Ms M. Thomas, MP |

The Governor

The Honourable LINDA DESSAU, AC

The Lieutenant-Governor

The Honourable Justice MARILYN WARREN, AC, QC

The ministry

(from 13 September 2017)

| | |
|---|------------------------------|
| Premier | The Hon. D. M. Andrews, MP |
| Deputy Premier, Minister for Education and Minister for Emergency Services | The Hon. J. A. Merlino, MP |
| Treasurer | The Hon. T. H. Pallas, MP |
| Minister for Public Transport and Minister for Major Projects | The Hon. J. Allan, MP |
| Minister for Small Business, Innovation and Trade | The Hon. P. Dalidakis, MLC |
| Minister for Energy, Environment and Climate Change, and Minister for Suburban Development | The Hon. L. D'Ambrosio, MP |
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| Minister for Families and Children, and Minister for Youth Affairs | The Hon. J. Mikakos, MLC |
| Minister for Police and Minister for Water | The Hon. L. M. Neville, MP |
| Minister for Industry and Employment, and Minister for Resources | The Hon. W. M. Noonan, MP |
| Attorney-General and Minister for Racing | The Hon. M. P. Pakula, MP |
| Minister for Agriculture and Minister for Regional Development | The Hon. J. L. Pulford, MLC |
| Minister for Finance and Minister for Multicultural Affairs | The Hon. R. D. Scott, MP |
| Minister for Training and Skills, and Minister for Corrections | The Hon. G. A. Tierney, MLC |
| Minister for Planning | The Hon. R. W. Wynne, MP |
| Cabinet Secretary | Ms M. Thomas, MP |

The Governor

The Honourable LINDA DESSAU, AC

The Lieutenant-Governor

The Honourable Justice MARILYN WARREN, AC, QC

The ministry

(to 12 September 2017)

| | |
|---|------------------------------|
| Premier | The Hon. D. M. Andrews, MP |
| Deputy Premier, Minister for Education and Minister for Emergency Services | The Hon. J. A. Merlino, MP |
| Treasurer | The Hon. T. H. Pallas, MP |
| Minister for Public Transport and Minister for Major Projects | The Hon. J. Allan, MP |
| Minister for Small Business, Innovation and Trade | The Hon. P. Dalidakis, MLC |
| Minister for Energy, Environment and Climate Change, and Minister for Suburban Development | The Hon. L. D'Ambrosio, MP |
| Minister for Roads and Road Safety, and Minister for Ports | The Hon. L. A. Donnellan, MP |
| Minister for Tourism and Major Events, Minister for Sport and Minister for Veterans | The Hon. J. H. Eren, MP |
| Minister for Housing, Disability and Ageing, Minister for Mental Health, Minister for Equality and Minister for Creative Industries | The Hon. M. P. Foley, MP |
| Minister for Health and Minister for Ambulance Services | The Hon. J. Hennessy, MP |
| Minister for Local Government, Minister for Aboriginal Affairs and Minister for Industrial Relations | The Hon. N. M. Hutchins, MP |
| Special Minister of State | The Hon. G. Jennings, MLC |
| Minister for Consumer Affairs, Gaming and Liquor Regulation | The Hon. M. Kairouz, MP |
| Minister for Families and Children, and Minister for Youth Affairs | The Hon. J. Mikakos, MLC |
| Minister for Police and Minister for Water | The Hon. L. M. Neville, MP |
| Minister for Industry and Employment, and Minister for Resources | The Hon. W. M. Noonan, MP |
| Attorney-General and Minister for Racing | The Hon. M. P. Pakula, MP |
| Minister for Agriculture and Minister for Regional Development | The Hon. J. L. Pulford, MLC |
| Minister for Women and Minister for the Prevention of Family Violence (until 23 August 2017) | The Hon. F. Richardson, MP |
| Minister for Finance and Minister for Multicultural Affairs | The Hon. R. D. Scott, MP |
| Minister for Training and Skills, and Minister for Corrections | The Hon. G. A. Tierney, MLC |
| Minister for Planning | The Hon. R. W. Wynne, MP |
| Cabinet Secretary | Ms M. Thomas, MP |

Legislative Council committees

Privileges Committee — Ms Hartland, Ms Mikakos, Mr O’Sullivan, Ms Pulford, Mr Purcell, Mr Rich-Phillips and Ms Wooldridge.

Procedure Committee — The President, Dr Carling-Jenkins, Mr Davis, Mr Jennings, Ms Pennicuik, Ms Pulford, Ms Tierney and Ms Wooldridge.

Legislative Council standing committees

Standing Committee on the Economy and Infrastructure — Mr Bourman, #Ms Dunn, Mr Eideh, Mr Finn, Mr Gepp, Ms Hartland, Mr Leane, #Mr Melhem, Mr Ondarchie, Mr O’Sullivan and #Mr Rich-Phillips.

Standing Committee on the Environment and Planning — Ms Bath, #Mr Bourman, Mr Dalla-Riva, Mr Davis, Ms Dunn, Mr Elasmarr, #Ms Hartland, Mr Melhem, #Mr Purcell, #Mr Ramsay, Ms Shing, #Ms Symes and Mr Young.

Standing Committee on Legal and Social Issues — #Ms Crozier, #Mr Elasmarr, Ms Fitzherbert, #Ms Hartland, Mr Morris, Mr Mulino, Ms Patten, Mrs Peulich, #Mr Rich-Phillips, Mr Somyurek, Ms Springle and Ms Symes.

participating members

Legislative Council select committees

Port of Melbourne Select Committee — Mr Mulino, Mr Ondarchie, Mr Purcell, Mr Rich-Phillips, Ms Shing and Ms Tierney.

Fire Services Bill Select Committee — Ms Hartland, Ms Lovell, Mr Melhem, Mr Mulino, Mr O’Sullivan, Mr Rich Phillips, Ms Shing and Mr Young.

Joint committees

Accountability and Oversight Committee — (*Council*): Mr O’Sullivan, Mr Purcell and Ms Symes. (*Assembly*): Mr Angus, Mr Gidley, Mr Staikos and Ms Thomson.

Dispute Resolution Committee — (*Council*): Mr Bourman, Mr Dalidakis, Ms Dunn, Mr Jennings and Ms Wooldridge. (*Assembly*): Ms Allan, Mr Clark, Ms Hutchins, Mr Merlino, Mr M. O’Brien, Mr Pakula and Mr Walsh.

Economic, Education, Jobs and Skills Committee — (*Council*): Mr Bourman, Mr Elasmarr and Mr Melhem. (*Assembly*): Mr Crisp, Mrs Fyffe, Ms Garrett and Ms Ryall.

Electoral Matters Committee — (*Council*): Ms Bath, Ms Patten and Mr Somyurek. (*Assembly*): Ms Asher, Ms Blandthorn, Mr Dixon and Ms Spence.

Environment, Natural Resources and Regional Development Committee — (*Council*): Mr O’Sullivan, Mr Ramsay and Mr Young. (*Assembly*): Mr J. Bull, Ms Halfpenny, Mr Richardson and Mr Riordan.

Family and Community Development Committee — (*Council*): Dr Carling-Jenkins and Mr Finn. (*Assembly*): Ms Britnell, Ms Couzens, Mr Edbrooke, Ms Edwards and Ms McLeish.

House Committee — (*Council*): The President (*ex officio*), Mr Eideh, Ms Hartland, Ms Lovell, Mr Mulino and Mr Young. (*Assembly*): The Speaker (*ex officio*), Mr J. Bull, Mr Crisp, Mrs Fyffe, Mr Staikos, Ms Suleyman and Mr Thompson.

Independent Broad-based Anti-corruption Commission Committee — (*Council*): Mr Ramsay and Ms Symes. (*Assembly*): Mr Hibbins, Mr D. O’Brien, Mr Richardson, Ms Thomson and Mr Wells.

Law Reform, Road and Community Safety Committee — (*Council*): Mr Gepp and Ms Patten. (*Assembly*): Mr Dixon, Mr Howard, Ms Suleyman, Mr Thompson and Mr Tilley.

Public Accounts and Estimates Committee — (*Council*): Ms Patten, Ms Pennicuik and Ms Shing. (*Assembly*): Mr Dimopoulos, Mr Morris, Mr D. O’Brien, Mr Pearson, Mr T. Smith and Ms Ward.

Scrutiny of Acts and Regulations Committee — (*Council*): Ms Bath and Mr Dalla-Riva. (*Assembly*): Ms Blandthorn, Mr J. Bull, Mr Dimopoulos, Ms Kilkenny and Mr Pesutto.

Heads of parliamentary departments

Assembly — Acting Clerk of the Legislative Assembly: Ms Bridget Noonan

Council — Acting Clerk of the Parliaments and Clerk of the Legislative Council: Mr A. Young

Parliamentary Services — Secretary: Mr P. Lochert

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

President:

The Hon. B. N. ATKINSON

Deputy President:

Mr K. EIDEH

Acting Presidents:

Ms Dunn, Mr Elasmarr, Mr Melhem, Mr Morris, Ms Patten, Mr Purcell, Mr Ramsay

Leader of the Government:

The Hon. G. JENNINGS

Deputy Leader of the Government:

The Hon. J. L. PULFORD

Leader of the Opposition:

The Hon. M. WOOLDRIDGE

Deputy Leader of the Opposition:

The Hon. G. K. RICH-PHILLIPS

Leader of The Nationals:

Mr L. B. O'SULLIVAN

Leader of the Greens:

Dr S. RATNAM

| Member | Region | Party | Member | Region | Party |
|---|----------------------------|--------|---|----------------------------|--------|
| Atkinson, Mr Bruce Norman | Eastern Metropolitan | LP | Mikakos, Ms Jenny | Northern Metropolitan | ALP |
| Barber, Mr Gregory John ¹ | Northern Metropolitan | Greens | Morris, Mr Joshua | Western Victoria | LP |
| Bath, Ms Melina ² | Eastern Victoria | Nats | Mulino, Mr Daniel | Eastern Victoria | ALP |
| Bourman, Mr Jeffrey | Eastern Victoria | SFFP | O'Brien, Mr Daniel David ⁷ | Eastern Victoria | Nats |
| Carling-Jenkins, Dr Rachel ³ | Western Metropolitan | AC | O'Donohue, Mr Edward John | Eastern Victoria | LP |
| Crozier, Ms Georgina Mary | Southern Metropolitan | LP | Ondarchie, Mr Craig Philip | Northern Metropolitan | LP |
| Dalidakis, Mr Philip | Southern Metropolitan | ALP | O'Sullivan, Luke Bartholomew ⁸ | Northern Victoria | Nats |
| Dalla-Riva, Mr Richard Alex Gordon | Eastern Metropolitan | LP | Patten, Ms Fiona | Northern Metropolitan | ASP |
| Davis, Mr David McLean | Southern Metropolitan | LP | Pennicuik, Ms Susan Margaret | Southern Metropolitan | Greens |
| Drum, Mr Damian Kevin ⁴ | Northern Victoria | Nats | Peulich, Mrs Inga | South Eastern Metropolitan | LP |
| Dunn, Ms Samantha | Eastern Metropolitan | Greens | Pulford, Ms Jaala Lee | Western Victoria | ALP |
| Eideh, Mr Khalil M. | Western Metropolitan | ALP | Purcell, Mr James | Western Victoria | V1LJ |
| Elasmarr, Mr Nazih | Northern Metropolitan | ALP | Ramsay, Mr Simon | Western Victoria | LP |
| Finn, Mr Bernard Thomas C. | Western Metropolitan | LP | Ratnam, Dr Samantha Shantini ⁹ | Northern Metropolitan | Greens |
| Fitzherbert, Ms Margaret | Southern Metropolitan | LP | Rich-Phillips, Mr Gordon Kenneth | South Eastern Metropolitan | LP |
| Gepp, Mr Mark ⁵ | Northern Victoria | ALP | Shing, Ms Harriet | Eastern Victoria | ALP |
| Hartland, Ms Colleen Mildred | Western Metropolitan | Greens | Somyurek, Mr Adem | South Eastern Metropolitan | ALP |
| Herbert, Mr Steven Ralph ⁶ | Northern Victoria | ALP | Springle, Ms Nina | South Eastern Metropolitan | Greens |
| Jennings, Mr Gavin Wayne | South Eastern Metropolitan | ALP | Symes, Ms Jaclyn | Northern Victoria | ALP |
| Leane, Mr Shaun Leo | Eastern Metropolitan | ALP | Tierney, Ms Gayle Anne | Western Victoria | ALP |
| Lovell, Ms Wendy Ann | Northern Victoria | LP | Wooldridge, Ms Mary Louise Newling | Eastern Metropolitan | LP |
| Melhem, Mr Cesar | Western Metropolitan | ALP | Young, Mr Daniel | Northern Victoria | SFFP |

¹ Resigned 28 September 2017

² Appointed 15 April 2015

³ DLP until 26 June 2017

⁴ Resigned 27 May 2016

⁵ Appointed 7 June 2017

⁶ Resigned 6 April 2017

⁷ Resigned 25 February 2015

⁸ Appointed 12 October 2016

⁹ Appointed 18 October 2017

PARTY ABBREVIATIONS

AC — Australian Conservatives; ALP — Labor Party; ASP — Australian Sex Party;
DLP — Democratic Labour Party; Greens — Australian Greens;
LP — Liberal Party; Nats — The Nationals;
SFFP — Shooters, Fishers and Farmers Party; V1LJ — Vote 1 Local Jobs

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Tuesday, 17 October 2017

The PRESIDENT (Hon. B. N. Atkinson) took the chair at 12.05 p.m. and read the prayer.

ACKNOWLEDGEMENT OF COUNTRY

The PRESIDENT (12:06) — On behalf of the Victorian state Parliament I acknowledge the Aboriginal peoples, the traditional custodians of this land which has served as a significant meeting place of the first people of Victoria. I acknowledge and pay respect to the elders of the Aboriginal nations in Victoria past and present and welcome any elders and members of the Aboriginal communities who may visit or participate in the events or proceedings of the Parliament this week.

CONDOLENCES

Donald James Mackinnon

The PRESIDENT (12:07) — I have the solemn duty to advise the house of the death on 1 October 2017 of Mr Donald Mackinnon, member of the Legislative Assembly for the electoral district of Box Hill from 1976 to 1982. Mr Mackinnon was actually a friend of mine, somebody I knew during his service to the Parliament and the people of Box Hill. He was a very fine member of Parliament.

On this occasion I would ask members to rise in their places as a mark of respect to the memory of the deceased.

Honourable members stood in their places.

DEPUTY PRESIDENT

The PRESIDENT (12:09) — I wish to inform the house that I have received a letter from Mr Eideh, the Deputy President. He writes:

Duties as Deputy President

As you know, matters relating to my electorate office have recently been referred to IBAC. As I have previously stated, I have not knowingly done anything that would lead to an adverse finding against me and I continue to profess my innocence of any wrongdoing.

Notwithstanding my innocence, I am conscious that allegations about matters involving my electorate office result in unhelpful speculation about my role as Deputy President, which may detract from the standing of the house. I am keen to protect the reputation of the house, just as I am keen to protect my own reputation.

I am faced with the problem of knowing that a matter has been referred to IBAC but not knowing much more about what IBAC's intention and focus is, and if I did know, I may not be permitted to advise others.

Accordingly, I advise you that I wish to stand aside from my duties as Deputy President, commencing immediately and until the reported outcome of any IBAC process. In standing aside from these duties, I request that I cease to receive the additional salary and expense allowance applied to the position of Deputy President for the period that I stand aside. I regret that this course of action leaves the house without an active Deputy President for an uncertain length of time, but I believe that this course of action is the only way to uphold both my reputation and the reputation of the house.

In respect of that matter I make the following comments. In the letter I have just read to the chamber the Deputy President has advised me that he wishes to stand aside, not to resign, from the position of Deputy President. I would not usually entertain such advice because it leaves the house without an active Deputy President. There is no trigger for an election of a Deputy President because there is no vacancy, which is the only scenario that the standing orders contemplate. However, in this instance there is public knowledge that matters relating to the Deputy President's electorate office have been referred to IBAC, but there is no public information beyond that fact and there may not be any further information for some time. The Deputy President is under no legal obligation to step aside, let alone resign, given that presently he is not subject to any adverse finding and may or may not be the subject of any ongoing investigation. He has indicated that he is prepared to stand aside for the sake of the reputation of the house, therefore I accept the action proposed by the Deputy President.

I note that the Leader of the Opposition has a notice of motion which would in effect have led to a similar outcome of suspending or standing aside the Deputy President pending an IBAC outcome. Such a motion, if ever put and passed, would not create a vacancy in the position of Deputy President for the reason I outlined above. I acknowledge that the house may resolve at any time to take matters into its own hands in relation to any member or elected office-holder of the chamber.

In light of the Deputy President standing aside, it is my intention to approach an Acting President to take a lead in committee of the whole, albeit without formally being in the role of Deputy President. I will advise the house as soon as possible about this arrangement.

RESIGNATION OF MEMBER**Mr Barber**

The PRESIDENT (12:12) — I now have to bring to the attention of the house a resignation of a member of the house. The Governor advised me on 28 September 2017 in the following terms:

I advise that I have today received from Mr Greg Barber his written resignation as a member of the Victorian Legislative Council.

I enclose for your information a copy of his letter. I will also send a copy to the honourable Acting Premier.

JOINT SITTING OF PARLIAMENT**Legislative Council vacancy**

The PRESIDENT (12:13) — I have been informed by the Victorian Greens that they have selected a person to be nominated to fill the seat in the Legislative Council rendered vacant by the resignation of Mr Greg Barber.

Mr JENNINGS (Special Minister of State) (12:13) — By leave, I move:

That —

- (1) this house meets with the Legislative Assembly for the purpose of sitting and voting together to choose a person to hold the seat in the Legislative Council rendered vacant by the resignation of Mr Greg Barber and proposes that the time and place of such a meeting be the Legislative Assembly chamber on Wednesday, 18 October 2017, at 6.30 p.m.; and
- (2) standing and sessional orders be suspended to the extent necessary to provide that on Wednesday, 18 October 2017, the order of business will be —

Messages

Formal business

Members statements (up to 15 members)

General business

At 12 noon questions

Answers to questions on notice

General business (continues)

At 5.00 p.m. statements on reports and papers (45 minutes)

At 5.45 p.m. adjournment (up to 20 members).

Motion agreed to.

Ordered that message be sent to Assembly informing them of resolution.

ROYAL ASSENT

Message read advising royal assent on 26 September to:

Children and Justice Legislation Amendment (Youth Justice Reform) Act 2017

Domestic Animals Amendment (Restricted Breed Dogs) Act 2017

Justice Legislation Amendment (Protective Services Officers and Other Matters) Act 2017

Owner Drivers and Forestry Contractors Amendment Act 2017

Planning and Building Legislation Amendment (Housing Affordability and Other Matters) Act 2017

WorkSafe Legislation Amendment Act 2017

Yarra River Protection (Wilip-gin Birrarung murrong) Act 2017.

MINISTRY

Mr JENNINGS (Special Minister of State) (12:16) — I wish to inform the house that following the resignation of my colleague Wade Noonan from the ministry there have been a number of portfolio reallocations across the government. In this chamber Mr Dalidakis will now be the Minister for Trade and Investment, Minister for Innovation and the Digital Economy, and Minister for Small Business. My colleague Jenny Mikakos will be the Minister for Families and Children, Minister for Early Childhood Education and Minister for Youth Affairs. For the courtesy of the house can I indicate that in the other place the Treasurer will also assume responsibility for the resources portfolio, and the new member of the Andrews ministry, Ben Carroll, will assume responsibility for the industry and employment portfolio.

SHADOW MINISTRY

Ms WOOLDRIDGE (Eastern Metropolitan) (12:17) — I wish to inform the house that there have been a small number of changes to the front bench in this chamber in regard to the coalition. Mr Rich-Phillips will take responsibility for government administration and aviation, in addition to other portfolios. Ms Crozier also takes responsibility for housing, and Mr Davis takes additional responsibility for public transport.

RESIGNATION OF MEMBER**Mr Barber**

The PRESIDENT (12:17) — I take this opportunity as President to offer my appreciation to Mr Barber, who has resigned as a member of this chamber and as Leader of the Greens, for his support and assistance in the time that he acted as the Leader of the Greens. Certainly I have found Mr Barber to be a person of considerable intellect and ability and a person who contributed to this house in a very constructive and I think valuable way. He will be missed. I am sure that all members will join with me in wishing him well in his future endeavours. Certainly he earned his stripes in this place, and I do thank Mr Barber for all the work he undertook as a member of this place and, as I said, particularly for the support that he provided to me and the assistance that he provided to me in his capacity as Leader of the Greens in the work that I undertake on behalf of the Parliament.

PETITIONS**Following petitions presented to house:****Container deposit scheme**

Legislative Council electronic petition:

The petition of certain citizens of the state of Victoria draws to the attention of the Legislative Council that currently there is no container return deposit scheme implemented in Victoria. Despite schemes like this already being implemented in other states (SA got theirs in the late 70s, and NSW, WA and Qld have all recently announced plans to implement), previous Victorian governments have never been able to gather the political will to implement this. It is pretty clear that with the amount of one-time-use containers consumed that we need a scheme to re-use and recycle this material, rather than having it accumulate in landfill or in the environment in general.

The petitioners therefore request that the Legislative Council call on the government to implement a 10 cent container deposit scheme, similar to the one in New South Wales which is about to start this year.

By Ms SPRINGLE (South Eastern Metropolitan)
(157 signatures).

Laid on table.

Ordered to be considered next day on motion of Ms SPRINGLE (South Eastern Metropolitan).

Whittlesea police station

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 overwhelming concern of Whittlesea residents that the Whittlesea police station is under threat of closure or reduced police numbers.

The petitioners therefore request that the Legislative Council of Victoria ensures that the Andrews government provides a written guarantee that:

- a) there will be no reduction to the current authorised strength of police at Whittlesea police station — that being one senior sergeant, two sergeants and 12 senior constables or constables; and
- b) the Whittlesea police station will not be closed following the opening of the new Mernda police station.

By Ms LOVELL (Northern Victoria)
(855 signatures).

Laid on table.

Crime prevention

To the Legislative Council of Victoria:

The petition of residents in Victoria calls on the Legislative Council to note that there is a crime tsunami engulfing Victorians. Small businesses are regularly being targeted, residents feel unsafe in their own homes and going to work, and Victorians are losing faith in our justice system.

The petitioners therefore respectfully request that the Legislative Council calls on the Andrews Labor government to match the coalition policy and introduce mandatory sentencing, toughen up the justice system and hold criminals to account.

By Ms LOVELL (Northern Victoria) (6 signatures).

Laid on table.

Voluntary assisted dying

To the Legislative Council of Victoria:

That the undersigned call on the Victorian Legislative Council to strongly oppose the introduction of euthanasia or physician-assisted dying in the state of Victoria by the state Labor government supported by the Greens and the Sex Party.

The case for euthanasia is based on fake facts: euthanasia and physician-assisted dying is not just an expression of personal autonomy; pain can be managed with proper medical care and palliation; and there can never be safeguards against medical misdiagnosis, medical mishaps, accidents or malice.

The undersigned call on the Premier, Daniel Andrews, and the state government to not proceed with the introduction of physician-assisted dying/euthanasia until there has been a state or national plebiscite on this critical human issue.

By Mrs PEULICH (South Eastern Metropolitan)
(282 signatures).

Laid on table.

Ordered to be considered next day on motion of Mrs PEULICH (South Eastern Metropolitan).

CHAIR OF COMMITTEES

The PRESIDENT — Members, I would like to inform you that I have had an opportunity now to discuss with Mr Elasmr my intent to nominate him as chairman of committees in the period when the Deputy President is stood aside from that position, and Mr Elasmr has agreed to that. It would be my intention that Mr Elasmr fill that role as chairman of committees, and in the event that there is an overburden of committee work, particularly in this week, then it would be my intention that perhaps Mr Melhem or Mr Morris might relieve Mr Elasmr in those circumstances.

SCRUTINY OF ACTS AND REGULATIONS COMMITTEE

Alert Digest No. 14

Mr DALLA-RIVA (Eastern Metropolitan) presented *Alert Digest No. 14 of 2017*, including appendices.

Laid on table.

Ordered to be published.

Mr DALLA-RIVA (Eastern Metropolitan)
(12:22) — I move:

That the Council take note of the report.

In doing so, although I do not often speak to the *Alert Digest*, I wish to draw to members' attention that this *Alert Digest* in particular has quite an extensive report on the Voluntary Assisted Dying Bill 2017. I would encourage members who are sitting on the fence or have concerns on either side to perhaps review the report. In particular it references the government's own Charter of Human Rights and Responsibilities and specifically references issues around the Canadian law and Canadian case law in what is *Lee v. State of Oregon* and some of the crossover with the charter of human rights in Victoria and the charter in Canada.

The point to note is that there are some issues that have been raised by the Scrutiny of Acts and Regulations Committee (SARC) in respect of some of the clauses

within the bill. I would again encourage members to review the report. This is written by Dr Jeremy Gans. Dr Jeremy Gans is a professor working on human rights at the University of Melbourne. He has been our long-term human rights adviser throughout a variety of committees and a variety of governments, and in fact he did the charter report on the abortion law as well, so he has quite an extensive amount of experience. I think the main thing with Professor Gans's report is that he does search extensively throughout the world to see what the latest and most current other forms of legislation are similar to what is being proposed here.

The committee has actually requested that we write to the minister on a variety of issues. The main one that came up was the issue around the independence of the doctors. The evidence certainly from the Canadian example and elsewhere was that there is the requirement that there be a psychological or psychiatric assessment of the individual, rather than just two doctors who may actually be in a cohort together.

The committee also was concerned — and this is an all-party committee — about whether or not the consulting medical practitioner must be independent of the coordinating medical practitioner. It appears that in the Canadian scheme enacted in 2016 there is clear evidence that the coordinating medical practitioner must be satisfied that the consulting practitioner is not a mentor to the other practitioner or responsible for supervising their work, does not know or believe that they are a beneficiary under the will of the person making the request and does not know or believe that they are connected to the other practitioner or to the person making the request in any way that would affect their objectivity.

I think it is important to understand that the legislation has raised some issues, flagged some issues, for those who may be interested in listening to what I have to say as opposed to perhaps just having an already formed opinion. It is important for people to understand that, as I said, the report was written as an independent report; it was written to assist members of Parliament. For those who wish to listen to what I have to say, again I would encourage them to review the Scrutiny of Acts and Regulations Committee report. For those who do not wish to listen, perhaps when people raise this in the debate they will understand why it has been raised, and it may add weight to either side of the debate to assist in moving it forward.

It does not talk about whether it supports the legislation. The policy position within SARC has always been that it will never discuss policy. That was not the role of SARC when I was chair, and it is not now I am deputy

chair. Its role is to raise issues for people to be aware of, and that is the only reason I have moved that the Council take note of this report today.

Motion agreed to.

OMBUDSMAN

Disability group home residents

The Clerk, pursuant to section 25AA(4)(c) of the Ombudsman Act 1973, presented report on the investigation into management and protection of disability group home residents by the Department of Health and Human Services and Autism Plus, September 2017, amended by direction of the Ombudsman to correct errors in the report circulated on 25 September 2017 pursuant to section 25AA(4)(b) of the Ombudsman Act 1973.

Laid on table.

Ordered to be published.

Report 2016

The Clerk, pursuant to section 25AA(4)(c) of the Ombudsman Act 1973, presented report.

Laid on table.

Ordered to be published.

PAPERS

Laid on table by Clerk:

Crown Land (Reserves) Act 1978 — Ministerial Orders for the following approvals —

Leases in relation to —

Boatshed Restaurant, Lake Wendouree Public Recreation Reserve, Ballarat, dated 16 January 2017.

W. G Little Reserve, Portarlington, dated 3 September 2017.

Licences in relation to —

Lake Wendouree Public Recreation Reserve and Public Gardens Reserve, dated 16 July 2017.

Point Leo Foreshore, dated 3 September 2017.

Education and Care Services National Law Act 2010 — Education and Care Services National Amendment Regulations 2017 pursuant to section 303 of the Act.

Interpretation of Legislation Act 1984 — Notice pursuant to section 32 in relation to Statutory Rule No. 89.

Land Acquisition and Compensation Act 1986 — Certification pursuant to section 7(1)(c) of the Act to not require the service of a notice of intention to acquire land.

Major Sporting Events Act 2009 — Major sporting event order pursuant to section 22 of the Act, dated 15 August 2017.

Office of the National Rail Safety Regulator — Report, 2016–17.

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

Alpine, Alpine Resorts, Ararat, Ballarat, Banyule, Bass Coast, Baw Baw, Benalla, Buloke, Campaspe, Cardinia, Casey, Central Goldfields, Colac Otway, Corangamite, East Gippsland, Frankston, French Island and Sandstone Island, Gannawarra, Glenelg, Golden Plains, Greater Bendigo, Greater Geelong, Greater Shepparton, Hepburn, Hindmarsh, Horsham, Hume, Indigo, Knox, Latrobe, Loddon, Macedon Ranges, Manningham, Mansfield, Maroondah, Melton, Mildura, Mitchell, Moira, Moorabool, Mornington Peninsula, Mount Alexander, Moyne, Murrindindi, Nillumbik, Northern Grampians, Pyrenees, Queenscliff, South Gippsland, Southern Grampians, Strathbogie, Surf Coast, Swan Hill, Towong, Wangaratta, Warmambool, Wellington, West Wimmera, Whitehorse, Whittlesea, Wodonga, Yarra Ranges and Yarriambiack Planning Schemes — Amendment GC13.

Bayside and Kingston Planning Schemes — Amendment GC70.

Benalla Planning Scheme — Amendment C37.

Boroondara Planning Scheme — Amendments C243 (Part 1), C251, C265 and C269.

Brimbank, Hobsons Bay, Melton and Wyndham Planning Schemes — Amendment GC74.

East Gippsland Planning Scheme — Amendment C138.

Glen Eira Planning Scheme — Amendments C150 and C170.

Greater Geelong Planning Scheme — Amendments C342 and C361.

Greater Shepparton Planning Scheme — Amendment C188.

Hobsons Bay Planning Scheme — Amendment C111.

Maribymong Planning Scheme — Amendment C146.

Melton and Moorabool Planning Schemes — Amendment GC69.

Mitchell Planning Scheme — Amendments C109 and C117 (Part 1).

Moonee Valley Planning Scheme — Amendment C183.

Port Phillip Planning Scheme — Amendments C132 and C135.

Stonnington Planning Scheme — Amendments C248 and C263.

Victoria Planning Provisions — Amendment VC132.

Whittlesea Planning Scheme — Amendments C210 and C211.

Professional Standards Act 2003 — Instrument pursuant to section 14 of the Act in relation to the Institute of Public Accountants Professional Standards Scheme, dated 9 October 2017.

Public Transport Development Authority — Report, 2016–17.

South Gippsland Region Water Corporation — Report, 2016–17.

Statutory Rules under the following Acts of Parliament —

Children’s Services Act 1996 — No. 96.

Road Safety Act 1986 — No. 100.

Supreme Court Act 1986 — Nos. 97 and 98.

Victoria State Emergency Services Act 2005 — No. 99.

Subordinate Legislation Act 1994 — Documents under section 15 in respect of Statutory Rule Nos. 96 to 101 and 103.

Taxi Services Commission — Report, 2016–17.

Proclamations of the Governor in Council fixing operative dates in respect of the following acts:

Commercial Passenger Vehicle Industry Act 2017 — Division 1 of Part 3 — 9 October 2017 (*Gazette No. S331, 3 October 2017*).

Drugs, Poisons and Controlled Substances Miscellaneous Amendment Act 2017 — Part 1 and sections 6, 7, 19, 21, 22 and 23 — 21 October 2017 (*Gazette No. S340, 10 October 2017*).

Justice Legislation Amendment (Court Security, Juries and Other Matters) Act 2017 — Part 6 — 11 October 2017 (*Gazette No. S331, 3 October 2017*).

Public Administration Amendment (Public Sector Communications Standards) Act 2017 — 26 September 2017 (*Gazette No. S325, 26 September 2017*).

Sex Offenders Registration Amendment (Miscellaneous) Act 2017 — Part 1 and section 49 — 23 September 2017 (*Gazette No. S314, 19 September 2017*).

PRODUCTION OF DOCUMENTS

The Clerk — I have received the following letter from the Attorney-General relating to the resolution of the Council of 20 September 2017 relating to the production of a copy of the Allard report and associated projections:

I refer to the Legislative Council’s resolution of 20 September 2017, seeking the production of the following:

a copy of the Allard report into the critical modelling on the government’s West Gate tunnel/distributor project, including all traffic projections and appendices and modelling of toll connections; and

any available associated projections of tolling payments over future decade(s) in the southern and eastern suburbs of Melbourne.

The Legislative Council’s date for production of the documents is 4 October 2017 which does not allow sufficient time for the government to respond to the Council’s resolution. The government is in the process of considering the relevant documents for the purpose of responding to the order. The government will endeavour to provide a final response to the order as soon as possible.

The letter is signed by Lisa Neville, MP, Acting Attorney-General.

BUSINESS OF THE HOUSE

General business

Ms WOOLDRIDGE (Eastern Metropolitan) (12:34) — By leave, I move:

That precedence be given to the following general business on Wednesday, 18 October 2017:

- (1) order of the day 2, second reading of the Firearms Amendment (Advertising) Bill 2017;
- (2) order of the day 7, resumption of debate on the Children, Youth and Families Amendment (Youth Offenders) Bill 2016;
- (3) order of the day 11, Environment Protection Amendment (Banning Plastic Bags, Packaging and Microbeads) Bill 2016, question to be put;
- (4) notice of motion given this day by Ms Pennicuik in relation to the production of certain documents;
- (5) notice of motion given this day by Ms Wooldridge in relation to the failure of the government to comply with certain orders for the production of documents; and
- (6) notice of motion given this day by Mrs Peulich in relation to apprenticeships and traineeships.

Motion agreed to.

MEMBERS STATEMENTS

Richmond Football Club

Ms LOVELL (Northern Victoria) (12:35) — I rise to pay tribute to this year’s AFL premiers, the mighty Richmond Football Club. The Tigers had an amazing 2017 season, finishing third on the AFL ladder after the home and away season, but it was their outstanding

performance during the finals series in September that displayed their dominance as the premier team of 2017. During the finals Richmond only played three games, and each of those games was against a team that also finished in a top-four position on the ladder, yet my mighty Tigers tore each of them apart. In the qualifying final Richmond destroyed Geelong to win by 51 points, in the preliminary final the Tigers delivered a similar demolition of Greater Western Sydney to win by 36 points and in the grand final they demoralised Adelaide to win by 48 points and deliver Richmond's first premiership in 37 years.

In addition, our players and coach were awarded nearly every individual award, including the Brownlow Medal and coach of the year. It would be remiss of me not to mention the magnificent season of Brownlow and Norm Smith medallist Dustin Martin, who I am proud to say comes from my electorate, and also the VFL side who played in their grand final. Coming from 13th on the ladder in 2016 to this year's premiers is a remarkable turnaround, and there are many people to thank — firstly, our magnificent players, whose tenacity and determination was just amazing, and as fans we thank you for a wonderful season. But it is not only the team that runs onto the field that has contributed to Richmond's success. I would like to also thank our president Peggy O'Neal, the board, CEO Brendon Gale, coach Damien Hardwick and all the team at Tigerland for the amazing leadership that they have provided at the club. Bring on 2018. Go Tiges — yellow and black!

Moe Cup

Ms SHING (Eastern Victoria) (12:37) — I rise today to congratulate the operators, participants and volunteers who make the Moe Cup such a wonderful extravaganza. Every year we see thousands coming to Moe to enjoy a really fun family day out, and this year will be no exception. On 19 October more than 5000 racegoers are set to flock to the Moe Racecourse, and it has been fantastic to be able to deliver \$207 000 in funding to build on our ongoing commitment to this excellent race meet.

Tour of Gippsland

Ms SHING — In addition to that I would like to congratulate everyone associated with the Tour of Gippsland. This fantastic sporting event does showcase the very best of our region, and with \$80 000 in funding to make sure that this event really does promote us to the rest of the world as an elite location for cycling, it will be really wonderful to welcome visitors and racegoers alike to the area.

Latrobe Valley ministerial visit

Ms SHING — I also had a wonderful opportunity recently to welcome to the Latrobe Valley Minister Mikakos, a regular visitor to this area. She has made a significant number of announcements in recent times, including a new kindergarten to be located at Morwell Central Primary School, as well as extended and additional maternal and child health services to cater for the unique challenges and opportunities in our area, totalling over \$9.9 million. Thank you very much to the minister for that. It is wonderful to see the ongoing work and commitment going toward making the Latrobe Valley a fantastic place as far as our potential and our momentum are concerned.

Richard Glanville Knight

Mr BOURMAN (Eastern Victoria) (12:39) — One hundred years ago today my great-grandfather, Richard Glanville Knight, was recommended for a military medal for actions on 4 October 1917 east of Ypres. This is the text:

On 4th October 1917, east of Ypres, he displayed conspicuous gallantry and devotion to duty in action. He acted as a stretcher-bearer during the whole of 4th and 5th October and his perseverance and devotion in carrying wounded under heavy shellfire and through difficult country were an inspiration to other stretcher-bearers. He was absolutely regardless of his own personal safety and showed courage of a high order.

That was from W. Ramsay McNicoll, Brigadier General, commanding the 10th Australian Infantry Brigade.

It is 100 years since then, when we were still in the middle of a really nasty war. I think it is time to remember those young people we sent there, those that came back and those that did not come back. Lest we forget.

Richmond Football Club

Mr FINN (Western Metropolitan) (12:46) — We all know the importance of Australian football to many, many people in this state. It can send many of us spiralling into depths of despair — and I speak from a fair bit of personal experience on that one. Alternatively, it can bring joy, euphoria, inspiration and indeed delirium, as it did on Saturday, 30 September 2017, when I joined a smidge over 100 000 others at the MCG to see Richmond take out the Holy Grail: the AFL premiership.

I have previously seen my Tigers lose a grand final twice, in 1972 and 1982. I remember leaving the G

after the 1982 loss thinking, ‘Well, at least we’ll be back next year’; 35 years later we finally made it, and after a 37-year drought we had our 11th flag.

I will never forget the scenes at the ground as the siren signalled the ultimate victory, or what followed on the streets of Richmond for hours after. I am very glad I went to Bridge Road and not to Swan Street. My joy was only added to by having my 19-year-old daughter next to me. We saw our first Tigers premiership together, and it was quite an overwhelming experience.

My very warmest congratulations and gratitude go to coach of the year, Damien Hardwick; the captain, Trent Cotchin; and every player, official and volunteer of the Richmond Football Club. A special mention must go to the president, Peggy O’Neal, and the CEO, Brendon Gale. They have performed a miracle, and they are now legends. The tears that thousands of us shed throughout the state a little over two weeks ago have dried, but the celebrations go on and on. Indeed hundreds of thousands of Victorians will forever celebrate 2017 as the Year of the Tiger — we ate ‘em alive!

People’s Republic of China anniversary

Mr ELASMAR (Northern Metropolitan) (12:42) — On 21 September I attended celebrations hosted by the Consul-General of the People’s Republic of China, His Excellency Mr Zhao Jian and Madam Wu Fing. The occasion was the 68th anniversary of the founding of the People’s Republic of China and the establishment of China-Australia diplomatic relations. It was an extremely well attended event and an important cultural affair.

Whittlesea citizenship ceremony

Mr ELASMAR — On the morning of 24 September it was my pleasure to attend the Whittlesea City Council’s citizenship ceremony hosted by the mayor, Cr Ricky Kirkham, and the new CEO, Mr Simon Overland. I always enjoy these ceremonies because they remind me of my own citizenship ceremony in the early 1980s when I too was granted the priceless gift of citizenship. I thank council officers for organising this very special occasion.

Whittlesea City Council community dinner

Mr ELASMAR — On 14 October I attended the City of Whittlesea’s annual thankyou dinner organised for the general community and important stakeholders in recognition of their support throughout the year. It was a great night, and I thank the council for their splendid efforts in making this a night to remember.

Richmond Football Club

Mr ELASMAR — Finally, on another matter I would like to congratulate Richmond for winning in the AFL. Richmond is in my electorate — and good luck to the coach and the team.

Aboriginal maternal and child health services

Ms CROZIER (Southern Metropolitan) (12:43) — It is typical of the Andrews government, who are so desperate to hold the seat of Northcote that they are making announcements in the seat to suit their purposes and not what is in the best interests of Victorians. I refer to the announcement made by Minister Mikakos of \$1.2 million in Aboriginal maternal and child health initiative grants. Ten local government areas (LGAs) will share in the grants — including Darebin, which encompasses the seat of Northcote.

According to the last ABS census, out of the 10 LGAs chosen for the grants, Darebin rates last for the percentage of Aboriginal children under the age of 14. If you look at the LGAs in the top 10 which are receiving grants — which I am not questioning — they include Mitchell, with 40.62 per cent of Aboriginals under the age of 14; Swan Hill, 39.05; Latrobe at 38.01; and Whittlesea, Warrnambool, Campaspe, East Gippsland, Wyndham and Greater Geelong, all very important areas. Yet areas like Mildura, which Mr O’Sullivan and Ms Lovell represent, have 278 children between ages 0 and 4, and 535 between 5 and 14, or 39.37 per cent of the community. They will not be receiving these important grants. Also not funded are the areas of Greater Bendigo and Shepparton, which are also represented by Ms Lovell and Mr O’Sullivan.

Ms Lovell interjected.

Ms CROZIER — Exactly. What a disgrace that the government and the minister are blatantly campaigning and using taxpayer money in an inner-city seat that they are desperate to hold in the upcoming by-election rather than directing the money to where it is most needed.

Central Highlands tourism

Ms DUNN (Eastern Metropolitan) (12:45) — Today my members statement is in relation to an email that Deanne Eccles sent to the Premier on 23 August. She is still waiting for a response to that. Deanne runs a small business. She is a dedicated community volunteer, a five-year committee member of Tourism Network Yarra Valley and the chairperson of the Toolangi Forest Discovery Centre. She wrote:

It was disappointing for many local businesses within the Central Highlands/Yarra Valley ... to learn of taxpayers money being spent ...

and —

that the Heyfield mill were and are removing our tourism product — the magnificent mountain ash forest of the Central Highlands.

I understand that ...

the forestry division of —

the CFMEU and their political donations are making you and your party accountable for timber jobs. So what do we as a tourism industry need to pay to protect our product?

Deanne poses some solutions:

Let's remove the 'national' out of the 'great forest park'. Give us the land and we'll employ twice as many people as the timber industry, while implementing education programs. We'll pay the equivalent of a stumpage tax. If VicForests can lease the land, why couldn't we as Tourism Victoria? What if we found private investors or trustees who bought the land on behalf of the local communities?

For the Andrews government to take tourism seriously, we'll create a tourism union and give you political donations which exceed —

the forestry division of —

the CFMEU.

If the Andrews government is wanting new votes from the Eildon district ... this coming election, then start appealing to small businesses within tourism and acknowledge the spin-offs for tradies which the industry brings.

...

You will start to see a new groundswell. People who have educated themselves because they've had to ... they are passionate, because they love their product. They love tourism.

Automotive industry

Mr MELHEM (Western Metropolitan) (12:46) — I rise today to speak about the excellent work of the Andrews Labor government in assisting ex-auto workers in Victoria. With the loss of the car manufacturing industry, the Victorian government has worked hard to ensure that these retrenched workers have the assistance they need to find new work and get on with life. There are plenty of examples of where this government has looked to prioritise Australian manufacturing jobs for these workers.

The recently signed heads of agreement with BAE Systems is one step closer to securing a \$5 billion defence vehicles project for Victoria if the federal government comes to the table. The government has

also been prioritising Australian jobs in the development of the Metro Tunnel project. This project is set to create nearly 7000 jobs. A significant emphasis has been placed on enabling ex-auto workers to move into these jobs. Many of them will be in my electorate.

The Andrews government is also continuing to target grants through our Local Industry Fund for Transition (LIFT) program to assist businesses in starting projects suited to ex-auto workers. An example of this is R A Bell & Company, an emergency services vehicle manufacturer, which received a \$1 million grant through LIFT. This grant will create opportunities for 39 workers who have now started work with that company. The government knows that we cannot abandon these workers during their time of transition. We cannot do what the previous federal Liberal governments have done in abandoning these workers and car companies by refusing to give Holden \$250 million — otherwise they could have been here for probably another 10 years. Shame on them.

Ballarat railway station precinct

Mr MORRIS (Western Victoria) (12:48) — I rise to make some comments with regard to the railway station precinct in Ballarat. It was terribly disappointing to see that a heritage permit was granted by Heritage Victoria for the government's dog's breakfast of a plan for the railway precinct in Ballarat. There has been almost unanimous opposition to the redevelopment of the station in Ballarat. There are some significant concerns about the fact that the government is failing to deliver on its election commitments. It is delivering by far and away a substandard redevelopment of the precinct.

One of the primary concerns that has been raised is the fact that the government is going to be gifting a significant portion of publicly owned land to a private developer to build what should have been a 4 or a 4½ star hotel but which will now in effect just be a block of flats that could be sold off into the future for residential development. Not only that but the government is failing to upgrade the Ballarat station to be compliant with the federal Disability Discrimination Act 1992. It will be the only station on the Ballarat line that will not have the disability access required for people with mobility issues to be able to use it appropriately.

I have had many discussions with members of the community who are severely disappointed by this government's actions. Indeed I will be continuing to work with the community to oppose this dog's breakfast of a plan for the railway station precinct.

Mental Health Week

Ms SPRINGLE (South Eastern Metropolitan) (12:50) — Last week I was pleased to be part of a panel on mental health held at the Lynbrook Community Centre organised by the Mental Health Foundation of Australia and Casey council. The panel was part of Mental Health Week, an annual week of action aimed at engaging and activating Victorians about mental health. I would like to voice my appreciation for the dedicated volunteers and frontline workers who work tirelessly throughout the year and in this week in particular. With one in five Australians suffering from mental illness in any given year, it is an issue that affects so many of us.

This year Mental Health Week falls in the midst of a postal survey on marriage equality that is already taking its mental and emotional toll on many Australians. This is a tough road, and so many of us acknowledge this survey as a source of pain. I also want to extend my support to the thousands of Victorians suffering from mental ill health for a whole range of reasons or perhaps no identifiable reason at all. I would also like to acknowledge the people who do not suffer from mental illness but are touched by friends and relatives and loved ones that do. While the triggers of mental illness are of course important, what is arguably more important is our response. Because love, support, understanding, compassion and solidarity are crucial to tackling mental illness, and these are responses that all of us can provide, not just during Mental Health Week but throughout the year.

The Nappy Collective

Ms FITZHERBERT (Southern Metropolitan) (12:51) — I was really pleased last week to attend the fourth anniversary of the Nappy Collective. This is an organisation that started really small but has achieved major things. Since they have got together and started organising for spare and leftover unused nappies to be donated, they have collected more than 2 million nappies, which is a massive thing to do over four years. The current collection is happening right now — it started on 13 October and it goes through until 27 October. It happens in 50 cities and towns around Australia now, and I am very pleased that there are a number of state MPs whose offices are used as drop points: the offices of the Assembly members for Bayswater, Ferntree Gully, Caulfield, Euroa, Gippsland South, Hastings, Lowan and Eildon, and Mr Morris's office in Ballarat as well.

I want to pay tribute to Sandra Jacobs, the founder and chair of the Nappy Collective, who has led this organisation, along with a hardworking board and also committees in all the other states where it operates. The Nappy Collective started four years ago when Sandra Jacobs and a number of her friends had a handful of nappies left over when their babies had a growth spurt. Their conversation about collecting these leftovers led to the Nappy Collective, which has created a huge amount of good in the community. I congratulate them on all that they have achieved and look forward to seeing the count after the current collection.

Onam festival

Mr MULINO (Eastern Victoria) (12:53) — My members statement relates to the annual Onam celebration organised by the Berwick Ayalkoottam. It was a wonderful event. The event, Onam Ayalkoottam 2017, was attended by hundreds of people and involved a celebration that included food, dance, music and drama. The festival originated in Kerala and is one of the largest and most important in the region. It celebrates the harvest across all religious and socio-economic divisions and promotes harmony and unity.

International Housing Partnership

Mr MULINO — It was a pleasure to attend the International Housing Partnership leadership forum on behalf of the Treasurer. This is an event that is organised annually and includes not-for-profits from the UK, Canada and the US in the social and community housing sector. It was fantastic to see that Melbourne was able to host it this year. The organisation includes 175 not-for-profit organisations providing affordable housing — 1 million affordable houses for 2.5 million people across the globe. This is a very important sector that promotes innovation, promotes partnerships between government and the not-for-profit sector and provides significant leverage for public sector funding. This government's housing strategy includes significant funds for the social and community housing sector, and partnerships such as this will help us deliver that program more effectively.

Lennie Gwyther

Ms BATH (Eastern Victoria) (12:54) — On Saturday hundreds of people celebrated the unveiling of a life-size bronze statue of a 9-year-old boy and his horse, Ginger Mick, at the entrance to Leongatha. In 1932 Lennie Gwyther fulfilled a dream to see the opening of the Sydney Harbour Bridge. Armed with a letter of introduction from the Woorayl shire mayor to the Sydney mayor, Lennie made the, in those days,

580-mile journey in 33 days, meeting a Prime Minister along the way.

Congratulations to the Leongatha Chamber of Commerce and Industry, the Rotary club, the South Gippsland Shire Council, the Honourable Russell Broadbent and our wonderful community for recognising the fulfilment of Lennie's dreams. A special mention to former mayor Bob Newton for having the vision and determination to see it through. The number of people there on the day showed that our true Aussie spirit still burns brightly in the hearts of Gippslanders. It is a tremendous story.

Latrobe Valley Pain Support Group

Ms BATH — Recently I had the pleasure of meeting members of the Latrobe Valley Pain Support Group: Karen, Jane, Rosemary, Chris, Robyn, Jessi and Neil. All suffer chronic pain, and while they have different conditions, they all have experienced endless visits to doctors and hospitals and a variety of medications, operations and pain management sessions. It was a privilege to listen to the stories of their journeys and understand how living with pain has negatively impacted on their lives, leaving many unable to lie down or sit down, so they need a great hydrotherapy pool. They share a common bond of friendship, support and empathy. Fortnightly meetings play a great role in their mental health and wellbeing. They are an extended family as well as a pain support group. I commend them and congratulate them on their support for each other.

New South Wales by-elections

Mr O'SULLIVAN (Northern Victoria) (12:56) — On Saturday I attended the Murray by-election up in New South Wales. There was also a by-election in Cootamundra. There was a strong challenge from the Shooters, Fishers and Farmers Party as well as Labor. By-elections are always difficult for sitting governments, but I am very pleased to say that The Nationals had a victory in both of those seats. All of the parties were campaigning against The Nationals. The Shooters and Fishers actually preferenced Labor over The Nationals. The Shooters and Fishers also advocated and advertised for The Nationals to be placed last on the ballot, thus promoting the Greens ahead of The Nationals.

The Greens are anti-country. If they were to have the balance of power here in Victoria, the great forest national park would be a reality, there would be tighter restrictions on law-abiding gun owners and there would be further restrictions on recreational users accessing

public lands. They would also stop logging in our forests, costing thousands of jobs. I hope that the Shooters and Fishers have a change of approach before the 2018 Victorian state election.

Taxi and hire car industry

Mr DAVIS (Southern Metropolitan) (12:57) — Today I want to draw the attention of the house to the challenge faced by many of the taxi families. This is a terrible situation for many of those families, who have put their money, their life's work and their savings into taxi plates. Many of them have worked in the industry for decades. Many are migrant families who have made good in this country. But I say that the government has not put in place a fair transition and the government has not properly compensated for the value of the taxi plates. It is important to realise that the transition assistance is deeply inadequate. It is also wrong that the government has got a Fairness Fund that is actually unfair. It is compensating some people but not others. It is called a Fairness Fund, but it is in fact not actually delivering fairness.

I am aware of many cases of those who have quite a number of licences who have only been compensated to a very small extent. I am also aware of many cases where individuals have suffered because banks have begun the process of foreclosure on them. This will be something that hurts those families. There will be very severe outcomes in a number of cases. I do not think that the government is focused on this. They should be, because this is something that is hurting individual families and individual people who have put their life and work into this. I for one think that we as a community owe some obligation, some duty, to provide proper compensation where the asset has been stripped away by the state — by Daniel Andrews.

ENVIRONMENT PROTECTION BILL 2017

Second reading

Debate resumed from 22 August; motion of Mr JENNINGS (Special Minister of State).

Mr DAVIS (Southern Metropolitan) (13:00) — I am pleased to rise on behalf of the coalition to speak on the Environment Protection Bill 2017. This is a bill that does a number of things, and the coalition does not oppose this bill. We have a proud history of environmental protection in Victoria going back to the Hamer government days of the 1970s when the then Liberal government, first under Bolte and then under Hamer, put forward a series of environmental protection bills, including the Environment Protection

Act 1970. It was indeed one of the first acts in the world to provide a comprehensive legislative framework for protecting the environment. The Environment Protection Authority Victoria (EPA), I might say, has played a significant role for a long period since then.

I do want to put on record that I think there is much work to be done to improve the EPA and its position going forward. To that extent, any focus on improving the EPA's activities is something that I do support. I make the point very strongly that I think the EPA has in recent years — and I mean probably the last 10 to 15 years — somewhat lost its way. I think it is a body that has not been as robust as it could on many occasions. It is a body that I think has lost its way on a number of key issues that confront the state. I am just going to pick one or two examples. The Brookland Greens dump that created so much trouble in the period around 2009–10 is a case in point. I think the Environment Protection Authority Victoria was slow to respond in that case. I am just picking one example that I am familiar with and looked at closely at that time.

I think sometimes the Environment Protection Authority Victoria has not been prepared to act in a sharp and publicly interested way. It has been too beholden to the government of the day, whatever colour that might be, and its governing board has not been strong enough traditionally to ensure that the protections that were needed were in place. But I think this bill does take some steps in that direction, and we are told there will be further changes coming forward in the next period and perhaps another bill before the end of the year or early next year. The purposes of this bill are to provide for the continuation of the EPA, to specify a new objective of the EPA, to provide for a new governance structure of the continued EPA, to provide for the governing board of the EPA and to make consequential amendments to the Environment Protection Act 1970 and the Public Administration Act 2004.

There are some delegation capacities, and that is appropriate. The minister has provided a response to questions from the Scrutiny of Acts and Regulations Committee as to how that would operate and the likely commencement date. It indicates that an interim advisory board was established on 9 January 2017 to guide the EPA during the reform process, and it is scheduled to expire on 8 July 2018.

They note that a default commencement date of 1 July 2018 was chosen to coincide closely with the interim advisory board's expiry to ensure planning and transition of the old to the new governance structure is managed as effectively and efficiently as possible.

Environment Protection Authority Victoria does have, I think, a very significant duty to protect our environment for the future, and that general duty is an important one. It is a duty that requires intervention on a wide range of different fronts and working closely with other organisations and other parts of government. That includes working with the private sector — and working constructively with the private sector.

I think one thing that is important with respect to the EPA is to ensure that the private sector and public sector are treated equally in terms of the prevention of pollution. There has often been a view that the private sector is more likely to be a problem as a polluter, but that is not necessarily the case. In some cases public sector organisations have poor histories, and you only need to think back to Victoria's industrial history to think of large public bodies that have left a significant legacy for the state to clean up, or in this case for Environment Protection Authority Victoria to manage. The example I began with, the Brookland Greens landfill, is a case in point. We have many legacy landfill issues around the state, and these are not one particular government's responsibility nor one particular organisation's or one particular council's responsibility. They sweep across many decades, but nonetheless we inherit them as a significant challenge and a significant legacy.

I do want to state that I think the funds that have been provided to the EPA and the levies that have been collected by the EPA in recent years have grown very significantly. The waste levy in particular has grown very significantly, and I would be interested to hear from the minister or a government speaker the size of current holdings of money in the Department of Treasury and Finance that has been tagged and collected through the waste levy process — what the amount is and what the annual collections are. I would also be very interested to know the size of payments made with respect to each of the landfills around the state where waste is being dumped. The spread of those contributions is significant. Some of the landfills are owned by councils and some are owned by other organisations, but levies are made on each of them per tonne on the amount of waste that is dumped.

I have sought from government but have not received adequate information about the scale of those levies. We engaged in a series of questions on notice that went a little around in circles as the minister tried to argue that I asked the question wrongly, and that may or may not be, but the point —

Mr Dalidakis — I doubt it. You never get anything wrong, Mr Davis.

Mr DAVIS — No, I often do — I am very happy to concede that — but I often get things right too. But having said that, my point is that I have actually been seeking this information but have not been provided it by the government following what I think was a perfectly reasonable request for information about how much levy was paid by each of the landfills, with councils being the principal collectors of the money through charges that are applied to ratepayers across our state. That is something I put on notice that I will be seeking further details about, but today it would be helpful to know the amount of the most recent holdings by the Treasury of the levy collected by the EPA over recent years and what the balance is at this point, because we are also aware that the government has been paying out a lot less than it has been collecting. Again, that is a pattern that goes back a number of years through more than one government. I know Treasury would prefer that that money remain firmly held in the city rather than be distributed to those worthy projects that need it — and I know the bureaucrats will smile when I say that, because I know that they know that is true.

I also note the recent changes in the way the levy is disbursed and that the government appears to have widened the arrangements by which they can be disbursed. I was slightly surprised to discover that money collected through these waste levies was to be used for the funding of a solar tram. This seemed to be a very broad stretch from the purposes of the levy — the purposes are to fund and support recycling, re-use arrangements and reduction in the waste that goes to landfill.

There are a number of worthy projects — and I am aware of a number of these projects — that have had funding applied for by businesses and councils and other organisations over a lengthy period, but government appears to be reluctant to support many of these projects that I think would otherwise merit significant support. Obviously some groups in the community are unhappy about this. The waste and recycling industry says, ‘Look, we note the levy in place. The purpose of the levy is to support recycling and waste reduction efforts. We come forward with specific proposals and we are knocked back’. Councils are in the same position — they go forward with proposals and they are not supported by government despite the very significant efforts that are involved in putting those proposals together. Many of them, I believe, ought to have been supported.

The other point that I would make here is about the transitional arrangements, and I think it is important to put this on the record. The EPA’s status under the

Public Administration Act 2004 is an administrative office, which is a public service body that is distinct from departments that have a reporting relationship to the departmental secretary. Clauses under part 3 provide for the EPA to be reconstituted as a public entity, which are the statutory authorities — state-owned corporations, schools, councils, boards, trusts et cetera — which undertake a public purpose.

All remuneration and expenses of the authority are to be paid out of the Environment Protection Fund established under section 70 of the Environment Protection Act 1970, and money is provided by Parliament for that purpose. In relation to this point, clause 26 states that staff employed by the EPA administrative office will be transferred to the EPA public entity on the commencement date. The authority may also enter into agreements or arrangements for the use of services or staff of a department, statutory authority or other public bodies. So herein lies a small question: the levy that is collected now appears set to be used to fund the central public service role, the central statutory authority — as it will become — role of the EPA, and that will reduce the amount of the levy that is available for those important objectives of re-use, recycling and reduction in waste amounts.

Mr Dalidakis — I am loving your dedication to the EPA and environmental standards.

Mr DAVIS — I actually have a long history of debating bills in this chamber on the EPA, as Mr Jennings will tell you. I had this role at an earlier point and am very familiar, and I asked him many questions about the levy. I think he probably welcomed the questions because it helped him prise money loose from Treasury. But leaving that aside —

Mr Dalidakis — We love Treasury. Treasury is our friend.

Mr DAVIS — We love Treasury, and especially when they decide to fund things properly. But let me just say that I am concerned, and I register that concern now, that what will occur here is that the government, instead of increasing the public money, the tax money as it were, out of consolidated revenue that goes to fund the EPA — and I think we will see less growth in that over time — will displace that growth by the levy funding for the EPA. I understand that the purists in the Treasury like to see each and every industry funding its own regulatory efforts, and thereby a sort of closed loop as it were, but if the net result of that in this circumstance is a reduction in the funding of replacement, re-use and waste reduction arrangements, that would concern me. I think that probably is where

we are heading with this, so I put on record my concerns about these matters and may ask some questions if there are no answers provided that are satisfactory in the course of the debate.

Ms HARTLAND (Western Metropolitan) (13:16) — The Greens do welcome the review into the Environment Protection Authority Victoria (EPA), an organisation that I have had many dealings with over the last 30 years over a range of issues. Unfortunately most of those dealings have been very acrimonious and I have been in a position as a community member of being not supported by the EPA, nor have I ever thought that the EPA had a great deal of regard for the community. The kinds of issues I have had involvement with over those 30 years are such things as the United Transport fire, the Coode Island fire, the Ardeer lead contamination site, the Tullamarine toxic site, Brookland Greens in Cranbourne, air quality issues in Yarraville in relation to truck traffic and the Fiskville training ground.

I have also got huge concerns about the way the EPA does not manage or does minimal management on contaminated sites. In fact right at the moment I am dealing with one with Moreland City Council and residents at the former Nufarm site in Fawkner. Nufarm produced a number of highly toxic materials, and it would appear that the EPA is saying to me that because it was audited in 1995 it is all fine and dandy. I do not think so. These legacy sites need to be managed much better than they currently are.

My other great concern about the EPA has been their lack of vision on how to deal with waste such as plastic bags and container deposit legislation. They just do not seem to have been interested. There are obviously a number of other issues. If I just listed all the issues, I would be here for a week, but one of the things I am really concerned about is that the EPA still appear to badly manage issues around air quality. There are two incidents I want to refer to, and these are quite recent. One is the fire at Broadmeadows in the tyre pile. For that particular fire an all clear was given before the EPA had actually set up their monitoring equipment. This is a year ago; we are not talking ancient history here.

I am aware of this because I attended the community meeting that was organised by the EPA, the fire department and a number of other agencies, and when we asked questions about it, it was quite clear that the all clear had been given before the monitoring was actually set up. At that particular meeting I was there with my husband, Victor Moore, who is a station officer at Broadmeadows railway station and the union

OH&S officer, and of course staff at Broadmeadows were having to continue to work in the smoke, yet the EPA were saying it was all clear.

Also at the Coolaroo fire not enough staff were supplied by the EPA to monitor their air quality equipment overnight. While the EPA at the community meeting denied this, it was confirmed to me by senior Metropolitan Fire Brigade (MFB) firefighters that in fact at 3 o'clock in the morning there were no staff to use the EPA equipment, and their equipment is much more sensitive than what the MFB uses.

For all of the reasons that I have listed, I was very pleased that the minister undertook the review. I have to say, in reading the review, it is very easy to understand what is being asked and very easy to see how it can be implemented, so that is extremely pleasing. The good features of this bill are that there will now be a chief science officer and, in terms of who will be on the board, I was pleased to see that it establishes the governing body and that it asks for particular skills. It states that when recommending persons to be members of the board the minister must:

- (a) ensure that at least one of the persons recommended has qualifications or experience in science or engineering; and
- (b) ensure that at least one of the persons recommended is a person nominated by the Minister responsible for the administration of the **Public Health and Wellbeing Act 2008** who has qualifications or experience in health ...

This has been a real lack within the EPA — that it has, in my experience, never been particularly concerned about residents' health.

The other qualifications that board members will be expected to have is that they will have an understanding of environment protection or regulation, regulation of industry, local government, public administration or governance, finance or accounting and legal practice. All of that is extremely good, and I am pleased to see all of that, but there is a glaring omission from this: there is no community representative on this board. The people who are actually directly affected by industry practices are not represented on the board, and I would hope that the minister will address that issue. Also, there is nobody on the board who will be required to have actual experience in community engagement. I am not talking about PR; I am talking about someone who actually knows how to engage with community, which has been a huge lack within the EPA in the time that I have dealt with them.

For all of those reasons, the Greens are actually pleased to support this bill because hopefully there will actually

be a cultural change within the EPA. Hopefully, they actually will take the review, use it seriously, implement what the review says, work with the community and especially improve their engagement with the community, because that I think is one of the things that they have failed dismally on for the last three decades.

Ms SHING (Eastern Victoria) (13:22) — I rise today to add my remarks to the debate in relation to the Environment Protection Bill 2017, and in doing so I want to retrace some of the context and history of this bill, which is part of a tranche of two bills to enact a significant and an overdue set of reforms to improve the regulatory environment within which Environment Protection Authority Victoria (EPA) operates. To go back to the genesis of the EPA, the population and economy at that time, as indicated in the debate in the other place, was very different to what we see now. The sectors and industries that operated throughout Victoria were concentrated in a number of key areas, which again have changed significantly in the 40-plus years since the EPA was developed. We have seen some degree of change in that time to take account of changes to industry; the increasing density of population throughout our modern metropolitan, peri-urban and regional areas; and changes in technology around the way in which response is developed and implemented, the way in which emergency situations are overseen and the way in which policy is developed, from a proactive perspective, to minimise the risk to health as a consequence of environmental factors that occur in our communities.

At the last election, as many would be aware, we did in fact commit to conducting an inquiry into the EPA. We do know — and I do not think anyone would quibble about the fact — that this was long overdue. It had not been comprehensively reviewed as a body since it was established in 1971. It was very clearly a priority to make sure that we took a look at the work that the EPA was doing, understood any gaps that might have arisen in that regulatory framework and put in place a system and a process whereby those gaps could be addressed to accommodate not just the community as it is now but any future challenges that might arise. We have seen, and other speakers have referred to, a number of key and critical incidents that have taken place in metropolitan areas and also in regional centres that have impacted significantly on the health and wellbeing of our communities as a consequence of exposures and/or threats to safety in the course of specific incidents, such as the Hazelwood mine fire, the tyre factory fire and various other matters such as the Longford gas explosion.

The inquiry that was conducted, it is important to note, was one which took place with an independent ministerial advisory committee. It found that there were significant changes that needed to be made and that in fact there is a very strong appetite within the Victorian community for a strong and a proactive EPA to protect people and also the environment and to strike an appropriate balance between competing priorities as our world changes, as sectors and industries change and as technology grows and develops every day. In our response to the inquiry report we did in fact commit to a wide range of reforms to meet those challenges, and those are well set out and well canvassed in the course of the inquiry report. To meet these challenges we do in fact need as a state — and as a state which will be governed by governments of different colours and persuasions over time, as Mr Davis indicated in his contribution — to modernise the EPA and to have a legislative framework which is in fact modern and capable of enabling the sorts of policy responses and regulatory responses that our community deserves in this context.

Turning back to the bill at hand, which will in fact be one of the first of two bills to repeal the existing Environment Protection Act 1970 and to replace it with the 2017 act, there is an intention to modernise the EPA, as I indicated, so that it can implement those further reforms that are to come. There are a number of changes that will provide for a modern structure, and making sure that we have a statutory objective for the EPA, which is to protect human health and the environment by reducing the harmful effects of pollution and waste, is a key part of that. Making sure also that we have a reference to human health in the objectives of the bill is crucial, because again the importance of protecting human health and the primacy of that objective around exposure to pollution and waste is a really key component of the EPA's remit in its own right and not just something that should occur in a consequential fashion.

We do know that there have been a number of areas in which the policy response from government and the regulatory response in the face of often very traumatic events in our communities has not met the expectations of the community and has not delivered the policy responses which people were legitimately able to expect or were in a position to call on government to deliver. We know that, for example, there were numerous situations which occurred most recently in the Latrobe Valley, to go to the area which is part of the region that I and others represent. We know that exposure to airborne pollutants, not just in the course of the significant event and the emergency of the mine fire which burned for weeks in 2014 but also the general

exposure to PM2.5 and to levels of molecular exposure which were compromising in many ways, not just around smoke and smoke plume exposure but also around the everyday, caused enormous distress and upset in the community and contributed to a range of other health indicators in the Latrobe Valley, which on a comparative basis show that our part of the world has a significant amount of work to do to improve the overall health and safety of the people who live and work in that area.

Being a resident of the valley myself I can see firsthand the impact that the mine fire response had and continues to have on the community. Also the threats to health and safety around not just exposure to coal dust, not just exposure to smoke plume throughout the course of the fire but also the psychological impact and the wellbeing impact are something which cannot and should not be understated in the course of this particular debate. So knowing that we do have work to do, and knowing that every government has work to do in the space of environmental reporting, protection and accountability, this bill does in fact provide a significant degree of certainty in overhauling the environment protection legislation in our state.

Creating those new statutory objectives, as I indicated earlier in my contribution, is an important way to make it abundantly clear not just to the community but also to the government in making decisions around the allocation of resources, in the provision of funding and in proactive engagement in relation to environmental health and the safety of Victorians all over the state, and also to make sure that we understand the context in which we are operating — that as a standalone priority human health needs to be recognised. The bottom line is we cannot allow an incident like the Hazelwood mine fire to happen again. We know that the EPA is expected to have the health of Victorians and the health of the environment front of mind, and it is the intention of this bill that that is what will be created as part of these reforms.

In creating the statutory position of a chief environmental scientist in the course of this bill we are also enshrining the role of an expert to be able to contribute a significant level of knowledge and a depth of experience to the way in which government takes its direction from the agency and the body on the ground. In this context I note that Dr Andrea Hinwood has been appointed to the role, and in this regard making sure that we do have that scientific and that technical expertise is an important part of gaining and preserving community trust and engagement in the EPA and in its reputation over time. Making sure also that it is abundantly clear that the EPA has a role as a science-

based regulator will mean that the government can also access that high-level technical advice on environmental protection matters into the future.

We will continue to rely upon scientific expertise in the course of the development of environmental policy and in the course of discussion around what it means to fund and to resource environmental policy in a way that makes a tangible difference to the community, in a way that confers benefit over time and is not simply done for the sake of a reactive, patchy, ad hoc or slogan-filled agenda, or simply to tick something off a list. We know that good environmental stewardship requires governments to be constantly vigilant to the risks that may exist within the community and the concerns that community members may hold, which will vary significantly from place to place and which will vary significantly based on proximity to environmental risk factors, whether they are industrial or commercial on the one hand, whether they relate to exposure to major roads as our network and infrastructure grow or alternatively whether they relate to heavy industry, which is still, as we recognise, part and parcel of delivering on the economic, infrastructure and commodity drivers that are part and parcel of responsible government and of the growth of this state in general.

The board that will be created for the EPA will mean that there will be a better status for the EPA which more closely aligns with that of a modern and independent regulator, making sure also that we do this in the context of accountability and that we do this in the context of the history of environmental concerns, disasters, incidents and tragedies that have too often resulted in deaths immediately and that have so often resulted in deaths and serious injuries often over a very long period of time and with a significant degree of pain and trauma associated with them.

In this regard I note that the exposure to asbestos and the way in which respiratory disease has been discussed in the course of industrial exposure are areas where governments need to continue to act proactively and to seek to and engage with communities around how to develop policy which acknowledges the prevalence of such risk in certain parts of the state and make sure that direct and specific attention is given to those parts of the state and those sectors and industries where exposure might occur.

It is another component of the broader discussion on proactive environmental action to take on an educative function and to do so in an assertive, well-informed and well-resourced way. We know that the EPA has a number of very prominent opportunities to be part of

encouraging better practice and making sure that people can understand and to the best extent possible minimise the risk to environmental damage or harm.

We also need to make sure that there is a strong environmental watchdog. In this sense I note there have been occasions when this has not been the case, when Victorians have not enjoyed full confidence in the statutory body which we are now overhauling to put beyond doubt any concerns about accountability or enforceability measures that can exist. Making sure that we do have a revitalised EPA with greater independence and authority and responsibility in environmental leadership is part of the work that was done by Labor in the lead-up to our election commitment in 2014. It is at the heart of the response to the inquiry into the EPA and it is also entirely consistent with the goals and the objectives of a number of inquiries, including the Hazelwood mine fire inquiry, which were all designed to provide a better framework for the positive benefit of all Victorians, not just those who live and work in our communities now but for generations to come. We do know that creating the right environmental and regulatory framework now will in fact serve us well and indeed far better into the future than any failure to act. With those remarks, I commend the bill to the house and I look forward to its speedy passage.

Mr FINN (Western Metropolitan) (13:37) — In speaking to the Environment Protection Bill 2017, I have to say that of all the complaints that I receive in my office about government departments, the Environment Protection Authority Victoria (EPA) tops the poll. The EPA is by far and away the most unpopular government instrumentality in the state so far as my constituents are concerned.

Mr Davis interjected.

Mr FINN — Mr Davis has suggested VicRoads might be there, and I have to say VicRoads is up there, there is no doubt about that, but the EPA does shade it. I have to say that clause 1 on page 1 of the bill sets out the main purposes of the bill, and the first is:

(a) to provide for the continuation of the ... Authority ...

There would be a good number of people in my electorate who would be absolutely and totally opposed to that, and I am duty-bound to inform the house of their feelings on this occasion. Basically most of the complaints come about because of the Ravenhall tip, the Cleanaway dump that Minister Wynne, the Minister for Planning, has just approved to be made possibly the biggest tip in the Southern Hemisphere, if not the

world — it can be seen from the moon and various other planets as well.

My constituents, particularly in Caroline Springs, Deer Park and places around those suburbs, have been complaining to me for an extended period of time about the lack of action by the EPA to stop the stench that they have to live with. They have complained of illness, they have complained of nausea, they have complained of headaches — and they have complained about a whole range of physical manifestations of the stench that the Cleanaway tip provides those suburbs. Despite many, many, many calls to the EPA, no joy is coming from them. Still the people in Caroline Springs, Deer Park and surrounds are left to cope with the horrid stench that they are so often subjected to from the Ravenhall tip.

It is quite astounding, when you consider that we have the EPA established to protect people from these environmental outrages, that it will not do it. Why will it not do it? Why will the EPA not do its job? That is something that totally mystifies me. It is mysterious in the extreme. The anger of the local community is increased even further by Minister Wynne's decision when we consider that when the tip is expanded of course the stench will increase and the horrific nature of that landfill, that tip, will increase as we see the size of it increase as well. If the EPA will not do anything about it now, one can assume fairly safely that it will not do anything about it once the expansion occurs.

We on this side of the house have made it clear that we will not oppose this bill, and just maybe — we live in hope — this bill will do something to improve the level of effectiveness of the EPA, but the only reason that my constituents will be holding their breath is that they cannot stand the stench. I have said to them, 'If you're expecting great things from the EPA, don't hold your breath', but on most occasions they actually cannot help it. They cannot even hold their breath —

Mr Ondarchie interjected.

Mr FINN — I remember the Tullamarine. That is going back to when I dealt with it in an earlier life, and indeed the EPA was not a lot better then. But certainly the EPA now with regard to the Ravenhall tip has a huge amount to answer for. It is a non-effective organisation. It is an organisation which is chewing up government funds — taxpayers money — for a purpose, and it is just not delivering. So just maybe this bill will get the EPA's act together. I sincerely hope it does, because as I said, at the moment from where I stand the EPA is very much a waste of taxpayers money; it is in fact a criminal waste of taxpayers

money. Despite the best efforts of my constituents to get to the minister, to get to anybody who will bring about some action to fix the conditions under which they live, they get nothing.

Mr Ondarchie interjected.

Mr FINN — The waste from the Metro Tunnel is another thing. I could talk about what we are subjected to on Sunbury Road, which is pretty horrendous, I have got to tell you, but I will leave my comments there in the hope that the bill will pass and might actually provide some improvement to what we have come to expect from the EPA, which is sadly all too little.

It is a sad situation that we face in Victoria when we have an organisation set up to protect the people from environmental vandalism and the EPA will just not do that job. I hope that we do see some action on this front very, very soon. I hope so for the sake of the EPA, and I sincerely hope so for the sake of my thousands of constituents in Caroline Springs, Deer Park and surrounds who have to put up with that stinking, rotting hole in the ground at Ravenhall. It is beyond imagination what they have to put up with from time to time, and it is beyond imagination why the EPA has failed monumentally to protect them.

Mr RAMSAY (Western Victoria) (13:44) — I am pleased to be able to make a very small contribution to the debate on the Environment Protection Bill 2017.

An honourable member interjected.

Mr RAMSAY — It is dangerous when a politician talks about a small contribution, because you know most likely it will be a little larger than small. However, Ms Shing managed to speak for nearly 15 minutes on what I see as really just a very small governance-type amending bill, so I am not sure if I can do justice to her contribution. However, I do actually support the Andrews government in relation to —

Ms Shing — I am not sure whether that was praise or something else.

Mr RAMSAY — No, you can take it as received. The Andrews government commissioned a ministerial advisory committee inquiry into the Environment Protection Authority Victoria (EPA) — and I do support them in that endeavour — and they have committed to a response in two legislative packages. This is the first one; I am actually more concerned about the second one because I have already had a number of waste collection agencies come to my office raising concerns about what the proposed second tranche of the legislation will be. I am already

foreshadowing that I will be raising those concerns in a contribution once the second tranche of legislation comes before this house.

Nevertheless, out of that advisory committee's recommendations we see the first part that has been flagged by the government, and basically its main purpose is to provide for the continuation of the Environment Protection Authority Victoria, to specify a new objective of the EPA, to provide for a new governance structure of the continued Environment Protection Authority Victoria, to provide for the governing board of the Environment Protection Authority Victoria and to make consequential amendments to the Environment Protection Act 1970 and the Public Administration Act 2004.

Really all this bill does is make a small deviation from the current arrangements. It is not really earth shattering in its changes. It provides for a new objective of the authority, which is probably a good thing. I think the staff actually need to know what the EPA stands for and what they hope to achieve in their charter. I am surprised they have not had one before. Their direction or objective now is to protect human health and the environment by reducing the harmful effects of pollution and waste. As I said, the EPA did not have an objective of that ilk prior to this.

Other changes in part 2 provide for the establishment and functions of a new governing board of authority, which will replace the single-member authority structure and the advisory board with a governing board of five to nine members. Let us hope that with those changes there is a greater degree of governance and liability. Part 2 also provides for proceedings of the governing board, the governance arrangements regarding the members of the governing board and the employment of staff of the authority, which does not seem particularly out of the ordinary from traditional practice of other boards. Again, there is nothing really earth shattering in the governance restructure.

On part 3, currently the EPA's status under the Public Administration Act 2004 is as an administrative office, which is a public service body that is distinct from a department but has a reporting relationship to the departmental secretary. Provisions under part 3 provide for the EPA to be reconstituted as a public entity, which are the statutory authorities, state-owned corporations, school councils, boards, trusts et cetera that are established by government legislation to undertake a public purpose. It appears that the funding mechanisms will not change and the staffing will not change, except I note that clause 26 states that staff employed by the EPA administrative office will be transferred to the

EPA public entity upon the commencement date. The authority may also enter into agreements or arrangements for the use of the services of any staff of a department, statutory authority or public body.

There are some consequential amendments, as I have said. Works approvals to assess any industrial or waste management development implications are currently referred to both the Department of Health and Human Services (DHHS) and the EPA, and the EPA is obliged to follow the advice of DHHS. Clauses 30 to 32 of the bill provide that works approvals will no longer be required to go via DHHS but can be assessed by the EPA, which predominately serves the purpose of assessing these types of developments in contrast to DHHS. I suspect this is a good thing. It will remove some of the red tape that the EPA is well-known for particularly in relation to waste management development.

As I said, this bill is primarily a response to the ministerial advisory committee inquiry into the EPA, and it is a commitment by the Andrews government to provide two tranches of legislation, of which this is the first, to tighten up the governance aspects, to provide an objective and to make some consequential amendments.

I do note a number of joint parliamentary committees I have been involved in, and Fiskville comes to mind, where we found the EPA wanting in its duty and obligations under the act to make safe that particular facility for those that were doing firefighter training. It was certainly disappointing, and there was certainly a lot of criticism by many of the witnesses appearing before that inquiry, that in fact both WorkSafe Victoria and the EPA failed in their duty to provide a safe workplace. In a couple of other committees that I have been involved in the EPA have also come under a certain amount of criticism in relation to their obligations and duties under the act and have fallen short in their fieldwork in relation to making a safe environment for those that are actually working in that space.

I think Mr Davis has taken issue with the landfill levy, and it is certainly an issue with many of the local councils that I am involved in across Western Victoria Region. They have raised concerns on a number of occasions in relation to the quite significant payments they make towards the landfill levy and also through their ratepayer base. They are still not clear about what return on investment that levy gives to the management of waste, particularly local council-managed waste collection centres and landfill tips, and also in relation to the obligations of local councils in having to make

certain financial arrangements and then physical arrangements in relation to the requirements of the EPA for landfill waste.

I also note, and it is certainly not a criticism, that John Merritt has been the CEO of WorkSafe, then the EPA and now VicRoads, and it has been indicated that probably those agencies have not had a good reputation in delivering their obligations under their different acts in the past. That is no criticism of John Merritt. I feel that he has done his best in a very challenging environment, if I can use that pun, as the executive officer of those three agencies, which we know have come under significant criticism from a whole range of stakeholders in relation to their obligations under different acts.

In closing, this is not a big bill and it is not a hugely technical bill. Hopefully the governance structures will reduce some of the red tape. It will make the EPA more efficient, and it is good to have an objective where both the staff and stakeholders know clearly the objectives of the authority. I look forward to the debate in the second tranche of legislation, which I suspect will be far more controversial.

Ms MIKAKOS (Minister for Families and Children) (13:54) — I am very pleased to make a contribution on the Environment Protection Bill 2017. Can I say at the outset that I know that the Leader of the Government, Mr Jennings, will be making a very valuable contribution to this bill very shortly. I know that there have been some issues that have come up in the context of the debate that he will be addressing shortly.

The Environment Protection Authority Victoria (EPA) performs a crucial role in our community in terms of improving the livability of the environment in which we live. We have a body that we, as a government, are very supportive of. We made a number of commitments in relation to the EPA in the context of the previous election, and this bill is really designed to provide an overhaul of the Environment Protection Act 1970, particularly as it relates to governance issues and other matters.

I do make the point that the minister has made a very significant investment in the EPA — the last budget included an unprecedented \$162.5 million over four years to reform the EPA — but it is important that we are not just putting in a significant financial commitment but also accompanying it with appropriate reforms to the governing legislation. We are seeking to modernise the legislation as it relates to the EPA as well.

The importance of this legislation is broad-ranging in nature in relation to this particular bill. It is seeking to introduce a statutory objective for the EPA to protect human health and the environment from the harmful effects of pollution and waste. It is seeking to replace the existing single-member authority and EPA advisory board with a skills-based membership governing board as the authority. It is appropriate, of course, that we strengthen the governance of organisations like the EPA so that they have people sitting on the board that have the appropriate skills set. The bill is seeking to introduce a statutory position of chief executive officer as well as a statutory position of chief environmental scientist and it is seeking to make some further changes that relate to how the EPA does its important business. For example, it will require that only significant works approvals be referred to the Department of Health and Human Services in the future. It is also seeking to remove any doubt in relation to EPA staff employed by the EPA administrative office being taken to be employees of the new EPA public entity as well, to ensure that EPA staff continue to be Victorian public servants.

These are all very important reforms as they relate to the implementation of a number of Andrews Labor government commitments to the response we had to the independent inquiry into the Environment Protection Authority. That is a public response that was released by the government earlier this year. The government has moved to take very swift action in response to this report. It has backed up its response to the public inquiry through the introduction of this important piece of legislation to the Parliament. I am personally very happy today to lend my support to it and to commend the minister for her important work in continuing to protect Victoria's beautiful and important environment now and for posterity's sake. With those words, I commend this bill.

Business interrupted pursuant to sessional orders.

QUESTIONS WITHOUT NOTICE

Youth justice system

Ms CROZIER (Southern Metropolitan) (14:00) — My question is to the Minister for Families and Children. Minister, following the revelations that the Brighton terrorist siege accused, Yacqub Khayre, may have been granted parole in contradiction of recommendations of the Callinan review, your colleague the Minister for Corrections ordered a secret office of correctional services review. Have you ordered a youth correctional services review for Sebastian Kennett?

Ms MIKAKOS (Minister for Families and Children) (14:01) — I thank the member for her question. I think today, as we have seen the front bench unfolding, it is deckchairs; it is —

The PRESIDENT — Order! Minister, not only is it unhelpful, it is really stupid, given the fact that an announcement was made today about changes in the ministry of the government. It is absolutely not apposite to the question, and I ask you to desist with such a foolish folly. Please answer the question.

Ms MIKAKOS — Thank you, President, for that commentary in relation to matters to do with the coalition front bench. The point that I was seeking to make was that Ms Crozier is demonstrating why she is one of the people on the hit list in terms of —

The PRESIDENT — Minister! Move on.

Ms MIKAKOS — President, thank you; I will do that. But the point that I would make —

Honourable members interjecting.

The PRESIDENT — Order! Thank you. Minister.

Ms MIKAKOS — The point that I would make —

Mr O'Donohue interjected.

The PRESIDENT — Mr O'Donohue — 15 minutes.

Mr O'Donohue withdrew from chamber.

Ms MIKAKOS — The point that I would make is that these are important issues that the member is canvassing here. We have had a terrible tragedy in relation to the loss of Ms Hansen, and my condolences go out to the family and friends of Ms Hansen in relation to this matter. I know there has been some media coverage in relation to these issues over the past few days. It is a matter that is currently before the courts, and it would therefore be inappropriate for me to comment further.

I make the point that Mr O'Donohue was the corrections minister at the time when we had another tragedy in the tragic death of Jill Meagher. I seem to recall that at the time he and the then government were very circumspect about what they too were able to say in relation to these very sensitive legal issues.

What I would say further is that the Callinan review is an important piece of work that the Minister for Corrections has been very busy in undertaking the implementation of — and the government has already

made a raft of changes — but the scope of that particular review was limited to the Adult Parole Board of Victoria. It is important that we do look at what learnings can occur from that particular review as it relates to the Youth Parole Board; in fact there is some work that I have asked the Department of Justice and Regulation to undertake in relation to these matters. I do think it is important, and I would certainly hope, given the legal proceedings that are afoot at the moment, that the member very well appreciates the legal difficulties that the government may have in providing further information about these matters at this point in time.

Supplementary question

Ms CROZIER (Southern Metropolitan) (14:05) — Minister, will that review that you have ordered also be kept secret or will you apply the significant public interest test and release this review into yet another Andrews government parole stuff-up?

Ms MIKAKOS (Minister for Families and Children) (14:05) — I think that the member's language in this matter is really inappropriate, and I have already noted that I was in fact instructed on a couple of occasions to take a very different approach in my response. That advice and counsel has not been provided to Ms Crozier. I do make this point to the member: I refer her to the substantive answer that I have already given on this matter, and that is all I will be saying about this at this point in time.

Youth justice system

Ms FITZHERBERT (Southern Metropolitan) (14:06) — My question is also to the Minister for Families and Children. Minister, can you confirm that Sebastian Kennett's history of behaviour in youth justice, including evidence that he was not afraid of Victoria Police and that he was not remorseful for his previous crimes, was provided to the relevant parole board prior to him being released?

Ms MIKAKOS (Minister for Families and Children) (14:07) — I refer the member to the substantive answer I have just given to her colleague's question in relation to this matter. I think if the member was to read the media reports today a little bit more carefully, she would understand that there are in fact some legal processes in place as we speak that go to these matters that put us on very difficult legal grounds here. I do refer the member to the response I have already provided to her colleague.

Supplementary question

Ms FITZHERBERT (Southern Metropolitan) (14:07) — Minister, upon his release Sebastian Kennett was placed into Department of Health and Human Services housing in Chadstone with another young offender. Can you detail all of the other parole conditions Mr Kennett was subject to prior to this latest incident?

Ms MIKAKOS (Minister for Families and Children) (14:08) — I again refer the member to the substantive answer I have already given to her colleague's question in relation to this matter.

Youth justice system

Ms FITZHERBERT (Southern Metropolitan) (14:08) — My question is again to the Minister for Families and Children. Minister, given there have been so many concerns raised by youth justice staff as to their safety and wellbeing over the past two years due to riots, can you advise whether any staff safe zones have been established to protect staff from violent young offenders at either Parkville or Malmsbury?

Ms Mikakos — On a point of order, President, I fail to see how this supplementary question is —

Honourable members interjecting.

The PRESIDENT — It is a new question.

Ms Mikakos — The point of order, then, President, is I could not quite hear the question that was asked at the time, but I do take objection to the preamble that the member has provided in this. President, I make the point again that you certainly wanted me to respond to questions in a very direct and forthright manner, and I am very happy to do that, but if the member is seeking to editorialise in relation to these matters, then I will certainly take the opportunity to respond in kind.

Ms FITZHERBERT — On the point of order, President, I advise that I think the language I used was very prudent. I said that there have been many concerns raised by youth justice staff. I have heard many of them personally in the current inquiry into youth justice. I am happy to repeat the question if the minister did not fully hear it if that assists.

The PRESIDENT — In respect of the supplementary question that was put by Ms Crozier to Ms Mikakos, I was actually prepared to allow leeway to the minister on the basis that there was a provocative twist at the end of that particular question. In respect of the question put by Ms Fitzherbert, it was actually a

very straightforward question. The preamble, as suggested by the minister, was totally apposite to the question and was not in my view provocative at all. However, I think that the problem is that there may well have been some discussion in the chamber that meant the minister was not afforded the opportunity to hear the question in full, so I seek that Ms Fitzherbert pose that question again. Minister, I am dismissive of the point of order because I believe that the question on this occasion is in order. Your point about provocation, though, is valid.

Ms FITZHERBERT — Minister, given there have been so many concerns raised by youth justice staff as to their safety and wellbeing over the past two years due to riots, can you advise whether any staff safe zones have been established to protect staff from violent young offenders at either Parkville or Malmsbury?

Ms MIKAKOS (Minister for Families and Children) (14:11) — President, I do find this question quite provocative in nature because in fact Ms Fitzherbert and those opposite tried to knock off a bill in this house just a few weeks ago — one that introduced new offences for young offenders in custody assaulting youth justice staff.

Ms Crozier interjected.

Ms MIKAKOS — That is exactly what you did, Ms Crozier. You yourself moved the reasoned amendment to knock off that bill, and you will never live that down. As a government, President —

The PRESIDENT — Order! Minister! The pointing should be at me — but I do not want you to point at me.

Ms MIKAKOS — As a government we have put in a raft of changes to modernise our youth justice system — something that those opposite failed to do. From having a record youth justice budget to build a brand-new fit-for-purpose high-security youth justice facility, to fortifying Malmsbury and Parkville, to hiring more staff and to making the legislative changes, we are taking the steps necessary to make our youth justice facilities safer. I do take the safety of our staff as an absolutely priority — I absolutely take that as an absolute priority. That is why we have made these legislative changes — something that you were prepared to seek to knock off — and we are making the changes necessary to ensure that our youth justice staff have a safe environment.

Just recently I announced a further \$50 million of investment, on top of that in the budget, that will also see a further 21 safety and emergency response team

staff recruited to add further to the safety and security of our staff. I was pleased to act on a recommendation of an independent review conducted by Neil Comrie, a former Chief Commissioner of Police — someone who Ms Crozier has sought to slur through her commentary.

Ms Crozier — No, I did not.

Ms MIKAKOS — Absolutely — and your media releases remain up on the public record and are something you should rectify and take down, I would add.

I have acted on his recommendation, and last week I had the opportunity to go up to Malmsbury to commend two staff who acted above and beyond the course of duty: acting general manager Ray Birkin and acting supervisor Graeme Todd, who demonstrated great courage and commitment to their colleagues and to the wider community during the course of the January escape at Malmsbury. So I can inform the member that in the course of attending that commendation ceremony I spoke extensively to the Malmsbury staff, and they are very pleased with the changes that our government has made. They are very positive about the reforms they are seeing being rolled out and the commitment that our government has demonstrated through these changes.

I make the point to the member that we are taking the necessary steps to ensure that youth justice staff are supported. There are a raft of changes that have already happened, and those reforms will continue to be implemented by our government. Those opposite have a lot to say about this issue, but if you look at their record, they sat on a secret report that Ms Wooldridge commissioned to redevelop the Parkville youth justice facility. That has never been publicly released. Ms Fitzherbert has never asked for it to be presented to her inquiry either.

Supplementary question

Ms FITZHERBERT (Southern Metropolitan) (14:16) — Minister, given that staff have been threatened, been assaulted and had their offices broken into over the past two years and that the Muir report that you commissioned following the violent riots that have occurred under your watch recommended establishing staff safe zones, what has been the delay in doing so?

Ms MIKAKOS (Minister for Families and Children) (14:16) — It is interesting that Ms Fitzherbert asks about reports that our government has been prepared to provide to the parliamentary inquiry and yet Ms Fitzherbert, and Ms Crozier similarly, has absolutely zero interest in asking for any report that was commissioned before November 2014. Funny that, because according to them everything was rosy under their watch and there were never any assaults on youth justice staff. Certainly the media clips during Mary Wooldridge's time as minister demonstrate that that was certainly not the case. We are taking action in relation to all of those recommendations in the Muir reports, in the Comrie reports and in every other report that I have commissioned.

Youth justice system

Ms CROZIER (Southern Metropolitan) (14:17) — My question is again to the Minister for Families and Children. Minister, recently two female youth justice workers were stood down for inappropriate relationships with young offenders at Parkville. Minister, who investigated these matters and what were the findings?

Ms MIKAKOS (Minister for Families and Children) (14:18) — The member would be well aware that the Parliament is not an appropriate place to be canvassing workplace relations issues in relation to these types of assertions that the member is making. It is important that the member understands that these types of issues have come to public light in the past, including when Denis Naphine was in fact the minister. It was an issue that was reported more recently in the media, and it is something that I as minister did have investigated independently by Frank Vincent. These are very serious allegations that the member is asserting in the Parliament. I think it is important that I make it clear that when these types of allegations occur they are appropriately investigated and appropriate action is taken. I think it is appropriate that I leave it at that.

Supplementary question

Ms CROZIER (Southern Metropolitan) (14:19) — Minister, while the inappropriate relationships were underway, were any of the young offenders involved offered special treatments or favours, and if so, what?

Ms MIKAKOS (Minister for Families and Children) (14:20) — Firstly, I have noted already from the social media commentary from the member that the member always seems to read into my responses things that I have not said, and she seeks to verbal me. I in fact

have not in the substantive answer confirmed any such matters. I have just explained that there is a process that is undertaken if such matters come to light.

Similarly, that is exactly what I said in relation to her earlier question in relation to the question she put to me, and she again has sought to verbal me through social media and construe a particular conclusion from that response. I stand by the substantive answer I have given to her, and of course I can look forward to her very creative interpretations on social media about my responses.

Honourable members interjecting.

The PRESIDENT — I would have thought I had heard enough. Thank you.

Ms Mikakos interjected.

The PRESIDENT — Five minutes, Minister. You talked over me. I was seeking to re-establish order, and you talked over me.

Ms Mikakos withdrew from chamber.

Manslaughter charges

Mr BOURMAN (Eastern Victoria) (14:22) — My question today is for Minister Tierney, the minister representing the Attorney-General. Violence in our society continues to be a problem. One-punch laws were introduced in 2014 to ensure that those who killed a person with a single punch answered for their deeds properly. The public sentiment at the time the laws came into effect was clearly that there was a disparity between the action and the punishment. Plea-bargaining is something that is done to move through the courts. In my opinion some charges should never be dropped or reduced if the evidence is there to support it, one-punch laws being a case in point. My question is: how many people have been charged with the one-punch offence since it was passed into law?

Ms TIERNEY (Minister for Training and Skills) (14:22) — I thank Mr Bourman for his question. Obviously I am here representing the Attorney-General and I would not have that level of detail on me. I will endeavour to get that information to you within the guidelines.

Supplementary question

Mr BOURMAN (Eastern Victoria) (14:23) — I thank the minister for her answer. My supplementary question is: how many people have had the charge

dropped or not proceeded with because of plea-bargaining for a lesser offence?

Ms TIERNEY (Minister for Training and Skills) (14:23) — I thank the member again for his supplementary question, and I will ensure that we receive an answer from the Attorney-General within the guidelines.

LaunchVic

Ms PATTEN (Northern Metropolitan) (14:24) — My question is for the Minister for Trade and Investment and Minister for Innovation and the Digital Economy. As you know, Minister, I have taken an interest in innovation and firmly believe that giving young and innovative companies the support they need now will drive innovation, productivity and prosperity into the future. To this end the concept of a \$60 million government start-up fund is a very sound one. But on cursory scrutiny of LaunchVic I am concerned that it is missing the mark. Can the minister detail whether LaunchVic-funded accelerator programs are being measured to ensure that they are in fact stimulating growth in the start-up sector and generating a return on investment?

Mr DALIDAKIS (Minister for Innovation and the Digital Economy) (14:24) — I can, in a word, say yes — they are being measured. I refrain from curtailing my response at that point because it is important to appropriately reflect upon what we are actually doing, what we are actually building, in Victoria. LaunchVic is a \$60 million fund that is there to support incubators, accelerators and co-location spaces right across Victoria — north, south, east and west. We have had a range of programs that have focused on regional Victoria, metropolitan Melbourne and outer suburban Melbourne indeed. We are very proud of what LaunchVic is attempting to create and expand right across the state.

Indeed we have accelerator programs for nine to 12-year-old children — at the launch in round 1 there was an 11-year-old boy who had already created and sold his first company and was already onto his second. There is another accelerator program that deals with people over the age of 50, understanding that people who are looking for either a change of job or indeed a change of vocation that has been forced upon them may need different skills and different support to be able to pursue those opportunities. We have invested heavily in the Geelong region to support Runway, which has done an amazing job in supporting a Geelong community that has obviously struggled under the closure of the Ford manufacturing site. There are a range of things

that we are attempting to try and do through the LaunchVic body, and certainly if you are seeking additional information in relation to the programs I suggest you have a look at the LaunchVic website and then certainly come back to me with any additional questions.

Supplementary question

Ms PATTEN (Northern Metropolitan) (14:26) — Thank you, Minister. As I did mention in my substantive question, I was actually seeking details on how this was measured, but I appreciate the message. As for my supplementary question, I will just point to one example. In funding round 1, LaunchVic provided \$100 000 to the provider Social Traders to, and I quote:

... strengthen the pipeline of accelerator-ready social enterprise ideas through workshops, networking events, clinics and pitch fests ...

It appears that this \$100 000 was spent by Social Traders on providing four workshops and some networking events. Can the minister detail how well these workshops were attended and what tangible outcomes were achieved from this investment?

Mr DALIDAKIS (Minister for Innovation and the Digital Economy) (14:27) — I thank the member for the question. In fact your substantive question simply asked me, ‘Did we actually have KPIs and monitor performance?’, and the answer to that was ‘Yes’, so I believe that answer was acquitted. You very specifically ask about Social Traders. Social Traders is a fantastic organisation that looks to support effectively businesses within the not-for-profit space and microbusinesses in an attempt to get them going. The four workshops that you talk of were indeed part of Social Traders’s remit to fulfil as part of their funding agreement. I am certainly happy to take on notice the very specific question that you ask in relation to Social Traders acquitting themselves of that funding agreement, and we will endeavour to have that back to you by 11 o’clock tomorrow morning.

Poker machines

Ms HARTLAND (Western Metropolitan) (14:28) — My question is to Minister Dalidakis answering on behalf of the Minister for Consumer Affairs, Gaming and Liquor Regulation. I was surprised to see the government statements recently regarding caps on pokies for the next 25 years — that seems an extraordinary amount of time to me — and that the caps will not be lowered. What research did the government do to come to this position in terms of whether it would affect harm minimisation?

Mr DALIDAKIS (Minister for Trade and Investment) (14:28) — I thank the member for the question. As with all public policies, there is always a delicate balancing act between looking after the welfare of the community and also the economic interests of the state. I have said in this place on many occasions that I am not a fan of pokie machines — that I think that if the government of the day could revisit their decision to bring them into our communities en masse as they did, then I would hope those who were members of Parliament at the time would reflect on that. Very specifically, though, in relation to the question that you pose, I will pass that on to the minister in the other place and seek a response.

Supplementary question

Ms HARTLAND (Western Metropolitan) (12:29) — We have gone from a situation 10 years ago, when the Greens negotiated for having no ATMs in pokies venues, to now having a \$500 cap on what gamblers are able to withdraw every 24 hours. Again my question is: what research has the government done to come to this position and has it actually looked at the harm it will be doing to problem gamblers by allowing them to withdraw \$500 every 24 hours?

Mr DALIDAKIS (Minister for Trade and Investment) (14:30) — I thank the member for her question. Again the question deals very specifically with people who are suffering from gambling. It is a scourge, it is a disease and it is one that does afflict a very small minority of the community. Again the interests of public policy mean that we need to balance the rights of individuals to gamble as they so choose with the needs of those people who need to be protected. Again in relation to the substantive, I offered to take that question on notice, and I will do that with your supplementary.

Political donations

Mr RICH-PHILLIPS (South Eastern Metropolitan) (14:30) — My question is to the Leader of the Government. Last sitting week the minister held a meeting here at Parliament House which included Luke Hilakari from Trades Hall, Karen Batt from the Community and Public Sector Union, John Setka from the CFMEU and Peter Marshall from the United Firefighters Union. What was the purpose of that meeting?

Mr JENNINGS (Special Minister of State) (14:31) — I thank Mr Rich-Phillips for his question and his delayed gratification in drawing attention in the public domain in relation to this meeting, because it must have been irresistible on any number of occasions over the last month for people in the opposition to talk this meeting up. I would have thought it would be fairly intriguing.

Here is the tell-all answer: all of those representatives of the trade union movement came in to talk about the consequences of the political donation reform, about which the ABC fact file today said Victoria will have the strictest, most stringent political donation reforms in the country. And if it is on the fact file, President, you will know that it is very likely to be true, because in fact if any government overreaches — and sometimes other governments may overreach — the ABC calls it out. But in our case they say ‘Fair call’ and that the Victorian government intends to introduce the strongest political donation reform in the country.

In fact the political donation reforms are so stringent that, I have to volunteer, the trade union movement were thinking that our reforms were fairly restrictive on some of their political ambitions and their political aspirations for representing the interests of their members. They have actually said, ‘What guarantees can you provide to us that in all the important work that we do in terms of protecting the interests of workers each and every day, particularly from the onslaught of the federal industrial relations climate’ — the relentless agenda of the federal government — ‘we will be able to spend our members’ money in campaigning to protect their interests into the future?’. That is a very, very relevant question for them to ask.

They were very forceful in making their points to me, and in fact they were somewhat anxious about the rigour by which the Victorian government intends to introduce its reforms. We are very committed to those reforms. We are very committed to bringing them before the Parliament before the end of the year, and we are very, very pleased to support the ongoing vibrant political environment in the community and to be able to make sure that we reduce significantly the amount of financial resources that currently political parties receive from donations from any source. That may create anxieties for a whole range of different political parties for a whole variety of different reasons, but in terms of the pressures that the Labor Party may be subjected to, the union movement was saying, ‘Why don’t you want to receive our money?’, and we had a robust conversation about the reasons why.

Supplementary question

Mr RICH-PHILLIPS (South Eastern Metropolitan) (14:34) — I thank the minister for his answer. Minister, did the unionists at that meeting seek an undertaking that their members' contributions, the campaign activities they undertake on behalf of the Labor Party and the donations that they make to the Labor Party would not be restricted or subject to disclosure under the framework that you have talked about?

Mr JENNINGS (Special Minister of State) (14:34) — President, in the form that Mr Rich-Phillips asked that question, I think the simple answer is no, but in fact the issue for all of us, by the time the legislation comes to the Parliament, will be: what are the disclosure requirements in relation to political campaigning that are appropriate into the future? That will be something that we can test out between the parties within the Parliament to work out what is the appropriate degree of restrictions on political donations, the degree of disclosures and the activity that should take place.

At no stage, whilst they were expressing some degree of anxiety about the reform, was the trade union movement saying to the Victorian government — through that meeting with me in any case — 'Don't do it'. They did not say, 'Do not do it', because they could see the value right across the political landscape of us reducing once and for all the amount of political donations that come into political parties, associated entities and third-party campaigners. They were supportive of that initiative; they were somewhat anxious about its implementation.

Victorian Youth Congress

Mr MORRIS (Western Victoria) (14:35) — My question is to the Minister for Youth Affairs. Young Victorians who applied for a position on the Victorian Youth Congress were told that they would be informed of the outcome of their application by 26 June this year. Minister, four months after that deadline, why have you still not announced the congress or informed young people of the outcome of their applications?

Ms MIKAKOS (Minister for Youth Affairs) (14:36) — I thank the member for his question. I am pleased to inform the member that I have in fact signed the letters to the successful members of the youth congress, so those letters must still be making their way through Australia Post's unreliable and slow service. They are going to be a very important part of how the

Andrews Labor government engages with young people in this state.

I am very proud of our record when it comes to engaging young people. We released a very reformist youth policy last year that is designed to engage with young people on how government is involved in decision-making in this state, and as part of that we established the first ever youth summit, which was held at the MCG earlier this year. We had more than 400 young people at that inaugural youth summit from different parts of Victoria, and one way we are going to continue to engage young people is through the establishment of the youth congress. That will be a key part of continuous engagement. A very important selection process has occurred to ensure that we have got different parts of the community represented, as well as different parts of the state, and those young people will meet with me and with other relevant ministers to express issues of concern and interest to them.

We look forward to seeing the youth summit being an annual feature of how we engage young people in this state. I am very committed to this being an ongoing feature. I certainly hope that there will be a degree of bipartisanship around these issues in the future, because certainly what we have seen at the federal level is that the coalition government has scrapped funding for National Youth Week in this state. That is something that we as a government are stepping up on, and we are ensuring that the funding will continue and we will have a Victorian youth week in this state next year.

So it is very disappointing to me that not only have Mr Morris's federal colleagues failed to have a minister for youth in their cabinet but they have now scrapped funding for National Youth Week activities, which will disappoint young people in his electorate. But we as a government are stepping up to the plate. We will ensure that we continue to have Victorian youth week activities in Victoria. So I can assure the member that we as a government are very much committed to engaging young people in this state. We are certainly very keen to get the youth congress up and running as quickly as possible. This has also involved consultation with peak youth bodies in this state, because they were invited to put forward names to be members of the youth congress and that has been a key part of this process.

I am very much looking forward to informing members of this house very soon about the membership of the youth congress and to seeing it come to fruition, and I look forward to meeting those members very soon.

Supplementary question

Mr MORRIS (Western Victoria) (14:40) — Thank you, Minister, for that response. Minister, on what date was the brief with recommended applicants for the youth congress first provided to your office?

Ms MIKAKOS (Minister for Youth Affairs) (14:40) — It is a good thing, President, I got 5 minutes respite earlier before I got this earth-shattering question. I am disappointed I did not get to have a cup of tea in those 5 minutes, President. Can I just say to the member that obviously I would not have that particular date at the tip of my fingers, but I do recall having a brief on these matters relatively recently and I do recall signing those letters that I referred to that are making their way to successful members of the youth congress. This is a really important initiative from the Andrews Labor government to engage with young people. It stands in stark contrast to the previous minister, who just engaged in token consultation with young people in this state. I know his own involved committee was very critical of TAFE cuts and other things that the previous government did and that the previous government failed to heed any of the concerns of young Victorians at the time.

QUESTIONS ON NOTICE

Answers

Mr JENNINGS (Special Minister of State) (14:42) — There are 125 written responses to questions on notice: 11 217, 11 221, 11 359, 11 459, 11 474, 11 476–7, 11 479–80, 11 482, 11 492–3, 11 496, 11 498–9, 11 501–04, 11 515–16, 11 519, 11 521–22, 11 524–7, 11 537–8, 11 541, 11 543–4, 11 546–9, 11 559–60, 11 563, 11 565–6, 11 568–72, 11 581–2, 11 584–90, 11 598–600, 11 602, 11 606, 11 615–16, 11 618–28, 11 630–3, 11 635–6, 11 643, 11 646, 11 649, 11 656–64, 11 666, 11 675–82, 11 712–17, 11 721–4, 11 726–30, 11 734–5, 11 737–41, 11 743 and 11 751.

QUESTIONS WITHOUT NOTICE

Written responses

The PRESIDENT (14:42) — In consideration of today's questions can I indicate that it is going to be a busy day for written responses. In relation to Ms Crozier's first question, Ms Fitzherbert's first question, Ms Fitzherbert's second question and Ms Crozier's second question, all both the substantive and supplementary questions, if I can have written responses, please, and they are all to be within one day.

Mr Bourman's question to Ms Tierney, the substantive question and the supplementary question, that is two days; Ms Patten's question to Mr Dalidakis, the substantive and supplementary questions, one day; and Ms Hartland's question to Mr Dalidakis, substantive and supplementary questions, two days. In respect of Mr Morris's question —

An honourable member interjected.

The PRESIDENT — Yes, I know, but the question was what was the reason for the delay, and that is why I am at sixes and sevens in terms of whether or not to seek a written response, because the actual question was about the reason for the delay. The minister has indicated that in fact the letters have now been signed, so certainly the matter is progressing and we all welcome that. I might seek an explanation from the minister in terms of the substantive question, and that is one day.

An honourable member interjected.

The PRESIDENT — Hopefully that will encompass that.

RULINGS BY THE CHAIR

Questions on notice

The PRESIDENT (14:44) — I have received three letters in respect of me reinstating questions on notice. The first letter is from the Honourable Mary Wooldridge, and it is in regard to question on notice 11 040, and the question was to the Minister for Training and Skills on behalf of the Minister for Police. The answer has been judged not to be apposite to the question that was asked, and therefore I would reinstate that question.

Mr Rich-Phillips has asked me to reinstate questions put to Minister Wynne via the then Minister for Small Business, Innovation and Trade. The questions all relate to matters with Minister Wynne in another place. They are questions 11 485, 11 508, 11 530, 11 552 and 11 574. Those questions have also been reviewed. I note that there is pretty much a pro forma response on these questions but indeed the pro forma response does not go towards answering the questions at all, and therefore I would reinstate those questions.

I have a further letter from the Honourable Mary Wooldridge in regard to question 11 305, which was a question asked through the Minister for Agriculture in this place for the Minister for Public Transport in another place. In respect of that question there was a part (a) and a part (b), and having looked at that I have

formed the view that part (b) has been adequately answered but that part (a) has not been answered, and therefore I would reinstate part (a) of that question.

CONSTITUENCY QUESTIONS

Northern Victoria Region

Ms LOVELL (Northern Victoria) (14:46) — My question is to the Minister for Roads and Road Safety. The Shepparton bypass is a five-stage project with a projected total cost of \$1.3 billion. With pre-construction work now underway, Greater Shepparton City Council is now seeking a commitment in the 2018 state and federal budgets to provide funding of \$260 million to complete stage 1 of the project. The Shepparton bypass is a critical infrastructure project that will not only improve safety by reducing heavy vehicle traffic flows through the Shepparton CBD but will also improve freight movements to domestic and export markets in Melbourne, throughout regional Victoria and interstate. Minister, will you prove the Andrews government's support for the Shepparton bypass project by prioritising its construction and by working in conjunction with the federal government to ensure \$260 million is allocated between the state and commonwealth in 2018 budgets to fund the completion of stage 1 of the project?

Eastern Victoria Region

Mr MULINO (Eastern Victoria) (14:47) — My constituency question is to the Minister for Sport, and it relates to defibrillators being rolled out to sporting clubs throughout our community. Increasing participation in sport is obviously a good thing in terms of people's connectedness but also their broader health. One of the challenges with expanding sports clubs and sports membership is of course older people taking part in sport, so defibrillator access is an increasingly important part of rolling out support for sports clubs. I ask the minister: are there any sporting clubs on the Mornington Peninsula that are likely to get defibrillators over the coming months?

Western Victoria Region

Mr MORRIS (Western Victoria) (14:49) — My constituency question is directed to the Minister for Regional Development, and it is in relation to the Ballarat railway station precinct redevelopment that is occurring at the moment which is disappointing many a Ballarat resident. The specific question I have is in relation to the bus interchange on which the government was forced to backflip and announce funding for after leaving it out of their initial plans. In a

response to a constituency question on 8 August this year, Minister Pulford stated that the expected delivery of the bus interchange is anticipated for mid-2018. Now that we are approaching the end of 2017 and are yet to see any plans for the interchange in any way, I ask: does the minister still stand by that expected delivery date of the bus interchange being in mid-2018?

Southern Metropolitan Region

Ms FITZHERBERT (Southern Metropolitan) (14:50) — My question is to the Minister for Housing, Disability and Ageing, and it is in relation to maintenance of the public housing towers at 200 Dorcas Street in South Melbourne. I have had a number of complaints to my office in relation to lights that need replacing in passageways and stairwells and on various floors, and this need has been in existence for months. It has been reported to my office that multiple phone calls had been made to the maintenance hotline, but there does not appear to be any attempt being made, again over several months, to actually replace or repair the lights. This issue has been raised with my office repeatedly in April, May and August of this year. My question to the minister is: when will the lights be replaced at 200 Dorcas Street, South Melbourne, as required, and why has it taken so long?

Western Metropolitan Region

Mr MELHEM (Western Metropolitan) (14:50) — My constituency question is directed to the Minister for Planning, the Honourable Richard Wynne. Melbourne and the west are growing rapidly, with recent census figures showing that Victoria grew in 2016 by 146 600 people, who now reside in the world's most livable city. Our government recently approved a new community for 22 000 people in Mount Atkinson and Tarneit Plains with employment land for 19 000 jobs. I ask the minister: what are the state government's plans for providing services and infrastructure for the new residents and workers in the new suburbs?

Western Metropolitan Region

Mr FINN (Western Metropolitan) (14:51) — My constituency question is to the Minister for Roads and Road Safety. This morning as I sat in stationary traffic on the Tullamarine Freeway I wondered what my fellow motorists were thinking. As traffic crawled a few metres and then came to a further standstill, I wondered if my fellow motorists were wanting a solution to the daily gridlock they face. As we continued to crawl toward the city, I wondered if my fellow motorists were grateful for an extra lane to sit in every day and were infuriated by the \$1.3 billion wasted to stop a road that

even Sir Rod Eddington says we desperately need. On behalf of my fellow motorists this morning, I ask: what plan does the minister have to alleviate the appalling traffic congestion on the Tullamarine Freeway?

Western Victoria Region

Mr RAMSAY (Western Victoria) (14:52) — My constituency question is to the Minister for Regional Development, and the question I ask is: is her department giving serious consideration to the proposal to develop an outdoor activity centre being proposed by the Anderson family called sky rig? The Andersons for over a year have been seeking support from both the state government and the City of Greater Geelong to obtain a permit to build this rope and wire activity project on Eastern Beach, Geelong, but have been given the runaround by the Geelong authority, local members Lisa Neville and John Eren, and even some in the City of Greater Geelong planning department. This is an important investment in tourism for Geelong that will draw thousands of visitors, create jobs, provide economic wealth through shops and cafes and complement the proposed convention centre and development of the marina and yacht club. Most of all it gets people outside and exercising and enjoying the challenges of wire surfing. My question to the minister is: can she take an interest in this application and help the sky rig team to find a suitable site to get this venture up and surfing?

Southern Metropolitan Region

Mr DAVIS (Southern Metropolitan) (14:53) — My constituency question today is for the attention of the Minister for Public Transport, and it concerns the government's voluntary purchase scheme on the sky rail corridor. It is very clear that the property values have been smashed along that corridor, and the government has come forward with a paltry voluntary purchase scheme where people are being offered amounts that are far less than the value of the property. Not surprisingly, people are not taking up those offers. In some cases the construction is occurring just 20 centimetres from their fence. In other cases there is huge intervention and the property value will clearly be smashed long term because of the overshadowing and the sound that will impact on the corridor. So what I ask of the minister is: will she review the flawed voluntary purchase scheme on the sky rail corridor?

Southern Metropolitan Region

Ms CROZIER (Southern Metropolitan) (14:54) — My constituency question is to the Minister for Public Transport, Ms Allan, who is responsible for the level

crossing removals, and it relates to the site at the North Road rail station at Ormond. That level crossing removal was of course funded by the previous coalition government. As part of that project the Andrews government, without consultation with the local community, plans to build a 13-storey sky tower at the site. In preparation for the development a huge concrete slab was poured which covers an extensive area. This concrete pad is not being utilised for anything at the present time, so I ask the minister, while it is not being utilised, to consider allowing it to be used for parking for commuters and others who access the Ormond station or the surrounding Ormond shopping precinct.

South Eastern Metropolitan Region

Mrs PEULICH (South Eastern Metropolitan) (14:55) — The constituency question that I would like to ask is for the attention of the Minister for Roads and Road Safety and Minister for Ports. It is in relation to what is called the Mordialloc bypass. In fact I prefer to call it the Mornington Peninsula Freeway (MPF) north extension because it affects Frankston, Carrum and Mordialloc. It is the proposed 9-kilometre arterial road between the end of the MPF at Springvale Road, Aspendale Gardens, and the Dingley bypass in Dingley.

It was certainly our policy and something that the Labor Party opposed for a long period of time. However, they have now undertaken a commitment to actually build it by 2021. Currently there is planning underway, and an environmental impact statement is to be undertaken by order of the Minister for Planning. However, the roads and ports minister is undertaking consultation. But one thing I note is that he has not been consulting with the business community, who are critical and who will be impacted by this. So I ask the minister whether as part of the consultation process on the design and planning for the MPF he is planning to consult with businesses in the area.

ENVIRONMENT PROTECTION BILL 2017

Second reading

Resumed.

Mr JENNINGS (Special Minister of State) (14:56) — I thank members of the chamber for their contribution to the second-reading debate. I will respond to a couple of issues that Mr Davis raised in his contribution and some questions that Ms Hartland placed for consideration. Perhaps I will give an overview of the importance of this reform, hoping that Ms Hartland will return to the chamber so that I can make eye contact with her — even though I will be

looking through the Chair — and inform her about the way in which I can account for her concerns in relation to representation on the Environment Protection Authority Victoria (EPA) governing board that has been introduced through the reforms that have been brought in through this piece of legislation.

This bill, as members of the chamber know, follows a major review that was undertaken of the functions and core responsibilities of the EPA. When this government came to office it was concerned about a deterioration in the capacity of the EPA to acquit its statutory obligations and its ability to be the leader in environmental regulation and community engagement that it had been in its previous years and that in fact there had been a deterioration in not only the resources but the statutory framework in which it operated and the appropriate alignment of programs and resources that actually underpinned the EPA. We tried through that review to rebuild that capacity.

This piece of legislation before us reiterates a statutory objective for the EPA. It actually establishes a new structure for the governing board and delineates new powers of its chief executive officer and the chief environmental scientist. It actually creates circumstances where there are enhanced works approval processes and establishes the EPA as an entity under the Public Administration Act 2004.

All of those things provide for greater clarity in terms of the governance arrangements and in relation to the delineation of responsibilities of the board, the CEO and the chief environmental scientist. It tries to actually delineate not only the way in which approvals may work but the way environmental assessments may work. It provides a head of power in relation to acquitting some of the community expectations that a leading jurisdiction such as Victoria should have in terms of making sure that we have the appropriate environmental regulation and world's best practice in relation to these issues.

The government has actually responded by a full response to the report's recommendations, and this bill is the first tranche of reform, which the government intends to augment with further legislation before the end of this term.

There were a couple of issues that were specifically raised. Ms Hartland is now in the chamber, and I thank her for coming back into the chamber for me to give her a response. Those of us who are actually well versed in environmental protection in this state and in community activism know that in fact Ms Hartland has a very lengthy pedigree in that regard. Even though I might

from time to time have acted as if I were her political adversary, every now and again I come back to this fundamental truth: Ms Hartland was a freedom fighter for her community. There is no doubt about it. At the time of the Coode Island fire, for instance, there were a number of people who mobilised in the community to actually support the community at a time of stress and great anxiety, and Ms Hartland was one of those people.

So it is unsurprising that she has asked a question about the make-up of the governance board that is delineated under a clause in this bill, under which the government expects the creation of a new nine-person skill-based board — well, not less than five and up to nine members of the governing board — and makes certain recommendations about what the profile of that representation will be in that skill-based approach. The government has volunteered skills and knowledge in relation to the following: environment protection or regulation, regulation of industry, local government, public administration or governance, finance or accounting and legal practice.

Ms Hartland actually asked: what does that mean for community activism? Does that actually mean that we are blind to community activism and that we do not actually respect the views of members of the community? I volunteer on behalf of the government that it does not mean that. In fact in the future, Ms Hartland, if you are interested in being on the board, or for that matter eventually in the fullness of time if Mr Davis or I were interested in being on the board, then there is nothing that would actually prevent us from being ably considered for participation in community life, through the prism of environmental protection most likely or regulation or our engagement in local government as an entree to community activism; in fact we believe there is sufficient scope for that to be considered.

Beyond that, on the government's policies in relation to recruitment, I am sure Ms Hartland already knows that ours is a government that has made important reforms in relation to enabling and facilitating a degree of diversity in our appointment processes to make sure that they are respectful of the diversity, skills and attributes of our community. Indeed the government policy, as articulated in the appointment and remuneration guidelines effective from 1 July, states:

It is government policy that no less than 50 per cent of all new appointments to paid Victorian government boards and Victorian courts be women.

It also states:

Appointments to Victorian government entities should, as far as practicable, reflect the diversity of the Victorian community. Opportunities to appoint women, Indigenous Australians, people with a disability, people from culturally and linguistically diverse backgrounds and lesbian, gay, bisexual, trans, gender diverse and intersex people should be actively explored.

They are the policy settings that all government entities, including the EPA, would be obliged to adhere to. We believe that with a combination of those guidelines in relation to government policies, expressed in those guidelines as recently as 1 July this year, plus the additional knowledge and background in either local government or indeed environmental protection, we will get the right balance. That is the reason why we have our current legislative framework augmented by those guidelines. With our intent we believe that we will address the issue that Ms Hartland is concerned about. She is not nodding her head, so I do not know that I have convinced her, but in fact that is the logic that underpins the government's thinking in relation to these matters.

I turn to the issues that Mr Davis raised for our consideration. He has drawn attention to the fact that over many years an accumulation of landfill levies has occurred — and he was generous enough to indicate it has occurred under all administrations, whether we go back to the Bracks-Brumby era, whether it be the Baillieu-Napthine government or whether it be now with this government — and that there has not been full expenditure of the Sustainability Fund. So good on Mr Davis for identifying that. Mr Davis probably knows that he might have a slight bit of lead in his saddlebags in relation to the amount of money that was actually spent in his administration on that matter, which was fairly modest. I will not refer to it. Mr Davis was generous, so let me be generous at this moment by not volunteering what that number was.

Mr Davis — You do not disagree with the point, though.

Mr JENNINGS — I agree with you. The annual report of the Department of Environment, Land, Water and Planning identifies that the balance of the Sustainability Fund at 1 July 2016 was \$466 252 000. At 30 June 2017 it was \$551 730 000. At the same time the annual report of the department at page 213 identifies that \$150 926 000 went into the municipal and industrial landfill levy trust account and that at the end of the financial year just gone — 30 June this year — that balance had actually been reduced to zero because of the expenditure on programs, and the

balance had gone into the Sustainability Fund. There was \$419 million in new funding allocated over five years announced in this year's budget, and that would be the total of the expenditure from the Sustainability Fund over the forward estimates period. It means we will effectively spend the equivalent of what is the most recent balance at the end of the financial year. Just to reiterate: at the end of the financial year to 2017 there was \$551 million in the fund and the total expenditure in the forward estimates is intended to be \$550 million, so we are basically spending that balance over the forward estimates period.

Mr Davis privately raised with me that he was concerned about the balance between what would be returned to community investment or industry support in relation to project management and the derivation of better environmental outcomes. He made the point that he would feel some degree of alarm if whilst there was an uplift in the EPA's capability in relation to being able to acquit its statutory responsibilities and manage those programs there was continued erosion of community and industry-based expenditure of that fund. There has been significant investment associated with the reforms that come out of this legislation. We will not deny it: \$160 million over the forward estimates is associated with these reforms. That does relate to the balance of the activities of the agency but also to their ability to get programs and grant funding away and to work collaboratively with the local government sector, industry and others. There is a recognition by the government that there should not be a structural impediment to the majority of the funds now and into the future being spent on community and industry responses, and that investment should be returned to the community in that way. I make that undertaking on behalf of the government.

Mr Davis also raised a question about what our understanding is of the individual area distribution of the revenues that are derived and come into the Sustainability Fund. The EPA does collect that from landfill operators. I have asked the advisers in the box to see what they can do to extract the information now and how that information may be published into the future. They informed me in the first instance that because landfills do not operate in all local government areas — local governments invariably have contractual arrangements to take waste to large landfill sites where that revenue is effectively derived and then paid into the fund — the distribution by local government area is not as clear as it might be, because in fact you do not necessarily know what local government volumes make up the total volume. The revenue is actually accumulated and basically transmitted from the cumulative effect of the volumes that come into the

landfill operator. In future, in terms of our ability to delineate information by local government area, I think there is going to need to be a bit of work done, because that is not capable of being reconciled at this moment. I do not want to give any false hopes in relation to that. What is available to be reported is at the scaled-up level of the landfill operator. The department is now on notice to see, with the agency, what reporting might be appropriate into the future.

I have made my best endeavours to try to answer those substantive questions that Ms Hartland and Mr Davis have raised with us. Not necessarily by design, I have run myself down to 50 seconds for my contribution. I hope that that acquits the expectations of the chamber. I recommend that the bill proceed through the second and third reading.

Motion agreed to.

Read second time; by leave, proceeded to third reading.

Third reading

Motion agreed to.

Read third time.

HEALTH LEGISLATION AMENDMENT (QUALITY AND SAFETY) BILL 2017

Second reading

Debate resumed from 22 August; motion of Mr JENNINGS (Special Minister of State).

Ms WOOLDRIDGE (Eastern Metropolitan) (15:12) — I am very pleased to speak today on the Health Legislation Amendment (Quality and Safety) Bill 2017. This is an important bill for our health services and most importantly for the health of Victorians. Of course it is a result of a cluster of perinatal deaths that occurred at Djerriwarrh Health Services over an extended period of time. It is not just perinatal deaths but also some injuries that happened to young children — babies — at that time, and it ranges from 2008–09 all the way through to 2015.

This was an extended period of time in which there were clearly some significant failures in the quality assurance systems and the management of women who were pregnant, with some very, very sad and significant consequences. I have to say, once again, that my deepest sympathies go out to all the families who have been affected by this issue at Djerriwarrh Health Services, and I am pleased that there has been a very

significant focus on quality and safety in our health services, of which this bill is one component.

This bill is intended to improve the safety and quality of health services across Victoria by collecting better information, by improving clinical governance structures and by increasing the powers of the minister and the department to respond to risks. As I say, the history or the context is a cluster of deaths that were notified to the Consultative Council on Obstetric and Paediatric Mortality and Morbidity, affectionately called CCOPMM, notified in March 2015.

I really appreciate that at the time I received a briefing from the department in relation to the cluster of deaths. What became very clear was that it was actually by luck and by chance that this cluster was identified, and it is to the credit of the individuals involved that they were able to identify this cluster, not because that information had been presented in a form that would have assisted but because they connected some disparate pieces of information together which allowed them to pursue a line of thinking that identified that this was an issue. So it was a very significant finding but one that clearly should have been found earlier; it could have made a difference if it had been.

As a result the minister undertook a number of different investigations. There was the investigation into perinatal outcomes at Djerriwarrh Health Services, led by Professor Euan Wallace, that identified that seven deaths were avoidable, or potentially avoidable, and identified a failure in clinical governance.

There was the review by the Department of Health and Human Services management of the critical issues at Djerriwarrh Health Services that was handed down in November 2015, and that was as a result of the secretary requesting that the Australian Commission on Safety and Quality in Health Care conduct an independent review of the department's actions. They found that the department had acted appropriately but did not have adequate capacity or oversight to identify the risks. Part of that was in the context of some notifications from the Australian Nursing & Midwifery Federation (ANMF) in relation to concerns about some of the activities that were happening in Djerriwarrh at the time that had really been brushed aside by the department rather than taken and investigated significantly. So while there was a broad finding that the department was not at fault as such, clearly the gaps and failures identified and their capacity to not oversight and identify risk were seen as a failure in terms of the community's expectation, and certainly I think the government and this Parliament's expectation, of the role that the department plays in that context.

There was also the commissioning by the minister of Professor Stephen Duckett to look at how quality and safety in Victorian health services could be strengthened to avoid a similar tragedy in the future. After a significant amount of work, *Targeting Zero*, the review of hospital safety and quality assurance in Victoria, was released in October 2016. The legislation we have before us today responds to some but not all of the *Targeting Zero* recommendations, and the government has foreshadowed that a second bill will be introduced next year in response to other recommendations.

I suppose to foreshadow my questions in consideration in detail, I will be looking for some commitment on timing and content in relation to pursuing the further legislative amendments that are required to acquit responsibilities. I can see that the departmental officials in the box are writing furiously, and hopefully this will give them some time to collate some responses. I am also looking for some reflection on the broader recommendations, and Professor Duckett made many, of how the government is going in relation to the acquittal of all the recommendations and in terms of where things are up to.

Where we are today is we have this bill in relation to quality and safety, and the key aspects of the bill are as follows: that safety and quality have been added as objectives throughout the various acts that relate to our health services; that the maximum term for health service board members will be nine years — that is essentially three terms of three years, except in exceptional circumstances, such as skills shortages or all board terms expiring simultaneously; and that all health service board members will be paid — currently only major health service board members are paid, and I think this is widely supported in terms of assisting the professionalisation of our boards of directors in relation to our health services. I do have to say there are some concerns, though, about the board terms.

This bill allows the minister to issue requirements in relation to the composition of boards, and it allows the minister to issue guidelines for health boards regarding safety and quality as well. Essentially it is upping the capacity of the role of the minister and the department in relation to expectations of health services in regard to who is on the board, the performance of the board, the skills of the board and their attention to detail in relation to quality and safety.

At Djerriwarrh there were obviously some concerns about the board and them fulfilling their role in relation to quality and safety matters and whether the board had actually even been informed of many of these issues or

whether the CEO had withheld some of that information or not presented it in a form that reflected the true situation.

The bill also amends registration requirements for portable service models, such as mobile X-ray services, and expands the definition of services captured by the act to include multipurpose services, such as small community health centres with aged care and private clinics that do not perform clinical procedures as the majority of their work. The practical effect of these amendments is a significant expansion in the scope of the oversight in relation to health services that have been provided and also an anticipation of innovative new health models, such as the mobile X-ray services or other mobile services, for example, anticipating where health services might go and ensuring a quality and safety context in relation to not only what we have now with an expanded footprint but also where health service delivery may go in the future and ensuring they are captured so that it is proactive rather than reactive to the services that are being provided.

The government talked, for example, about dodgy cosmetic procedures being captured under this type of work, which is certainly needed and welcomed. I will foreshadow that in the consideration-in-detail stage I will be asking for some more clarity on the extent of some of these definitions in relation to clinical procedures — for example, would that include GP clinics where some minor procedures are often conducted, at what point do you become a day procedure centre versus a clinic, and so on.

The bill also provides for the minister to suspend admissions within specific hospital departments within this expanded cohort if quality and safety concerns arise. Once again, while the minister already has many of these powers, quality and safety can now be a driver for action in this regard. It also allows in terms of this aspect of it not only that a whole hospital may face ramifications if there are issues but also that a part of it may. If, for example, maternity services, as was the case at Djerriwarrh, were under a cloud, then maternity services are the ones that could be suspended, allowing other services to continue while the issues of quality and safety are assessed and dealt with in the maternity area.

The bill also expands the requirements for private clinics to report data. Some of this data is currently collected and provided voluntarily. I certainly have some questions from some in the private sector in terms of what this data is that will be expected to be collected in addition to what they already do, given that there are significant accreditation requirements and much data

already provided to the Department of Health and Human Services. We certainly welcome more data, but I have to say that we also welcome more transparency in relation to the data. We have not seen that, and we will certainly be looking to see more transparency in this information.

The bill requires concerns about serious risk to be reported to the secretary and that the Consultative Council on Obstetric and Paediatric Mortality and Morbidity is to be more focused on identifying risks rather than just classifying deaths. Once again this is a significant change for a body that, as I said, very fortunately identifies the cluster but also builds into its processes and its DNA that proactive risk identification as opposed to the reactivity that it has had in terms of classification, so I think that is very significant.

There are, as I have foreshadowed a little bit through this discussion, some concerns that have been raised, and I will go through the consultation I have received from various groups to put on the record some of those issues, but I just want to flag at a broader level in the first instance what some of those concerns are. There is a very significant concern from some small rural and regional health services about the nine-year board term. They believe in many cases that they have a local skills shortage that may mean the mandatory nine-year maximum term will see expert board members required to be replaced. The bill does give the minister some exemptions in exceptional circumstances, and the minister has made some decisions in relation to that even in this most recent board appointment round, which has been very welcome, but it does not fix the concern that nine years can be a very short period of time when there are significant skills that are valued and still very useful around the table.

Interestingly I note that someone known to us all, the mayor of Melbourne, Robert Doyle, was reappointed for a fourth term as the chair of Melbourne Health. I would suspect under this legislation, using the classification of a significant skills shortage, that there would not be a significant skills shortage in metropolitan Melbourne in relation to who has the capacities and skills to chair Melbourne Health, but the government did make a decision to extend his board term for a fourth term through to what will then be 12 years. The government has not been very consistent on this in the past, but this legislation will make it much harder not to be consistent on this issue in the future.

In terms of implementation there is no-one saying that the quality and safety framework is anything but sound, and I think that is a real credit to the work of Stephen Duckett. He did a very detailed, very thorough and very

thoughtful piece of work in terms of his report, and the implementation has been significant. The support from the health sector in relation to the framework being sound is an endorsement of the work that he has done. But the challenge is really the department's and the government's implementation of that legislation to ensure that the new requirements are not unnecessarily burdensome for health services and that patients benefit from practical improvements in terms of safety and quality. That is always the case — that you can put in place all the frameworks and legislation you like, but if this is not implemented in a way that is meaningful, then that is where the rubber really hits the road.

There is an additional burden in terms of reporting, and it is important that the new agencies — and I will mention them in a moment — deliver meaningful and practical improvements because workloads at health services will increase to meet these requirements, so let us make sure that it is meaningful.

It is also important on the transparency front that of all the additional power and data that this bill allows for only the guidelines issued by the minister to health services are required to be publicly reported. We need more information. There is an irony in the fact that in 2015 this government introduced the Transparency in Government Bill. At the time it was said to me, 'This should have been done in conjunction with Stephen Duckett's review implementation', but the government sought to move ahead on that bill. It passed the lower house and it passed this house, but with some significant further transparency amendments. It has now languished on the lower house notice paper for I think it is now four or five months. So this government has certainly talked up a good game on transparency in government, even to the extent of producing legislation in relation to it, but when that was further extended in terms of the transparency in the information data that would be provided, the government chose not to pursue it further.

There is also a lot that will go in the regulations, and while that is necessary in terms of using the regs in this way it often leaves us with a lot of questions in relation to the content and the process through which it will be managed. The only assurance I have had from the department is that they will be out prior to the 1 July 2018 commencement. I would certainly hope so. If there is time in terms of the regs, it would be good to have a look at it.

In terms of some input in relation to the sector — and I also do this as a way to acknowledge the time and effort that the sector has put in in relation to responding to me about the bill — I did ask Stephen Duckett what he

thought of the government's implementation in relation to his report. He said, and I quote:

I haven't been involved in any of the implementation of processes from my review — my job was done when I submitted the report. However, I obviously have followed implementation though and am satisfied that the government is, and senior public servants are, true to their word about implementing everything 'in principle'. I have not seen any backsliding!

So obviously there are some good messages there. He went on to say, though:

As I have said previously, though, the time to evaluate the government response is not the day or so after the report's release, but three years or so after. It is only then that we will be able to evaluate whether the necessary culture change has occurred at all levels of the system, and hospitals and clinicians are supported with the information they need to improve their care on a continuous basis.

I think that is a very important message back to the point about implementation.

The Victorian Healthcare Association (VHA) as the peak body for the hospitals have said that they are comfortable in relation to the bill. There was just one comment in relation to boards that I want to highlight:

The VHA has long advocated for health service boards to determine whether or not directors should be remunerated and welcomes this announcement.

The level of remuneration, the source of funding for the remuneration and the implementation date are as yet unclear.

And that is one of the questions I would like to follow up in committee, if the minister does not address it in advance.

In relation to the day hospitals, once again I am very thankful to Jane Griffiths, the chief executive officer of Day Hospitals Australia, for her comments. She had some significant questions about the data collection and reporting requirements, and some of her comments are:

All licensed private overnight and day hospitals are required to meet the National Safety and Quality Health Service ... standards to maintain their licence.

She went on to ask: what data is collected and what will not be required from the private sector? She went on to say that there are a whole series of data requirements, that the Private Health Insurance Act 2007 requires a whole lot of data collection. She went on to ask:

There is also already a requirement for all sentinel events to be reported to the Victorian department of health by all licensed health care facilities in public and private.

What is the nature of the broader data required in relation to performance of private hospitals to align them with the public hospitals?

She asked that having outlined a lot of detail that they already collect. She also said:

Day Hospitals Australia would support a tightening of licensing requirements for those facilities performing cosmetic surgery, such as breast augmentation, as has been introduced in both NSW and Queensland. In our opinion, these cosmetic facilities should have to meet the same licensing requirements as any other private hospital.

So obviously a tick in relation to that expansion in terms of those services.

I did hear from one of the small hospitals in relation to the board issue, and I will not name them because I know sometimes there are ramifications of CEOs coming to us with their concerns. But this CEO said:

... we have no issues with improving better and safer care for patients.

The CEO then said the following:

We would request an amendment to the bill increasing the minimum tenure for board members from nine to 15 years for small rural health services.

This would ensure development of appropriately trained and skilled board members as is being required by the 'Duckett' review, and give small rural health services the ability to manage recruitment from its region in an improved succession planning manner.

Nine years is too short for both skilling up, training effective management under our health service system.

There is some genuine concern in relation to it.

Just in relation to the VHA — my pages were slightly out of order — Chris Templin from the VHA said:

The main change from the perspective of the VHA is the mirroring of responsibility for boards and CEOs of public hospitals. We supported such a change in the original consultation to the Duckett report.

He went on to say:

... many of the changes are already in place in practice and the amendments will codify existing approaches.

And that is part of the message I have heard as well: much of this has been done, but how do we make sure it happens comprehensively across the board?

Marie Stopes's Michelle Thompson, the CEO, said that they do not:

... have any specific comments or questions on the bill other than to state that we fully support improved governance,

oversight and greater transparency of both private and public health services to the Victorian community.

We support the recommendations of *Targeting Zero* and believe that greater transparency builds greater trust in our public and private health systems.

The Royal Australian and New Zealand College of Psychiatrists have given me some comments as well, because obviously there are elements in this bill in relation to mental health services, particularly the oversight of electro-convulsive treatment. They say, and I have heard this from Dr Kym Jenkins, the president:

The Victorian branch strongly supports the Victorian government's commitment to zero avoidable harm and the development of leadership to deliver better outcomes, and applauds the government for supporting the 179 recommendations of *Targeting Zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care*.

They went on to say, in talking about funding, particularly for mental health services but in terms of the implementation of the *Targeting Zero* report, that:

It is imperative that funds to address the issues raised in the *Targeting Zero* report are not diverted from important public sector psychiatric service delivery.

There is significant funding in the budget in relation to this implementation, which is I think why services would like some clarity about what that funding goes towards, as opposed to having to draw from the recurrent budgets.

I have had very significant and thoughtful feedback from Michael Walsh, the CEO of Cabrini, obviously with private services being brought into the fold through this process. I will just touch on a few of the comments that he makes, and I have got some questions in relation to what is clear and not clear about what is going to be expected of private hospitals under it. He said:

The other general concern about powers to inspect and to close services is that the health department (and the minister) [is] not an independent regulator. The minister and health department oversee the public hospital providers, and these providers aggressively compete for business with the private sector ... There needs to be absolute separation of the roles of regulator from funding of and provision of public health services, or the regulator will lack credibility with private providers.

Essentially his message is: with such a significant role in the public sector for the health department and the minister, can they also fulfil that role which might require the government to impose some sanctions or some issues on private providers to the detriment of

their business relative to the public hospitals, which the health department is so integrally involved in?

He went on to say:

Public hospitals have a practice of competing with private health services for patients, so minister and secretary have a conflict of interest. It would be preferable to establish an independent regulator situated outside DHHS. An example would be the NHS Improvement (Monitor), the overall regulator in health in England.

He also talked about the guidelines, which now include providers, and said:

Service delivery guidelines implies evidence-based practice — for example, guidance on managing stroke or acute chest pain. This is more controversial as, in the private sector in particular, different private practitioners will have different modes of practice. If they are mandated to follow particular service delivery guidelines, this would also have an impact on medico-legal insurance. While they are 'independent' practitioners, they are responsible and accountable for their clinical decisions. If this changes, so that either the employer or the regulator determines mode of practice, and the practitioner follows the prescribed practice, liability shifts to the employer and/or regulator. It is important that guidance is just that, guidance.

I will be asking some questions in committee about that guidance and what role it has and how binding it is in relation to that private practice of some of the private hospitals.

I also, finally, heard from the Royal Australasian College of Surgeons (RACS), from Mr David Love, the chair of the Victorian Regional Committee. Once again, they support the efforts that are being made across the board. He said:

A key aspect to increasing quality and safety is engagement across the health sector. Meaningful engagement with professional bodies is often lacking with appointments to consultation committees and boards often made to individuals, not as representatives of the profession as a whole.

For many years RACS has been involved with maintaining and improving professional standards, which aligns very closely with *Targeting Zero*'s purpose of improving quality and safety. However, Safer Care Victoria appears to have ignored our expertise in this area and appointed individual clinicians. Appointing representatives from a professional body, rather than individuals, to bodies such as the BCV board, SCV and the Victorian Clinical Council, means their views would be representative and RACS could help with implementation and promotion of decisions and contribute our collective expertise to the process. The appointment of individuals without involving their professional body means a potential significant loss of input, expertise and support.

I suppose that is fair. That is always the dilemma in terms of representatives of organisations versus individuals themselves. But it is a clear message there

from the Royal Australasian College of Surgeons about how they feel in relation to these issues, and from their perspective there is an important need to get closer to the representative bodies to not only value their input but to also significantly assist in the dissemination of decisions and input outcomes that are determined.

Mr Love went on to say:

Any data requested by the secretary must be reasonable and meaningful. The data should not be overly burdensome to collect or send to the department and appropriate resources should be provided where the data is complex. Data should also be made available to the public by the department to assist them in making decisions about the quality and safety of their care.

In addition any data fed back to the administrators of health services must be relevant and subject to clinical interpretation before action is taken.

Finally, on the issue of the appointment of board members, Mr Love said:

Any powers for the minister to appoint representatives to a hospital board should be applied only in exceptional circumstances and in consultation with relevant stakeholders. The appointee must have the appropriate qualifications and expertise to support the board.

In addition regulations should mandate appropriate clinician involvement and engagement on boards, and also require boards to consult with the appropriate clinical representatives across their organisation to support better quality and safety monitoring.

...

Most importantly any regulations which sit alongside this legislation must be written in consultation with the sector. Consultation must be thorough and meaningful and allow sufficient time to consider the potential impacts and outcomes of any changes proposed.

Overall it is a very positive message in relation to stakeholder engagement on this issue and in terms of what it does, but there are also some very thoughtful suggestions on issues about board terms, skills and capacity on boards, how it is effectively implemented and the burden of reporting.

I have some other useful feedback, which I will not attribute, from the medical profession. The comments were that the amendments are not particularly contentious, but they do strengthen the stewardship and central government functions of the department without undermining the devolved governance and accountability of health services. Effectively it says that the balance has been right. But once again they also raise the point that the limited board tenure may be particularly difficult, as well as the regulation of board composition. Some boards thought having a health

practitioner may be challenging, but I think many boards are finding that very positive. So once again it is an overall message that is positive in relation to the bill, but with some thoughtful consideration in terms of effectiveness from the range of stakeholders.

Obviously there are three new agencies that have been established. There is Better Care Victoria, which was actually established prior to the Duckett review. It effectively replaces the Health Innovation and Reform Council, which was established by the Minister for Health in the former government, David Davis, to once again drive the innovation, drive the reform and drive the thinking with evidence-based approaches in relation to changes that were needed in our health sector. Better Care Victoria is now headed up by Douglas Travis, who did the Travis review and has subsequently had funding for his agency to be able to provide innovation grants to the community.

I think it is fair to say that one area of concern is that there was \$10 million provided last year and \$10 million this year, but it is a bit of a drip-feed in relation to Better Care Victoria's funding rather than being something that has been clearly committed to by the government going forward over a longer period of time. Obviously changing the name and in some ways the operation, but certainly with a very consistent intent, shows that there is very significant appreciation of and value in people taking leadership on innovation, which is desperately needed in our health system. But I suppose we would welcome a more significant commitment from the government in relation to this rather than a year-by-year exercise.

Safer Care Victoria, established as of January 2017, oversees and supports health services to provide safe, high-quality care, investigate risks and failures and expand best practice across the state. I mentioned earlier that the first investigation into perinatal outcomes at Djerriwarrh was done by Professor Euan Wallace. He has taken up the position of head of Safer Care Victoria. He is obviously a very highly respected medical practitioner and leader. I think that is a very significant appointment to this important role. He commands a lot of respect and has already had many good ideas.

One of my concerns, though, is that Safer Care Victoria has become the go-to agency every time the minister wants to deflect an issue that is arising and have someone have a look at it. Safer Care Victoria has been deployed to Bendigo, down to Gippsland and to multiple locations around the state, usually when there is a pending health issue. It is an easy way to say, 'We're doing something about it'. I think there is a very

significant and broader role for Safer Care Victoria, as articulated by the need to have our system working and focusing on quality and safety rather than being a deflection mechanism for the minister.

Finally, the Victorian Agency for Health Information, established in January 2017, collects, analyses and shares health data for public reporting, oversight and clinical improvement. I have not seen a lot yet from this agency. Clearly it takes time to identify the data that is needed and to then translate that into data that is collected and reported on, that is comparable and that is ideally then able to be used for public reporting. It may be some time, but it is important that we do start to see the impact of a very significant agency in relation to this Victorian Agency for Health Information.

There has been, it is fair to say, a fair bit of action. I did go back to have a look just out of interest, because these issues are not new. In fact in May 2008 the Auditor-General handed down a report in relation to the medical blunder, from sentinel events through to a full range of issues. The report found that almost 70 000 seriously ill emergency patients were not being treated within time and that there were some very significant gaps, particularly that Victoria is the only state in Australia that does not have a comprehensive monitoring system for medical mistakes and so was unable to actually provide even complete figures. The report was called *Patient Safety in Victorian Public Hospitals*, and it estimated 135 000 patients had been exposed to medical mistakes but concluded that there could be more.

At the time the then Minister for Health, Daniel Andrews, said work had started on an appropriate monitoring system to be in place by 2010. So here we are in 2008 with a promise from the then health minister to have appropriate monitoring of medical incidents, but it is not clear to me that it was actually put in place. Certainly if anything was put in place, it was not comprehensive.

The same search — looking at the Auditor-General's report it is amazing what you find — highlighted an article headed 'Hospitals creating ghost wards'. The same article that was talking about the Auditor-General's report talked about overcrowded Victorian hospitals altering computer data and admitting emergency patients to non-existent virtual wards to meet state government targets. It just reminded me of the many challenges that Daniel Andrews faced as the then health minister. Doug Travis at the time said:

It's turned into chaos in hospital emergency departments.

And the article goes on to say:

Health minister Daniel Andrews last week attributed the rise in demand to the 'worst winter on record'.

Certainly what goes around comes around in health services. These are not new issues, quality and safety; they are issues that successive governments have worked on but have not necessarily solved.

This is a very comprehensive review by Stephen Duckett with a comprehensive set of recommendations. There is some progress on implementation and it is a good first step in relation to the bill, but there are some questions to make sure we do not have the same situation as we are clearly now having eight or nine years on from the last time this was significantly in focus, when the then minister, now Premier, said everything would be fixed in just a short period of time. We need to make sure that the implementation of this legislation and the recommendations translate to improved practice and safety for Victorian patients so that we are not having the same experience in 10 years time and saying, 'If only we had done it properly'.

On that basis the Liberals and Nationals are not opposing the bill. We believe that a significant response is required in terms of what happened to Djerriwarrh. The process has been good to identify the opportunities, and this is another significant step along the way.

Mr MELHEM (Western Metropolitan) (15:51) — I rise to speak on the Health Legislation Amendment (Quality and Safety) Bill 2017. The bill we are discussing today goes to the core of what ought to be a priority of our health system, our health services and our hospitals: that they are safe. It is as simple as that. That is the purpose of the bill — to provide the best quality and safety for our patients and for our doctors and to make sure a first-class service is provided to Victorian patients. The history behind why this bill has been implemented is that, following the catastrophic series of failures that led to unthinkable tragedies involving preventable stillbirths and deaths of newborn babies at Djerriwarrh Health Services, a review was ordered by the Minister of Health, the Honourable Jill Hennessy. This government is committed to ensuring that those events never, ever happen again.

The bill delivers on key recommendations from Dr Stephen Duckett's review of quality and safety in Victorian hospitals. My understanding is that there is further legislation to come to basically implement all the recommendations of Dr Duckett's review. One of the first areas the review outlined was in relation to the governance of various boards as part of looking at the current system and basically looking at what is best practice in relation to board composition, particularly tenure. The review recommends a cap of nine years on

board tenure. It is actually quite common as best practice in large corporations and various companies around the country and around the world to have some sort of limited tenure on boards. You cannot be a member of the same board for 20 years, for example; that is why we unfortunately run into complacency and start facing issues in relation to governance and so forth. So one of the recommendations was to create a limited tenure of nine years.

The legislation states clearly that that does not necessarily impact on existing board members. If someone, for example, is currently serving nine years and they have got two years to run, they are not affected. It is basically talking about going forward. If a person has already served six years but is due for renewal or for a new appointment, that still can occur, but they are basically looking at a nine-year tenure, which I think is an excellent recommendation. I know members on the other side in the other place raised some issues in relation to that, but I think they were really unfounded.

The second area in relation to governance goes to various regional hospitals where currently board members are primarily volunteers, and now we will have legislation in place to strengthen these boards by looking at recognising the good work that is done by these volunteers, by looking at providing additional training and by looking at having those positions as paid positions as well. We do value the contributions these board members make in country and regional Victoria.

The next point in relation to this legislation is about cracking down on dangerous and unregulated private providers, which is another area that was highlighted by the review. At the moment if surgery is less than 50 per cent of the activities of a cosmetic facility, for example, it is not regulated, and this bill closes that loophole, ensuring that private providers meet quality and safety standards even if the dangerous activity is a small part of their practice.

The bill also will allow action in response to unsafe practices in the private healthcare sector by introducing an ongoing obligation on private services to be safe, appropriate and subject to continuous improvement. So the whole thing about this bill is about continuous improvement and making sure we are continuing to deliver a first-class health system. It is expected that we will do this, particularly as federal and state taxpayers money goes into the health sector to provide that first-class service, and I think this is the least we can do. This bill goes a long way to making sure we do that and puts in place that oversight to make sure that private

providers are subjected to the same strict compliance as public hospitals and big hospitals.

The bill will enable effective oversight of private healthcare providers. The bill will require that health and safety information be regularly reported to the department, and it introduces an obligation on private providers to notify the secretary of serious risks to patient health and safety. The secretary will also be empowered to issue a direction requiring private providers to hand over quality and safety information upon request. This may be used to obtain information about an outbreak or to follow up on any red flags raised by regular data collected from the service.

The bill will ensure that all public and private hospitals, regardless of size or location, are held to the same high standards of quality and safety. Victorians should have confidence in our healthcare system, no matter what part of the state they come from. I think it is very important if we are living in a First World country like ours that people should have confidence that when they use the services in our health system, whether it is private or public, they will receive first-class service. Anything less than that is unacceptable.

The other area of the bill is about making sure quality and safety become part of the culture of the health system and the service. So the bill will amend the objectives of the Health Services Act 1988, the Ambulance Services Act 1986 and the Mental Health Act 2014 to reinforce the centrality of quality and safety of our healthcare system and also put beyond doubt that ministerial and secretarial intervention can and should take place in the event that quality and safety concerns are uncovered.

The bill builds on the work the Andrews Labor government has put in place over the last three years. A lot of investments are going into improving our current system, and that is why in the current 2017 budget \$215 million was added to the Victorian budget. That is in addition to almost \$17 million invested in strengthening oversight of quality and safety across Victorian health services in the current budget. This is about making sure the framework is put in place to provide the best quality and safety for patients and for our citizens, making sure the system is right, making sure all the oversight is put in place but also backing that up with adequate investments. I think this government is doing just that. With these comments I commend the bill to the house.

Ms HARTLAND (Western Metropolitan) (15:59) — Because the two previous speakers, and especially Ms Wooldridge, have gone over this bill very

comprehensively, I am going to be quite brief. That should not take away from the fact that this is an incredibly important bill, but it is also an incredibly straightforward bill.

As we all know, this piece of legislation has come out of a cluster of terrible and it would appear totally preventable deaths of babies born at Djerriwarrh Health Service. I was briefed at the time when it became public, and I really appreciated the briefing. It was very in-depth. It explained what the problems were. It was also made very clear both in that briefing and in media reports that it appeared a number of people had known that there was a problem or they had known about part of the problem but it was never actually linked up. Clearly the nurses union had made reports both to the hospital and to the department, but action was not taken. It was in fact the mortality and morbidity committee that picked it up.

What is disturbing about that is that it is a committee that does not report in real time. It was some 18 months after the events that it was picked up, so it is quite clear why this legislation is needed. It is quite clear why it is that we need to reform the way boards operate. I do not have a problem with the idea of having a nine-year tenure on boards, but I think that especially on country boards you can have that element of people becoming too comfortable, knowing everybody, becoming too friendly with each other and possibly not being prepared to challenge other people. So I think it is quite important for tenure to be limited, but it is also really clear that, especially for country boards, you need people with particular skills.

In talking to the government, there is the whole concept in relation to people who go onto these boards that you move them around but you may need to retrain them. You need to give them good governance practices, and also obviously I think it is reasonably clear that possibly the board at Djerriwarrh did not know everything that was happening. So how do you overcome that? It is really important that of course the CEO of a health service is the one that has to be providing all of the information to a board so that they can actually function well.

I think it is important that board members are paid because often, especially on country boards, these are people who are giving a huge amount of voluntary time. It is a very difficult task, and they should be remunerated for it.

They are the basic reasons why the Greens will be supporting this bill. I would also just like to add that I have sought out from Minister Hennessy on a number

of occasions briefings about issues that have come up, and I have always found her extremely cooperative. Her staff always give me excellent information. I just wish all ministers would behave in this way, because then I think we could overcome many of the problems we face. But this bill is straightforward, it is good, it addresses an issue and it should be supported.

Ms FITZHERBERT (Southern Metropolitan) (16:03) — As Ms Hartland said, this bill has been extensively described by some earlier speakers, so I do not propose to go over ground that has already been covered. I think brevity often is of more value in these situations.

Obviously the bill was developed in response to a cluster of perinatal deaths at Djerriwarrh Health Service. This was a horrendous set of circumstances, most particularly for the families involved. I think it is important for us to remember that there are a number of families who suffered a dreadful loss at the hospital or as a consequence of actions by the hospital, as I understand it, and that they will continue to experience the loss and grief that has flowed from these very, very sad events. I acknowledge their loss today.

I also, as Ms Wooldridge did, want to acknowledge the briefing that I was pleased to receive in relation to these events some time ago, which has added to my understanding. In short, there are a number of babies that were found to have died in potentially avoidable circumstances. There have been several reviews of the circumstances which have been outlined in particular by Ms Wooldridge. We cannot correct the mistakes of the past, but we can address some of the failings that led to these mistakes, and that is how I would describe this bill.

The various reviews showed in summary some very serious breaches of usual board process and response. I look from my own perspective of having being part of a hospital board, having been the chair of a hospital board and having been actively involved in a quality committee at a hospital, which is where these sorts of issues are frequently discussed and dissected in enormous detail. Unfortunately today in Australia, despite the many medical advances that we all benefit from, infant mortality, stillbirth and death shortly after birth still exist. When it regrettably occurs, the usual process is extensive review by employees of the place where the birth occurred, by the CEO, by the board and by the quality committee. It appears from my understanding that this was apparently largely missing at Djerriwarrh. The great shame of this is that it means that mistakes were potentially replicated rather than being detected and stopped.

The bill, if I can turn briefly to it, introduces a number of changes. We have already mentioned there will be payment now of all board members. Again, I think that the payment of a board member makes it clear that this is work where a certain level of performance is expected and that it elevates what is expected. I believe that is a good thing. Objectives have changed. Healthcare agencies are now to provide safe, patient-centred and appropriate services. This is something that a majority of health services have willingly adopted without being required to do so, but I think it makes sense that that is spelt out in the bill. Directors are now referred to as directors rather than as members of the board. Again, this is part of the professionalisation of the role that is expected.

There are also term limits. This has been canvassed by earlier speakers, so I will not go into this in detail. This means that nine consecutive years is the limit for board members. I know that there are exceptions to this process, but this is meant to be the new norm. A number of speakers here and in the other place have referred to the difficulties that this will present for some rural and regional health services, but I trust that the exceptions to what is intended to be a nine-year limit will be able to address some of the problems that those health services may experience in this regard. There are also explicit provisions on the removal of the chair.

There are a couple of other sections that I want refer to that I am going to go back to in the committee phase. The first of these is on the statements of priorities, the new section 40G. I note that this sets out when statements of priorities (SOPs) are to be prepared for public hospitals, and it notes that:

If the board of the public hospital and the Secretary fail to agree on a statement of priorities before 1 October of the financial year to which the statement of priorities relates, the Secretary may make a statement of priorities in relation to the public hospital in accordance with section 40H.

I am looking forward to discussing this in the committee phase. I am aware of situations where there has been — I might put it in these terms — a healthy disagreement between boards and possibly the department about what is expected and what is offered through the SOPs. One of the issues that is really critical in all of this is the expertise of boards, the independence of boards and their capacity to deliver. Generally the boards know best what they can deliver and how they may do it. Dare I say, it is possible you may end up with a situation where a board is being asked to deliver things that are simply not possible, so I look forward to exploring how that will work in practice.

In relation to clause 26, this is an amendment to section 65S of the Health Services Act 1988 and it substitutes a new section 65S(2)(e) which clarifies that the secretary's approval is required for both the appointment of the CEO and for the CEO's remuneration and terms and conditions of appointment. Having been intimately involved in the appointment of a hospital CEO and also in managing remuneration and terms and conditions of employment, again I am keen to see how this will work in practice, whether it is a new requirement for every hospital and every health service or whether it is just going to be observed in certain circumstances and, if so, when.

I should say, though, that it makes perfect sense to add a new section 65S(2)(f) to add the requirement of annual monitoring of the CEO's performance that must include at least one form of assessment in relation to that financial year. Again, this is something that you would expect from a well-performing board. I gather this is not something that we have seen at Djerriwarrh.

Additionally, I am interested in clause 42, which inserts new section 106, which enables the secretary to approve health service establishment premises guidelines in relation to the design, construction, fittings and equipment of premises. I am looking forward to exploring again what specifically this is required to address and how. We have seen a number of new health facilities built in recent years in Victoria, and particularly at the Victorian Comprehensive Cancer Centre (VCCC) there have been some very contentious issues about what is part of the physical make-up of that hospital. I am speaking about changes that have been made to level 13 — the proposed Peter Mac Private — and the cancer beds that were in dispute with the Royal Melbourne Hospital that are now going to be used, as I understand it, for stroke victims rather than for people who are experiencing cancer treatment. I wonder whether these are the sorts of issues that are anticipated in clause 42, and I look forward to a full explanation of that.

Something that has come up in this place on a number of occasions is noting the fact that the board system in Victoria is unusual for public hospitals compared to other states. It is one of the strengths of our system that we have this sort of very strong community involvement in community organisations that provide services to local communities. It makes organisations very responsive. When it works well it encourages very strong oversight and it should create systems and processes so that when problems arise they are detected very early in their occurrence and they are addressed and hopefully learned from so that they do not happen again. This is certainly how the best quality committees

at our health services are intended to work, and in fact many of them do.

When there are failings in standards of governance we do need to address them, because obviously, and as we have seen, the consequences can be catastrophic for organisations but more importantly for individuals and for families. It has always concerned me that the deaths at Djerriwarrh were not detected through a process or a system, which is something that Ms Hartland alluded to. Someone in an oversight role noticed a pattern, and that began a series of investigations that showed multiple deaths that occurred over a number of years. As I said, it concerns me that alarm bells were not ringing earlier, and not just within the hospital. Clearly there was a failure in the governance at the hospital which allowed this to happen and to continue, but there was a broader role for the broader health system. Ultimately the system worked, but it worked through someone noticing a pattern, as I said, as opposed to the system working in a way that triggered an automatic response, for example, to the detection of the pattern in its early stages.

I hope that the responses in this bill to these awful events do not compromise the benefits that the public receive through the independent board oversight and leadership in our public health system. The opposition supports the bill. I look forward to testing some of my concerns and queries in the committee phase.

Ms MIKAKOS (Minister for Families and Children) (16:14) — It is with great pleasure that I rise to make a contribution on this particular bill. Can I say at the outset that this is a very important debate that we are having. The government commissioned the review of hospital safety and quality assurance, the Duckett review, and did so in response to some very serious issues that were identified in our hospital system, and it has acted to implement the key findings of the review. One hundred and seventy-nine recommendations across four key reform themes came out of that particular review relating to enhancing system leadership and strengthening clinical engagement, making better use of information and data, improving sector governance and strengthening departmental oversight.

In October last year the Minister for Health released *Better, Safer Care*, the government's response to the *Targeting Zero* report, and accepted in principle all of the report's 179 recommendations. An implementation plan was developed and action is underway in relation to many of these recommendations. A key part of the implementation plan is being delivered through the bill that we have before us at the moment. The bill will fully implement a further six recommendations, and

seven more will be fully implemented once subordinate instruments are made under the amended legislation. So the government has already taken steps to implement a very significant number of these recommendations. I understand that a total of 57 recommendations have already been completed on time, and this bill will add further to that particular implementation, as I have already indicated.

There have been many achievements put in place by the Minister for Health, and I just want to quickly touch upon these. These go to the establishment of Safer Care Victoria, with Professor Euan Wallace's appointment as the inaugural chief executive officer. Since January this year Safer Care Victoria has overseen quality and safety across our healthcare system to ensure that best practice is shared amongst providers. We have seen the establishment of the Victorian Agency for Health Information, with Dr Diane Watson appointed as the interim CEO. Its role is to collect, analyse and share data so information on the performance of the Victorian health system is readily available to health services. We have seen the establishment of the Victorian Clinical Council to engage with clinicians and the sector.

We have had the appointment of a chief nurse and midwifery officer and a chief paramedic officer, the establishment of the Boards Ministerial Advisory Committee, the commencement of training for boards around clinical governance, the development of a new governance handbook and board skills matrix to assist boards in recruiting members skilled in clinical governance and consumer representation, work by the department to upskill boards through training, and the establishment of regional perinatal, mortality and morbidity committees. And the government has committed \$215 million in this year's budget to further support implementation of the recommendations.

So the Minister for Health is to be commended for the way she has addressed these very sensitive issues to reassure the community that we have an excellent health system in Victoria and to quickly take action in relation to the implementation of these very significant recommendations and reforms.

There were a number of issues that were raised in the course of the debate, and I will try in the time that I have available to me to touch upon as many of those as I can. If time does not permit, I look forward to addressing these issues in the committee stage. But it is important to make the point that these particular reforms contained in the bill are really designed to respond to key recommendations in the Duckett review to ensure that the Health Services Act, for example, is updated in relation to its objectives of safety and quality

of care, that we amend the Health Services Act to extend the current board and CEO obligations for safety and quality for public health services to public hospitals and that we extend current term limit requirements and other appointment processes used for public health services to public hospitals, as well as recommendations that go to private hospitals being subject to the same public reporting requirements as public hospitals and so on.

Very significant changes are contained in this bill that address specific recommendations in the Duckett review that go to improving governance structures and mechanisms to ensure that we can have a robust oversight and checking process for our health system and appropriate data collection and governance mechanisms to ensure that we have a good health system here in Victoria — not just a good one but an excellent one, in my view.

Ms Wooldridge raised a number of queries in her contribution. One related to progress to date in relation to Dr Duckett's review. I can inform members that Dr Duckett's review made a total of 179 recommendations, all of which have been accepted in principle, and to date a total of 57 recommendations have been completed on time, with an additional 81 scheduled for completion by the end of the 2017–18 financial year.

In relation to the next tranche of reforms, I can advise members that the second-reading speech on this bill states as follows:

The Health Legislation Amendment (Quality and Safety) Bill addresses those recommendations identified as requiring early, urgent implementation through legislation, and represents the first stage of statutory reform to deliver improved safety in health services and better care for patients. Some *Targeting Zero* recommendations that suggest legislative change have not been included in this bill. Those that require further consultation or complex analysis of the legislative framework will be included in the second stage of statutory reform. This second stage will build on the changes arising from this first bill with a particular focus on further enhancing the flow of information in the health system.

So the government has very clearly publicly flagged that a further tranche of reforms is coming to continue the implementation of these important recommendations made to us.

Some questions were raised in relation to what private facilities were captured. I can advise that the bill will expand the categories of private providers that are regulated. Currently private providers other than private hospitals are only regulated if the performance of certain prescribed services constitutes more than 50 per cent of their activities. So a cosmetic surgery clinic

which does more consultation than surgeries is not caught. The bill removes the 50 per cent threshold requirement for regulation. The activities performed by the health service will determine whether it is regulated, not how many of those activities they perform, and these regulated activities will be listed in the regulations. The process of making the regulations will include close consultation with the sector, colleges and other stakeholders.

Questions were raised in relation to data collection, again as it relates to private hospitals. I can advise members that the bill expands on legislative reporting obligations for private sector services. The changes it introduces for public sector services are less significant, the only substantive one being to put beyond doubt that the secretary may require information be provided to the Department of Health and Human Services (DHHS) in response to quality and safety concerns. The power to compel information from public services exists now, but it is not explicit that it may be relied upon for quality and safety concerns.

We have had ongoing communication with private sector providers as the bill has progressed, and there have been a number of engagements to date. These have included sector briefings, including with private providers, following the release of *Targeting Zero*. In February–March of this year, as part of the introduction of this bill, a series of stakeholder engagement forums were held, including forums for private hospital and procedure centre representatives, which included relevant *Targeting Zero* recommendations and foreshadowed relevant changes. In July a Safer Care Victoria private hospitals forum was held at which the private hospitals unit presented on the legislative change.

The authors of *Targeting Zero* also consulted broadly when the report was being drafted. Details of reporting requirements will be set out in regulations. Preliminary consultation on the content of those regulations has commenced and will continue through the regulation-making process. The reporting requirements will be designed to allow the department to monitor the quality and safety indicators identified in *Targeting Zero* and to ensure alignment of quality and safety reporting and monitoring across the public and private sectors, as was recommended.

Issues were raised in relation to transparency of data collection. I can advise that the information-gathering provisions in this bill are designed to support improved collection, analysis and use of data to ensure that the department and government can fulfil obligations for monitoring quality and safety, informing continuous

improvement, identifying issues of concern and responding appropriately to those issues.

Other non-legislative reforms arising from *Targeting Zero* will also have an impact on the transparency of that information. The Victorian Agency for Health Information has been established to analyse and share information across Victoria's health system to provide an accurate picture of hospital and health service performance. The agency will ensure that data and information on performance are readily available to health service boards, chief executives and lead clinicians, the Department of Health and Human Services, Safer Care Victoria and other government agencies, the public and researchers.

Improved public reporting of performance data by Victoria's public hospitals is also an aim of the Transparency in Government Bill 2015. That bill requires the annual public release of statements of priorities agreed to by Ambulance Victoria, public health services and denominational hospitals where a statement of priorities exists. The Transparency in Government Bill also requires the regular release of specified performance data against these statements of priorities.

Issues were also raised by a number of members around the term limit of nine years. I can advise that in relation to the impact on small rural and regional hospitals of these changes many boards in rural and regional centres include members who have served over a long period of time and in doing so have provided a significant service to their local communities. This service has been voluntary and provides immeasurable benefit to the hospital boards and our health system. To ensure that hospitals are able to plan to respond to the legislative changes, the nine-year maximum tenure will be phased in as members' terms naturally expire. The new tenure requirements will not remove anyone from a board prior to their current term expiring. It is recognised that it may take a number of years to identify and recruit replacement board members for all of these long-serving individuals, and ministerial discretion will still be used to override the nine-year limit in exceptional circumstances.

The government is encouraging long-serving experienced board members to seek appointment to provide their expertise to the board of another service, thereby ensuring their knowledge and experience are not lost to the health sector. The department will continue to support these services to respond to the challenges of the new legislative requirements and to recruit skilled directors.

In relation to the rationale behind these term limits that have been put in place, I can make the point really quickly — and time is quickly running out — that tenure is specifically related to director independence. The longer a director has served, the more entrenched they can become, and I think that would be well understood by everybody, whether they are serving in this place or in some other capacity. The Australian Institute of Company Directors supports tenure limits, flexibly applied, as best practice governance. For example, nine-year tenure is recommended by the company directors course of the Australian Institute of Company Directors.

There are other insights that I can offer in the course of the committee stage, but I do want to take this opportunity to commend the Minister for Health on this really groundbreaking reform.

Motion agreed to.

Read second time.

Committed.

Committee

Clause 1

Ms WOOLDRIDGE (Eastern Metropolitan) (16:31) — I might, if it is easier, just do my questions on clause 1, but let us see how we go, and hopefully we can work through it. I thank the minister for seeking to respond in her summation to a number of the questions that I asked. Some of them are a bit more specific, so we will go through them. Obviously I read the second-reading speech, so I know exactly what it says in relation to the upcoming legislation, but is the minister able to give us an estimate of the time frame in which we would expect to see that legislation? There is maybe 13 months left of this Parliament. Can we expect to see or deal with this legislation in this Parliament?

Ms MIKAKOS (Minister for Families and Children) (16:32) — I thank the member for her question. I can advise the member, as she would well understand, that there are cabinet processes in relation to these matters so I cannot give her a precise estimation of time, but I can advise that the second tranche of legislative reforms will certainly be coming in this term of government.

Ms WOOLDRIDGE — Thank you for that. The minister mentioned in her summation the Transparency in Government Bill 2015, which has been sitting on the lower house notice paper for some five months. Can I also ask then whether there is any intention by this

government to move forward on that bill or whether it intends to leave it on the notice paper with the amendments that this house made, which were very valuable and which the government clearly has not dealt with to date? Is there any intention to deal with that bill?

Ms MIKAKOS — I can advise the member that there certainly is an intention to progress that matter, but we really are steering outside the scope of clause 1 of this particular bill, and I do think we need to come back to the bill.

Ms WOOLDRIDGE — You raised it in your summation — it was a direct response to it.

Ms MIKAKOS — I raised it in the context of giving context — the fact that there are other complementary reforms that accompany this bill.

Ms WOOLDRIDGE — Can I just clarify then whether we can have an expectation that it would be put onto the government business program in the lower house for resolution — once again — in this Parliament?

Ms MIKAKOS — As I have advised the member, we are dealing with clause 1 of the Health Legislation Amendment (Quality and Safety) Bill 2017. We are not dealing with another bill, and therefore I propose that we focus on the bill we have before us.

Ms WOOLDRIDGE — I think we have a clear process in this house. If matters are raised by the minister herself in relation to debate, they are fair game in relation to questions. The minister in her summation answered questions in relation to the Transparency in Government Bill. If she was prepared to give me an answer to this question, I would be very happy to move on to another question.

The ACTING PRESIDENT (Mr Elasmarr) — Order! Ms Wooldridge, I understand, but I think we should focus on clause 1 of this bill. However, I will allow the minister to make further comment if she wants to.

Ms MIKAKOS — Acting President, I have responded to the matter. I do think it is important that we make progress on the bill we have before us.

Ms WOOLDRIDGE — If that is the way it is going to be, it will be a very long committee then — excellent! I would like to go through the Duckett recommendations in detail, because they are obviously relevant as well. Many of them were expected to be implemented either currently or in a time frame that is

imminent. Minister, recommendation 1.3.1 is that by the end of 2017 the department has set and published statewide improvement goals developed by clinical networks, and it goes through a range of things. Can you tell me if recommendation 1.3.1 will be implemented by the end of 2017?

Ms MIKAKOS — What I can advise the member is that the recommendation that she did refer to, I understand, is one that involves non-legislative change. I do not have the ability to give the member a response at this point in time, but I can take that question on notice and provide her with a response at a later point in time. I do think, given we have a bill before us, that perhaps it would be wiser to focus on those recommendations that actually do relate to legislative changes. That is certainly not the case in relation to this one, but I am certainly happy to provide a response at a later time in relation to the specific recommendation the member has queried.

Ms WOOLDRIDGE — I have a series of questions, and to say that this bill is only about the legislative aspects is to completely defy the second-reading speech, which is talking in broad context, including about the Duckett review. I have a number of questions in relation to recommendations, and I do not believe that the departmental officials either do not have at hand or could not get quite quickly to hand a summary of where the recommendations are up to. Can I ask that the minister ask them to get that information so that, by the time we go through the other questions that members may have on this bill, we are able to get some responses to questions I have in relation to other recommendations. The minister was quite happy to provide a summary in relation to the recommendations, and I do have some specific questions, so will the minister ask that that information be gathered so that we can talk about other issues and, when that information is available, actually have that discussion in the house?

Ms MIKAKOS — Firstly, I do not appreciate that my integrity or that of my departmental officials has been called into question in terms of information they might have available to them at the present time. I have already indicated to the member a willingness to provide a response to the member at a later point in time, and of course we will seek to do that as quickly as possible. We do of course have an opportunity for a break at some point. If we are still going at that stage, that may well present that opportunity, but I can certainly give the member an understanding that there will be an endeavour to provide her with a response to that matter as quickly as is possible.

Ms WOOLDRIDGE — I suppose what I am seeking from the minister is: would she like me to go through in detail every one of the recommendations that I have questions about now, which I can do, which will take some time, or would she commit to being in a position that we can do that with the responses at hand so that it can happen in a more efficient time frame?

Ms MIKAKOS — I am very happy for the member to ask her questions, but I did make the point to the member that we are dealing with a bill that is part of a comprehensive response to the Duckett review, and the bill relates to recommendations for legislative change. That is why I have suggested to the member that the recommendations in the Duckett review that are pertinent to this bill are those recommendations that relate to legislative change. Now, if the member wants to broaden that to ask about progress on a range of recommendations that do not require legislative change, she is of course able to do that, and the department will be able to provide a response to these matters in due course, but I cannot give her a commitment that all of those responses will be able to be provided to her by the conclusion of the committee stage. We will certainly seek to provide her with a response as quickly as possible.

Ms WOOLDRIDGE — I will move on to some other questions and hope that by the time we come back to these questions we are able to get some responses to them. Minister, can you outline if any evaluation of the impact of the changes in this bill is slated or planned? It is certainly not articulated. Often bills mention an evaluation process that might occur. This bill does not have that, so could you inform the house whether there will be an evaluation of the impact of these changes and, if so, in what time frame?

Ms MIKAKOS — I thank the member for her question. I can advise the member that there is no time frame for a scheduled review at this point in time. Obviously there are a raft of changes that are being implemented in relation to the Duckett review, both legislative and non-legislative, and the government is very much focused on that.

Ms WOOLDRIDGE — Thank you. The clear message I suppose I was trying to convey in my speech is that it is not only about making the changes but also about making sure they are working. I think there is widespread support for evaluation, and I hope that that can be included in a formal way sooner rather than later.

A question has been raised with me in relation to the definition — and I raised this in my earlier

contribution — about what will actually be captured in terms of day procedure centres where surgery is less than 50 per cent of activity. I raised the example that GP clinics may do some minor procedures in their day-to-day operations. Could you please provide some further clarification or some context — not just the words in the bill, which is what you said in your summation — about reasonable expectations that people can have as to whether they will come under these new requirements?

Ms MIKAKOS — I thank the member for her question in relation to this matter. I can advise that the issue of day procedure clinics that might be captured is a subject of consultation with health providers. The issue of who will and who will not be captured will be set out in more detail through regulations, but I can give some further advice around how the bill improves oversight of private sector services, if that is helpful to the member. The bill improves government oversight of private healthcare providers in a number of ways, including by allowing better monitoring and early intervention on quality and safety issues. The amendments go to ensuring that all facilities where surgery and other high-risk activities are undertaken are regulated in future so that, for example, cosmetic surgery facilities will now be subject to registration and departmental regulatory control.

The bill also goes to allowing for flexible service delivery models, including for example hospital-in-the-home services and mobile health services, to ensure that services delivered in those contexts are regulated and therefore subject to oversight safeguards. The bill also makes amendments to mandatory reporting of quality and safety data to the department. The secretary will also be able to issue a direction to a service that the service provides specified information.

There is a mandated minimum construction fit-out and equipment requirement for private hospitals to ensure consistency with public hospital expectations. There are also amendments that relate to requiring services to obtain and maintain accreditation and notify the department if they fail to do so, and also requiring that safety, quality and continuous improvement are criteria considered during applications for registration or renewal. They can be a basis for suspension and renewal of registration.

There are also amendments that go to establishing an ongoing requirement for private proprietors to ensure that services provided are safe, patient-centred and appropriate, and that there is continuous improvement of quality and safety at the service. This ongoing requirement means that the department's oversight

inspection and intervention powers will be available at any time rather than just in connection with an application for registration or renewal.

Further, in the private sector the Health Services Act 1988 does not currently regulate prescribed activities such as surgery if that activity is not the major activity of the business — for example, consultations may be the majority of the services provided with a minor activity being clinical services. This is typical of cosmetic surgery facilities. Accordingly, cosmetic surgery has been largely unregulated. When the act was originally written cosmetic surgery did not usually take place in medical practitioners' rooms. As technology has improved and more GPs have taken up cosmetic surgery it has become more commonplace, with some high-risk activities being inadequately regulated, so the government has decided to address this problem through the changes in this bill that will require cosmetic surgery to be provided in registered facilities and ongoing oversight of these facilities.

Ms WOOLDRIDGE — Thank you, Minister. The example I gave was a GP clinic where they do minor procedures, sometimes lumps and bumps and a few things like that. Could you just address that specifically — whether your expectation is that procedures that are different to cosmetic procedures and so on will be included, and if so, are the Royal Australian College of General Practitioners being consulted in this process?

Ms MIKAKOS — Thank you. I can advise the member that the advice I have is that we cannot pre-empt the consultation process that is underway now in terms of precisely responding to the member's question about scope of coverage, but certainly the Royal Australasian College of Surgeons and many other organisations have been consulted as part of this process.

Ms WOOLDRIDGE — The college of GPs.

Ms MIKAKOS — Sorry — did you say 'GPs'? I thought you said 'surgeons'. Yes, the answer is that both are being consulted. It is a very wide ranging consultation in terms of the formulation of the regulations that will follow.

Ms WOOLDRIDGE — One of the consequences obviously of the greater regulation of the private sector is that there is more data expected to be captured. The private sector say they already collect a lot of data and a lot of data is provided. Are there any specific examples of what data is not currently collected from private providers that will now be required?

Ms MIKAKOS — I thank the member for her question. The bill introduces a regular requirement to provide quality and safety information to the secretary. The details of the reports required will be set out in the regulations that I have already referred to, and may include, for example, data about sentinel events — that is, unanticipated events in a healthcare setting resulting in death or serious injury. The advice that I have is that this type of information is currently provided on a voluntary basis but it is not mandated, so this is something that will change or is likely to change. We certainly do not want to pre-empt the consultations that are occurring at the moment in terms of, again, exactly the scope that will go into the regulations, but this is likely to be an area that will be addressed.

The bill also introduces a requirement for services to inform the secretary of serious risk to patient safety and a power for the secretary to issue a direction for a service to provide information as specified in the direction. These mechanisms will allow improved flow of data to the department to more effectively monitor quality and safety issues, and this monitoring is key to identifying and addressing those issues as early as possible.

As I indicated to the member, there is extensive consultation occurring with health providers in the development of the regulations. The sentinel events is one area that is likely to come within scope through those regulations, and in addition data in relation to emergency departments in private hospitals is also likely to come within scope. Certainly we do not want to pre-empt the consultations. It is very important that people have an opportunity to engage in those consultations, and I would certainly encourage them to do so.

Ms WOOLDRIDGE — Minister, do you have an estimate of the likely number of additional premises that will be captured by these new definitions and requirements?

Ms MIKAKOS — I am advised that it is impossible to predict the precise number at this stage, given that we are engaging in a consultation process about the scope and the breadth of the types of services that will be captured through the regulatory changes.

Ms WOOLDRIDGE — I would have thought that through the consultation process we would have been able to at least have a sense of an order of magnitude in relation to the premises. The minister has said it is a wide consultation, so I hope that they have at least been captured in the process, because questions have been raised with me in relation to 'Does everyone know?'

and ‘How will everyone know?’, and my concern is that if you do not even know, then we do not know who does not know — if that does not sound too confusing.

Ms Mikakos — I think you are verballing me there.

Ms WOOLDRIDGE — No, I do not think so.

Ms Mikakos — I think you certainly are.

Ms WOOLDRIDGE — There is also a question, though, in relation to —

Ms MIKAKOS — If I can just respond, your question was not about who has been consulted — the last question — it was about the breadth of the coverage. You are encouraging us to have wideranging consultation, then you want me to pre-empt that consultation by giving you a number in terms of the scope. Hence I can advise you that —

Ms Wooldridge — I am sure you know how many will be affected by the bill.

Ms MIKAKOS — I am saying that given that we are having a consultation process around the breadth and the types of services that will be captured under the regulations, it would be premature to provide an estimate of the number of services that will be captured by them.

Ms WOOLDRIDGE — Minister, the issue has been raised about the potential conflict of interest, and a concern once again from the private sector is that there is a conflict in the minister and secretary having such an important and extensive funder and regulator role in public hospitals and also regulating the private hospitals. How will the government manage what could potentially be perceived as a conflict of interest?

Ms MIKAKOS — I am advised that we do not accept the premise of the member’s question — that there is an inherent conflict of interest in terms of how the structures of these bodies have been put in place. Certainly if there was any actual conflict of interest that the member may be aware of, then we would encourage her to indicate what it is.

Ms WOOLDRIDGE — Minister, as we know with conflicts of interest, sometimes it is the management of perception that is more important than the fact that there are real ones. So I was not seeking that you flatly deny that there are conflicts of interest; I am asking what actions the government will take. People have raised this in consultation. How will you reassure the sector that there is no conflict in relation to your roles?

Ms MIKAKOS — I am advised that the government is not aware of any significant concerns in regard to the assertion that the member has made. We believe we have put in place an appropriate bill to ensure the robustness of safety and quality in our health system. Of course there are very longstanding practices, including during the time of the previous government, around funding and how that is organised through the Department of Health and Human Services.

Ms WOOLDRIDGE — Thank you, Minister. It is not me asserting it. It has actually come from consultation with the CEO of one of Victoria’s major private hospitals, who has raised this concern. I think it is very naive of the government to dismiss these concerns when there is probably some language — I was not looking for a complete denial — that can provide some assurance in relation to those questions. So I would suggest that you do not brush it off. It is a concern that has been raised during the consultation process, and the minister responsible may want to take some steps to manage an assurance that the department obviously feels is appropriate.

Minister, there is capacity in the bill for the minister to issue guidelines in relation to the way boards perform their roles and functions. Will these guidelines also relate to the private sector?

Ms MIKAKOS — I understood that the member’s question related to guidelines in relation to boards. The advice that I have is that those guidelines will only apply to public sector services.

Ms FITZHERBERT (Southern Metropolitan) (17:07) — Through you, Acting President, I have a question about the commencement of this bill. Is that permitted under this section? Yes. I am just double-checking that. I note that section 89 has retrospective operation. I just wanted you to clarify the reason and purpose for that.

Ms Mikakos — In which clause?

Ms FITZHERBERT — It is section 89. Clause 2(2) states:

Section 89 is taken to have come into operation on 24 November 2015.

Ms MIKAKOS — I can advise the member that the amendment she is referring to is a statute law amendment that relates to the Mental Health Amendment Act 2015. Essentially what the bill does is amend section 31(1) of the Mental Health Amendment Act 2015 to insert the word ‘person’, which was missing from the instruction to amend the heading to

section 353 of the Mental Health Act 2014. So this amendment is made retrospective to 24 November 2015, which is the day before section 31(1) of the Mental Health Amendment Act 2015 came into operation, to remove any doubt that the amendment took effect as intended. Say it is a very minor change to correct a drafting error, which was the omission of one word.

Ms FITZHERBERT — I note there is a new section 40G, which is in relation to statements of priority and the process for preparing these for public hospitals. There is now a new subsection that says:

If the board of the public hospital and the Secretary fail to agree on a statement of priorities before 1 October of the financial year to which the statement of priorities relates, the Secretary may make a statement of priorities ...

I am just curious to have input as to when this will be used. Will this be an automatic process? Will it be discretionary? It is under clause 20 of the bill, referring to the new section 40G in the Health Services Act 1988.

Ms MIKAKOS — I thank the member for her question. Essentially what this particular amendment is seeking to do is replicate a provision that currently already applies to our large public hospitals. I refer the member specifically to 65ZF A. That currently applies to a large public hospital. These new time lines will now be in place for all of our public health services, so it will apply obviously to our smaller services the first time. Essentially, as the member would be aware, the statement of priorities (SOP) is required to be agreed on by 1 November in any relevant year. What this provision will now mean is that where a public hospital and the secretary fail to agree to a proposed variation of a statement of priorities within 28 days of the variation being proposed, the secretary may vary the statement of priorities or refuse to vary the statement of priorities. Similarly if the board of the public hospital and the secretary fail to agree on a statement of priorities before 1 October of the financial year to which the statement of priorities relates, the secretary may make a statement of priorities in relation to that public hospital in accordance with the new section 40H. It is essentially applying what is there for our larger public hospitals to all of our public health services.

Ms FITZHERBERT — Going back to the section that you have just outlined, Minister, and the new section 40G, what impact, if any, will that have on current SOPs that are under negotiation?

Ms MIKAKOS — I thank the member for the question. The advice that I have is that, given the amendment that we are discussing in new section 40G

relates to a failure to agree on a statement of priorities before 1 October and that we will be well past 1 October by the time this has passed, obviously it is not anticipated it would have an impact on the current SOPs that are currently being finalised.

Ms FITZHERBERT — I have a question in relation to clause 26 of the bill, and this is the section that amends section 65S of the Health Services Act 1988. It relates to a new section clarifying that the secretary's approval is required for the appointment of a CEO and also for the CEO's remuneration and terms and conditions of employment. How does this differ from the current process?

Ms Mikakos — I am just having difficulty hearing — could you speak up a little bit?

Ms FITZHERBERT — Clause 26 introduces a new section 65S(2)(e), which clarifies that the secretary's approval is required for both the appointment of a CEO and the CEO's remuneration and terms and conditions of employment. I would just like you to clarify how that differs from the current process.

Ms MIKAKOS — I thank the member for her question. Clause 26 amends section 65S of the Health Services Act, which relates to the board of directors for a public health service. New section 65S(2)(e) clarifies that the secretary's approval is required for both the appointment of a CEO and the CEO's remuneration and terms and conditions of appointment. Currently the functions of the board of a public health service include monitoring the performance of the CEO each financial year. New section 65S(2)(f) is substituted to add the requirement that the annual monitoring of the CEO's performance must include at least one formal assessment in relation to that financial year. This is, I understand, consistent with the Duckett review recommendations that related to increased board oversight.

Ms FITZHERBERT — My question was: how is it different to current practice, and in particular I mean in relation to the appointment of a CEO, which is something that certainly the DHHS does have an active involvement in at the moment?

Ms MIKAKOS — I thank the member for her question. I can advise the member that currently the board appoints the CEO and sets the terms of remuneration and the terms and conditions, and the remuneration and terms and conditions are then approved by the secretary of the department. So what will change under this is that all of these matters again

will be determined by the board, but all matters including the appointment will now be subject to approval by the secretary of the department. This is designed to improve governance and oversight mechanisms.

Ms FITZHERBERT — In this section there is the reference there to a CEO's remuneration and terms and conditions of employment being subject to the secretary's approval. Does that mean that the secretary needs to sign off after every annual performance review and possibly changes to the remuneration package?

Ms MIKAKOS — I thank the member for her question. I am advised that the secretary's approval would be required for the remuneration and terms and conditions as set at the time that the agreement is reached, and normally that would be through a contract that would also include within that the mechanism by which there may well be periodic remuneration increases. So it is envisaged that approval would occur at the time that that agreement is reached.

Ms FITZHERBERT — Just to clarify and ensure that I correctly understand, what you are suggesting is that the secretary would tick off or not on the initial contract of employment between a new CEO and a hospital board, but if there were, as a result of annual performance reviews, pay increases or similar, the secretary would not be required to approve or not those annual changes.

Ms MIKAKOS — I guess if I could try to give some further clarity on this matter, what I am suggesting is that normally the contract of employment would contain within it the mechanism by which there might well be an annual or a periodic increase to that CEO's remuneration, so that would occur within the terms of the contract. In terms of trying to get some clarity for the member around additional periodic increases to remuneration, I am happy to take that matter on notice and provide the member with some further advice on that particular issue.

Ms FITZHERBERT — My understanding is that what will commonly happen, particularly in a larger hospital, is that the remuneration committee would consider the CEO's performance and it would be dealt with in that way. My question is whether we are adding in another layer here.

I have a question in relation to clause 42 of the bill, and again it is seeking clarification. This inserts several new sections into the Health Services Act, and in particular the new section 106 says, and I quote:

The Secretary may approve guidelines in relation to the design, construction, fittings and equipment of premises, or of parts of premises, at which a health service establishment is located.

I am just trying to get a simple English explanation of what this means and also what has prompted it.

Ms MIKAKOS — Simple English? That is a challenge with legislative drafting. I can advise the member that new section 106 enables the secretary to approve health service establishment premises guidelines in relation to the design, construction, fittings and equipment of premises, or of parts of premises, at which a health establishment is located. There are notice requirements in relation to the approval of the guidelines. It is an offence for the proprietor of a health service establishment without reasonable excuse to fail to comply with the requirements of any applicable health service establishment premises guidelines.

In essence, this amendment will allow for the Australasian health facility guidelines to be made mandatory for private health establishments to ensure consistency in standards across public and private services. Adherence with the guidelines is achieved for public services through requirements for funding and service agreements, but these do not capture the smaller day procedure centres or smaller service centres at the moment. It is really intended to publish guidelines to be able to assist the breadth of services that will come within scope in relation to those regulations that are in development at the moment.

Ms FITZHERBERT — I have a further question then. I take the answer you have given to the question about what this is intended to do, but how does this section impact on large hospitals, for example, that frequently have ongoing changes to their physical structure because of the changing needs of their populations and staff? Will a hospital need to go through a process like this and seek formal approval and be in breach if they do not?

Ms MIKAKOS — I believe the member's question related to the larger private hospitals —

Ms Fitzherbert — I referred to larger public hospitals.

Ms MIKAKOS — Public, okay. All right, I thought you said private, not public. Larger public hospitals. Thank you to the member for clarifying the question. I am advised that this particular clause does not relate to our public hospitals — that our public hospitals already have considerable oversight in relation to requiring

departmental approval for design and the physical infrastructure of the amenities of our hospitals.

Ms WOOLDRIDGE — I have a question in relation to the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM), and we are doing it here, but to assist you I think it relates to clause 93. What the bill does is strengthen CCOPMM's functions, allowing it to safely share data with the department, and it is more likely to lead to the detection of quality or safety failures earlier. It allows that information to be shared with the department, but there is not a proposal to extend that privilege of information sharing from CCOPMM to health services and clinicians, and it has been flagged to me that this is a potential weakness. My question is: was there consideration of further extension of that privilege of information sharing to this broader group and was it rejected, or is it something that the government may consider in the future?

Ms MIKAKOS — The advice that I have is that consideration was given to the matter of how to implement the Duckett review recommendation in relation to these issues, and the approach taken in the bill is consistent with the recommendation. The view is that the work of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity is extremely important. We do want to promote a culture of disclosure from health services to this particular council, and the approach taken by the bill is to require disclosure by the council to the department, but the view was taken that it would be contrary to the promotion of a culture of disclosure to then share the findings of any particular matter with the wider health sector. Having said that, CCOPMM at the moment has the ability, and will continue to have the ability, to issue broader systemic type of advice to the health sector that may not go specifically to a particular incident.

Ms WOOLDRIDGE — Thank you for that, Minister. Can I put to you though that the Victorian audit of surgical mortality (VASM) has a qualified privilege allowing it to share findings of clinical reviews of surgical deaths with the surgeons who were involved in the patient care, and that aspect of VASM is thought to be critical to their ability to share findings that lead to improved care and does not hinder public reporting of aggregate findings in relation to it. So the fact that CCOPMM cannot share its findings of individual case reviews with the clinicians who are impacted is thought to compromise their ability to influence future care. I suppose my message is that perhaps that is something on which there could be some consultation with CCOPMM, because I believe members of CCOPMM even feel that way. It could be

something that could be taken into account given there is a very clear precedent and example in another related area where it works very well and given our objective is to increase the quality and safety that is being achieved through this work.

Minister, in relation to the costs of this, board remuneration is a new area and one that we of course have welcomed. What is your expectation on when board remuneration will commence and what those levels of remuneration will be?

Ms MIKAKOS — I thank the member for her question. What I can advise is that board remuneration is considered essential to the success of the governance reforms contained in this bill which reflect key planks of the Duckett recommendations. The governance reforms rely heavily on increasing professionalisation of boards. Currently board members for large metropolitan health services are remunerated but board members for smaller rural and subregional hospitals are not. The bill introduces a tenure limit for these boards, extension of the limit already in place for metropolitan boards, and an overall increasing emphasis on the need for expertise in governance of quality and safety.

Introducing remuneration for these board directors recognises the increased expectations on individual board directors. In terms of the specifics that the member has asked for around remuneration or how it will be funded, I can advise that from 2018–19 additional funding will be provided to rural/regional hospitals to support the payment of board directors, but a decision has not been made as yet about the precise level of the remuneration that will be payable.

Ms WOOLDRIDGE — Thank you, Minister. There was a budget allocation in 2017–18 of, from memory, \$215 million — and the profile of it is in the budget papers — in relation to implementation of these quality and safety reforms, some of which are being legislated, many of which of course have been referred to in detail through Safer Care Victoria, Better Care Victoria and the data information agency. Minister, can you provide some transparency, I suppose, or a bit of detail in relation to that \$215 million as to what that is allocated to in terms of achieving the quality/safety reform objectives?

Ms MIKAKOS — I thank the member for that question. Funding of \$215 million has been allocated in the 2017–18 budget to continue to work to strengthen quality and safety in hospitals. This is in addition to and separate from the annual operating budgets received by hospitals — which, by the way, will be 6.7 per cent higher in 2017–18 than they were last year, and 19.9

per cent higher than they were the last time the coalition was in government.

The \$215 million will enable implementation of the recommendations of the *Targeting Zero* report. It will support Safer Care Victoria to ensure effective oversight of patient outcomes and that safety and quality are of the highest possible standard for health service patients across Victoria; support and maintain the Victorian Clinical Council to ensure the voices of patients, carers and clinicians are heard and received by the Victorian government, the department and across the health system; support the Victorian Agency for Health Information (VAHI) to improve the flow of information between health services, the community, the department, Safer Care Victoria and health regulators; and support work being led by DHHS to, amongst other things, improve sector governance by supporting the increased professionalism and upskilling of boards and remuneration of boards.

The CEOs of Safer Care Victoria and the VAHI will determine how best to utilise the available resources to meet their objectives. The department will work with the entities to consider priorities and ensure responses are coordinated.

Ms WOOLDRIDGE — So, Minister, does that mean there is not a further breakdown? You have mentioned, for example, four areas — Safer Care Victoria, the clinical council, the health information agency and sector governance. Are you able to provide a breakdown of the \$215 million, about how much goes to each of those four? Or are you saying that for a \$215 million announcement there is not yet clarity on how much goes where; it is just a bucket that will be drawn on from over time?

Ms MIKAKOS — As was alluded to in answer to the earlier question in relation to remuneration, for example, I did indicate to the member that those details have not been finalised, and obviously the amount of funding that will be required for that remuneration will come out of this \$215 million of funding. Therefore at this point in time I am unable to provide a specific breakdown of the budget allocation.

Ms WOOLDRIDGE — Minister, I come back to my questions in relation to the Duckett review and I renew, I suppose, the question about recommendation 1.3.1 in relation to the statewide improvement goals developed by the clinical networks and ask if now, a couple of hours later, you are in a position to answer that question.

Ms MIKAKOS — I thank the member for coming back to this matter again. I indicated to her some time ago when we were canvassing these issues a willingness to take that matter on notice and I am happy to reiterate that. I also did invite the member at that time to indicate what other queries she had in relation to recommendations from the review. I would be happy for her to indicate what those matters are, and similarly we will be able to provide her with some advice if that is available in relation to progress on these matters.

Ms WOOLDRIDGE — Obviously I am disappointed that we are not able to do that now, but I would appreciate the advice; that would be good. Can I then also flag basically the things that I foreshadowed, things that are meant to have been concluded now or about this time. That includes recommendation 2.8.1, that all smaller hospitals demonstrate to the department by 1 July 2017 that they have negotiated formal agreements to involve external specialists in clinical governance processes in each of their main areas of activity, including morbidity and mortality review — obviously directly relevant to this bill; 2.12.1, that within one year the department has assigned international classification of disease diagnosis and procedure codes to its existing capability frameworks, be monitoring adherence to them across public and private hospitals and sharing information on adherence to hospitals and boards; and recommendation 2.14.2, that public hospital boards in their next statement of priorities be required to commit to developing and implementing plans to educate staff about obligations to their report.

Perhaps, Minister, I might stop there, but as you said, given that the SOPs are now concluded and they were due to be concluded by 1 October, perhaps you could get some advice from the department on this particular issue, given that it is relevant and, if it has been achieved, it would have been concluded by now.

Ms Mikakos — Sorry, what was the recommendation number?

Ms WOOLDRIDGE — It was 2.14.2.

Ms MIKAKOS — As the member would be well aware, the statements of priorities are required to be concluded by 1 November. Given that we have not reached that point in time, I can advise that not all SOPs have been concluded at this point in time. As for the specifics that the member has asked for in relation to this particular recommendation, I would be prepared to take that matter on notice and provide her with a written response.

Ms WOOLDRIDGE — Thank you, Minister. As you and I both well know, many of them have already been signed, so you could, if you wished to, answer that question in terms of whether they have been concluded — maybe not for all of them, but for the many that have already been signed to date given they will be published on 1 November and it is 17 October now.

I also add recommendation 4.1:

Victoria's funding model for public hospitals should mirror the national funding model incentives for safety and quality (including readmissions) to be adopted from 1 July 2017.

Recommendation 4.8.2 is that:

the OSQI develop a strategic plan for coordinating interdisciplinary improvement work to be published before 1 July 2017, with the strategic plan incorporating infection and infectious disease, mental health, surgery and general medicine. Work in these areas should begin as soon as possible.

And recommendation 4.13.3 is that:

The department should implement a ... unique patient identifier before 1 July 2017.

Perhaps, once again, I will stop there, given that date has passed. Actually I think I have only got one more to add, so I will add that, and if you can get an answer on the unique patient —

Ms Mikakos — Sorry, that one was 4.13.1?

Ms WOOLDRIDGE — It was 4.13.3. The last one is 5.7.2:

That from the 2016 statement of priorities onwards, health services be required to identify three specific priorities for improving the patient experience of care. These would then become key performance indicators in their statement of priorities.

Minister, just in relation to those last two, obviously the 2016 statement of priorities has already occurred, so could you inform me of whether that did occur for those ones from last year, and secondly, given the date is past, whether the unique patient identifier has been implemented?

Ms MIKAKOS — I thank the member for her further questions, and I appreciate her providing them all on notice in that way. I do not have the ability to respond to the specific matters, but we will endeavour to provide responses to these matters to the member. From the conversation I have been having with officials, I can say we will certainly be endeavouring to

provide responses to her, if possible, by the end of this sitting week.

Ms WOOLDRIDGE — Thank you, Minister. I appreciate that. I also thank the departmental officials who will support that. That concludes my questions. I do want to thank the department and the minister's office for the briefing and the information that has been provided. It is much appreciated, and I appreciate the opportunity to get some further detail through the committee stage from the minister.

Clause agreed to; clauses 2 to 98 agreed to.

Reported to house without amendment.

Report adopted.

Third reading

Motion agreed to.

Read third time.

**DRUGS, POISONS AND CONTROLLED
SUBSTANCES AMENDMENT (REAL-TIME
PRESCRIPTION MONITORING) BILL 2017**

Second reading

**Debate resumed from 7 September; motion of
Mr DALIDAKIS (then Minister for Minister for
Small Business, Innovation and Trade).**

Ms WOOLDRIDGE (Eastern Metropolitan) (18:02) — It gives me pleasure to speak on the Drugs, Poisons and Controlled Substances Amendment (Real-time Prescription Monitoring) Bill 2017. This bill has been a long time in the making. There has been action on all sides of the chamber to get us to this point today, and I must say I am very pleased that we are here. The bill requires doctors and pharmacists to view patient records of access to high-risk, addictive medicines before prescribing or dispensing, and this information will help doctors and pharmacists make better informed and safer clinical decisions for patients and may provide opportunities for counselling and intervention where necessary.

Too often people, with all good intentions, are prescribed prescription pharmaceuticals, many of which can be highly addictive, and the consequences of which can be very significant. What we see are far too many deaths from prescription medicines that were intended, obviously, for the right purpose and a good outcome but which have had absolutely tragic consequences.

The death toll now from prescription pharmaceuticals far outweighs our road toll and is way too high. In many ways it has been some action from the coroner over an extended period of time, having a look at these deaths and constantly calling for real-time prescription monitoring, that has been a catalyst for all to ensure that we are at a point today where it is implemented.

As I have said, this has been a long time coming. It was actually back in 2007 that a parliamentary committee had a look at the impact of benzos in relation to prescription drug use. I remember a very weighty, two-volume tome that was provided, and Mr Morris, the member for Mornington in the other place, actually spoke during his contribution in detail about being on that inquiry and being very pleased to see the subsequent outcomes, because that was a recommendation back in 2007 of that inquiry.

During our time in government we were very committed to progressing this issue. I suppose the debate has been reasonably vexed over a period of time about a national scheme versus a state scheme. In February 2012 the federal Minister for Health signed a licensing agreement with the Tasmanian Department of Health and Human Services to use their existing controlled drugs monitoring system as the platform for a national real-time prescription monitoring system, and funds were provided subsequently for that to happen.

In government the then Minister for Health, Mr Davis, took the lead in relation to the *National Pharmaceutical Drug Misuse Framework for Action (2012–2015)*, which was released in 2013. That clearly identified that the lack of real-time information available to prescribers and pharmacists can make it difficult to make informed decisions regarding patient medications and sought to progress the national scheme while, it is fair to say, there were concerns about the Tasmanian database that was being used.

It was at about that time, when I was Minister for Mental Health, that we did a whole-of-government alcohol and drug strategy. This was the first time that there had been a whole-of-government strategy to reduce the impact of drug and alcohol abuse in Victoria. There are recommendations, when I reviewed that, in terms of commitments to negotiating with the commonwealth government to establish a viable model and funding to deliver real-time prescription monitoring. That was released in early 2013 and was mentioned multiple times in the report and was clearly an integral part of the work that was happening to progress this issue.

I was very pleased in 2014 that the coalition made an election commitment to deliver real-time prescription monitoring for what we defined then as schedule 8 drugs, and it is good to see that that has been extended further with this bill. It was disappointing at the time that Labor did not match that commitment, and in December 2014 Daniel Andrews as Premier said the Minister for Health was receiving advice on the matter and thought real-time prescription monitoring required a nationally coordinated response.

I suppose, realistically, what had happened was that through our time in government we had identified that the national approach was clearly, while we had been pushing hard on that front, not going to work, which was why we had made the election commitment in relation to Victoria implementing the system on our own. Initially on coming to government, in the absence of any election commitment, the government was at the national perspective, but that subsequently obviously moved on to the position where we have this bill today, which does support Victoria taking the initiative in relation to putting this system in place.

Throughout that period, from 2012 to 2016, there were about 20 coronial findings calling for the implementation of real-time prescription monitoring as the result of very sad deaths and a perspective of the coroner of the difference that such a scheme would make. It is fair to say also that at the federal level in July 2017 the Turnbull government announced it would invest over \$16 million to deliver the national rollout of real-time prescription monitoring. The Andrews government, though, has had advice that the Victorian scheme will probably be a bit further ahead than the federal scheme, and Victoria will continue to go it alone. Hence this bill today.

It is fair to say, and one of the things we want to make sure of is, that while Victoria progresses this scheme and we have the opportunity to take a leadership role in relation to that, we are very cognisant of the need for a national approach and that whatever we do needs to be part of and interoperable with what happens on a national level. In speaking to the federal government, their perspective is that they are progressing at a federal level but they want to keep and have been keeping in touch with Victoria and can see that what Victoria is doing can actually help inform the federal process as well.

It is fair to say over all of this time that the numbers really are about one fatal overdose per day, which is very dramatic. It was a Victorian Alcohol and Drug Association report in 2016 that said there were

372 deaths in 2016. That is obviously a very, very significant toll. Of that toll about eight in 10 of those fatal overdoses involved prescription pharmaceuticals and half of all fatal overdoses involved benzodiazepines. This is a very significant issue, and one which clearly needs to be acted on.

Just before I go off the history and the context I do want to say that when our commitment was announced it was very well received. The Australian Medical Association (AMA) titled their press release ‘AMA applauds Libs’ announcement to bring in real-time prescription monitoring’. They went on to say that it was strongly welcomed and that real-time prescription monitoring has the potential to stop doctor shopping and prescription forgery and can instead lead to help and support for those with an addiction. The AMA had been advocating for it for quite some time. So there was a lot of support across the board, which has been significant in relation to where we are today.

In terms of the bill, it requires a prescriber or dispenser of high-risk drugs to review a patient’s previous use of these drugs when they are seeking a prescription or having a drug dispensed. It requires that same group to update records of a patient’s access to the high-risk drugs on a database and allows for exemptions from requirements to review a patient’s previous use of high-risk drugs for a selected cohort. These are for low-risk environments because they are controlled environments, such as a hospital inpatient setting, residential aged care, palliative care or prisons. In these contexts prescription shopping would be quite difficult.

On the other hand, patients in emergency departments who are being discharged from a hospital are part of the scheme. I understand that that is absolutely critical because that is often a high-intensity, high-volume environment where prescriptions are being given, so it is important that they are very much part of the scheme.

There are penalties for the misuse of the database or for a failure to maintain the database. The arrangements for schedule 8 treatment permits will be reviewed and streamlined. There will also be the removal of some other burdens. So while we are adding some activities that are required by prescribers and dispensers, the plan is to also remove some of the other administrative burdens that are in place, because this adds a higher level of safety in relation to the oversight of the use of the medicines that are included. For example, there are about 50 000 permits per year that are provided in terms of schedule 8 treatment permits. As many as one-third of those may no longer be required because they are for low-risk circumstances. So while there is an

increase in the need for administration and oversight, there is also a potential to decrease some of it as well.

This will be rolled out from 1 August 2018 over an 18-month period via a selected geography model, although for the two to three months preceding 1 August, and throughout an 18-month grace period that has been applied, the database will achieve a critical mass of information and will cover both the lead-up to the bill being operable and the period afterwards.

Included drugs are all schedule 8 drugs and all schedule 4 benzodiazepines, which are considered to have a high potential for abuse or addiction. Interestingly codeine is recommended to be included at a late stage, but of course there is a current process of upscheduling codeine from over-the-counter to schedule 4. There is some dispute and there are some last-minute attempts to stop that upscheduling from occurring. Presumably it will depend on the upscheduling early next year. Certainly from the advice that we have been provided with codeine is a very important drug for inclusion in real-time prescription medicines.

In terms of schedule 4, what is included will be considered monitored poisons in the scheme. They will be listed in the regulations rather than the legislation to allow some flexibility, although it would be good to have some transparency on that.

The database is intended to empower prescribers and dispensers to avoid inappropriate multiple prescribing events. There are no mandatory requirements for what should and should not be dispensed to patients, but the bill requires that oversight in relation to what is too much and when intervention is needed. It will cover 1900 medical clinics, 1300 pharmacies and 200 hospitals. The feedback I had from the briefing — which I want to thank the department for and which was very comprehensive — was that it will be up-to-the-minute dispensing histories for patients during the consultation, so it genuinely is a real-time system where the information is at your fingertips the moment it is needed.

Overall \$29.5 million is to be spent on IT, additional alcohol and other drugs (AOD) treatment funding and public awareness and training. I have had some information subsequently provided to me by the minister’s office about the breakdown of the costs. It would be helpful during the course of the committee stage to be able to get a little bit more information on that if that is possible, including the basis of some ongoing costs.

In terms of the concerns, I will just flag a few general ones and then go to the consultation in relation to some specific feedback that I have had. As I foreshadowed, it is very important that this is a national scheme — that the feds are working on it and that the states are working on it. We need that interoperability between the two as well as the learning. Real-time prescription monitoring cannot be truly effective if patients are able to shop across jurisdictions. I know constituents in some of my colleagues' electorates are concerned where their electorates abut a border — either South Australia or New South Wales — about the capacity to just go over the border and doctor shop. We genuinely need a national scheme as soon as possible.

The other thing that is very clear, and we have it from the feedback, is the identification of someone who may potentially be abusing or misusing addictive drugs. These people need to know that they can get appropriate support services if that risk is identified. The sector's view is that no patient should be refused access to medication because of real-time prescription monitoring without being referred to alcohol and drug services. That is a high bar but it is a worthy bar. If someone is abusing drugs or alcohol or if someone is addicted, then that they should be able to get alcohol and drug treatment support in relation to the misuse of these drugs.

Software is absolutely fundamental. The Drugs and Poisons Information System Online Remote Access (DORA) system in Tasmania, while it may have worked for a very small jurisdiction, was not appropriate when viewed in terms of the national scheme and therefore needed to be further developed. We are going out alone separate from the feds. The two services ultimately need to be able to talk to each other, although it may be found that Victoria's is the scheme that is then adopted nationally.

But it is also because we have GPs, we have doctors, we have pharmacists in small businesses right across the state utilising this software. It is very important that it is efficient and reliable and easy to use, and that it does link into the future scheme. Ultimately of course it is important that we have some transparency on codeine — about when it is to be incorporated. It is expected to be upscheduled in February 2018. This scheme does not come into place until August. Soon after that there is the expectation that codeine will be included in the real-time prescription monitoring.

Finally, once again, we see that there is a lot of information provided in the regulations — exemptions, for example, and the balancing of the administrative

burden and regulatory burden for low-risk patients, but making sure that we do not have unintended opportunities for high-risk patients. The AMA, for example, believes prescribers also should be exempt from needing to review the database when access is difficult. Sometimes they are made on a home visit and it is very difficult to have the portability that they need in relation to accessing the information or if they are presented with an emergency and they need to deal with a situation.

I want to take the opportunity to reflect on some comments that I received, once again, from various groups in relation to this bill. The sector has been very thoughtful, as always, in relation to the bill, so I want to thank them for their input. Sam Biondo from the Victorian Alcohol and Drug Association said, and I appreciate his comment:

We know that there was a strong commitment from your government on this issue following announcements made in 2014 and ongoing interest is most welcome.

He went on to say:

There is a dire and pressing need to address these issues; the implementation of an RTPM system will make significant inroads into reducing pharmaceutical-related harm through providing GPs and pharmacists information about a patient's prescription substance consumption through real-time access to relevant elements of their prescription history. This should provide the impetus to modify prescribing and dispensing practices where necessary as well as the requisite trigger to ensure that those who experience issues relating to pharmaceutical use, such as dependence, can receive the necessary support.

It is crucial that those experiencing issues relating to prescription substance use are not refused access to medication without referrals to support services, including AOD treatment.

John Ryan from the Pennington Institute says:

I think the bill is good, however my concern is that it will not be enough to control the problem. Supply reduction alone typically creates perverse outcomes, one of which will be increased heroin use, i.e. a switch to the black market.

This has been raised a couple of times as an issue that needs to be managed. As soon as we prohibit or limit some types of substances, others may be substituted in relation to them, and that obviously needs to be managed.

As to the AMA, I have this comment from Frances Mirabelli, the chief executive officer:

AMA Victoria strongly supports real-time prescription monitoring ... and has been lobbying for the system to be implemented in Victoria for a number of years —

as I have mentioned. She went on to say that the database:

... should be integrated with common medical practice software.

And in relation to codeine, she said:

AMA Victoria supported the TGA's decision to reschedule codeine as a schedule 4 drug. Given that codeine is open to misuse and abuse, AMA Victoria supports the drug being included in RTPM.

I thank the State Coroner for also responding to my request for input. Judge Sara Hinchey said:

The amendment bill tabled on 8 August 2017 is an important step towards implementing this system, and is the culmination of more than five years of effort by the Department of Health and Human Services, with leadership and support from Victorian ministers and members across all political parties.

She went on to say:

I note that Victorian coroners have, in previous findings and recommendations, articulated a range of positions regarding what drugs should be monitored under the real-time prescription monitoring system. The amendment bill defines a monitored poison for the purpose of establishing the database at the heart of a real-time prescription monitoring system, but does not prescribe the specific drugs (beyond schedule 8 poisons) which will be included in this definition. Once the legislative instrument is established to prescribe monitored poisons, the court will assess its terms and may have occasion to comment at that time.

I think realistically it is important what we see in the regulations in relation to what else is included beyond schedule 8 drugs, and people will be monitoring this very carefully.

The Royal Australasian College of Physicians, via Claire Celia, the senior policy officer, said:

In particular, we would like to stress that a successful real-time prescription monitoring system needs to enable cross-jurisdiction integration as well as timely data sharing in order to be effective.

She reinforced that point.

The Pharmaceutical Society of Australia said:

The system will allow timely and relevant information to be shared among prescribers and pharmacists, ensuring potent medicines are used safely. The system will identify people at risk of harm and provide referral pathways for pharmacists to support our patients.

Not only is it about doctors referring, it is also obviously about the pharmacists, and that comment was from Mr Ben Marchant, president of the Pharmaceutical Society of Australia. Once again, there

is a lot of good support in relation to the bill, and some important and timely reminders in relation to caution about implementation and the effectiveness of the implementation as it occurs.

This bill of course is in the context of other policy work that is happening, and certainly the debate in the other place touched on that, as I am sure we will as well. I want to say that as a former Minister for Mental Health — while I was not responsible for real-time prescription monitoring, I was responsible for alcohol and drugs — I was very pleased to be able to take many of these issues forward on a whole range of fronts. This included action to protect the community from illegal drugs by disrupting the supply of these drugs through targeting large-scale producers and traffickers, ensuring stronger law enforcement and working with Victoria Police to track alcohol and drug-related offences to inform policing and enforcement operations and reduce future possible harms. We had very significant investment, which included many hundreds of millions of dollars, both filling in some black holes that we were left with but also expanding funding significantly. We established a centralised bed register and intake system, new standardised assessment and screening methods and an area-based model for pharmacotherapy.

I did want to touch on that because it is obviously very relevant in relation to this bill. We invested in a range of different pharmacotherapy areas, including 14 new specialist pharmacotherapy withdrawal beds for people who obviously are reliant on methadone, buprenorphine and suboxone to reduce or cease their dependence. There had never been any dedicated pharmacotherapy withdrawal beds in terms of community-based treatment, so this was a very significant way forward that was provided by Odyssey House and Windana. There were also support worker positions created in community residential withdrawal services to support intake, assessment, care and recovery coordination for those new beds. The funding for these pharmacotherapy networks was \$11 million, which essentially doubled the funding for pharmacotherapy services.

We did also put together new pharmacotherapy networks, basically trying to integrate, coordinate and make more accessible the pharmacotherapy system, regardless of where people lived in Victoria. The new networks had additional funding for addiction medicine specialists to assist local pharmacotherapy providers to deal with more complex patients. The funding very significantly expanded the services, but it also made sure that the whole state was covered in relation to it. Many GPs, more than 100 initially, were also trained in

terms of pharmacotherapy so as to be more effective in their roles. That was a very significant boost and a significant structure that still remains today in terms of access to pharmacotherapy services.

We also of course had very significant sector involvement in relation to all of the reforms and an investment specifically in hospital emergency departments so that they were more capable of dealing with drug and alcohol issues that people presented with. This has been very successful. Many of the changes have subsequently gone from early funding and trials to full implementation, and each hospital determined their own specific response.

Of course, Acting President Ramsay, an area that you were very involved in was the issue of ice, including the parliamentary inquiry. There was a very significant investment made by the coalition government into the impact of ice, its use and community awareness, including a targeted education campaign, working with Aboriginal health workers to undertake training so they could have further enhancement on dealing with the issues of ice treatment, a tailored diversion program for first-time offenders using ice, and counselling services for ice-affected patients. On all of these issues I suppose the message is a strong commitment by the coalition of addressing alcohol and drug treatment issues that culminated in the recommissioning of services.

Business interrupted pursuant to sessional orders.

Sitting extended pursuant to standing orders.

Ms WOOLDRIDGE — It was a very significant commitment which culminated in the recommissioning in 2014 of alcohol and drug treatment services. When we came to government the very clear message was that nothing had been done on a reform scale for a very long period of time and that it was desperately needed. There was an Auditor-General's report that said there had been many, many reports — from memory, about 31 different reports done — but nothing actually ever implemented. So we undertook a recommissioning reform of the sector. There is no doubt it was not perfect and there were opportunities for improvement, which the government has taken, but the fact is the government has by and large maintained the structure.

The feedback I get from the sector is that the reforms were needed, they were welcomed, that the services are better as a result and that it needed to happen. I was very pleased that we did take that step because that had not been taken in the 11 years of the previous government. It needed to be taken in order to set

alcohol and drug treatment services on a path to be more effective in terms of treating people who needed the treatment and make it more accessible across the state.

So it is a very important bill today. It is one that has the history as I have outlined, that has a lot of support, that has some challenges but that has opportunities in the implementation to make sure that it is as effective as it can be. There is no doubt that the implementation of real-time prescription monitoring will save lives. That is why I think so many people are supportive of it, and it is good to see it coming to fruition today.

Sitting suspended 6.33 p.m. until 7.05 p.m.

Ms HARTLAND (Western Metropolitan) (19:05) — I am only going to speak quite briefly because this again is what I think is quite a good bill but also extremely straightforward. When the media talks about drug use it talks about ice and heroin. The reality of course is more complex than that. Analysis by the Coroners Court of Victoria has found that between 2009 and 2016 illegal drugs on their own made up less than 20 per cent of overdose deaths. Pharmaceutical drugs on their own doubled that. The remaining deaths involved alcohol or, increasingly, a combination of different drugs or drugs and alcohol, with pharmaceuticals being a contributing factor in about 80 per cent of deaths. It is also worth noting that a very significant number of overdose deaths involved mental illness.

Far too many people in this state obviously have a daily struggle with addiction, needing street drugs or unhealthy quantities of prescription drugs to get them through the day. Far too many of them die. The seemingly obvious response to this is to crack down on drug users — arrest them, threaten them with jail, punish them for addiction — but even if the Greens thought that this was a good idea, which we clearly do not, it does not work. It is not just the Greens saying this; the *Agenda 21* report released in March was supported by former police commissioners and former Supreme Court judges, among others, and called for an end to trying to arrest our way out of the drug problem.

It is great to see a bill that is about doing something that actually works. Real-time prescription monitoring is a sensible, pragmatic approach to part of the drug issue. It does not debate if drug users are good or bad people; it introduces measures which will save lives. It will allow both doctors and pharmacists to make informed choices when prescribing and dispensing drugs. It will help identify people struggling with addiction and hopefully

offer them the support they need. Support is always the key.

This bill will see people suddenly having reduced access to medications that have been helping them to get through their day for whatever reason — whether it is easing pain or helping to forget past trauma. We know that these people will not just go home, ignore their cravings and live happily ever after. No matter how much we threaten them with the law, they will need support from counsellors, rehab services, social workers and more. It is good to see that the government has promised greater counselling and treatment services as part of the real-time prescription monitoring initiative. I hope it is enough, and I hope the government will review it to see how well it is working.

I would like to take this opportunity to acknowledge the importance of the hard work done by frontline alcohol and other drugs (AOD) workers. Ending an addiction is a long, hard slog, and AOD workers help people take that journey and get them back in control of their lives. Real-time prescription monitoring is not the whole story. It is one of the many things that we need to pragmatically deal with the drug problem, but it is a step in the right direction, and for that reason the Greens will support this bill.

Ms CROZIER (Southern Metropolitan) (19:08) — I am very pleased to be able to make a contribution this evening to the Drugs, Poisons and Controlled Substances Amendment (Real-time Prescription Monitoring) Bill 2017. I do so — and I was just talking to Mr Davis about this actually — because it was in fact the former coalition government that, under his guidance and management in overseeing the very important health portfolio, undertook a business case, provided millions of dollars in funding to get this system up and running, and took it obviously to the 2014 election. Unfortunately the Labor government did not match that policy. In fact Victoria is not the first state to do it. Tasmania has done it, to my understanding, and the government is continuing on with that very good work that was commenced under the former coalition government.

I am very pleased that that is the case because, as others have said and others have described in their contributions to the debate, too many people are accessing very dangerous drugs on a formal basis and on an occasional or irregular basis, and sadly they are contributing to their own demise and causing a whole range of different health issues as well. It is my understanding from others who have contributed to this debate that there are quite literally hundreds of people

who accidentally overdose because of the access they have in being able to get these drugs.

What the bill does, as it states, is that real-time prescription monitoring will require doctors and pharmacists to view patient records of access to high-risk, addictive medicines before prescribing or dispensing. This information will help doctors and pharmacists make better informed, safer clinical decisions for patients and may provide opportunities for counselling and intervention where necessary. The bill does a number of things, including providing a statutory basis to create a database to monitor prescriptions and mandating the use of the database via prescribers and dispensers. That way you can really have that control of those Victorians who have got an addiction, are requiring assistance and are getting that intervention as required.

Sadly in Victoria at the present time we do not have enough drug rehab centres. There are waiting lists, and that is having a real impact on a lot of social problems and other health-related issues for many individuals. Of course when you look at what we have got in the streets, we have got an increase in homelessness especially around the CBD, with people who might have mental health but also substance abuse issues, and we see the sad indications of what occurs in relation to those people that do not have the proper intervention or the ability to access any of those rehab centres.

In my portfolio areas that I have responsibility for — not only homelessness under housing, but also youth justice — many young people cannot get the proper access that they require. They are in a life of crime, and often that is contributing to a lot of the crime that they are undertaking, and these crimes are serious. We have seen that. We have seen the state have the crime wave that has occurred — very serious, brazen crimes — and often some of these people are highly charged on various substances, whether it be ice or other drugs. Of course that is leading to what we have seen in this out-of-control crime wave, but if you are looking at what we are talking about here too, it is those other pharmacological agents or medications that are provided, and people are often shopping around to get what they need, whether it is an oxycodone-based medication or some sort of other pharmacological derivative that is relevant here.

The bill requires a prescriber or dispenser of high-risk drugs to review a patient's previous use of high-risk drugs. In other words, as I have just described, if it is an oxycodone or morphine-based type of medication and somebody has got some other drug use, then this is how

that assessment can be made. I think that is a very good thing, because a cocktail of drugs can have that lethal component and cause a drug overdose.

The bill requires prescribers and dispensers to update records of a patient's access to high-risk drugs on a database and allows for exemptions from a requirement to review a patient's previous use of high-risk drugs — for example, if they were an inpatient in a hospital or a residential aged-care facility, in palliative care or a prisoner who had shopped around for those prescription drugs. Therefore this would make it less difficult and more unlikely that that scenario would occur, and again I think that is a very good provision of the bill, such that we are trying to protect those people from accessing this lethal combination of drugs and being able to either use them themselves or again of course also onsell those drugs to others who might be drug affected or have a drug addiction.

The bill also creates penalties for misuse of the database or failure to properly maintain the database. Arrangements for schedule 8 treatment permits will be reviewed and streamlined, and there will be a removal of some other administrative burdens. Again, this is going to make a far more effective process.

I mentioned the high-risk drugs like codeine-based types of drugs, but the high-risk drugs include all the schedule 8 and schedule 4 drugs, which include benzodiazepines. For those that do not know, they have a very high tendency for addiction — that is, to be easily addicted to. We know that codeine is found in various over-the-counter medications in many instances, and I for one know — not that you need be a regular user of it — that it is a very common drug to be able to access and is highly addictive. So that is another provision of the bill. Regulations will list which medicines in addition to the schedule 8 medicines should be considered to be monitored poisons and will be included in the scheme also. That database I spoke about earlier is intended to give dispensers and prescribers the ability to avoid inappropriate or multiple prescribing events.

The scheme has got support from a number of stakeholders. There has been wide consultation, to my understanding, and that includes those stakeholders that would be using these types of drugs on a regular basis. Of course that includes doctors and others — physicians, surgeons, psychiatrists, pharmacists — that are involved in the dispensing or prescribing of these drugs.

There is a wide stakeholder engagement that is supportive of the scheme. I must say that when I was doing a little bit of background on it I looked at the national scheme that the Turnbull government spoke about undertaking — and I think they commenced earlier this year — and I was pleased to see that the federal government had committed \$60 million to a national rollout of a real-time monitoring system that will be in addition to what is happening here in Victoria and will give additional support to those that are involved. I was alarmed to learn that across Australia I think there are around 600 deaths a year of those who have accidentally overdosed on strong prescription drugs such as morphine, OxyContin or fentanyl. That was highlighted by the federal health minister when he was speaking about the national scheme that they are undertaking.

There seems to be a wide and broad degree of support for this, which is a good thing. I, for one, having seen people who have been sadly addicted to these sorts of drugs and seen how their addictions can have some terrible health and mental health consequences, think this is a very good thing. It will give those doctors and also the pharmacists the guidelines that they require. But I would also say, and I take on the point made by Ms Kealy in the other place, that there are not enough drug and rehabilitation beds. The government has ignored this fact. We have got some serious concerns with too many people that have got drug and alcohol problems, and it is becoming an ever-increasing problem that the government has ignored. They need to be doing far more in addressing that very real concern, because if you cannot get them into the rehabilitation, counselling and other services, then really this issue will only be perpetuated and we will have many other drugs coming onto the streets and many other issues that will arise from that. But in the case of these drugs that we are talking about in relation to prescription drugs or over-the-counter drugs that involve codeine and other substances, really this will give assistance to the prescribers and the dispensers — doctors and pharmacists. With those words I will conclude my contribution.

Mr ELASMAR (Northern Metropolitan) (19:20) — I rise to make my contribution to the Drugs, Poisons and Controlled Substances Amendment (Real-time Prescription Monitoring) Bill 2017. This is one of the most important bills. Prescription medicines are as deadly as heroin or illegal drugs, and maybe even more so. They are readily available on a doctor's prescription and are accessed in many cases by certain healthcare card holders incredibly cheaply.

It is a well-known fact that for years prescription drugs have been used as currency on the streets. Some drugs are acquired for under \$8, and then pills are resold for about \$15 to \$20 each. This bill will end the trafficking of legally prescribed drugs. Doctor shopping has been around for decades. It is a common practice for people to acquire multiple scripts and fill them at pharmacies spread far and wide. Pharmacists do not have access to information other than the scripts they have already previously dispensed for any individual.

This bill will literally save lives by implementing a real-time prescription monitoring system. In the late 1990s a committee consisting of doctor and pharmacist associations was established under the Howard Liberal government to look at installing a nationwide database available to all pharmacists. This was done in consultation with the Pharmacy Guild of Australia. The software was designed by a pharmaceutical computer company, and when everything was ready for rollout nothing happened.

For all the right reasons I wholeheartedly support this bill. For too long many Victorians have lost loved ones needlessly to prescription drug overdoses. The mortality rate at the present time is shocking, and looking at the research is a real eye-opener. In 2016 prescription medicine overdose resulted in 372 Victorian deaths. This is higher than the number of overdose deaths involving illicit drugs — 257 — and even higher than the road toll of 291. The fundamental difference with this bill is that prescribers and pharmacists will have the ability to check the database prior to any prescription being written as opposed to a patient presenting themselves at a pharmacy and a pharmacist having all the responsibility for refusing to dispense a prescription.

This bill has been structured with appropriate widespread consultation. This has occurred between relevant stakeholders to ensure maximum participation in the application of this new and, in all probability, life-saving pharmaceutical database. In conclusion, this is a combined effort by prescribers and dispensers to minimise the appalling abuse of prescription medicine. I commend the bill to the house.

Ms PATTEN (Northern Metropolitan) (19:24) — I too would like to make a brief contribution to this bill. Real-time prescription monitoring is a no-brainer. It is something that other jurisdictions have been doing for years, if not decades. Certainly, as someone who is a member of the drug law reform inquiry, I have seen numerous submissions about the urgent need for this.

In fact the Coroners Court has recommended the urgent need for real-time monitoring over 30 times. It has made 30 recommendations, so I am very pleased to see that we are going down this path. As many of the other speakers have said, more people die from an overdose of prescription drugs than from being run over by a car or being in a car accident. Our road toll is now less than our prescription drug toll. However, we spend a lot more on trying to prevent people dying on the roads than we do on trying to prevent people dying from drug overdoses. This bill I think does go a long way. I have concerns about what happens with the success of this bill. What happens when we successfully find the people who are using or misusing prescription drugs? What do we do when we find them?

I have been fortunate enough to travel with the drug law reform inquiry overseas where we have seen the absolute devastation of the overuse of prescription drugs and the addiction and dependency that people have found themselves entering into. In Vancouver, where we were just a couple of months ago, four people overdose on opioids every day. In some ways this bill is about monitoring and ensuring that we pick up people who are doctor shopping, people who are misusing prescription drugs and doctors who might be overprescribing these drugs. In the submissions and conversations that I have had about this, we put these people who have a terrible accident, go to hospital, get put on OxyContin, become addicted and then start doctor shopping into the kind of ‘good people who have become dependent on drugs’ group. We separate them from the other people who, through life’s misfortune, abuse, trauma or neglect, have become dependent on drugs for other reasons.

While I certainly support this bill and I certainly support prescription monitoring, I want to make sure that this becomes part of our continued conversation around the issue of drug dependency and how we as a society are going to deal with the people who are openly using drugs in North Richmond because they are homeless and dependent on drugs, not just the lovely soccer mum who through no fault of her own became dependent on OxyContin and now will be picked up by this bill.

I do think this bill is a good one, and I know it has been a long time coming. We have certainly heard from the health department that they are well advanced in the implementation of this structure. We have certainly seen the implementation of this structure in Tasmania, in Canada and in many other jurisdictions, and it has been successful. But we also need to be, as I mentioned, concerned about that success. What are we going to do

when we find those people who are dependent? How are we going to train our doctors and our medical staff to ensure that they know how to cope with that person who has become dependent on a prescription drug? We certainly need to be ensuring that we fund our alcohol and drug centres around Victoria well to deal with this. We may be looking at putting — I use this term and I apologise for using it — our soccer mums on methadone, because we are going to be trying to take them from OxyContin and we are going to have to find some form of opiate replacement treatment for these people. I think it is very important that as we go through this system that we are providing the services.

Business interrupted pursuant to standing orders.

Sitting extended pursuant to standing orders.

Ms PATTEN — I think that this actually provides us with an opportunity. It provides us with a great opportunity to properly fund our alcohol and drug treatment and to consider the pathways to recovery for people who have become dependent on OxyContin, other opioids or other prescription medicines but also for those other people that have taken a different path to that dependency. For many of them the stigma is what prevents them from accessing treatment. We need to deal with that stigma, and I would suggest that while this bill goes a long way the training and the important wraparound services that this bill will require to be developed for our medical professionals and our alcohol and drug services will see a change in the way we look at people who are dependent on drugs — so that we look at dependency as a health issue, not as a criminal one. At the moment we quite often think of a person who is dependent on opioids as a druggie or as a junkie. This bill I think in some ways will actually help us recognise that people come to be dependent on drugs for a whole range of reasons. This will be the outcome of this bill. We are going to have to look at the stigma of drug dependency, and we are going to have to look at how we are going to address that. I hope that leads us to law reform around the possession of drugs and the use of drugs and that we treat that not as a criminal act but as a call for help or as a health issue.

I support this very important bill and this very important move to real-time prescription monitoring. I hope this lays another step in the path towards progressive, useful drug law reform in Victoria. I commend the bill to the house.

Ms BATH (Eastern Victoria) (19:33) — I am pleased to rise this evening to make a contribution on the Drugs, Poisons and Controlled Substances (Real-

time Prescription Monitoring) Bill 2017. I would like to state from the outset that The Nationals will be taking a ‘not oppose’ position. I will work through some of the purposes and contents of the bill and put it in a little bit of a historical context, but I will also then highlight a coroner’s report on a very unfortunate and tragic death of a young man in my electorate and draw on some of the coroner’s findings as a way of supporting this bill going through.

In terms of the purpose of the bill, the real-time prescription monitoring will require doctors and pharmacists to view patient records of access to high-risk and addictive medicines before — and I think this is the key — and at dispensing. I think it is at the dispensing end that it is really important to trace where people are collecting their different drugs. Often it can be across the state, and certainly between towns, so they can be lost in translation, in that their local pharmacist cannot keep eyes on what is happening. So this real-time dispensing is very important.

The information will help doctors and pharmacists make better informed and safer decisions for patients and may provide opportunities for counselling and intervention where necessary, so it will help to really pick up on what an individual is consuming in, I guess, their role to medicate themselves. The bill provides a statutory basis to create a database to monitor prescriptions and mandates the use of the database by the prescribers and the dispensers.

In terms of context and historical background, back in 2013 the Victorian government released the *National Pharmaceutical Drug Misuse Framework for Action (2012–2015)*, a report which identifies the lack of real-time information available for prescribers and pharmacists in order to make these decisions regarding medications. It was the former health minister, the Honourable David Davis, who made an election commitment in 2014 of \$7 million to deliver a real-time drug prescription monitoring system in terms of schedule 8 drugs.

Moving forward, I would really like to drill down into a particular coroner’s findings about a death in my Eastern Victoria Region that I would like to draw on. Between 2012 and 2016, 20 coronial findings have called for the implementation of a real-time prescription monitoring scheme. Moving forward again, in 2016 the current Labor state government announced an investment in this real-time prescription monitoring, and only a few months ago in 2017 the Turnbull government announced a \$16 million rollout also in terms of real-time monitoring across a national

spectrum. From doing some research and reading I think that certainly a national spectrum is very important. Cross-state communication is also very important because people travel. They can live anywhere in eastern Victoria and travel over a border, and at this present time there would not be that level of communication, so I think a national scheme is very important.

It is alarming to note in terms of deaths due to pharmaceutical overdoses that in 2016 there were 372, and I know others have mentioned that. It is interesting to note, coming from a health food perspective, that when I owned and ran a retail health food outlet, we were often berated for — I do not know — providing herbs and vitamins that could hurt people. I always found it quite ironic that in many ways the worst thing that some vitamin C or even some slippery elm or evening primrose oil could do was not work, whereas in many cases we can see that pharmaceutical drugs, because of incorrect administration or as we see in these incidents because of overprescribing and mixed drug taking where there is a lack of communication between different physicians, can result in death.

I would like to discuss a particular coroner's findings and report. This was delivered on 17 December 2014 and the coroner was Jacinta Heffey. I will speak about it in just general terms, in terms of the key participants, but I think it can highlight some important issues. Very tragically, there was the death of a gentleman in his late 30s who was well loved by his family and who lived in Central Gippsland. He, sadly but as we see all too often, had a hard drug dependency. The coroner stated:

From all accounts he was a kind person who, at times, was taken advantage of. His two treating doctors ... were clearly fond of him and were distressed by his death.

He had multiple complications in his make-up. He certainly had a physical drug dependency. He had other, I guess potentially associated, medical conditions. He was an insulin-dependent diabetic, he suffered from asthma, he had hepatitis C, he often had bronchitis and chest infections — he was a smoker — and combined with that he had mental health issues. This highlights the fact that all too often there is a multilayered effect: when people become drug dependent there are other things that go wrong with their body.

This gentleman had two main doctors. One was a drug dependency doctor. He had been under the care of that doctor for a number of years. Close to the time of his death he requested a change to his medication and moved on to — I think it was — a benzo component.

He also had a normal GP who looked after his mental health problems and had been treating him since 2002. But one of the key things that the coroner found was that neither of these doctors had ever met or spoken to each other and that there had been no communication between their practices. They only knew of any details of each other's respective roles in this patient's treatment to the extent that the patient had actually communicated them to them.

The drug doctor had gone on and changed the patient's medication and transferred him onto a methadone program. The gentleman told the mental health doctor that he had mislaid some medication called Rivotril and asked for some more, but the doctor said that this was not advised and he put him on Valium.

I am painting here the picture that there were two separate doctors whose only lines of communication had been through the patient and a combination of various drugs had been supplied to the patient.

Unfortunately over successive days toward the end of January 2012 the patient suffered a heightened state of being and had difficulty breathing. His sister advised him to call an ambulance. The ambulance officers were apparently very supportive and wanted to take him to hospital but said he was not having an asthma attack. They took him to the pharmacy to obtain some more Ventolin. Subsequently, days later, his sister said he still did not sound right. After that, very tragically, someone walking in a park found him dead on the ground.

The doctor who completed the autopsy made a number of comments. The patient's GP said he felt very isolated in his practice, being 'the only doctor in the Latrobe Valley with an interest in mental health'. He listed various doctors who now had left the region. He told the court:

I wish I could share the load around a bit but ... no other GPs are willing to take on mental health issues.

I think that highlights very much the difficulty patients in regional areas have in being able to consistently see a doctor who can oversee their case in the long term and also the workload that our current rural GPs have to suffer, and this gentleman certainly felt that.

The other comment that I might finish off on is that the coroner stated that each doctor 'knew of the involvement of the other' but that it seems they depended on the patient, a layperson, to keep them informed of the treatment being provided by the other. In many respects this bill hopefully will be able to make

that bridge to enable separate doctors or pharmacists to have eyes on the patient.

If I could just go to the comments from the coroner right at the end of the finding, the coroner stated regarding the rural issue — and I think this is important — that:

Greater communication and professional exchange between practitioners in a particular rural area could be beneficial for coordinating patient care, and could also assist in reducing the experience of isolation that can accompany practising medicine in a rural setting.

In another comment in relation to real-time prescription monitoring the coroner said:

The former Victorian health minister David Davis announced a commitment to funding the implementation of ... real-time prescription monitoring ... if re-elected.

She went on to say:

The electoral outcome was a change of government.

She finished off by saying, to summarise, that she hoped to draw the new minister's attention to this issue and the universally acknowledged need for a real-time prescription monitoring system to reduce the harms and deaths associated with pharmaceutical drugs. Lastly, the coroner went on to say:

As a matter of urgency, the Victorian Department of Health must implement a real-time prescription monitoring system that records information on dispensing of all schedule 8 drugs and all schedule 4 drugs of dependence in Victoria and makes this information available to ... Victorian pharmaceutical drug prescribers and dispensers so they can use this information to inform their clinical practice and reduce the harms and deaths associated with pharmaceutical drugs.

I think that very clear comment from the coroner in that particular finding highlights multiple occasions where this system could better serve our population in Central Gippsland and the vulnerable people who have high dependency on drugs and also allow them to be traced.

Some of the final comments that I would like to make are in terms of the software and IT package needed in order for this to go through. If we are going to look at a future interstate or national approach, any software that would be utilised in Victoria would need to be compatible with other jurisdictions as it comes on board. Certainly that is key. Also there has to be a reality context. Many times doctors come out on emergencies, need to prescribe something there and then but do not have a laptop at their disposal, so there would be need to be some exemptions to that requirement.

Again I would just like to highlight that it is very important in the country to get good healthcare services. We appreciate our doctors and rural GPs, particularly our mental health and drug abuse doctors, but all too often they are under stress, and unfortunately it seems to be an area of growing need in rural and regional Victoria. As I said, The Nationals will take a 'not oppose' position on this. I hope it is implemented and can be utilised in a very positive way.

Mr GEPP (Northern Victoria) (19:47) — I too rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Real-time Prescription Monitoring) Bill 2017. I will not take too long — there is clearly agreement across the house about this bill — but there are some things I want to talk about on what I see as the focus of the bill.

I am very fortunate to be on the Law Reform, Road and Community Safety Committee, and like Ms Patten, I have had the opportunity to travel, albeit not quite as extensively as she and others have, as part of the drug reform inquiry that we are undertaking and to speak with people in other jurisdictions about their approach to drugs. Without going improperly to aspects of that committee's work — it is yet to report, and it would not be appropriate for me to speak about such matters — I will say that the theme that has come through loudly and clearly as we have listened to witness after witness is that this problem is best approached from a harm minimisation perspective, treating the issue of misuse of drugs, be they prescription or illicit drugs, as a health issue.

For many, many years in this country and right around the world the tendency was to drive people into the criminal justice system, and that system has clearly not worked. That is not to say that anybody is sanctioning illicit drugs; that is not what we are about. What we are about is saying that addiction or misuse of drugs in many instances is often associated with other factors such as mental health or alcohol abuse. It has a lot to do with, for example, the socio-economic circumstances of many people, so the appropriate approach is to treat these things as a health issue and from an approach of harm minimisation.

I also take up Ms Patten's point that I think she made very, very well, and that is that when you look at the statistics of overdose deaths here in Victoria, just in 2016, 372 Victorian lives were lost to prescription medicine overdose compared to 257 from illicit drug misuse. I think there is often labelling that goes on in our community at large, and it would be a surprise, I am sure, to many Victorians to learn that there are almost

50 per cent more deaths associated with prescription drug use compared to illicit drugs.

Can I quickly turn to the issue that was raised by Ms Bath, Ms Patten and I think Ms Crozier as well, and that is in relation to this not being a panacea and not being the magic solution to dealing with what are significant issues in society, and of course it is not. The government has invested, through the 2016–17 budget, \$29.5 million over four years on this particular area of policy, with a further \$2.8 million in ongoing funding.

That is not just to implement a real-time prescription monitoring system, because a computer system in and of itself just simply will not fix the problem; what it must be combined with is a number of aspects including public awareness. There has to be an education program that we embark upon with Victorians so that people clearly understand that the overdose and misuse problem of substances in this state is far bigger than just illicit and that we all need to be aware of the dangers and the risks that are associated with prescription drugs. So to that end we do need an education program.

We also need some extensive workforce training for our medical professionals, who do such a wonderful job in this state. They have been operating in an environment which is completely different to the one that is being proposed with this real-time monitoring system. As has been drawn to our attention by other speakers, what are we going to do with people when we identify them as having an issue through this real-time monitoring program? How are we going to treat those people? What do the doctors and what do the pharmacists do when we identify some of those people who are finding themselves in areas of great health difficulty because of their addiction to or misuse of prescription drugs?

That is why prior to this system being implemented we will be launching a public awareness campaign in the second quarter of 2018, three months prior to the rollout of the IT system in quarter 3 of 2018. It will include not just a public awareness campaign but also very important workforce training for the medical professionals who we will be asking to engage with this system. They will obviously be on the front line of identifying people who, for whatever reason, whether it is through doctor shopping, whether it is through whatever circumstances they are confronting, are perhaps being overprescribed. We need to importantly provide our professionals with the necessary training.

In preparation for today I was reading a previous contribution made in the other place about a very tragic circumstance. A young man back in 1994 who was a very healthy young man had a car accident at the age of 18 and passed away some 16 or 17 years later because of his addiction to prescription pain medications, which were all the result of this terrible tragedy that occurred some 17 or so years earlier. Hopefully what this system will do is identify young people, as well as everybody else, who are on strong prescription pain medication and are having a problem. Hopefully this will identify that these people need support from the medical fraternity and the community to assist them in getting well. I commend the bill to the house.

Mr RAMSAY (Western Victoria) (19:56) — I too would like to make a contribution to the Drugs, Poisons and Controlled Substances Amendment (Real-time Prescription Monitoring) Bill 2017. I note that the opposition is not opposing this bill. I also note that in fact this has been coalition policy since 2014. What is of interest is that it has taken so long for this legislation to come before the house. We can go back to 2012, when we were receiving information in relation to a considerable problem in relation to prescription drug overdoses.

I note that in the second-reading speech, which Mr Gepp referred to, there was mention of a young man who became addicted to prescription drugs due to a car accident which required him to be heavily medicated. I also note in the second-reading speech that prescription medicine overdoses in 2016 resulted in the loss of 372 Victorian lives. I think that is more than the road toll, from memory, so while there is a lot of focus on reducing the road toll, as there should be, a silent killer is taking away a lot of our youth — our next generation — due to the misuse and overdose of prescription medicines.

I particularly wanted to focus in my contribution on the fact that I chaired a joint parliamentary committee from 2010 to 2014, and one of the inquiries we undertook was into the supply and use of methamphetamines in Victoria. We took about nine months to do that investigation work. What we found was that codeine — even though it is not in schedule 8 or schedule 4 at this time; I hope it will be — was being bought by domestic manufacturers and drug dealers to make crystal meth. One of the base products was codeine. What we found was that they were getting quite smart about purchasing codeine. They would actually go and buy small amounts from a whole range of pharmacies across Victoria so they would not be tagged as a buyer buying amounts of prescription drugs to use as base materials

for illicit drugs, like methamphetamine, and they were not being red-flagged by either the anti-crime agencies or the Pharmacy Guild of Australia, which during that inquiry strongly represented that we make recommendations for real-time prescription monitoring (RTPM).

This issue, as I said, has had a long history. It is disappointing that it has taken the Andrews government three years to finally bring legislation to the house, which we will support tonight, and so it will become law very quickly.

As has been said by other contributors, the purpose of the bill is to have real-time prescription monitoring, requiring doctors and pharmacists to view records of patients who have access to high-risk addictive medicines before prescribing or dispensing. This information will help doctors and pharmacists make better informed and safer clinical decisions for patients and will hopefully provide opportunities for counselling and intervention where necessary. That has already been stated in relation to the need for an education program. The bill also provides a statutory basis to create a database to monitor prescriptions and mandates the use of the database by prescribers and dispensers.

The committee I chaired had as one of its more significant recommendations to put a database in place. At that time we looked at potentially a national database, because as we know the purchase of prescribed drugs has no real boundaries from a state perspective. It was important, we felt at that time, that we get support for a national database, with which we would be able to have oversight over all state jurisdictions. In 2012 it was pleasing to see the federal Minister for Health sign a licensing agreement with the Tasmanian Department of Health and Human Services to use their existing controlled drugs monitoring system as the platform for a national system.

In 2013 we saw the *National Pharmaceutical Drug Misuse Framework for Action* released, which identified the lack of real-time information available to prescribers and pharmacists. This made it difficult to make informed decisions regarding patient medication. As I said, this was coalition policy in 2014. At the time, we made an election commitment of \$7 million to deliver a real-time drug prescription monitoring system for schedule 8 drugs. It is unfortunate that at the time we did not see a matching commitment made by the Andrews government. However, in December 2014 the now Premier said the Minister for Health was receiving advice on the matter and thought the real-time prescription monitoring system required a national

coordinated response. Well, we could have told him that. He did not actually need the Minister for Health to do another review, given that there was a plethora of investigations and advice from a whole range of leading stakeholders, not to mention a joint parliamentary committee supporting a national approach to real-time prescription monitoring.

As I said, from 2012 to early 2016, 20 coronial findings called for the implementation of a real-time prescription monitoring scheme. It was only in April 2016 that Labor announced a budget investment of just under \$30 million to implement a real-time prescription monitoring system in Victoria.

In July 2017 the Turnbull government announced it would invest over \$16 million to deliver a national rollout of real-time prescription monitoring, so we have gone from 2012, when a national rollout was first discussed, to 2017 — it has been five years. The wheel turns ever so slowly in providing for this, when there is, I would have thought, a fairly substantive argument for a national approach to what we could see, going back to our inquiry in 2014, was a total misuse of prescription drugs, particularly for their use as base materials for illicit drugs, as we found, as I have indicated, in the inquiry we conducted into crystal methamphetamine.

A Victorian Alcohol and Drug Association (VAADA) report of 2016 indicated that pharmaceutical drugs contributed to more than one fatal overdose per day — and I think Ms Wooldridge has already gone into some detail about that — which culminated in the 372 deaths in 2016 that I have already referred to. Approximately eight out of 10 fatal overdoses involved prescription pharmaceuticals, and over half of all fatal overdoses involved benzodiazepines.

The main provisions of the bill require prescribers or dispensers of high-risk drugs to review a patient's previous use of high-risk drugs, require prescribers and dispensers to update records of the patient's access to high-risk drugs on a database and allow for exemptions from a requirement to review a patient's previous use of high-risk drugs — for example, hospital inpatients, residential aged care or palliative care patients or prisoners, for whom prescription shopping would be difficult and unlikely. Patients in emergency departments or those being discharged are included in the scheme. The bill also creates penalties for the misuse of the database or failure to properly maintain it, which was actually a recommendation of the pharmacy guild. In this bill the penalty is 100 penalty units.

Arrangements for schedule 8 treatment permits will be reviewed and streamlined, and some of the other administrative burdens will be removed. This will be rolled out from 1 August 2018 over an 18-month period via selected geographies. For the two to three months preceding 1 August 2018 and throughout the 18-month grace period, it is envisaged that the database will achieve a critical mass of information that will serve to be valuable to prescribers and dispensers.

As I said, nearly \$30 million has been spent on the IT system, additional alcohol and drug treatment funding, public awareness programs and training, and I think that is a good thing.

High-risk drugs include schedule 8 drugs and all schedule 4 benzodiazepines, which are considered to have a high potential for abuse and addiction. Codeine is recommended to be included at a later stage due to its current up-scheduling from over-the-counter to schedule 4, and I think that is important. I certainly hope that codeine will be part of schedule 4 sooner rather than later. Regulations will list medicines in addition to schedule 8 medicines, which will be considered monitored poisons and included in the scheme. Listing monitored poisons in regulations rather than legislation will allow flexibility and adaptability in the future.

The database is intended to empower prescribers and dispensers to avoid inappropriate multiple prescribing 'events'. There are no mandatory requirements for what should or should not be dispensed to patients. This scheme will cover 1900 medical clinics, 1300 pharmacies and over 200 hospitals throughout Victoria, with up-to-the-minute dispensing histories of patients, including during consultations — hence the requirement for a very robust IT system to allow that real-time prescription monitoring.

I congratulate the Turnbull government on its work on a national RTPM scheme. Even though Victoria will have its scheme underway, there is no doubt that the \$16 million commitment to a national rollout that the Turnbull government has committed to — as I said, it will be a national scheme — will cross all jurisdictions and stop the potential of doctor shopping across state boundaries. This regulation may have the adverse effect of moving addicts from prescription to other drugs, but this is where the alcohol and drug centres will play a significant role in their support services.

I have talked about the fact that codeine is not included currently, but hopefully by February 2018, when it is declared a prescription-only drug by the Therapeutic

Goods Administration, we can expect that to come onto the schedules.

This is an important bill. As I said, it is disappointing it has taken so long, given what we have known, even dating back to 2012 with a lot of coronial inquiries. We have had joint parliamentary committees. We had the Minister for Health in the former government, David Davis, committing the coalition to the establishment of real-time prescription monitoring. We have had the federal government commit substantial funds, and to their credit the Andrews government committed \$30 million particularly to the IT that is required to provide the real-time monitoring. I am quite sure we will work very closely with the Turnbull government on the national rollout, which really will provide the greater benefit for the outcomes that this bill is to achieve. In closing, the opposition will not oppose this bill.

Ms FITZHERBERT (Southern Metropolitan) (20:10) — I am very pleased to also be able to speak on the Drugs, Poisons and Controlled Substances Amendment (Real-time Prescription Monitoring) Bill 2017. There was an interesting report released only last month by the Australian Bureau of Statistics (ABS), which echoes many of the issues that Mr Ramsay has just spoken of through his experience in parliamentary inquiries and his knowledge of the history of this area. The Australian Bureau of Statistics released its annual report on the leading causes of death in Australia, and it indicates that Australia has recorded its highest number of drug-induced deaths in 20 years. New data shows that two-thirds of these deaths were a result of prescription drug abuse. That is an astonishing figure, but one that I know will be of no surprise to people like Mr Ramsay, who have been aware of these issues on a practical level and as legislators for some time.

An article has appeared in response to this, and it quotes a man called Jack Nagle, who had a drug addiction that lasted for some time. He used a range of drugs, including alcohol, marijuana and ice, but he says it was actually prescription drugs that almost killed him. The article states:

'They can be viewed as something that's not as bad because they are legal or given to you by a doctor at times', Mr Nagle told SBS ...

He went on to say:

The effects can be catastrophic. It's definitely a massive problem and there's a lot of them out there.

It is good that he has turned his life around. He is now running his own company, which educates young people about the dangers of drug abuse.

The ABS figures show that there is still a massive, massive issue to deal with. Around 70 per cent of drug-related deaths in Australia in 2016 were caused by prescription drugs. Prescription painkillers such as oxycodone and morphine caused 30 per cent of deaths. Benzodiazepines, which are prescribed for anxiety, caused some 37 per cent of drug-induced deaths.

We have had comments as well from Professor Michael Farrell, who is the director of the National Drug and Alcohol Research Centre, who says that more needs to be done to address this problem.

What we see in the bill before us today goes some way to addressing these issues that have been highlighted in such a dramatic form by the ABS. The bill, as Mr Ramsay has said, puts in place a process and a framework to allow real-time prescription monitoring. What this means is that it will be harder for people to doctor shop — getting multiple prescriptions and filling them at different places and getting way more drugs and in proportions that are not at all what any individual medical practitioner would anticipate that a person would need.

Obviously it has taken some time to get to this point, and that is a regret. As we have heard tonight, Mr Davis as health minister in 2012 committed to this. The federal government has provided some funding, and this bill represents one part of the equation in terms of addressing our drug problem, and obviously physicians support this bill. It comes into effect on 1 August next year. Plainly there are some things that need to be put in place before it can be effective and fully operational, but I am very glad that the IT aspect of this is evidently being funded and is anticipated to be ready for this rollout.

The bill in essence enables the Secretary of the Department of Health and Human Services to establish and maintain a monitored poisons database, and that is for monitoring and recording data relating to the supply of monitored poisons as defined. This includes records of the supply, permits, notifications and warrants in respect of these poisons and controlled substances and any other information that is required. I think that the way this has been constructed is largely very practical. It really comes down to how pharmacists will use it. It requires a pharmacist to take all reasonable steps to check the monitored poisons database before supplying a monitored supply poison, unless the regulation

otherwise provides, and there is a penalty for failing to do this. It is also the intent that a pharmacist will check the database and consider the information in it before making a decision to supply a monitored supply poison to a patient. It is intended that the database be a clinical decision support tool, not a system that tells a pharmacist what to do, what to supply et cetera — that judgement still needs to be made by the doctor and the pharmacist. It provides a reference framework for them to make an educated judgement on what someone has and therefore what they need.

The regulations may prescribe exceptions for circumstances where the risk of prescription shopping is low — for example, in the case of a hospital inpatient, a prisoner or a resident in an aged-care service. Obviously the situation is going to be different for people in those circumstances. Proposed new section 30F requires a registered medical practitioner to take all reasonable steps to check the monitored poisons database before prescribing or supplying a monitored poison, unless the regulations provide otherwise. Again there is a significant penalty for breaching that provision.

There are a range of different definitions that have been inserted. For example, there is a new definition of ‘hospital’, and this includes a day procedure centre within the meaning of the Health Services Act 1988. That is included in the definition, along with a public hospital, a denominational hospital and a private hospital within the meaning of that act. That is a similar sort of update to what we saw in legislation earlier this evening, and it ensures consistency in that regard. There is also a new definition of ‘reportable drug event’, and the definition of ‘notification of drug-dependent person’ is repealed. These are in the form of an update to ensure consistency between different forms of legislation.

I want to draw the house’s attention to clause 9, which substitutes section 34D of the principal act with a new section that provides for an exception to the schedule 8 permit requirement in the case of specified circumstances. What this entails is that a registered medical practitioner or nurse practitioner is authorised to administer, supply or prescribe a schedule 8 poison during a continuous period greater than eight weeks without a permit if it is to treat a person, who is not drug-dependent, in the circumstances specified by the secretary in accordance with section 35A. So there is an element of flexibility inserted in here, because it is anticipated that there are circumstances where that may be necessary.

As I mentioned, the bill has got to this point after a great deal of discussion. Earlier, Mr Ramsay sort of recounted some of the history of this bill. The contents of the bill have their origins in committee work, work done by the previous government, work done by the federal government and work done by the current government. It is something that people who share concern about the impact of prescription drug addiction have been calling for for some time. Obviously though there is nervousness within government about IT systems and planning something with this sort of detail. It has to be done right. So it is a very good thing that we have finally got to the point where this bill is before us. As I said earlier, this bill represents one part of the equation in terms of addressing our drug problem and in particular our prescription drug problem, which is extensive. The opposition will be supporting this bill.

Ms MIKAKOS (Minister for Families and Children) (20:19) — I thank members for their contributions on what has been a very important debate, and I take this opportunity to congratulate the Minister for Health on what is really a groundbreaking reform in our health system. I do so having had experience as a member of a parliamentary inquiry many years ago under the previous Labor government, where there was an inquiry into benzodiazepines. I remember being a member of that inquiry, and in fact it did make some recommendations in relation to this issue. I had the opportunity to see such a system in operation in another jurisdiction. So I am pleased that the Minister for Health is taking action in relation to this issue, implementing a real-time prescription monitoring system in Victoria to reduce prescription shopping and the harms, including deaths, from the misuse of prescription medicines. We know that prescription medicine misuse is a major public health concern. In 2016 pharmaceutical medicines contributed to 372 drug overdose deaths in Victoria, which is higher than the number of overdose deaths involving illicit drugs and higher than the road toll.

I want to commend the minister for consulting with and listening to the advocacy of professional bodies such as the Australian Medical Association, the Pharmacy Guild of Australia, the Royal Australian College of General Practitioners and the Pharmaceutical Society of Australia, whose members have been advocating for the need for such a real-time prescription monitoring system for some time. I also note that there have been coronial inquest findings which since 2012 have either made or supported a recommendation for a real-time prescription monitoring system. So rather than talk about the issue — as occurred under the previous government — and not take any action on this, the

government did in fact put funding in the budget last year to make this reality.

In the time I have available to me I will seek to respond to some of the issues that have been raised in the debate. Unfortunately I do not think I am going to have sufficient time to canvass everything, but I will certainly endeavour to come back to these matters at the next opportunity when we consider this bill further. What I can say is that in relation to the issues that have been canvassed by Ms Wooldridge in particular around the need for interoperability with other jurisdictions and a potential commonwealth system, I make the point that Victoria is committed to the implementation of a national governance framework and national data-sharing arrangements to reduce the risk of cross-border prescription shopping. The bill enables Victoria to enter into agreements or memorandums of understanding with any jurisdiction or the commonwealth in future to facilitate the exchange of information between jurisdictions for the purposes of such a national system.

I make the further point that on 28 July this year the federal Minister for Health announced a commonwealth commitment of \$16 million for the development of such a system over the next 18 months. While Victoria is now progressing with an alternative platform, it continues to work with the commonwealth and other jurisdictions to progress the establishment of a national governance framework and national data-sharing arrangements to prevent cross-border prescription shopping. I make the point that the funding the Andrews Labor government made available in the budget last year way exceeds what the commonwealth has been prepared to put on the table for the entire country. So obviously that is an issue for them to address as well. However, the software that Victoria builds will be robust enough to scale up to deliver a national platform for all states and territories to use. Other states and territories are at present committed to using the commonwealth software, but there has been interest in Victoria's software, and our government will be negotiating the case for others to join us.

Issues have been raised in relation to the availability of alcohol and drug services post the point of individuals coming into contact with such a system, and particularly the kinds of support that our health workforce will have around these issues. What I can advise is that when the system is implemented it will be primary health clinicians, GPs and pharmacists who will be charged with responding to patients who are revealed to be prescription shopping and therefore at risk of prescription medicine misuse. Workforce training and support initiatives will focus on

strengthening the ability of primary health clinicians to intervene early to prevent prescription medicine misuse, to provide basic drug counselling, to taper the prescription doses and to propose non-pharmacological alternatives for managing pain and other issues, such as insomnia and anxiety. Only the more complex patients will need to be referred to the alcohol and drug treatment sector.

In acknowledgement of the potential increase in demand, we will implement some minor enhancements to the alcohol and drug treatment sector to increase its capacity to respond to patients experiencing addiction to prescription medicines. Further, I make the point that in relation to workforce training and support packages this is intended to include training programs to ensure clinicians can use the system effectively as well as enable clinicians to be more confident and skilled at safely managing patients with addiction problems. It will also go to the development of a network of GPs specialising in pain and addiction medicine to assist in the management of patients with more complex needs in primary care and to make additional enhancements to counselling and referral services for patients with prescription medicine addiction to assist GPs if additional support is necessary.

A consortium has been contracted to develop and deliver the training. The consortium includes all Victorian primary health networks, led by the Western Victoria Primary Health Network, along with the national prescribing service, which is a non-government organisation that develops casual training for health practitioners. Training will be conducted from the second quarter of 2018, three months prior to the commencement of system implementation in the third quarter of 2018, and will continue to be rolled out in advance of each stage of system implementation across all different regions in Victoria.

Further in relation to these issues, I can also advise of the enhancing of these alcohol and drug treatment services from the real-time prescription monitoring budget. Some \$916 000 over four years, plus recurrent funding of \$416 000 per year, has been allocated towards these minor enhancements to the alcohol and other drugs treatment sector to respond to any increase in patients being referred for addiction to prescription medicines. However, very few people who currently access alcohol and other drugs services identified prescription medicine as a primary drug of concern. It is expected that the majority of people identified as misusing prescription medicines will be treated within the primary health sector. This is why there will be a focus on workforce support initiatives that will

strengthen the ability of primary health clinicians, particularly GPs, to respond to the needs of patients, to provide basic drug counselling, to taper prescription doses and to propose non-pharmacological alternatives for managing pain and other issues, such as insomnia or anxiety.

In addition to the real-time prescription monitoring budget, the Victorian government is supporting a major expansion and improvements across the entire alcohol and other drugs treatment system. In 2017–18 alone the government will provide \$220.1 million in drug services across the state. This represents an increase in funding for alcohol and other drugs services of 33 per cent in just three Labor budgets. This includes expanded community treatment services so that more people across the state can get critical services like drug counselling.

There were issues that were raised in relation to codeine and whether it is going to be within the scope of the medications to be covered under these changes. I can advise that the bill will enable the system to monitor all schedule 8 medicines. Medicines classified as schedule 8 carry the greatest risk of misuse, and there are additional regulatory controls in their supply and use. These medicines include strong opioid painkillers such as morphine and oxycodone, as well as stimulants such as dexamphetamine. The bill will also enable other high-risk medicines to be included for monitoring through prescribing these medicines in regulations.

The Victorian government has agreed with the recommendations of an expert advisory group comprising GPs, pharmacists and pain addiction medicine specialists on what additional schedule 4 prescription-only medicines should be monitored. The schedule 4 medicines recommended included all benzodiazepines, such as diazepam, as this class of medicine is involved in the most number of prescription drug-related deaths in Victoria. Other schedule 4 medicines that are emerging as causing significant harm in the community through misuse, such as zolpidem and zopiclone, which are sleeping tablets, and — I will have to spell this one for Hansard — quetiapine, which is an antipsychotic, were also recommended to be included in the system.

In relation to codeine, codeine will be included in the real-time prescription monitoring system. A decision made by the Therapeutic Goods Administration (TGA) late last year rescheduled over-the-counter medicines containing codeine to prescription-only medicines from February 2018 as a measure to reduce the harms from codeine misuse. Given that this TGA decision will have

a significant impact on doctors and pharmacists, the Victorian government has agreed with the recommendation from the expert advisory group to include codeine for real-time prescription monitoring at a later stage after health professionals have adjusted to the changes. There have been recent calls for the commonwealth to reconsider the upscheduling of over-the-counter codeine, and we will be monitoring the issue closely.

The ACTING PRESIDENT (Mr Melhem) — Thank you, Minister. I have to interrupt business. It is 8.30 p.m. Do you want to put the question?

Ms MIKAKOS — I have attempted to cover I think the vast majority of issues raised in the course of the debate. It is really a question for the members opposite, but I imagine that they may want me to continue on.

Business interrupted pursuant to standing orders.

ADJOURNMENT

Ms MIKAKOS (Minister for Families and Children) — I move:

That the house do now adjourn.

Goulburn Valley Health radiotherapy services

Ms LOVELL (Northern Victoria) (20:31) — My adjournment matter is for the Minister for Health, and it concerns the plight of two of my constituents, Shepparton couple Jeffrey and Cheryl Keen. Minister, will you give a commitment to establish and fund appropriate radiotherapy services at Goulburn Valley Health to prevent Shepparton cancer patients, including the Keen family, from having to travel long distances to access life-saving treatment?

I was recently contacted by Cheryl Keen, a 74-year-old pensioner who, along with her 76-year-old husband, Jeffrey, has recently had her life turned upside down. Jeffrey has just been diagnosed with cancer in his right lung. Already suffering from Parkinson's disease and diabetes, Jeffrey faces 20 radiotherapy treatments over five weeks to fight this terrible disease. Cheryl and Jeffrey are asking the usual questions that patients and their families ask in this situation: 'Why us?', 'What's going to happen?' and 'Am I going to die?'.

Another question Cheryl is asking is why her husband has to travel to Albury, a round trip of over 4 hours per day, four days a week, to receive a 10-minute radiotherapy treatment. She wants to know why Jeffrey cannot receive the treatment locally at Goulburn Valley

Health, which is less than 5 minutes from their family home.

Cheryl and Jeffrey have many more questions, most of which can only be answered by their doctors, but Cheryl also wants to know how they are going to financially afford the costs associated with travelling to Albury for radiotherapy. Their plan is to travel the 4-hour round trip, but that will cost a fortune in petrol. Cheryl realises that sometimes the radiotherapy will make Jeffrey too ill to travel and they will be forced to stay in Albury for days at a time, which means she will have to find money for food and accommodation. Like most age pensioners, Cheryl and Jeffrey struggle with normal day-to-day cost-of-living pressures, and now they face more financial hardship from being away from home and the emotional cost of being away from the support of family and friends.

Cheryl Keen is scared, but she is also angry — angry that the man she loves has to endure a 4-hour round trip by car to receive a 10-minute radiotherapy treatment that will hopefully save his life. She is angry that these services are not available locally at Goulburn Valley Health. She is angry that her husband, like so many others, must face his battle away from home without the support of his family and friends, and she is angry that they have the added financial burden of having to travel to receive the treatment that will save Jeffrey's life.

The prognosis for Jeffrey is good because his doctors are saying they caught the cancer early, but Cheryl's anger is entirely understandable, not just for her and her husband but for many other cancer patients in the Goulburn Valley. We know that over a two-year period more than 600 patients from the Goulburn Valley Health catchment area were forced to travel long distances to receive radiotherapy treatment. The lack of support from loved ones, the pain associated with treatment and travel, and the huge financial toll on patients and their families are just not fair.

The Goulburn Valley community deserves better. Minister, will you give a commitment to establish and fund appropriate radiotherapy services at Goulburn Valley Health to prevent Shepparton cancer patients, including the Keen family, from having to travel long distances to access life-saving treatment?

VicRoads

Ms CROZIER (Southern Metropolitan) (20:34) — My adjournment matter this evening is directed to the Minister for Roads and Road Safety, Luke Donnellan, and it relates to VicRoads and car registration. A

constituent of mine has had a most unsatisfactory experience in relation to car registration, following her daughter being pulled over by police saying that the car she was driving was unregistered by six days. My constituent had purchased the car a year ago from a dealer but never received the registration renewal notice, which was due on 30 September, in the mail from VicRoads.

She has not moved address in the last 12 months, has a locked mailbox, has held a licence for over 34 years and has always paid her registration on time. Despite being told by VicRoads that a notification had been sent to my constituent on 19 August, she is adamant that it was never received. VicRoads has been plagued with problems such as this. In 2015 it admitted a computer glitch had occurred, and it was reported that 'Some ownership transfers were not fully processed' and that 'Further IT issues have prevented some drivers receiving renewal notices six weeks before their registration expires, as is customary'.

My constituent at the time of the police pulling over her daughter was told she would have to pay the car registration of \$800 on the spot and incur a fine of \$793. Despite paying the registration immediately, she was still fined. I have no doubt my constituent is telling the truth when she says she did not receive a notification. VicRoads has form here, and there is evidence that these problems still exist two years on given all the issues they have previously had. My constituent phoned VicRoads and firstly explained that she had never received notification, to which the response was, 'We will add you to the list of people who have also experienced this issue'.

How is it fair and reasonable that someone who has a stellar record in paying their registration, who claims they never received any notification from VicRoads and with a registration being overdue by only six days is hit with a substantial financial cost requiring payment of a total of almost \$1600? For many Victorians who are going about their business in a legitimate fashion, being penalised with such an onerous penalty system is unfair and wrong. Why is there no mechanism for VicRoads to send out a reminder email or text to alert them that their payment is almost due? Surely we want people to continuously register their vehicles and not incur such prohibitive fines.

I acknowledge that there are too many Victorians who have flouted the law by driving unregistered vehicles and also that there are mechanisms for people to be able to have their fines waived due to hardship. If that is the case, then why can there not be a fair and reasonable approach to allow those law-abiding Victorians who are

affected by an oversight or failure of VicRoads and/or Australia Post to deliver a notification to have some flexibility?

The action I seek from the minister is that he provide me with the number of Victorians who have been added to this VicRoads list that I spoke about of people who have phoned and complained about not receiving their registration notification and have incurred a subsequent huge fine since 2015, as my constituent has.

North-east link

Ms DUNN (Eastern Metropolitan) (20:37) — In August a member of the government relations team of the North East Link Authority provided me and my staff with a briefing on the proposed toll road. They were not equipped to answer any questions at the meeting and committed to take questions on notice, which were supplied within 48 hours by my office. Seven weeks later I am still waiting on a response. The opaque approach of the Andrews government and the North East Link Authority is unsettling for residents in the north-east and east. It is unacceptable that planning for this major project is taking place under a veil of secrecy and in the confusion of presenting four potential routes.

The action that I seek is that the Minister for Roads and Road Safety make public the following information: origin and destination data from comprehensive traffic surveys; input data and assumptions used in the Veitch Lister Consulting Zenith model; any preclusion of future mass transit infrastructure, including Doncaster heavy rail or Doncaster bus rapid transit; any preclusion of expansion or improvement to the Doncaster park and ride; and the methodology and comprehensive results from the survey conducted by the North East Link Authority.

STEM Sisters

Ms SHING (Eastern Victoria) (20:38) — The matter that I wish to raise this evening is for the attention of the Minister for Education in the other place, Mr Merlino, and it relates to a recently held event in Gippsland, the STEM Sisters program, which is designed to encourage girls and women to consider a career in science, technology, engineering or mathematics. We know that these programs do in fact work to provide incentives and to demystify a career that is often considered to be a very masculine pursuit, and that this is in fact incorrect and that women can and do make a wonderful and very positive contribution to the science, technology, engineering and mathematics

(STEM) sector industries and to the employment opportunities that exist within that.

To coincide with the work that has been undertaken as part of the STEM Sisters program and the work of the Baw Baw Latrobe Local Learning and Employment Network, I would ask that the minister give active consideration to additional incentives and work that could complement programs such as the STEM Sisters program within the Gippsland area to encourage more girls and women to become acquainted with potential career opportunities, professional development opportunities and skills and training opportunities to enter the world of STEM, particularly as it relates to technology in the primary industries that have been identified for Gippsland, namely health care and aged care, as well as food and fibre technology and new energy technology.

We know that these are pathways which can and will create meaningful employment, and to make sure that women have the best possible opportunities to avail themselves of careers in these areas I would ask that the minister do all the work that can be done to complement the work of programs such as the STEM Sisters program. I congratulate them on continuing to bring these issues to the fore in a part of the world where we do want to encourage gender equity across the board and to give our young women as many opportunities as they might desire to pursue the careers of their choice.

Police vehicle ramming

Mr MORRIS (Western Victoria) (20:41) — My adjournment matter this evening is for the attention of the Minister for Police. I believe that is Ms Neville, the member for Bellarine in the other place. I note that there has been a significant spate of police car rammings across the state of Victoria, and more particularly in Ballarat there has been a significant number of police car rammings. There was one again just last week.

Fortunately in all of the instances so far in Ballarat there has not been a police officer or a member of the community seriously injured to this point, but I do fear, and certainly my colleagues on this side of the house fear, that if police car rammings do continue in the way they have to date it will place police officers at significant risk of being injured. That is why Mr O'Donohue, the shadow Minister for Police, introduced legislation to deal with this specific offence and give a very strong signal to criminals that if they are going to commit this offence, there will be very serious consequences for these actions.

Minister Neville said on 9 August that legislation with regard to police car rammings to be introduced by the government was just weeks away. Now 9 August is not just a number of weeks away. It was months ago that the minister said this, and in spite of the time that has passed and the recurrence of police car rammings, the government has failed to act, which is terribly disappointing not just to the community at large but of course to Victoria Police. I note the Police Association Victoria has been very strong in advocating for this type of legislation.

I note that it is not permissible to call for legislation in the adjournment debate, but the action that I would seek from the minister is that she detail to the community and to Victoria Police when it is that this legislation is going to be introduced so that the community and our hardworking policemen and women have some certainty around when it is they can expect some protection by this new law being introduced.

La Trobe University international students

Mr ELASMAR (Northern Metropolitan) (20:43) — My adjournment matter is for the minister responsible for international education, the Honourable Philip Dalidakis. International education is Victoria's largest service export sector. Victoria also has over 175 000 international students studying at our universities and vocational education and training sector providers. As the minister will be aware, La Trobe University's main campus is located in Bundoora within Northern Metropolitan Region. The action that I seek from the minister is to advise me what support services have been put in place to help international students while they are studying at La Trobe University.

The PRESIDENT — Mr Elasmarr, that was a record-breaking contribution. I think the only shorter contribution was Mr Nguyen on a previous occasion, who said, 'I agree with the bill'.

Wonthaggi Secondary College

Ms BATH (Eastern Victoria) (20:45) — My adjournment matter this evening is for the Minister for Education, the Honourable James Merlino, in the other place. The action I seek from the minister is that he commit to the funding of a new Wonthaggi Secondary College in the 2018–19 budget. I ask the minister to contact the principal, Darren Parker, and commit to funding the new school on the site of McKenzie Street in Wonthaggi in next year's budget. The plans have been approved, and the community is 210 per cent behind this vital educational facility.

This afternoon here at Parliament I met with Darren Parker, principal; the school council president, Geoff Robertson; Terry Earl, the secretary of the Wonthaggi Business and Tourism Association; the mayor of Bass Coast Shire Council, Pamela Rothfield; along with two former student leaders who are leading the call for a new Wonthaggi college. There is strong community backing behind their call for a new college. They are encouraged by the wide support from across the Bass Coast for the push to secure this long overdue, major redevelopment of the college and creation of a new education precinct.

Today's visitors to Parliament have collated a petition that has been signed by almost 3000 people. This is a significant number when we look at the township and surrounds being around 10 000 people. Over 10 years ago in a former career I taught at the junior campus of the Wonthaggi Secondary College and visited the senior campus on many occasions. Having toured the college on a number of occasions recently, I see that the school president, the school principal and the school community have been putting bandaids on this ailing infrastructure for a long, long time. The school continues to have asbestos-riddled buildings. It continues to have classrooms that are not conducive to a modern teaching environment. There are poky corridors and far too many non-disability-compatible steps. To accommodate the growing student population, they have put only recently a double portable on the site of what was once the oval. This also increases the issues in relation to overcrowding and giving students enough space at recess and lunchtime.

The school has had in the past and continues to have a magnificent culture of student-centred learning and putting the student at the heart of their educational needs, but this building is no longer fit for purpose. It is antiquated and out-of-date, and it does not suit a 21st century learning environment. Infrastructure should enable rather than hinder student learning, and that is why the Andrews Labor government needs to act to support the Bass Coast community, and again I call on the minister to contact the principal, Darren Parker, and commit to funding the new school in next year's budget.

Sunbury Road, Tullamarine, upgrade

Mr FINN (Western Metropolitan) (20:48) — My adjournment for this evening is to the Minister for Roads and Road Safety. I have to point out right at the beginning that the people of Sunbury and surrounds of the north-western suburbs have put up with a great deal over the course of the widening of the Tullamarine Freeway. We have come across a situation where the

freeway has been closed at regular intervals. We have constantly been subject to changing speed limits, where we may be going from 80 to 60 to 40, back to 80 and down to 40 again, all in the space of 150 metres.

This is not a rare event at all unfortunately, but I really have to draw to the minister's attention the state of the Sunbury Road extension onto the Tullamarine Freeway. The surface could probably best be compared to a Third World goat track. It is nothing short of disgraceful. It is causing a number of vehicles damage, and I just cannot believe that anyone could expect my constituents to travel on this road. We know that Sunbury Road has its own set of problems created by the government's refusal to duplicate that road, and we know that the added traffic from Sunbury and the Macedon Ranges to the airport is creating major problems there, but the extension itself onto the Tullamarine Freeway, I have to say, is probably the worst surface I have ever seen on any road.

It is truly disgraceful. I do not know if it is VicRoads and I do not know if it is Transurban who are doing this, and quite frankly I do not care. I just want it fixed, because this has been going on now for many weeks. I do not know exactly how or with what they have caused the surface of this road to be the way it is. They must have put a lot of time and a lot of effort into it, and if they put that much time and effort into creating this shocker of a road, then surely they can put a little bit of time into fixing it.

I am asking the minister to ensure that a proper surface is restored to Sunbury Road where it meets the Tullamarine Freeway, and if the minister would like me to line up thousands of people who are prepared to give evidence as to the state of the road and the state of the surface of the road, then I am very happy to do that as well. But I ask the minister as a matter of urgency to ensure that a proper surface is restored to Sunbury Road and Tullamarine Freeway.

Queenscliff cultural hub

Mr RAMSAY (Western Victoria) (20:51) — My adjournment matter tonight is for the Minister for Regional Development, the Honourable Jaala Pulford, and the action I seek is funding from her department for the Queenscliff cultural hub.

As its name suggests, the hub would be a central focus for the town and would bring together the Queenscliff library and Queenscliff historical museum and expand and modernise the visitor information centre. I would like to acknowledge the work that the former member for the Assembly electorate of Bellarine, Garry Spry,

has done in relation to his advocacy for the Queenscliff hub. Despite a number of applications through Regional Development Victoria and in fact the federal National Stronger Regions Fund, unfortunately those applications have been rejected. Nevertheless, as we know, Garry is still confident that funding will be provided, and he has asked me to advocate on his behalf as strongly as I can through the minister to obtain funding for this very important hub. We also have the local police station at Queenscliff, which could be moved down to this hub, where there would be higher visibility of the police presence in the township of Queenscliff and far better customer service than that provided at the current station, which is not fit for purpose and is not operating during the hours promised by the Minister for Police, Lisa Neville.

The people of this community deserve action. I was delighted to attend the Victorian Regional Achievement and Community Awards gala presentation dinner on Friday night, and I note that many of my coalition colleagues also attended but sadly none from the government attended. Even the patron, the Honourable Jaala Pulford, was not in attendance. Of the 10 categories, I was proud to see that eight of the winners were from Western Victoria Region. Included in those eight were the volunteers at the Queenscliff visitor information centre, who won the customer service award, and while they have gained recognition from their community, unfortunately the government is continuing to fail to acknowledge their needs.

During the term of this government, as I said, funding applications to support the hub proposal have been knocked back, and it is hard to believe that this pivotal project is not good enough for a successful application, but then maybe Queenscliff is not quite on the radar at this current time in relation to seats that need to be saved. The last application sought \$2.8 million, and while this government is busy pork-barrelling in Northcote and inner-city Melbourne, country communities like Queenscliff are being ignored. The sad fact is that the cost of this project has increased by \$300 000 in 18 months, so it is important that there is a commitment by the Andrews government to the Queenscliff hub, which is strongly supported by the whole community and region of Queenscliff. That is why the action I seek from the minister is for her department to approve the now current application for funds to allow this hub to eventuate.

Mouse control

Mr O'SULLIVAN (Northern Victoria) (20:54) — My adjournment matter tonight is for the Minister for Health, and the action I am seeking from the minister is

to facilitate with the Department of Health and Human Services (DHHS) mouse bait mixing to be undertaken in Victoria.

Mice as we know create a hell of a problem for farmers, and with the grain harvest about to be undertaken, the mice plague is continuing to build and continuing to cause problems for grain farmers, particularly up in the north and in the Mallee. One of the farmers called me in just the last couple of days saying that he is about to start baiting for the fifth time, and because of the crops being so advanced he is having to actually get an aeroplane in to drop the poisonous grain onto his crops to try and keep the mouse numbers down. This same farmer was telling me that he has to travel over into New South Wales to actually get the grain that is poisoned with a chemical called zinc phosphide. This is a schedule 7 chemical, so it does require some safety in terms of the way it is handled, but it is handled very well and very efficiently over in New South Wales, so there is no reason that it cannot be used in Victoria. At the moment you cannot actually get zinc phosphide mixed with wheat because of the regulations between the Department of Economic Development, Jobs, Transport and Resources (DEDJTR) and the DHHS.

The action I am seeking is that the minister work with her department to negotiate the enormous amount of bureaucracy required to get to a position where we can have a group or company set up here in Victoria able to mix the chemical with the grain and make it available for farmers so they can protect their crops, which are obviously their lifelines and where they make their money. There was a reasonable grain harvest last year, which has meant there has been a reasonable amount of grain on the ground so mice have bred up. There is going to be a reasonable harvest again this year, so it is a huge asset that is currently out in the paddocks, and if the mice are to explode in numbers, they will eat the stalks of the crop and that drops onto the ground and is unable to be harvested. Then we have got the sowing season coming up early next year, so it is very important that we get on top of the mice so that they do not continue to breed and create a problem for farmers, which would take away the important wealth that they would create not only for themselves but also for this state.

If the minister can work with her department to overcome the bureaucracy to allow for mouse bait mixing to occur in Victoria, that would be much appreciated by all farmers in northern Victoria.

Ms Shing — On a point of order, President, I note that on the adjournment Mr O'Sullivan directed his matter to the attention of the Minister for Health. It

would just seem to me that in the event that this relates to pest control within an agricultural context, that might be something that is more appropriately directed to Minister Pulford given that the Minister for Health does not have direct jurisdiction for the management of pests in an agricultural setting, or indeed I seek some clarification about the way in which this has an interface with the minister's portfolio.

The PRESIDENT — Mr O'Sullivan, that actually exercised my mind as well.

Mr O'Sullivan — On the point of order, it is a matter for the Minister for Health to allow that chemical to be used for that purpose in Victoria, and I think if you spoke with the Minister for Agriculture she would agree with that. I actually raised such an adjournment matter with the Minister for Agriculture in March of this year and she referred me to the Minister for Health to look at the use of the schedule 7 chemical in terms of its being able to be used for that purpose here in Victoria.

The PRESIDENT (20:58) — I will accept Mr O'Sullivan's explanation, and clearly if he has directed it to the wrong minister it obviously is a problem in terms of the response. However, as I indicated in terms of Ms Shing's original point of order, it did exercise my mind as to whether pest control actually fell within the responsibility of the Minister for Health. But anyway, an explanation is there from Mr O'Sullivan. He has already steered a course. We shall see.

Responses

Ms MIKAKOS (Minister for Families and Children) (20:59) — This evening I have received adjournment matters from Ms Lovell directed to the Minister for Health, from Ms Crozier directed to the Minister for Roads and Road Safety, from Ms Dunn directed to the Minister for Roads and Road Safety, from Ms Shing directed to the Minister for Education, from Mr Morris directed to the Minister for Police, from Mr Elasmarr directed to the Minister for Trade and Investment in his capacity as having responsibility for international education — I take this opportunity to congratulate Minister Dalidakis on his new appointment, from Ms Bath directed to the Minister for Education, from Mr Finn directed to the Minister for Roads and Road Safety, from Mr Ramsay directed to the Minister for Regional Development and from Mr O'Sullivan directed to the Minister for Health. I will refer all those matters to the relevant ministers for response.

In addition, I have written responses to 28 adjournment matters this evening.

The PRESIDENT — Thank you, Ms Mikakos. On that basis, the house stands adjourned until tomorrow.

House adjourned 9.00 p.m.