

# UNCORRECTED PROOF ISSUE

**Monday 3 June 2019 - Estimates Committee B (Ferguson)**

## HOUSE OF ASSEMBLY

### ESTIMATES COMMITTEE B

**Monday 3 June 2019**

#### MEMBERS

Mr O'Byrne  
Mrs Rylah (Chair)  
Mr Tucker (Deputy Chair)  
Dr Woodruff

#### SUBSTITUTE MEMBERS

Mr Bacon  
Dr Broad  
Ms Butler  
Ms O'Byrne  
Ms Standen  
Ms White

#### IN ATTENDANCE

**Hon. Michael Ferguson MP**, Minister for Police; Fire and Emergency Management; Minister for Health; Minister for Science and Technology

#### Ministerial Staff

**Kyle Lowe**, Chief of Staff  
**Daniel Gillie**, Senior Adviser  
**Emma Fitzpatrick**, Senior Adviser  
**Chris Edwards**, Senior Adviser  
**James Ritchie**, Adviser  
**Ben Gourlay**, Adviser

#### Department of Police, Fire and Emergency Management

**Darren Hine**, Secretary DPFEM and Commissioner of Police

**Scott Tilyard**, Deputy Commissioner of Police  
**Chris Arnol**, Chief Officer, TFS  
**Bruce Bryatt**, Deputy Chief Officer, TFS  
**Ian Whish-Wilson**, Acting Assistant Commissioner of Police  
**Jonathan Higgins**, Assistant Commissioner of Police  
**Donna Adams**, Deputy Secretary, Business and Executive Services, DPFEM  
**Todd Crawford**, Director Business Services  
**Jemma Ball**, Acting Manager, Media and Communications  
**Matthew Brocklehurst**, Acting Director, SES  
**Chris Collins**, Acting Director, Community Fire Safety

#### **Department of Health**

**Michael Pervan**, Secretary, Department of Health  
**Michael Reynolds**, Deputy Secretary, Corporate Services  
**Ross Smith**, Deputy Secretary, Planning, Purchasing and Performance  
**Tony Lawler**, Chief Medical Officer  
**Eleanor Patterson**, Deputy Chief Financial Officer  
**Craig Watson**, Chief Corporate Officer, Tasmanian Health Service

**Neil Kirby**, Chief Executive Officer, Ambulance Tasmania

**Mark Veitch**, Director of Public Health  
**Peter Boyles**, Chief Pharmacist  
**Aaron Groves**, Chief Psychiatrist  
**Ben Moloney**, Project Director, Royal Hobart Hospital Redevelopment

#### **Department of Premier and Cabinet**

**Ruth McArdle**, Deputy Secretary, DPAC  
**Glenn Lewis**, Chief Information Officer  
**David Briggs**, Director of Service Delivery and Operations

#### **Department of State Growth**

**Bob Rutherford**, Deputy Secretary, Department of State Growth  
**Lara Henricks**, Acting General Manager, Business and Trade Tasmania

**The committee met at 9 a.m.**

#### **DIVISION 5**

(Department of Health)

**CHAIR (Mrs Rylah)** - Good morning everyone. I welcome you to Committee B for the Estimates session this morning. Welcome, minister and witnesses who will be at the table at various times today.

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Minister, could you please introduce the persons at the table, their names and position, for the benefit of *Hansard* please.

**Mr FERGUSON** - Thank you and good morning. I am joined by Mr Michael Pervan, Secretary of the Department of Health, Michael Reynolds, Deputy Secretary, Corporate Services, Department of Health, and I will introduce others as required through the day.

**CHAIR** - The time schedule for the Estimates for the Minister for Health is six hours. We will take a short break for morning tea at 11 a.m. Please note the time taken for breaks is added to the time. I will be making breaks brief. Members would be familiar with the practice of seeking additional information, questions on notice, which must be agreed to be taken. It must be stated, agreed by the minister, put in writing and then at the end of the session approved by the minister.

Minister, do you have an opening statement.

**Mr FERGUSON** - Thank you, Chair, and good morning colleagues. I have an opening statement to share before questions.

The Hodgman Liberal Government has invested heavily in Tasmania's health system, putting a greater and greater share of the state budget towards improving our health system across the state. Over the last five years the Government has delivered more than 1000 full time equivalent staff to our health system and opened more than 130 new beds in our hospitals. We fully acknowledge the challenges driven by increasing demand and are facing these challenges head on.

The 2019-20 Budget delivers a record \$8.1 billion for health services over the next four years, \$544 million more than last year's budget and \$2.3 billion more than the last Labor-Greens budget.

It represents nearly 32 per cent of the entire state Budget, the second highest rate of any state in Australia and compares to around 25 per cent a decade ago. We acknowledge, it is absolutely no secret, demand for acute health services has been growing at a significant rate. We know that and attempting to meet today's demand in yesterday's hospital buildings that simply are not adequate to meet the demand.

That is why we are building - so we can open more beds - within excess of \$350 million of capital investment in this Budget. While we do this, we are making every effort to better meet demand, including co-hosting an Access Solutions meeting with the Australasian College of Emergency Medicine and provided targeted funding in the Budget for emergency care.

The biggest opportunity for increased capacity in our health system is the Royal Hobart Hospital redevelopment. This is the largest health infrastructure project ever undertaken in this state and I am pleased it is nearing completion. It is no secret there have been challenges throughout this project. The size and complexity of the redevelopment cannot be underestimated. I can today advise the committee the managing contractor or our builder, John Holland Fairbrother joint venture, provided a revised construction program for the project last month with a revised forecast practical completion date of September this year, one month later than previously forecast.

Following receipt of the revised program the Government's project team has scrutinised its detail and taken independent programming and other advice to inform this update. Throughout the build the project team has routinely taken expert advice to ensure the Government's rights under the

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contract have been protected on behalf of taxpayers. The Government's project team has advised while the builder has forecast practical completion in September, it takes the precautionary view there remains a risk this could occur closer to the end of the calendar year, noting the well publicised issues the builder has faced in delivery of the project to date. It is important to note there are significant incentives built into the contract for the builder to minimise delays including financial penalties for late delivery.

The project team has advised given ongoing program review and associated commercial matters, further speculation on these issues is not appropriate. It is, of course, of utmost importance we accept a fit for purpose building, constructed to meet the required standards and clinical areas are defect-free at practical completion, given the operational and infection control impacts of managing any post completion defect repairs.

The project team will continue to apply a high level of scrutiny to the project to ensure it is delivered as soon as possible and of the quality we expect. Given the revised forecast practical completion date, the secretary of the department has consulted with the Chair of the Clinical Planning Taskforce, Professor Tony Lawler, and the Government's project team and assessed the most appropriate pathway forward and timeframes for operational commissioning. The secretary has advised the commissioning of patient services on the ground floor, such as the new access and patient flow unit, can commence shortly after practical completion, with some services expected to be migrated by the end of this calendar year.

The access and patient flow unit will provide a range of services to patients, including the facilitation of admissions and discharges, as well as a transit lounge for both standard and complex patients. On practical completion, planning and preparatory work will increase with the movement of major inpatient services to occur in February of next year. The process of commissioning a new hospital is complex, and requires significant planning and focus on a wide range of tasks, including planning the movement of services, staff orientation and training in the new building, the testing of clinical scenarios and new models of care.

Operational commissioning also requires full infection-control review and clean before the movement of equipment, furniture and patients to the new building. These complexities are greater in a working hospital environment where existing service delivery must be maintained without disruption while this process occurs.

The movement of inpatient wards in February 2020 provides an appropriate time to ensure the safe and efficient relocation of inpatient clinical services in K Block, with minimal impact on operational services. This will ensure that patients and staff benefit from the additional capacity as soon as it can be safely commissioned, without unnecessary disruption to hospital services, and of course, well in advance of next winter.

I will be joined by the Government project team director later today to assist in questions of detail around the project. This is, of course, a huge long-term capacity boost for acute health services that will benefit the entire state. Also, the Budget includes \$40 million to support emergency care and bed access. This includes support for any immediate measures emerging from the access solutions meeting, as well as commissioning extra hospital capacity arising from the redevelopment. We won't wait. We will bring forward bed openings when we can.

We are investing \$90 million to start stage 2 of the Royal Redevelopment resulting in a bigger emergency department, more ICU beds and ward upgrades over the next three years.

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In the north of the state the 2019-20 state Budget includes \$15 million for eight new beds on ward 4K at the LGH with more staff and the \$87 million LGH Redevelopment is continuing this year. Importantly, the LGH Master Plan will be completed over the next 12 months, which will help chart the course of the next stages of development. Also, in the north-west more than \$20 million will be spent to staff eight new beds at the North-West Regional Hospital and \$2 million to complete construction of the new antenatal clinic. Nearly \$32 million will complete upgrades at the Mersey Community Hospital, which will then receive a further \$4 million for new services.

Significant demand pressures have also challenged our ambulance service. We have allocated an extra \$20 million over four years to help meet demand. The overall Ambulance Service Budget almost doubles in this Budget to \$438 million over the next four years. That is over \$200 million more than in the 2013-14 Budget or an 87 per cent increase in just five years.

In closing, Tasmanians can be assured that the Government is investing in our essential services and infrastructure that our growing state needs to ensure that we can all benefit from a thriving economy and continue to enjoy Tasmania's unique way of life.

**CHAIR** - Thank you, minister. Our question ratio is two, one, one, it will be very difficult to achieve that, so I would appreciate if everyone would go through the Chair so we can have an orderly meeting.

**Ms O'BYRNE** - Minister, do you expect to be the Health Minister in a month's time?

**Mr FERGUSON** - That is a bizarre question. Thank you, Ms O'Byrne, for the opening question. It is a pleasure and a privilege to serve as Health Minister at a time where the Government is actually investing in health, rather than cutting health, as it did when you were the health minister.

**Mr BACON** - Sounds like a no.

**CHAIR** - Order.

**Mr FERGUSON** - And every day I will continue to work hard on behalf of the Tasmanian people.

**Mr BACON** - Sounds like a no.

**CHAIR** - Mr Bacon, order.

**Ms O'BYRNE** - Madam Chair, if I could just clarify a simple yes or no would suffice, do you expect to be Health Minister in a month's time?

**Mr FERGUSON** - Yes. It is a question that shows that you clearly have no policies.

**Ms O'BYRNE** - Or perhaps a greater understanding of your future than you.

Minister, the AMA has taken a rather unprecedented step in producing and publishing a series of questions that its members feel need to be answered. The AMA has clearly indicated by doing this that they don't believe the information they routinely receive from you to be transparent and potentially honest. If I can quote from their letter, it says -

Consequently, the AMA have taken the unprecedented step of preparing a series of detailed questions, the answers to which will finally provide public transparency regarding the THS and surface the truth about what's really happening in Tasmania's health system.

Minister, we intend to go through those questions on behalf of the AMA and the Tasmanian community, so if I can turn to their first question: What is the operating budget for each of the Royal Hobart Hospital, Launceston General Hospital and North West Regional Hospital, and by how much will each increase in absolute terms in 2019-20 compare to actual expenditure in 2018-19?

**CHAIR** - Minister, I believe we are in overview at this point in time.

**Ms O'BYRNE** - Yes, we are.

**Mr FERGUSON** - Thanks, Chair. It is with remarkable haste that the Opposition have jumped off their earlier stunt question and moved on to asking questions that I will be happy to answer.

**Ms O'BYRNE** - We will talk about it in a month's time, shall we?

**Mr FERGUSON** - I have some opening comments I would like to make with regard to the AMA, a list of questions and also I will endeavour to provide answers to the greatest extent possible and available to me and transparently answering questions of interest not just to the AMA but to the Tasmanian people.

I will begin by simply saying that it's a matter of record that the AMA has published a list of questions they would like the answers to. It's absolute rubbish for the Opposition to somehow attempt to claim that the Government doesn't have a good and solid working relationship with the AMA because we do.

Turning to the question on general budget matters, the 2019-20 Budget and forward Estimates includes spending of \$8.1 billion for Health over the next four years - an increase of \$544 million compared to the last Budget and \$2.3 billion more than the last budget of the former Labor-Greens government. As the budget paper shows, spending on Health in 2019-20 is expected to be \$155.5 million greater than in the 2018-19 Budget, and it is also greater than the current estimated outcome for 2018-19. Further, it grows each and every year of the budget and forward Estimates.

The process of developing hospital budgets is continuing, noting the Budget was handed down less than two weeks ago and is currently still before the parliament. It's important to note that there's \$40 million allocated through Finance-General, of which \$30 million is allocated in the coming year. The final allocation of that is subject to consultation, which I have been very clear for some time - consultation with clinicians, including through the upcoming Access Solutions meeting to which I've invited a representative of the AMA. Furthermore, the Budget and forward Estimates are yet to include funding from a range of Coalition election commitments which will also increase planned spending on Health.

**Ms O'BYRNE** - If I can, I have to get an answer. The minister failed to answer. The actual Budget was -

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**CHAIR** - Ms O'Byrne, Dr Woodruff has the call.

**Dr WOODRUFF** - Minister, you are fully aware of the Attorney-General's report into the emergency departments across the four hospitals. The response that I heard to that report on radio by Dr Tom Mullins from the Launceston General Hospital was that patients are dying. He made the point very clearly that patients are actually dying as a result of the bed block and the crisis in emergency departments.

The Auditor-General's report also confirms that there has been a 60 per cent increase in what's called adverse events, which in layman's speak means people dying more as a result of being placed in situations that could otherwise have been avoided had they received more timely care. This 60 per cent increase has occurred in the last three years under your term as minister. They've mostly occurred in the emergency departments of the Launceston General Hospital and the Royal Hobart Hospital. My question to you, minister, is: do you accept that people are dying and being made sicker by bed loss, as the doctors in these emergency departments have said?

**Mr FERGUSON** - Dr Woodruff, while I'll make some overview comments on this and at the appropriate output we can go to any level of detail that the committee wants to. I'll invite the secretary to add to my answer. The Auditor-General's report is a very useful and helpful contribution at a time when our health service is under considerable stress. The Government absolutely acknowledges that; indeed the Auditor-General himself has written and stated that the Government recognises these significant challenges. There are a number of people, particularly in political life, who are inflaming matters, particularly when they refer to adverse outcomes as a measure of deaths and avoidable deaths, which is extremely problematic. The secretary will be able to well and truly outline the way that the SLRS system works and whether that is actually at all a measure of avoidable deaths in hospitals. I am not advised of any deaths in hospitals that are attributable to access bed block. As I read the Auditor-General's recent report, together with my briefings from the Department of Health, adverse outcomes is actually a measure of the extent to which staff are using the SLRS system -

**Dr WOODRUFF** - Can you just dejargonise that, would you mind?

**Mr FERGUSON** - Yes. To log any case where a patient has experienced an outcome or a situation that through further learning could have been avoided or improved in future - it's a learning and reporting system - SLRS. What's the first S?

**Mr PERVAN** - Safety Reporting and Learning System.

**Mr FERGUSON** - Safety Reporting and Learning System. So it's a system that staff are actively encouraged to use. In fact, as part of health and safety accreditation it's strongly encouraged and it has been used more and more every year. While the Auditor-General's report reflects the increased utilisation of that reporting and learning system, the current advice that I have is that politicians should not be using that to attempt to scare the public as any kind of measure of avoidable deaths in hospitals.

**Dr WOODRUFF** - I want to say I'm not a politician who is using that; I was reporting what a doctor has said and asking you to confirm whether you think it's true that patients are dying.

**CHAIR** - Dr Woodruff, let's please allow Mr Pervan to answer.

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**Mr PERVAN** - As the minister said, an increase in reporting doesn't mean an increase in events. It just means that more of our staff are embracing the use of the system. The system doesn't record deaths caused by adverse outcomes or attributable to adverse outcomes, or people dying more. It records reports from staff of patients who they believe are at risk, and it reports them according to various categories of risk, which is based on an initial perception of the staff. That triggers a review and an investigation to see whether it's an accurate report and whether anything can be done to make sure that that risk doesn't emerge in the future. We are very pleased at an increase in reporting because it means people are putting more investment of their time and their attention into safety and quality. So, it may be that there was a larger number of risks in the workplace before we introduced the system, but they weren't being reported. In fact, Tasmania does have, against other states and territories, a risk of lower reporting. This is actually a good thing that people are increasingly reporting and raising these issues so that we can address safety and quality issues in the service.

**Dr WOODRUFF** - How are you confident, Mr Pervan, that that's not a real increase? You're attributing it to a reporting increase; it's very hard to differentiate the two. Why are you so confident that it's not actually a real increase?

**CHAIR** - Can I remind the committee please to ask questions through the Chair?

**Mr FERGUSON** - I was just about to offer that to keep this tidy today I will be answering questions and I will be inviting other witnesses to provide evidence and support where required, but I don't want our public servants being scrutinised directly like that. Nonetheless, we are happy to provide the answer.

**Dr WOODRUFF** - Minister, do you not think that there has been any increase in patients dying, which has been reported. It is the accepted understanding of the outcome of the reading of the Auditor-General's report.

**Mr FERGUSON** - Accepted by whom?

**Dr WOODRUFF** - By the clinicians who have been responding. By many doctors and nurses who have responded on the back of this. Are you saying there is nothing in the report?

**CHAIR** - Order. Can we allow the minister to answer please?

**Mr FERGUSON** - I am thankful that you answered that question from me. It is a reminder of the importance of being responsible in public office and when politicians have taken from the Opposition I will note, the Auditor-General's faithful rendering of the adverse outcomes register, the safety reporting and learning system, the utilisation of that and attempted to scare the public with an interpretation of that into adverse outcomes equals deaths in the hospitals, it is extremely unprofessional. It is incorrect and we'll never, ever dismiss advice which says that we need to continue to make our health system safer. I will never ever do that.

**Dr WOODRUFF** - Isn't there a relationship between adverse outcomes?

**CHAIR** - I am going to direct the call to Ms O'Byrne.

**Mr FERGUSON** - I don't think I am quite finished. We are taking the Auditor-General's report extremely seriously. It is a helpful report which sheds a light on opportunity areas for

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hospitals, specifically hospital leadership, to continue to improve the way that we provide care, but I would invite you on the basis of your questions to recognise what the secretary's advice to the committee has been around not leaping to any unprofessional conclusions about adverse outcomes.

What the Auditor-General does is highlight that data as one of a large amounts of data which is being used in his report to make a case that we need to improve bed access and that is absolutely what the Government is committed to doing, not just, but including through the Access Solutions meeting this month and the extra funding in the Budget, which will be available to us to utilise off the back of that kind of advice.

**Mr BACON** - Minister, could you inform the committee when you first saw the Auditor-General's report.

**Mr FERGUSON** - I have already told the parliament that.

**Mr BACON** - When was that?

**Mr FERGUSON** - It is on the public record and if you want me to look up *Hansard* I will do that for you.

**Ms O'BYRNE** - You don't remember?

**Mr FERGUSON** - I have answered those questions in some detail.

**Mr BACON** - You don't remember when you first saw the Auditor-General's report?

**Mr FERGUSON** - Yes, I do remember receiving the Auditor-General's report and I provided advice to the House of Assembly on that, Mr Bacon.

**Mr BACON** - When was that?

**Mr FERGUSON** - Would you like me to get the information for you again?

**Mr BACON** - Do you remember it?

**Mr FERGUSON** - I will do that for you, Mr Bacon.

**Mr BACON** - So you don't remember?

**Ms O'BYRNE** - While we are waiting for the minister to recall, you have answered my first question, minister, from the AMA. It is probably an example exactly why they feel you don't give them information. You failed to address the actual questions that would give them some insight as to what is being funded in hospitals now and what will be funded in the future, particularly with your efficiency dividend on the way and a chronic underspending that has already been identified. I ask again, can you give us the 2018 actual expenditure at the Royal Hobart Hospital, the LGH and the North West Regional Hospital, please?

**CHAIR** - I note that you have the other answer. If you want to give that now before you go on, whatever works best for you?

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**Mr FERGUSON** - I will ask the Deputy Secretary, Corporate Service, Mr Reynolds, to address Ms O'Byrne's question in relation to how the Budget process works at the individual hospital level. My advice is we are working through the implementation of budgets and we are in the middle of a budget session and, as I answered earlier, the Government is working with the THS right now in planning budgets for the coming financial year. I will ask Mr Reynolds to address the estimated outcomes for the 2018-19 financial year.

**Mr REYNOLDS** - The department works with the THS in regards to the Budget it provides at a global basis and I note that this year in comparison to the 2018-19 Budget, which was tabled and set last year, the Government is providing significantly more funding this financial year to meet the budget requirements of the various hospital facilities. That information is provided through a service plan. It is provided to the THS executive group and they in turn determine how that is allocated across the four facilities being the Royal, the LGH, the Mersey and the North West and other elements of the THS system.

They then communicate that through to each of the facility executive groups and they are provided an allocation which they are then required to work to. The process for this financial year, as the minister pointed out just a moment ago, is still under development through the service plan as the Budget is still just being delivered. The THS executive will go through a similar process where they will identify what allocation has been provided through the service plan. That in turn will be allocated to each of the hospitals and facility areas for their management to implement.

**Ms O'BYRNE** - Through you, Chair, as a point of clarification, are you genuinely telling me that you cannot tell me how much money was spent in hospitals in 2018-19, that you didn't even have a figure that you were working to? I am sorry but lines about how next year we are going to go through the service plan is not an answer to the question of how much money hospitals are actually getting to do the job they need to do.

**Mr FERGUSON** - I am not prepared to accept you mischaracterising what Mr Reynolds has just said.

**Ms O'BYRNE** - I did say as a point of clarification.

**Mr FERGUSON** - Including accusing him of running lines. Chair, that is appalling and it is disappointing, especially from a health minister who so monumentally failed in this portfolio.

**Ms O'BYRNE** - But as health minister I also know that you do know what the Budget is, minister. You know what the Budget for the year was.

**Mr FERGUSON** - If I may, you left the redevelopment in ruins and sacked a nurse a day for nine months.

**Ms O'BYRNE** - Chair, this is an Estimates process where we are allowed to ask questions of the minister. It is not for him to go back into his tree. It is for you to answer the questions and we want to know what the budgets were allocated for the hospitals in 2018-19. That is a reasonable question.

**CHAIR** - It is not a point of order. Please allow the minister to finish.

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**Mr FERGUSON** - I might continue, please. We are in overview and I am prepared to give overview answers. We can drill down to detail in the relevant outputs but I am not prepared to accept that kind of cheap, lazy, political shot from the former failed health minister. It is not appropriate for her to say that about our public servants either.

I can make it very clear that we are going through a process. By the way, we anticipated this question so I have taken advice.

**Ms O'BYRNE** - Because we all got a copy of it.

**CHAIR** - Order, allow the minister to finish.

**Mr FERGUSON** - My advice is this is nothing new, this is nothing out of the ordinary. This is exactly how it has worked for many years in the way that the budget is delivered in the month of May and then departments, agencies and elements in business units within the department work through their budget allocations and prepare for the new financial year.

I also wish to say that the comments that have been made by Ms O'Byrne now at this committee about the Government's relationship with the AMA are just rubbish. It is unfortunate that things like this get said. I discussed this matter with the AMA last night. We have a very positive, effective working relationship. For the Opposition to again be misrepresenting both the Government and the AMA in this way is extremely unhelpful and, frankly, wrong.

If the committee would like I am also able to answer Mr Bacon's earlier question and since he wasn't aware of my answer in the House perhaps, I am advised that the Department of Health was provided with a full draft report on 15 May 2019 allowing for a provision of a departmental response and to enable the department to raise any issues regarding matters of fact about findings and recommendations. The Department of Health has worked cooperatively with staff from the TAO over the past year in preparation of that report. I was directly provided only with a summary of that draft report by the Tasmanian Audit Office at that time and I am advised that this also is a long-standing standard practice for Auditor-General's reports.

The department, in turn, briefed me on the full draft report and provided me with a copy of that full draft final report. The first time I saw the full final report was along with Mr Bacon when it was tabled in the House and publicly released. I am also advised that this is the same for the department. The full final report and recommendations were not available until they were tabled and released. Again, I just restate for the benefit of the committee that we are taking that report in the vein it was intended to support service improvement, to help Government in making policy, and to support hospital executives in terms of implementation about better solutions in supporting patient access to acute beds.

**Dr WOODRUFF** - Minister, I am concerned that you appear to be downplaying the gravity of the Auditor-General's findings in his report in relation to adverse events. It seems from your response to the previous question that you are somehow suggesting it is just a reporting artefact and it is not actually to do with the wellbeing of people's lives.

The Auditor-General says very clearly that of concern is the rate of emergency department adverse events increasing significantly from 2015 to 2018. The Department of Health defines an adverse event as something that can lead to unexpected harm or loss or damage. Aren't you

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dismissing this concern as an adverse reporting increase? That is certainly not what the Auditor-General is saying in his report.

**Mr FERGUSON** - Dr Woodruff, I assure you the Government takes it very seriously. To be helpful the Government and the department have been actively supporting the Auditor-General throughout the period of his investigation to make sure that we provided him with every possible level of information and detail that would be useful, to allow him to do his inquiry. We welcome the report. It is not easy reading. It does not present a positive picture of patient access to emergency departments in identifying the bed access blockages that are occurring on the wards. This is something that we take very seriously, including your observations around adverse events.

The point that needs to be injected and it needs to be received by yourself and other politicians in our state is to not take the adverse events reporting data and try to scare the public. This is a measure of deaths in hospitals which is unfortunately what has happened.

**Dr WOODRUFF** - I am not saying that. I am saying that your definition says unexpected harm or loss or damage to the patient. There has been a 60 per cent increase. I feel as though you are dismissing the fact that it has an impact on real people's lives. Whether that is dying or not it is harm, loss or damage.

**Mr FERGUSON** - If I may continue please. We take it very seriously. I can keep saying that and I ask that you hear me say it. We take it very seriously, the department does, as do our staff. What we want is a healthy view of what the adverse events measures actually mean in practice. We actively encourage staff to report any situation which involves an occasion where a patient did not get the best care or suffered in a certain way.

I read through the list recently. An example would be skin tear. An example would be where a patient waited too long for care or where a patient fell or if there was some disrespect expressed to a patient. These are the things that can be captured and are captured by the learning system. I will ask the secretary again to go over the extent to which that information is useful and how we are encouraging staff to use it whenever they feel that there is an event which could have been avoided but which the system should learn from.

**Dr WOODRUFF** - Why is the Auditor-General concerned then? You are making it sound as though it is just something which has been picked up. I am trying to get to the bottom of this, it is a concern by the Auditor-General, there is a basis for that.

**Mr FERGUSON** - I am sorry I cannot allow that. I understand where I am and where you are. You are trying to explore this and scrutinise it. I respect that, but I cannot allow you to continue to misinterpret what I am saying as playing down. I am not. The Government is taking it very seriously, Dr Woodruff. Because your opening questions immediately pivoted to deaths, I am asking you to hear the advice and understand that the Auditor-General is raising it in his report. I agree it is appropriate for him to do that. There is no challenge on this. Unfortunately, it has been the subject of political rhetoric which is having the effect of scaring Tasmanians.

We do not want Tasmanians to be discouraged from seeking care at our hospitals. We do not want them to feel discouraged from calling triple zero if that is what they need. We also want to have you and others understand that the reporting regime has only been encouraged. As the secretary answered in an earlier answer I believe the point was being made that you cannot necessarily assume that increased reporting means increased adverse events. We are hoping always

to get the fullest possible picture of adverse events being recorded and reported so that the system can learn from it.

**Mr PERVAN** - It is also important to understand that the safety reporting and learning system is not the only source of data and our only source of monitoring. We also have the hospital standardised mortality ratios. We monitor reports to and the findings of the Coroner so we keep a very close eye in what is happening in the hospitals in terms of risks and harm to patients. We respond to that through the learning system by correcting procedure or even deployment of additional staff where they are required.

It is an issue that we pay very close and careful attention to. We encourage people to report. Under-reporting is so much more dangerous to patients than over-reporting or increased reporting. An adverse event, as I indicated earlier, is primarily a matter of perception by the staff who observe it. It isn't something that can be equated to the level of harm experienced by a patient. It is not the same as deaths or increased deaths. It is a matter of collecting information that helps us to improve.

If, I may, minister, I would like to also say that the department is acutely aware of the pressure that all the staff, particularly in emergency departments, are experiencing with demand. In that kind of environment that has an emotional consequence which will also lead to increased reporting. It does not necessarily mean that harm to patients has increased. In that respect we have to pay tribute to the staff who are working in those areas.

**Ms O'BYRNE** - Minister, you have made it very clear that you are not being helpful with the AMA's questions. They have said that they are interested in the true picture of resourcing, governance and service provision. They believe that the answers can be found through the 2019 budget Estimates process commencing today. They refer, as well, to the recently released Auditor-General's report. They have serious questions around the governance and operational performance of the THS, combined, I believe, with inadequate provisions for health in the 2019-20 Budget.

Given that you are not going to tell us what the budget for hospitals will be in 2019-20 because you apparently do not know, that you do not know the actual expenditure in hospitals in 2018-19, can you advise this committee of the operating budget for each of the hospitals in 2018-19? That is something you cannot avoid through suggestions that it is subject to service agreements. The actual operating budget please.

**Mr FERGUSON** - I am just taking advice on this. Again, can I reject the assertion that is being made by the former health minister, Michelle O'Byrne. We are providing additional funding to our health system. I have answered in all of the detail that I have been able to obtain in the short time since those questions were provided to me on Saturday night. We are happy to take those questions on board and answer them at the earliest opportunity. There is a process matter currently in place. The Budget has just been handed down and the department, as has been earlier answered by Mr Reynolds, is working through how that will play for the new financial year for hospitals.

I understand the question is about the 2018-19 financial year and the best advice that I can offer at the moment is that I can take the question on notice. I am not prepared to allow this Opposition to play politics with this. I am being as honest and transparent as I can but I don't have those figures available and nor does the department. If you don't want me to take it on notice because you want to continue to play games, that is okay as well.

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**Ms O'BYRNE** - What games are we possibly playing? We want to know the operating budget for 2018-19 and it is unacceptable that you cannot answer that question during a budget Estimates process.

**Mr FERGUSON** - I understand you need to get your headlines and so on.

**Ms O'BYRNE** - I am not seeking a headline. I am seeking an answer to an AMA question about the budgets.

**Mr FERGUSON** - I am prepared to take the question on notice and do my utmost to obtain the information you are asking me to provide.

**Mr BACON** - Do you have any information at all? What is the operating budget for the hospital for 2018-19?

**Mr FERGUSON** - You are repeating the question I have offered to take on notice.

**Mr BACON** - You are going to take that on notice.

**Mr FERGUSON** - I am happy to.

**Mr BACON** - Why won't you answer it?

**Mr FERGUSON** - I am offering to answer it, Mr Bacon. You obviously don't have any questions of your own. I understand you are asking -

**Mr BACON** - You don't have any answers, that is the problem. How can you not answer this question?

**CHAIR** - Mr Bacon, through the Chair, please.

**Ms O'BYRNE** - A question through you, Chair. Will you direct the minister to answer a very simple question about the budget that was allocated to hospitals in the last financial year? There is no way that he does not have access to that information. It is unthinkable that a minister could not answer that simple question in a budget Estimates process. I am asking you, Chair, to direct him to answer the question.

**CHAIR** - Thank you, Ms O'Byrne. As you know, I cannot direct the minister to give an answer in any particular way. You have asked the question. The minister has answered it.

**Mr FERGUSON** - I have said it a number of times that I am happy to answer questions but I need to have the material in front of me to give it to you. I have been listening to my advisors from the department, who are working hard for our state. They are telling me that we can provide you with the information. We don't have it immediately to hand. When I have it, I am more than happy to provide it to you. If you would like to be reasonable about this, accept that you can make your allegations, you can provide your free political advice but at the moment I don't have those numbers to hand and I am undertaking to provide them for you.

**Ms O'BYRNE** - I will put those questions on notice but I will note that it is incomprehensible that the minister, having received this information as he said on Saturday night, would not have had

the answer prepared for Estimates. We know he spent the whole weekend preparing for Estimates. If he doesn't have that answer it is because he chooses not to have it. It makes a mockery of the committee process. Can I confirm that we will have that answer today?

**Mr FERGUSON** - I would like to respond, please, Chair. We have longwinded speeches from a health minister who failed to give Tasmanians what they needed and the hypocrisy is so apparent. Chair, the committee will not forget the O'Byrne cuts to our health system. They were savage. Dr Nicklason, on behalf of the Medical Staff Association at the time, made it very clear that those cuts of half a billion dollars to our health system would affect the state for the next 10 years. We are working very hard to repair the damage done to our health system by the O'Byrne cuts and the Giddings cuts. I have, on numerous occasions, undertaken to provide the committee with whatever information I can obtain in relation to hospital budgets. I don't think it is an unreasonable question. I am not suggesting that. What won't serve this process well is if we get this continual carry on when I have offered in good faith to provide the number.

**Ms O'BYRNE** - Will we have it today? That was what you were asked.

**Mr FERGUSON** - I have already answered this. Ms O'Byrne is repeating the same questions that I have answered. I will provide them as soon as I am able. I hope that that will be today. I expect that it will be today. If this is what the rest of the day is going to look like, it only shows the Opposition having failed to produce an alternative budget, having failed to produce alternative policies and has not spent its weekend preparing its own questions.

**CHAIR** - I have sought advice in regard to the time frame issue. The minister has undertaken to give that to you when he has that information. That is sufficient as a response.

**Dr WOODRUFF** - Minister, the Auditor-General's report was incredibly scathing of the situation of the culture within the Tasmanian Health Service and the Department of Health. He particularly points to dysfunctional silo mentality within hospitals as contributing to bed block, ineffective discharge planning and bed management. He makes it clear from some work from the 2017 clinical utilisation study that there could be an additional 3000 bed days per year established simply improving some of those issues. This cultural problem in the department is longstanding, according to the Auditor General. Mr Pervan is shaking his head but the Auditor-General -

**Mr FERGUSON** - Please don't do that.

**Dr WOODRUFF** - I am not reflecting on Mr Pervan, I was trying to make a point that there may be some disagreement about this.

**Mr FERGUSON** - I need to say something. There is a lot of auditioning on the other side of this table. That is understood, we have all been in opposition, we have probably all been guilty of it. What I won't tolerate is that kind of behaviour, which is trying to put on the public record a perceived body language from one of our department officials on this side of the table. I won't have that and it is not fair. Our public servants sitting beside me are not in a position to defend themselves. I would draw that to your attention. I ask that it not happen again and that you move on with your question.

**Dr WOODRUFF** - When you have finished grandstanding, minister, the point from the Auditor-General was that absence of effective leadership and accountability are major impediments to tackling longstanding cultural barriers. Longstanding, minister, not in the past five minutes. You

have been minister for five-and-a-half years. I do believe from your response before that you are dismissing the serious concerns raised by the Auditor-General about the increase in adverse events amongst other problems, but particularly bed block as something that might be to do with a rise in reporting. The response we keep hearing from you and your department is that we are recording things, we are writing them down, we are recognising things and we are looking at them. The problem is that everything is becoming worse. Every single metric is becoming worse, particularly to do with the emergency department.

**CHAIR** - Do we have a question?

**Dr WOODRUFF** - Yes, the question is, what are you going to do? What are you capable of doing to change the dysfunctional culture? We know that leadership starts at the top. I don't want to make this a personal question but you are in charge. What are you going to do other than having a meeting next month, which will be a talkfest amongst some of the people who I suggest may be part of the problem as well as the solution to the problem? How are you going to act to intervene and change the silo, dysfunctional mentality that the Auditor-General reported to?

**Mr FERGUSON** - Dr Woodruff, we do take the Auditor-General's report, every page, every line of it, very seriously, including the adverse events reporting.

**Dr WOODRUFF** - We are tired of hearing that response. We want to move on to action.

**CHAIR** - Dr Woodruff, order.

**Mr FERGUSON** - You have to be prepared to allow me to answer your question.

**Dr WOODRUFF** - You are repeating yourself. That's the problem.

**Mr FERGUSON** - You are repeating something that isn't correct in your questioning, that we don't take it seriously. We are. We are taking every page of it, every line of it very seriously. The Auditor-General has made it clear that he puts it down to a number of factors as to why we are not seeing adequate timeliness of emergency care and it is because of bed block in hospitals. That is the principal point he is making. He puts it down to the following factors. He says that inefficiency across the system is partly due to capacity constraints ...'. I pause there to draw your attention to the fact that we are building capacity the previous government left in ruins.

**Dr WOODRUFF** - I was not asking a question about that. I have a whole bunch of questions about resources.

**Mr FERGUSON** - I am answering the question.

**Dr WOODRUFF** - But you are trying to distract from the question.

**Mr FERGUSON** - I am answering the question and have given a comprehensive update earlier today. We are on the point of delivery. It is a significant increase in capacity and no-one should overlook that. It is the capacity we wished we already had. We do not have. We are building it and it will be a significant injection of capacity into the system, particularly as we open new beds so I will go onto quote Mr Whitehead. He says then:

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... partly due to capacity constraints, particularly at the Royal which is undergoing redevelopment, but also because of long standing weaknesses within hospitals impeding effective discharge planning, bed management and coordination between ED's and inpatient areas.

He does also go on to talk about those areas you've identified in the question around silo mentality which we need to challenge. He also highlights -

**Dr WOODRUFF** - You are reading my question back to me, minister.

**Mr FERGUSON** - I am actually not. I am looking at the Auditor-General's statement.

**Dr WOODRUFF** - Which I was quoting from.

**Mr FERGUSON** - Highlighted dysfunctional silos -

**Dr WOODRUFF** - This is a pointless exercise, Chair, because the minister is wasting time. I asked a question, how is he going to act?

**CHAIR** - Yes, please don't interrupt, Dr Woodruff, allow the minister to answer.

**Mr FERGUSON** - I am trying to answer your question. He has:

highlighted dysfunctional silo behaviours, process barriers and resistance to change from some clinicians and administrators as the major drivers of these inefficiencies.

Now, he makes a very important point; in fact, he makes two important points. The first is the issues lie mainly outside of the EDs but are within the control of hospital leadership teams and are yet to be addressed, so I want to answer that point. We are going to be supporting our hospital leadership teams to address these areas of improvement available to us, that the expert, dispassionately looking at the data and system has been able to say to us, this needs to be addressed so I will be - to answer your question directly -

**Dr WOODRUFF** - Can you unpack what supporting the hospital leadership team actually means because that's the nub of it.

**Mr FERGUSON** - Please, it is really difficult to answer when you keep doing this.

**Dr WOODRUFF** - It would be much easier if you listened to my question in the first place.

**Mr FERGUSON** - But you've asked me what I am going to do about it and I am telling you we will be supporting -

**Dr WOODRUFF** - But what does that mean?

**CHAIR** - Dr Woodruff, I warn you.

**Dr WOODRUFF** - Does it mean giving them cups of tea.

**CHAIR** - Dr Woodruff, I warn you a second time.

**Mr FERGUSON** - Right. Can I answer the question, please? You have asked me what we are going to do to support them, so our hospital leadership teams are being empowered by the Government. We have passed a different law to have a stronger governance arrangement in place which empowers local hospital executives and was passed unanimously in the parliament. Mr Whitehead specifically notes this in his media release which covers his report. He noted the Government had recognised these challenges and introduced significant reforms to the Tasmanian health system in 2018, aimed at improving governance and THS performance.

To come back to the nub of your question, the access solutions meeting is not the silver bullet. I do not pretend it is, but it is genuinely an important forum for the right people to come together to look at the same information and base. There will be a paper to be released in the near future which further help to inform members to come forward. The point about all this is how can we use the system and resources we currently have to free up those potentially 3000 bed days which the Auditor-General suggests could be available, so we want to release that.

**Dr WOODRUFF** - Well, that is your job.

**Mr FERGUSON** - It is our job?

**Dr WOODRUFF** - Yes, it is your job to change the culture to make it happen.

**Mr FERGUSON** - It is everybody's job, and secondly the budget provides -

**Dr WOODRUFF** - Well, not the role of the -

**Mr FERGUSON** - If I could be allowed to answer. The Budget also provides \$30 million specifically for meeting demand and we have noted in the Budget we will not allocate in a specific way until we have had the benefit of the departmental advice together with the access solutions meeting. I genuinely hope we will be working toward, people of goodwill striving for solutions and being prepared to change, because culture is owned by everybody.

**Ms O'BYRNE** - Minister, will hospital management at our state's hospitals be asked to make cuts to budget expenditure in 2019-20 relative to actual spending in 2018-19? Will there be a requirement to reduce staff, and can you guarantee that all staff of direct patient contact who have clinical support roles in each of our public hospitals will be exempt from any and all FTE reductions?

**Mr FERGUSON** - Unlike when Ms O'Byrne was the health minister and wasn't able to protect the frontline, the Government is absolutely committed to supporting our frontline.

**Ms O'BYRNE** - Minister, can you define frontline and backline in our health system?

**Mr FERGUSON** - To the point, we do have a significant budget challenge which has been identified by the Treasurer. That is the reality of the significant revenue write-down. Rather than cutting our frontline health services, which is what Ms O'Byrne would be more familiar with, we are applying an efficiency dividend of 0.75 per cent, and is less than the efficiency dividends of other jurisdictions. Next year it effectively equates then to 75 cents for every \$100 of expenditure across government, so it is very achievable.

The best answer I can provide to the committee on this is that Treasury is working with agencies to identify savings. There is strong focus on minimising the impact on service delivery and looking at expenditure such as consultants, travel and advertising, together with targeted vacancy control and natural employee attrition, without affecting frontline essential services such as health, as well as reviewing returns from government businesses.

That is something the Treasurer has already said. We certainly know that across all government agencies, the backline can be efficient.

**Ms O'BYRNE** - My question was, what is frontline and what is backline?

**CHAIR** - That was your second question?

**Ms O'BYRNE** - No, that was my question.

**Mr FERGUSON** - I am still answering. To be clear, the Government is committed to protecting frontline essential services and minimising any impact on service delivery. The facts bear that out. That is our record, Chair, and to this committee I will state, we have actually employed 1000 more health workers, rather than the bad old days when Labor and the Greens had a similar revenue problem. They just went straight to the frontline and slashed it. They cut elective surgery. They cut mental health, beds and wards. In Launceston Ms O'Byrne ensured that not only did Ward 4D close, but beds had to be removed off-site.

We will be working closely as part of that process. It is being led, not by any individual agency, it is being led by Treasury working with agencies. There have been no dollar amounts applied to agencies at this time. Any other questions on that would be surely hypothetical. Again, I state for the benefit of Ms O'Byrne and the committee, you will see in the Budget papers that we have actually honoured our commitments in expanding our services.

Particularly I am excited about new bed openings. You can see that these are in the Budget and we have protected those, rather than again, of the 2011-12 cuts, where they were actually cutting election commitments to meet their budget challenge. We are not doing that.

**Ms O'BYRNE** - Minister, you said that the future cuts that are required by the efficiency dividend, which I am assuming will have the same weight as every other agency, and you are not ruling out any level of protection, can you explain why in the LGH already, across allied health professionals they have been told to lose 13 FTEs, and food services have been told to lose nine FTEs? That equates to substantially more jobs.

Minister, are you already cutting jobs on a new and establishment level prior to an additional efficiency dividend?

**Mr FERGUSON** - Chair, I am happy to take the question at the appropriate output when we have got the right subject specialists at the table. That would be under group 2.

**Ms O'BYRNE** - So I can confirm that you can't confirm that you are already cutting staff?

**Mr FERGUSON** - I am not allowing you to -

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**Ms O'BYRNE** - You must know whether you are cutting jobs in hospitals.

**Mr FERGUSON** - The only health minister I can remember who actually slashed jobs at the LGH is sitting across from me.

**Ms O'BYRNE** - Well nine FTEs in food services and 13 in allied health, minister. That is before we even get to your efficiency dividend.

**CHAIR** - Order. I am going to move on to the next question. The minister has answered. He is going to answer it in an output section.

**Mr FERGUSON** - I am actually answering the question and unfortunately this happens. What I am asking for is if I could simply be allowed to ensure the committee understands my position and my answer. We are not going to have this. The member opposite slashed the LGH and cut it to the bone.

**Ms O'BYRNE** - Minister, you called the next question. My next question is, what was the actual operating Budget for the THS administrative bureaucracy -

**CHAIR** - Ms O'Byrne.

**Ms O'BYRNE** - He said he is not answering the question in this output group. Therefore, he can't waste our time. If he is refusing to answer the question in overview then we will refer it to output group 2 as he has advised.

My next question is, what is the actual operating budget expenditure for THS administrative bureaucracy outside of the hospitals in 2018-19 and what do you anticipate it will be in 2019-20?

**CHAIR** - I will allow the minister the complete his answer to the previous question.

**Ms O'BYRNE** - Madam Chair, I must protest quite strongly, because the minister -

**CHAIR** - I hear your protest.

**Ms O'BYRNE** - has said he will not answer this question. Therefore, he doesn't get to waste the committee's time giving a speech. He has plenty of opportunities for that and may I assure you he avails himself of all of them. If he is not going to answer the question, I am happy to move to the question I have asked.

**CHAIR** - Yes, and he will. The minister wishes to finish and I hope he will be brief and then he will answer the question you have just asked.

**Ms O'BYRNE** - And if he does not provide an additional answer and it is just a lecture, Madam Chair, then we will be registering a formal complaint.

**CHAIR** - Fair enough.

**Mr FERGUSON** - What I am perceiving is that the lectures are over here. What I am trying to do is not allow, when I say that I would be prepared to answer a question from the correct output with the right advisers at the table. What has been occurring has been for the member to reinterpret

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what I have just said as that we don't know or that we are authorising cuts, which is simply unfair and untrue. That is the point I am trying to make.

**Ms O'BYRNE** - Can we move to the next question?

**Mr FERGUSON** - It is challenging behaviour and I am simply trying to facilitate the information being provided.

**CHAIR** - Minister, would you like Ms O'Byrne to repeat the question or are you right?

**Ms O'BYRNE** - He has a copy of it already, Madam Chair, he received it from the AMA.

**CHAIR** - Are you able to answer the question that Ms O'Byrne asked or would you like her to repeat it?

**Mr FERGUSON** - I was still answering the earlier one, Chair, so if the member would like to ask the question.

**Ms O'BYRNE** - What was the actual operating budget expenditure for THS administrative bureaucracy outside of the Royal Hobart, LGH, North West Regional and Mersey Community Hospital in 2018-19, and what will it be in 2019-20? If you need to, you can refer to the document I am sure you have in front of you, which is the AMA's one.

**Mr FERGUSON** - The document I have in front of me -

**Ms O'BYRNE** - I am sure you have it somewhere.

**Mr FERGUSON** - No, the document I have in front of me is your document from when you were the health minister.

**Ms O'BYRNE** - Can you just answer the question, minister.

**Mr BACON** - You don't know what's going on at the moment and you are going to go with a history lesson. This is outrageous.

**CHAIR** - Order.

**Mr FERGUSON** - I am not sure you actually want me to read that.

**Ms O'BYRNE** - Minister, will you just answer the question. What is the actual operating budget?

**CHAIR** - Order, please don't repeat the question.

**Mr FERGUSON** - The question that Ms O'Byrne has asked is closely related to the question that was asked of me about individual hospital budgets, and it would be useful if I were to provide an answer including both of those elements together.

**CHAIR** - Is that a question on notice, is that what you are saying?

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**Mr FERGUSON** - Yes, however, I have subsequently been advised that we should be able to provide that during the day.

**Ms O'BYRNE** - Can I just add that to the question on notice.

**Dr WOODRUFF** - Minister, there is deep concern amongst many people in the health community, health agencies and the health sector particularly in relation to bodies such as the AMA and the Nurses and Midwifery Federation amongst others that the efficiency dividend that is being exacted by the Treasurer across the public service will be applied to the THS. Can you please tell me whether the efficiency dividend of 0.75 per cent will be applied to the THS and how much the THS is expected to save within its internal budget, and whether you think there are any full-time equivalent positions within the central THS bureaucracy that will be reduced?

**Mr FERGUSON** - Thank you for the question. I will not be able to go further than what I have already outline, but I understand the nature of the question and why you would ask it, because I believe you would be looking at some satisfaction that the frontline would be protected and that our services will be protected.

**Dr WOODRUFF** - No, it is not the frontline; it is across the whole THS. My question also related to the central bureaucracy because people have raised concerns about any losses to the people in the administrative area. This relates to the Auditor-General's comments about coordination across discharge planning, et cetera. It is not just the frontline.

**CHAIR** - Thank you for your clarification.

**Mr FERGUSON** - I am not really in any position to go further than what I have already said. We have worked very hard through this budget process to ensure that we are able to make savings in the back line and that is what the efficiency dividend is intended to achieve. As I have already said, there is not a particular set of savings that are in the bottom drawer that we are just going to get ready to implement at a later time. That is not what is happening, as you have seen under previous governments. The Treasury is leading the process of working with agency heads. I am not sure if that has even commenced yet, I don't think so, but the point is that the Budget provides the \$8.1 billion for Health and it is a big increase of funding.

We have protected all of our election commitments that we made, which indicates a significant increase in support, particularly through new bed openings. I can assure you that I will be working as part of any future process to ensure that we are maximising the opportunity to make efficiency in bureaucracy and protecting our frontline services. That is what I have been doing for the last five years.

**Dr WOODRUFF** - The minister did say yes, there will be the 0.75 per cent additions. I am just reading into your question, you didn't say those words, but that will be applied to the THS and you don't know where it is going to happen at the moment but you are in the process of doing that.

**CHAIR** - Is there a question?

**Dr WOODRUFF** - Yes, how many full-time equivalent positions do you expect a 0.75 per cent efficiency dividend will cost?

**Mr FERGUSON** - It is a process yet to be worked through; you can't -

**Dr WOODRUFF** - You have no idea.

**CHAIR** - Thank you, Dr Woodruff, please do not interrupt. You have had your question. Dr Woodruff, I have already warned you twice.

**Mr FERGUSON** - It's a process that is going to be worked through on the basis of government being efficient and working with agencies to ensure that we target those areas I've have already named up. Then you interrupt me and make claims on job cuts; it just shows that it wasn't a good faith question.

**Ms O'BYRNE** - In your answer to Dr Woodruff's question you indicated that Treasury would be dealing directly with agency heads. Your agency head is sitting beside you. May I seek some advice from your agency head through you, minister, and therefore through you, Chair, as to what conversations have already taken place, and have any indicative amounts been identified?

**Mr FERGUSON** - I have already answered that. I said there haven't been any individual amounts.

**Ms O'BYRNE** - To correct you, you said you weren't aware if those conversations had commenced. You can't be both not aware that the conversation had commenced and -

**Mr FERGUSON** - There are two questions there.

**Ms O'BYRNE** - You can't be not aware that the conversation has taken place and then absolutely rule out -

**Mr FERGUSON** - There are two points there that you are conflating: one is one of process and the other is one of allocations. I have been very clear about that. My advice is that Treasury will be working with agency heads to identify those opportunities to make that final savings using the efficiency dividend.

**Ms O'BYRNE** - Can you confirm for the committee what is a frontline job and what is a backline job? This is a question I have asked you before.

**Mr FERGUSON** - You ought to know because you cut them; frontline services are services that are provided to the public.

**Ms O'BYRNE** - I am just following that line. In terms of what a frontline service is that provided, is the administrative work that is done around care a frontline job or a backline job?

**Mr FERGUSON** - I have answered that.

**Ms O'BYRNE** - No, you haven't.

**Mr FERGUSON** - Treasury will work with agencies to identify savings. There will be a strong focus on minimising the impact on service delivery and looking to expenditure such as consultants, travel and advertising, together with targeted vacancy control, natural employee attrition without affecting frontline and essential services, as well as reviewing returns from all government businesses.

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It is not within my power today as a minister of this agency to be making any hypothetical statements about how that will look for our Department of Health. It's a process that we will work through together and it is important that we do that because that is how we have structured our Budget so we can protect our significant election commitments, which is about opening more services.

**Ms O'BYRNE** - My question was: can you define a frontline and a backline job, please. Can you give me examples of what you would consider to be, within a hospital, a backline job?

**Mr FERGUSON** - I am not going to go through hypotheticals.

**Ms O'BYRNE** - You must know, you must have a conception what is a backline job.

**Mr FERGUSON** - I am not in a position to go further than what I already have, which is being very plain with you, looking to expenditure such as consultants, travel and advertising are indications that I have provided.

Frontline services plainly are services that are provided to the public; the services that we have increased, the services that we have opened that you have closed -

**Ms O'BYRNE** - So an administrative position that supports a nursing or a health outcome in a hospital, is that front line or back line?

**Mr FERGUSON** - We have services that are being delivered to the public, which we are increasing in the budget -

**Ms O'BYRNE** - Yes, but what we do know is that when a nurse takes on -

**CHAIR** - Ms O'Byrne, order.

**Mr FERGUSON** - Every time I start to answer a question, I have -

**Ms O'BYRNE** - Minister, I would love you to answer a question. I would be so happy.

**Mr FERGUSON** - When we have opened more beds and as we budgeted for more services, it is not just about the nurses or the doctors to open more beds. That also includes the staff that make it possible for them to provide those services so we are dealing with a range of staff. If they are involved in the supply of frontline essential services to our staff then, plainly, we need them.

**Ms O'BYRNE** - If I can clarify this line of questions, Chair. You will rule out any cuts to any of those services in hospitals?

**Mr FERGUSON** - I will rule out doing what you did -

**Ms O'BYRNE** - No, that was not the question, minister, and -

**CHAIR** - Order. Allow the minister to answer please, Ms O'Byrne.

**Mr FERGUSON** - I will absolutely rule out doing what you did, Ms O'Byrne -

**Ms O'BYRNE** - Will you rule out any cuts to staff in hospitals?

**Mr FERGUSON** - I am waiting for the opportunity to answer without more interruptions.

We will be working through a process with Treasury. It is all intended to find 75 cents out of \$100 of expenditure, working with agencies to identify savings on the back line. We are protecting frontline essential services and I do guarantee you, Ms O'Byrne, we will not be closing Ward 4D.

**Ms O'BYRNE** - I am sorry, Chair, but that was not my question. My question was, will you rule out cutting jobs in hospitals?

**Mr FERGUSON** - I feel that I have answered the question, especially by reminding Ms O'Byrne of the context in which we are dealing and how we will do it differently to her.

**Dr WOODRUFF** - Minister, going back to the Auditor-General's report, I am very concerned to hear at this point, 75 per cent efficiency cuts will be exacted on the health service. The Auditor-General makes it really clear that in addition to the funding of the Health Service, the bed block and the cultural barriers to change, the process of moving patients through the hospital, which is called 'patient coordination and discharging practices', the timeliness of discharge, are significant issues which could free up the number of beds that are available in the hospital.

My question is, do you call things like the administration involved in discharge management a backroom job or a backline job? Is this the sorts of job that will potentially be cut with the cuts that are coming in?

**Mr FERGUSON** - I will invite the secretary to add to my answer, but as to those roles, I regard roles that support the delivery of frontline services to be frontline jobs. If you are involved in - and I do not like to use this term - the supply chain of provision of services to the public, including through, for example, discharge planning and admissions processes, then clearly that is an essential service for us.

You are inviting me to go into hypotheticals on a process that has not even got underway yet in terms of the Treasury working with agency heads to find efficiencies in the bureaucracy. I can assure you that we will be working very hard, not just me, but the entire Government will be working very hard to protect frontline services as we move through this process. Seventy-five cents in the \$100 is a very modest efficiency dividend, particularly when you compare it, I think New South Wales might have been doing two or three, and Victoria even more. I can assure you that we will be working through that process very carefully.

What we have not done is met the revenue challenge by cutting our election commitments, which is a \$757 million boost for health, so that remains in the Budget. Perhaps you have seen previously earlier governments, when facing revenue challenge, have actually withdrawn election commitments and met the -

**Dr WOODRUFF** - We will get to that later. We contend you have -

**Mr FERGUSON** - Ours are still protected.

**Dr WOODRUFF** - and still remain unfunded in some areas.

**Mr FERGUSON** - We will be looking to expand and I have given an update this morning, for example, in the south and indeed in each region as to our intention to continue with our openings of extra beds. I accept your point that it is not only about more beds. It is also how effectively we are using the beds we currently have. The Auditor-General invites everybody of goodwill to be part of doing that.

**Mr PERVAN** - Thank you, minister. We are yet to have a discussion with Treasury about what our savings target is, so in terms of how we will approach the task we have Government's direction. I will not need to redo another time around consultants' travel and advertising. It also refers to targeted vacancy control. What we will be endeavouring and with the benefit of the new Tasmanian Health Services Act to do is, as we review vacancies we have the ability to look at areas such as finance and human resources to see if there is an opportunity to make services more efficient or whether indeed there is a good case for that vacancy in an administrative role to be filled.

At the moment we are not working to a target. We have an opportunity to consolidate our purely corporate functions, but I am directed by the Premier and Treasurer any action we might propose will have to be taken without effecting the front-line services. The direction we have all had is at a date to be determined, we will have to produce a plan to go Cabinet budget committees. There will be multiple points of review by the Government to make sure whatever we are proposing to do will not be impacting front-line services. Not only front-line jobs but front-line services.

**Ms O'BYRNE** - How many FTE permanent medical staff positions are vacant, underfunded or/and requiring locum or temporary cover at each of our hospitals? In what specialities and areas are these vacancies located? Minister, if you could also turn your mind to if there is any evidence to show clinical performance and safety issues with this and whether or not what the cost is of transferring patients to interstate services, when we do not have the appropriately qualified medical staff?

**Mr FERGUSON** - I am going to ask if you could break the question down? There is a considerable amount of information being sought in the one question. Where would we like to start.

**Ms O'BYRNE** - Did you want to put it on notice?

**Mr FERGUSON** - Not really. Where would you like to start?

**Ms O'BYRNE** - You can start with how many FTE permanent staff positions are vacant, unfunded or/and requiring locum or temporary cover at each of our hospitals and in what specialities and areas are these vacancies located?

**Mr FERGUSON** - I might invite Ms O'Byrne into a discussion on this.

**Ms O'BYRNE** - Chair, he does not invite me into a discussion. He needs to answer the question.

**Mr FERGUSON** - Excuse me. I am trying to answer the question. You do not have the data presented in the style being sought. This will be a succession of questions to answer. You are asking about medical workforce?

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**Ms O'BYRNE** - I am asking about vacant unfunded or positions filled with locums or temporary cover.

**Mr FERGUSON** - If the member is asking about vacant positions I will definitely need to take it on notice. We have expanded our medical workforce significantly and are able to provide an update on locum workforce which would be a helpful attempt to answer vacant positions still being recruited. If you would provide me with some time to identify that.

**Ms O'BYRNE** - If you could, and I do not know, minister, if your document also has the any unfunded positions?

**Mr FERGUSON** - I do not understand the question.

**CHAIR** - How about we deal with one question at a time.

**Mr FERGUSON** - If we could go through them in a sequence it would be helpful. I have two sets of numbers that I think will assist us. To begin with medical professionals.

**Ms O'BYRNE** - Would it be easier to table or do you want to read through some?

**Mr FERGUSON** - I am answering the question.

**Ms O'BYRNE** - I am happy if you want to table them.

**Mr FERGUSON** - I will answer the first part before I go to locums. The data I have is for the pay period ending end of March 2019. For salaried medical professionals, 965.09 FTE. That compares to the previous year of 901.25. That represents approximately a 64 FTE increase.

**Ms O'BYRNE** - I don't want to take all of your time. My question was about vacant positions.

**CHAIR** - Order.

**Ms O'BYRNE** - So these are your locum figures?

**Mr FERGUSON** - No, these are our FTE equivalent doctors and salaried medical practitioners.

**Ms O'BYRNE** - But my question was about the vacant positions and the locums.

**CHAIR** - Thank you for your clarification.

**Mr FERGUSON** - I am not trying to be difficult when I say this. The way you have asked the question is a large aggregation of different ways of talking about medical employment. Second, on top of salaried medical practitioners, we also have visiting medical practitioners of 39.15 FTE. This again is until the end of March 2019, which is stable on last year. Locums is perhaps a helpful way I could address your question on vacancies because it is a service that is engaged to replace somebody who might be on leave or while a position is being recruited. The THS maintains a preference for employing its own specialist medical staff. It is an unfortunate reality that recruiting to some of these specialist areas is extremely difficult. Many medical specialities are in high demand, both nationally and overseas and this also poses challenges for retention of staff. Like

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other professions, medical specialists make their own decisions on where they wish to live and further their career.

When the THS is unable to employ its own specialists, it will use locums to ensure that the full range of medical specialities is available to treat patients. Of course, generally it is more expensive to use locums but to not do so would result in the service not being provided. In terms of locum numbers, I don't have it by FTE but I do have it by dollar cost. If I can provide the locum employment by FTE I will do that.

**Ms O'BYRNE** - Do you need it on notice?

**Mr FERGUSON** - No. I am saying if I can get it I will provide it by FTE.

**Ms O'BYRNE** - Would it be easier if I put it on notice and then if you are able then it is just there?

**Mr FERGUSON** - The advice I have is it couldn't be collected by FTE.

**Ms O'BYRNE** - Would the spend be by region, minister?

**Mr FERGUSON** - Yes. I have that. Medical locum costs by region is the most helpful way I can answer the question of medical vacancies.

**CHAIR** - Vacancies and leave you said earlier.

**Mr FERGUSON** - It includes both. I can also provide actual current recruitment campaigns for medical specialists. Medical locum costs, which we provide each year. As at the end of March 2018-19 in the north \$8 186 738 has been spent on medical locums.

**Mr BACON** - Since the start of the financial year?

**Mr FERGUSON** - That is right. That is the financial year until the end of March. North-west \$11 893 356 and in the south \$4 942 121. That gives us a total of \$25 022 215 to the end of March. I can provide later in the day recruitment of vacant positions in medical specialities.

**Ms O'BYRNE** - Did you want to put that on notice and then you can withdraw it if necessary?

**Mr FERGUSON** - You do not need to put it on notice, I am hoping to have that for you after morning tea.

**CHAIR** - I do not think the minister has finished.

**Mr FERGUSON** - I invited the breakdown of the question, Chair. I am seeking to be helpful here. You have not asked me for this but it might serve the committee to know that the TSH turnover rate is 8.82 per cent, which compares extremely favourably over the last six years. It is one of the lowest rates. There was a follow up question.

**Ms O'BYRNE** - Minister, regarding informal vacancy management. Can you confirm that there are approved established FTE roles that are not being filled because there is not the funding?

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They are considered to be unaffordable. Can you explain what the difference is between an established FTE and an affordable FTE?

**Mr FERGUSON** - I can but I will be asking Mr Reynolds to assist me. We have been providing an increase in decision making to the local level. As part of that people have been asking what the budget is at their individual responsibility level. Work has been underway for about the past nine months to provide increased support and information, so people can be asked to manage within their responsible area. That has included increased transparency at the local level around FTE as well. I will ask Mr Reynolds to supplement that.

**Mr REYNOLDS** - There will occasionally be mismatches with what is on an establishment and what is actually funded from the establishment. HR may put into place various positions that may be requested and created. That does not mean there are funds associated with them. This happens in most organisations and departments. There is a requirement to ensure there is an appropriate matching of those. Just because there is a position on the establishment does not necessarily mean there are funds attached to that position. For a position to go forward for advertising it would need to demonstrate that there is a budget matching that particular establishment.

The THS has been going through quite a rigorous process in recent times to identify what it's describing as an affordable budget establishment. That ensures that those positions within each of the business units and across the various facilities actually have a budget attached to them so that they can be advertised and funded.

**Ms O'BYRNE** - Through you, minister, and this goes to the issue that I asked earlier that we will go to in the output work. The cuts in those services are being identified because they're in excess of an establishment cost. How are the establishment positions identified?

**Mr FERGUSON** - We are happy to answer those questions in detail when we have the relevant manager here during the output group two admitted services.

**Ms O'BYRNE** - My question is in the broader spectrum of the establishment positions. What is the disconnect between the establishment positions we would be quoting and the funded positions? What does that quantify as? What are we looking at number wise? How many established FTEs are un-funded positions?

**Mr REYNOLDS** - That is a question I would have to ask of the THS executive to find out exactly what the mismatch is. Whilst there may be positions on establishment, it doesn't necessarily mean that they are funded. It's important to ensure that each of the business units manage within their budget and advertise only those positions that have funding attached to them.

**Ms O'BYRNE** - Are there people currently in those positions in a temporary or casual role - or for some of these we know they have been casual in some roles for some time - are they in addition to the funded positions and do their positions disappear as a result of that?

**Mr FERGUSON** - I can answer that in advance of output group 2 in that there are managers who are responsible, particularly as we have devolved decision-making ability to a more local level, people have been saying that one of the things that empowers them to manage is to know their budget and that has included their affordable FTEs. That has been provided. I am aware of some areas in which people have a bigger staffing complement than strictly fits according to their funded

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affordable FTEs. There is a process to work through but the Budget provides an extra \$40 million for us to meet demand where required.

**CHAIR** - I am going to pass the call to Dr Woodruff. She has been waiting patiently.

**Dr WOODRUFF** - Minister, at maximum capacity or capability, how many overnight bed spaces equipped with adult beds, and I am not including recliner chairs or anything other than a full bed, suitable for acute and sub-acute patients were there at each of the major hospitals last year? I am also interested to find out how many additional similar beds will be funded in the current year?

**Mr FERGUSON** - Working through the budget process, there is work underway to open more beds and I can give you an update of my advice of bed numbers. That is what you are asking me, isn't it?

**Dr WOODRUFF** - Overnight inpatient bed numbers, acute and sub-acute, not recliners but actual beds in each of the three major hospitals.

**Mr FERGUSON** - I cannot exclude treatment recliners from the numbers because they are not separated on that basis. If it is clinically appropriate for somebody to be provided with a recliner as opposed to a bed, it will still be classed as a funded place but people sleep in beds. There is no intention to ask people to sleep in chairs, right?

**Dr WOODRUFF** - These are overnight beds.

**Mr FERGUSON** - Yes, but in our emergency department, for example, the clinical advice was to provide treatment recliners in some cases so that there is that mix of treatment spaces.

**Dr WOODRUFF** - I am talking about inpatient beds.

**Mr FERGUSON** - I know you are but there are treatment recliners in our hospitals. I am going to give you total numbers. Available beds, which I will be referring to in a moment, is a measure of the average number of fully-funded, fully-staffed beds available to provide admitted patient care. It's measured in accordance with national definitions and in 2018-19 there were 1416 available public hospital beds, which is an increase on the 1360 in the previous year.

**Dr WOODRUFF** - What was the breakdown by hospital?

**Mr FERGUSON** - Launceston General Hospital, 404; Mersey Community Hospital, 95; North West Regional Hospital, 145; the Royal Hobart Hospital, for the first time ever, over 500 to 505; and that is at the major hospitals, which adds up to 1149. In mental health and statewide services, 119; and in rural hospitals, 148, which brings us to the total of 1416.

**Dr WOODRUFF** - In 2019-20 was the second part of my question. According to your Budget commitments for this year, how many similar funded beds will there be for 2019-20? How many is the total number that will be funded this year in those hospitals?

**Mr FERGUSON** - I will have the number for you after morning tea. We will need to do some mathematics on this. We have significant bed openings in sub-acute, acute facilities and mental health, which would be prudent for me to combine. In so doing, I will also let you know that while

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we are going to be working through the access solutions measurement, we do have a budget of \$30 million in 2019-20 that is, as yet, unallocated and will potentially add to that number.

**Dr WOODRUFF** - Can I confirm you have said that all those beds you mentioned were fully staffed and fully operational?

**Mr FERGUSON** - Yes, and available.

**Dr WOODRUFF** - All last year.

**Mr FERGUSON** - It was at a point in time at March 2019.

**Dr WOODRUFF** - You will give me the numbers for what you expect to have staffed and functioning in this current budget year.

**Mr FERGUSON** - Yes, in the coming financial year of 2019-20, I will provide that to the committee. In so doing, I restate that we have new bed openings for the Royal in the new redevelopment funded from 1 July 2020, the next financial year, which we are prepared to open earlier subject to the access solutions meeting and the best allocation of that \$30 million. We also need to be mindful of the best way to manage demand across hospitals not only EDs.

**Ms O'BYRNE** - Can I go back to the difference between the establishment figures and the funded figures? These include frontline positions. Going back to the issue of established FTEs versus the funded FTEs and the work ongoing, I understand we will be able to address that in more detail when we get to point 2. They will include frontline positions, won't they, that are over funded establishment costs?

**Mr FERGUSON** - I can't answer that. I suspect you might be right that in there would be front line and back line people in any business unit.

**Ms O'BYRNE** - Are they over the allocation of funding available for the existing positions within the Budget, which we can deal with in outline group 2?

**Mr FERGUSON** - Yes, I think that would be a good idea.

**Ms O'BYRNE** - You had the \$40 million in the Budget that would allow you to address this so that we weren't cutting services. That is not recurrent funding and \$30 million of that is supposed to be non-recurrently resolving the issues identified in the meeting this month. What exactly is available for you to add to budgets out of that \$40 million to fund the positions that are currently in operation but are unfunded?

**Mr FERGUSON** - We have provided \$180 million for extra frontline support in the RER, which has been reflected in the Budget. That is all about meeting the increasing demand that everybody acknowledges is a reality for our staff.

**Mr BACON** - Was that the \$45 million?

**Mr FERGUSON** - Yes, and if you add onto that the ambulance funding that brings it to \$200 million. That is all about meeting those increasing employment profiles, which we have been allowing the THS to employ to while always wanting to meet that increased demand. That points

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to the effort the Government has gone to to support Tasmanians when they need care. The \$30 million you point out is a payment for the 2019-20 financial year followed by \$10 million in the 2020-21 financial year. This is about recognising that the 300 additional beds we have provided for over a longer-term, we want to pull some of those forward and allow the service to potentially have more beds and sooner. As soon as they can be safely opened, that is.

**Ms O'BYRNE** - The recurrent capacity in that \$30 million comes from staffing for future beds.

**Mr FERGUSON** - It doesn't come from, it is an attempt to bring forward some of the promised bed openings. I don't want to leave the committee with an idea that it's just \$30 million for more beds. We want to take advice about the best way that that money can be applied to meet increasing demands, some of which may be best provided through more beds opening sooner. Others might say that they have other ideas as well.

**Ms O'BYRNE** - When we go back to those positions that are currently filled that are being determined to be unfunded or in excess of funding that is available for those business groups, how are those jobs going to be protected, or do they actually have to come back into establishment costs at a certain time?

**Mr FERGUSON** - That is exactly where hospital management can step in and provide support and ensure that services are being supported in every area. I understand where you're coming from. It's a very operational question because what they've asked for is a deeper level of understanding of the budget for their - not just for their hospital - by the way I have those figures very close at the moment but they're just being QA'd - but also what it looks like for their business units, so they can manage their budget at their own level of responsibility. Where there are anomalies, obviously that's something that we will have to work through very carefully, protecting as we do, our frontline services.

**Ms O'BYRNE** - Minister, many of those areas have already been told to cut staff, so are they salvageable in an ongoing period where we are already going to have to draw down on that 40 - and potentially bring forward the funding for the beds - plus you have an efficiency dividend to meet - those positions are gone, surely?

**Mr FERGUSON** - In fact I think the budgets were provided to staff before the Budget itself was announced on the basis of identified future financial years. There's now an effort underway - this goes back to our earlier question probably about an hour ago where you asked me for hospital budgets by facility and I said to you I didn't have those figures to hand - there is still that work underway to allocate specifically how the global figures the Government provides to the department actually are reflected at the local level, but then there's also the extra \$30 million which needs to be very carefully applied.

**Ms O'BYRNE** - Is there a disconnect between the staffing numbers that you provide as to people who are employed, and the number of positions that are actually staffed? When you give staff numbers of how many people are employed in an area, is there a disconnect between the number that you give about the people who should be employed, and the people who are actually employed or who are funded, and can you give us that information?

**Mr FERGUSON** - I don't quite understand the question.

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**Mr BACON** - When you give staff numbers, are they actual staff, or does it include the unaffordable positions?

**Mr FERGUSON** - No, sorry, thank you. I appreciate that. When I provided staffing numbers as I did with medical specialists, they're actual staff who are employed at a point in time. They're actually employed. It's not differentiated from the other work that you're bringing into the conversation around helping people identify what is their Budget allocation at their local business unit level.

**Ms O'BYRNE** - The reason I'm asking is that when people have discussions about their local business level, and who has jobs and who doesn't have jobs into the future, it has been told because there's been an establishment figure applied. It's unclear whether that's applied at a point in time, or as an aggregate over a period. I'm wondering if those numbers are different from the numbers that you provide in terms of staffing. Are we talking about the same physical number of people at any given day when you give that figure, versus these figures that are either an average of the number of people who might be employed - or was there a particular date? There was a suggestion by some staff that the day was picked over the Easter holiday, for instance. That's where the establishment cost came from. Can you explain where that would've come from, and whether that's different from the figures you give us?

**Mr FERGUSON** - Not at this moment I can't, but that's very much at the operational level.

**Ms O'BYRNE** - And we can deal with that in output group 2?

**Mr FERGUSON** - I will do my best to with the right advisers at the time from THS, yes.

**Dr WOODRUFF** - Minister, in relation to elective surgeries, can you tell me the total number of patients who are on the surgical and the endoscopy waiting lists at the moment, and the breakdown in the clinical urgency categories of those patients?

**Mr FERGUSON** - Yes, I can. We provide this information on our health dashboard and the information I can share with you is of a current elective surgery waiting list. As at 31 March, 9432 people have been categorised. I apologise I do not have the category breakdown with me, but will be able to bring that to you quickly.

**Dr WOODRUFF** - You will bring that?

**Mr FERGUSON** - You do not need to put it on notice. I should have that for you very soon.

**Dr WOODRUFF** - Thank you. In relation to the breakdown of the clinical urgency categories, is it also possible to get a breakdown in terms of surgical specialties? There is a range of surgical specialties. Should I read them.

**Mr FERGUSON** - If you would read them out. I will need to take them on notice, so I can quickly provide for the committee the same number for elective surgery as at 31 March broken down by category. I can do that quickly. For specialty I will need to take on notice.

**Dr WOODRUFF** - You can break it down by clinical urgency category but for surgical speciality, should I put that in writing.

**Mr FERGUSON** - Please do.

**Dr WOODRUFF** - Thank you. I will put that in writing.

**CHAIR** - Do we need to read it out?

**Mr FERGUSON** - No.

**Dr WOODRUFF** - I can read it out. I did already ask for endoscopy and surgery and the minister is bringing that later. The surgery specialties I will write them down, thank you.

**Ms O'BYRNE** - Minister, while we have you in overview, can I ask what the projected increase in demand for health services over the next four years? The Auditor-General has identified an increase and yet the overall health funding increases only by \$11 million in 2019-20 which is 0.5 per cent and \$5 million the year after. I am trying to see if there is a disconnect between the Auditor-General's expectation increase in demand and your work on increase in demand.

**Mr FERGUSON** - Thank you, Ms O'Byrne. The best guide I could provide you with is exactly what the Budget papers say about what the projected demand is. It did not mention whether it is departments, but I suspect that might be part of your intended question where we do have an estimated number of presentations growing to 169 600. It can only be an estimate, is the information I have.

**Ms O'BYRNE** - Why has there only been an increase of \$11 million in 2019-20 and \$5 million the year after if you were expecting the kinds of demand we are thinking of?

**Mr FERGUSON** - We are providing additional money and additional funds to health. Specifically, the \$30 million in 2019-20 is all about meeting increase in demand. The issue we confront right now is one of literally capacity and working with the resources we have to maximise the beds we have.

We have on the one hand, opportunity from many people with goodwill who want to explore how we can ensure our processing within hospitals are under the management of local hospital leadership teams can be freed up so the patient journey is as effective as it should be.

I won't rehearse them all again, but that means we ensure our patients who are safe to be discharged are in a timely fashion, and patients who need to be admitted, where there is a bed available, are able to be admitted quickly and professionally without cutting corners on safety. Second, it is about building physical capacity, because we are at capacity.

Our hospitals are very full, the Government has been opening beds but our Government has not been able to open them as fast as patient demand would ideally have us. That is why building new buildings in each region is so key.

**Ms O'BYRNE** - Can you update the committee on the progress of lease negotiations for the Hobart Private Hospital? When are you expecting negotiations to be finished? When do you think we will be announcing a new provider?

**Mr FERGUSON** - I can provide some information on this but, as it is an active procurement right now, I will be very limited in what level of detail I can provide about a specific provider. The

current 20-year lease with Healthscope expires on 13 December 2019. We have been committed to maximising access to private health services for people who are privately insured or people who are in a position to pay for their care. It is ideal that they be able to receive their care without being a further demand pressure on the public hospital, so that our public hospital can be better equipped and able to meet the needs of the whole community.

The private hospital facility co-located with the Royal is owned by the Tasmanian government. We have seen it as a very valuable asset to the state. The Government took a decision on the basis that it believes it is appropriate to return to the market to identify a future operator to ensure the best possible value and the best possible outcomes for Tasmanians. Some were urging us not to do that but that is what we are doing. The hospital's co-location with the Royal offers a range of benefits for patients, clinicians and the state, including the attraction and retention of the best clinicians, nurses and allied health professionals who can easily work across both facilities. It also provides greater opportunities for synergies and shared arrangements across both facilities.

The competitive procurement process is underway, it is advanced. There has been strong interest in this procurement. Some people said there would be no interest. There has been strong interaction and engagement with a range of proponents throughout the three-month request for proposal process. To Ms O'Byrne and the committee, the request for proposal process closed on 8 May and proposals are currently being evaluated under strict probity and governance guidelines. The best concluding comment I can make to answer the question is that a decision on a future operator of the hospital is expected to be made well before 13 December with the new lease to commence on 14 December 2019.

**Ms O'BYRNE** - I only have two other questions on that line, Chair. You have already extended the contract and you have reached the maximum extending contract of Hobart Private. There is no extension beyond 13 December if a resolution is not made. Can you provide comfort to the committee that there is a plan B in case you cannot resolve the contract negotiations?

**Mr FERGUSON** - There is a question that is problematic. What you are inviting me to do is provide commentary on something that would be inappropriate and would step outside the process. I can assure you, lest you want to go out and scare anybody - no, the Labor Party would never want to do that - we have had really strong interest and that has been very pleasing.

**Ms O'BYRNE** - One of the other issues with it is St Helens. There are 30 mental health inpatient beds at St Helens Private Hospital under Healthscope. What is your advice on the future of St Helens Private Hospital as they are operated currently by Healthscope? Is your new contract arrangement ensuring those beds will be maintained by Healthscope or by the new provider? What overall do you have for those beds in St Helens?

**Mr FERGUSON** - It is a great question and I will answer it. I invite the deputy secretary to assist me. The two facilities are separate, they are separately owned and separately licensed.

**Ms O'BYRNE** - They will maintain separately, even if Healthscope will leave.

**Mr FERGUSON** - I am not going to speculate on whether Healthscope would leave, because that would be inappropriate. There is a competitive process and all bidders have been welcomed to the process. The key difference between the two facilities is that the Government only owns one of those.

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If you are inviting me to provide assurance, I can provide assurance that the Government remains committed to our purchasing arrangements for mental health services through that facility.

**Ms O'BYRNE** - Are you still committed to providing the termination services that have failed to be provided, given the commitment the Government gave to the parliament? As I understand, that was potentially located at St Helen's and that contract, I understand, has broken down substantially because we were supposed to have a service at the end of last year and we still don't.

**Mr FERGUSON** - The Government and the Department of Health continue to work with Hampton Park Women's Health and Healthscope around the establishment of a service at Healthscope's St Helen's campus at Hobart. The key issue for the establishment for this service relates to the minor capital works required to bring the facility up to a suitable standard.

**Ms O'BYRNE** - In fairness, if they are minor, minister, why has it taken so long?

**Mr FERGUSON** - The department is waiting on advice from Healthscope on when these works could be expected to be completed. This has taken longer than what was expected. Following the appointment of a new general manager at the Hobart Private Hospital, the department is progressing negotiations. Again, unless the Labor Party would seek to mislead, affordable and accessible terminations are available to Tasmanian women -

**Ms O'BYRNE** - That is not true.

**Mr FERGUSON** - It is true.

**Ms O'BYRNE** - That isn't true and you know that's not true.

**Mr FERGUSON** - Stakeholders have asked you to not continue to say what you are saying.

**Ms O'BYRNE** - Stakeholders have also said that there isn't a very clear transferral pathway -

**Mr FERGUSON** - Women who are seeking access to these services -

**Ms O'BYRNE** - and women are still accessing services on the mainland and you know -

**CHAIR** - Order. *Hansard* cannot hear what the minister is saying when people are speaking over the top.

**Mr FERGUSON** - I am aware that stakeholders have asked you to cease saying those statements. Women who are seeking to access these services -

**Ms O'BYRNE** - I am aware that stakeholders have asked you to provide public services, minister, how is that going?

**CHAIR** - Order, Ms O'Byrne.

**Mr FERGUSON** - should front their general practitioner or one of the prescribed health services and access to the Patient Transport Assistance Scheme continues to be available for travel to access terminations of pregnancy in either Hobart or interstate. Currently, Healthscope is

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providing access to low-cost termination services through that facility that are referred by GPs, or the prescribed health services -

**Ms O'BYRNE** - With the goodwill of a couple of doctors. You have failed to deliver on your commitment -

**Mr FERGUSON** - Healthscope has advised that the cost of \$475 for women accessing a termination service -

**Ms O'BYRNE** - You are continuing to put barriers in place for women seeking a termination.

**CHAIR** - Ms O'Byrne, order.

**Mr FERGUSON** - The department is continuing to work with Hampton Park Women's Health around the finalisation of arrangements -

**Ms O'BYRNE** - As slowly as you possibly can.

**Mr FERGUSON** - for a longer-term affordable service. I reject those interjections.

**Dr WOODRUFF** - Minister, I understand that many nurses in the Royal Hobart Hospital operating theatres say that they are forced to work overtime because of the length of the surgical list doesn't represent the hours that they are working. There is a shortage of skilled operating theatre nurses in Tasmania and many nurses work one in two or three weeks on call. There is reportedly an excessive sick leave and overtime amount owed to nursing staff in those situations. Could you commit, minister, to a review of surgical services and the way that surgery is booked? It is important for surgeons to be aware of nursing shortages if they exist and the circumstances of nurses forced to work overtime, so that we can improve those relationships and help nurses manage the high workloads.

**CHAIR** - Minister, I was going to say to you would you like that question repeated because we are right on time, or would you prefer to answer it now if it is a brief answer?

**Mr FERGUSON** - I would like to answer it now. I invite the committee to have morning tea at the end of my answer rather than right now. I appreciate your point. It is a fact that staff are not forced or compelled to take on board overtime, but I appreciate that at times it can be inconvenient and people only want to do the right thing by patients. I am not a clinician and I am not an expert in this area, but I do know that surgeons and their nurse unit managers, who work side by side in planning a theatre list for any given day at any given facility, attempt always to plan to maximise the session. The reality also is that some procedures in situ will take longer than was originally planned, so the choice between cancelling the last one or two cases versus inviting people to stay back and help those patients receive the care they were expecting is a balancing act that has attempted to be made in the best interest of the patients, always.

**Mr PERVAN** - It is very much a role of the clinical director of surgical services at the Royal to be doing that kind of planning and to undertake their review. The department would be very happy to support them in doing that. That said, all points in that process start off with what's in the service plan for this year in terms of what is funded. We won't know exactly surgical volumes we'll be funding this year until we get that confirmation from the Commonwealth over their recent election commitment. Once we have that we will know the numbers that they will be delivering

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over the next financial year, that will enable them to do that plan. Anything that improves that, it is another aspect of patient flow as you were talking about earlier in terms of the booking and the scheduling of surgery.

**Dr WOODRUFF** - I appreciate that but the issue I am raising is not so much about patient flow, it is about the issue for the nurses. I dare say that the surgeon would get paid to continue the extra surgery but the nurses are not being, or they are being required to work overtime, whereas they may not want to do that.

**Mr FERGUSON** - I would like to assure you and to clarify the matter that surgeons and nurses would absolutely be paid for any additional time that was over and above the expected session time.

**CHAIR** - We will break for morning tea. We have five minutes.

**The committee suspended from 11.02 a.m. to 11.10 a.m.**

**CHAIR** - If we could get underway before start on the questions. I would just like to ask whether our members would like to get into output groups now.

**Ms WHITE** - No, thank you Chair.

**CHAIR** - Who is seeking the call?

**Ms WHITE** - Minister, I understand there have been discussions this morning around the \$450 million in cuts that need to be made across all agencies across the forward Estimates. Can you confirm that \$158 million will need to be made across Health, across the forward Estimates?

**Mr FERGUSON** - That is a hypothetical, as I think I told you in parliament, Ms White. Treasury will work with agencies to identify savings using the mechanism of the efficiency dividend of 0.75 per cent. I do not think that anybody could assert any allocations toward individual agencies or business units at this time.

**Ms WHITE** - The AMA have claimed that \$14 million will need to be made in savings this financial year. How do you respond to that?

**Mr FERGUSON** - I think it is speculation.

**Ms WHITE** - That would arguably be apportioning the percentage of the \$450 million across the budget allocation of Health, which, as you said, is 32 per cent of the Budget. So, 32 per cent of \$450 million is \$158 million, and therefore \$40 million in the first year. Do you agree that is a fair assessment of the magnitude of savings that the Department of Health will need to find?

**Mr FERGUSON** - It is a fair question. It is a reasonable question for an opposition to ask, but it is entirely speculative. There is a process that the Treasurer and Treasury will commence, subject to the Budget all being considered by the parliament. The whole point here is to try to find efficiency so that we can protect our frontline health services, in my portfolio, for example.

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**Ms WHITE** - How do you define 'frontline health service'? The finding said 'efficiencies', which is just another word for cutting the Budget, is going to impact on the delivery of health care to Tasmanians at a time when the system is already in crisis. Have you asked your colleague, the Treasurer, for Health to be exempt from these efficiency dividends?

**Mr FERGUSON** - 'Efficiency' is not another word for cuts, which I think is what you said.

**Ms WHITE** - It is what I said.

**Mr FERGUSON** - It is not. We are increasing our funding to Health. The figure is extraordinarily large compared to what it was in just a few years ago. It is now \$8.1 billion. Prior to you joining our committee this morning, I outlined how, faced with a significant revenue writedown down, the Government that I am part of made the decision to protect our election commitments, which is different from governments of the past.

Also, we have also made the further decision to ensure that we apply the efficiency dividend in a modest way to try to find efficiencies in the way that our bureaucracy works so that we can protect our frontline services. That is the attitude going forward. Of course, I won't be disclosing with you today, Cabinet discussions, or sub-committee discussions, because we are a government that takes collective responsibility.

**Ms WHITE** - When were you first made aware of the deterioration in the Budget position?

**Mr FERGUSON** - I cannot answer that. I don't have a date for you.

**Ms WHITE** - Could you give me a month?

**Mr FERGUSON** - No, I can't. That's a Treasury matter.

**Mr FERGUSON** - That's a Treasury matter.

**Ms WHITE** - You won't answer. That's a collective responsibility.

**Dr WOODRUFF** - In relation to the Access Solutions meeting next month, which is your proposal to respond to the Auditor-General's report. In fact, I believe it was established before the Auditor General's Report was produced.

Can you please talk about your relationship with Royal Australian College of General Practitioners and the role of working the RACGP and general practitioners to improve the case of patient discharge to support regional and urban GPs, so that patients are not bounced back into hospital. It is about a relationship as they are discharged, providing the information with GPs, supporting that relationship, the flow of information. Can you talk about how you are working with them and how they will be involved in that meeting? I assume they will be involved in that meeting?

**Mr FERGUSON** - Absolutely, and thanks for asking. The first point is that the Government has a very good relationship with the College of General Practitioners., I catch up with them quite frequently. We have an open channel of communication when issues arise. It has been a very productive relationship.

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The RACGP have helped us in progressing a number of health reforms, not the least of which is the integrated maternity service on the north-west. They were extremely proactive in that space. Also, I have been working with general practitioners, not just through the college, but including through the GP forum. Although I haven't advertised it, I have had significant engagement with them in the last quarter.

The engagement is very positive. One of the key pieces of feedback we have had from GPs in the past is the poor flow of information between hospitals and GP surgeries, particularly where hospital systems have traditionally been very poor at providing, for example, timely discharge information to general practitioners. After all, it is not just discharge; it ought to be looked at as a transfer of care, rather than just exiting hospital. We have significantly improved that performance. It is now an extremely high timely provision of a discharge summary to general practice. It is perhaps the most glowing feedback that I have had so far from general practitioners.

To add to the other part of your question, the college is part of the Access Solutions meeting later this month. We certainly always want to hear from them about the contribution that general practice can continue to make in helping people avoid hospital in the first place but also to receive that transfer of care and allow patient discharge to occur as soon as it is safe.

**Dr WOODRUFF** - Thank you. Concerning the Access Solutions meeting, given one of the problems that the Auditor-General raised was that the recommendations from two previous reviews have stalled, and some of them have not been implemented, what process will you put in place now to make sure that the meeting comes up with outcomes and recommendations that will be achieved and that will address the cultural issues that are leading to bed block and flow and other problems that lead to adverse events and other issues for patients.

**Mr FERGUSON** - The cultural piece is important but also the Auditor-General has clearly stated that addressing some of these concerns will be operational priorities and they ought to be through empowered local hospital leadership. I believe that is a clear part of the solution but together with that the Government itself and the department as well, are playing a proactive role in bringing the right people to the same information so that we have a shared understanding of the problem, just like we did with the Green Paper back in 2014-15. We will all see the same challenge and therefore people have a shared responsibility in addressing it.

I applaud your repeating of the issue that we need to address culture. Culture is owned by all of us, including government and people who are in key leadership positions, together with our staff in hospitals. That is the mindset we bring to this and an absolute determination to free-up existing resources we have. I don't know if it will be as high as 3000 bed days per year. It is a lofty goal to aim for to ensure that people are not in hospital for longer than they should be and that that people are not in emergency departments waiting for an in-patient bed longer than they should be.

**Dr WOODRUFF** - Will you have a skilled independent facilitator at that meeting? It is such an important meeting and to allow people to have free, frank and fearless conversation, clearly hard things need to be said. It is pretty obvious that there are people in the room who are part of the problem as well as the solutions to the problem. How is it going to be possible to poke the bear and have the hard conversations that need to be had with outcomes and get change?

**Mr FERGUSON** - Thank you for the question. We have engaged Greg Johannes who will be the independent facilitator of our Access Solutions meeting. It has been agreed by myself and the

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Australasian College of Emergency Medicine to get exactly the outcome you have highlighted. We are co-hosting the event.

**Dr WOODRUFF** - I think we can all agree that is a good person in that role.

**Mr FERGUSON** - I think so, I hope so. I am not quite done in my answer. We have to bring people of goodwill to the cast. The politics is unhelpful, the blame game helps zero patients. We have a problem; the problem is about access to our hospital emergency departments. For the EDs the problem is about access to inpatient beds. For wards, it is about access to greater capacity. We have to work together. It is with that in mind that the Government is bringing our key stakeholders together; as a department and a government, we are playing a key role in informing that meeting. I feel that with an independent facilitator to bring people to the task, in the end we don't want a talkfest, we want a real sense of camaraderie and shared purpose and commitment to making the necessary reforms, particularly around silo mentality and culture.

**Ms WHITE** - Minister, I will go back to my earlier question: did you ask the Treasurer to exempt Health from making efficiency dividends?

**Mr FERGUSON** - I have already answered that question in parliament. I have breached my usual role of talking about what I do as a Cabinet minister in a Cabinet government. I have asked for extra funding and have \$8.1 billion which is an all-time record. What matters to me most is that we get on and implement our election commitments.

**Ms WHITE** - So I guess that's a no.

**Mr FERGUSON** - You can't do that.

**Ms WHITE** - It's a yes or no question.

**Mr FERGUSON** - What matters to me is that we crack on and implement our election commitments, increasing our bed stock and increasing staff. As our record shows, we are a government investing in Health; even though for five years the Labor Party has been crying Chicken Little, we have got on with the job. We have employed 1000 more staff, and as we work through this process of an efficiency dividend, there is no doubt there could be savings found in the bureaucracy of the Department of Health. I would be surprised if you didn't agree.

**Ms WHITE** - You are comfortable being asked by the Treasurer to make an efficiency saving across the department.

**Mr FERGUSON** - Ms White, we have been through this in an earlier part of the session. I will restate it for you because you were not here.

We will be working through this process, it is a future-looking process; a 0.75 per cent efficiency dividend across government we believe is feasible. Other jurisdictions have gone for 2 to 3 per cent - I think in New South Wales, Victoria, more. Unlike the Labor-Greens government you were part of, when you faced a budget revenue writedown, you cut wards, staff, mental health, and surgery.

We don't want to do what your government did with the Greens. We want to protect our frontline services. That is why we have gone for this different approach. I hope that you support

it. It is all about making sure that our backline services are fit for purpose and that we protect our frontline services.

**Ms WHITE** - To be fair, minister, you haven't explained it. You can't explain what the quantum of funds will be that you need to find in financial year, let alone across the forward Estimates, or what services will or won't be impacted. It is impossible for us to support that particularly given the incompetent budget mismanagement of the Treasurer that has plunged the state into \$1.1 billion in debt. An occurrence which you cannot explain when you were briefed about which is a complete abrogation of your responsibility as a cabinet minister.

**Mr FERGUSON** - I would like to respond to that.

Obviously, you have wasted your weekend and you have not spent any time productively thinking on behalf of Tasmanians what positive input you could bring to Budget Estimates. We are here to examine the Budget, it is a strong health budget. It is a lot bigger than has ever been the case.

We are about opening significant new services to Tasmanians; and the Opposition should celebrate. I know that you are embarrassed that we promised and are delivering \$200 million more than Labor promised, even with your seven versions of a dog's breakfast of a health policy. We will crack on. Our approach is to work prudently to grow our service profile; we are about providing better health services not scare campaigns.

**Ms WHITE** - Minister, how many extra nursing staff above 2018-19 levels will you require the THS to employ in 2019-20 compared to 2018-19?

**Dr WOODRUFF** - I have already asked that question.

**Ms WHITE** - You've already asked those; did you get answers to it De Woodruff?

**Dr WOODRUFF** - Yes, it's coming.

**Ms WHITE** - It is on notice? I will ask about the emergency department. When will planning begin on the expanded emergency department? Who will be doing this work?

**Mr FERGUSON** - Thank you, Ms White, for the question. This is a very significant announcement for us. Proceeding immediately to the stage 2 planning of the Royal Hobart Hospital redevelopment while stage 1 is still active is a big step by our Government. It shows a commitment to continuing to work with our staff. I particularly commend Professor Tony Lawler, who has been chairing the Clinical Planning Task Force, who gave advice to government about the best way to proceed with future stages of the redevelopment. I think I can say, it has been universally endorsed and supported. Of course, if we had taken the Labor Party's advice, and yours, Ms White, we would have had a very different outcome, and a bad one. Your politics on this were very unhelpful and brought into question the services provided to people with mental illness, which was discouraging.

We are proceeding with a \$90 plus million stage 2 redevelopment. The planning process for these works including, but not limited to, the emergency department, is commencing. We have architectural consultants expected to be engaged next month.

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As previously announced, stage 2 is expected to be delivered within the next three years, noting the importance to not disrupt existing hospital services and the need for K Block to be commissioned to provide suitable decanting space. So, governance and project resourcing are being determined by the Department of Health.

**Ms WHITE** - The question is whether the redevelopment team will take that project work on, but you have not decided who will be responsible for that project yet, minister?

**Mr FERGUSON** - What I can say is that the department is actively engaged in this. The redevelopment team are quite properly focused on stage 1 and commissioning K Block, which had been promised for many years. It is this Government that laid the first brick and will lay the last brick.

**Dr WOODRUFF** - Minister, there is a budgeted decrease, as I understand, in elective surgery this financial year. Can you explain the reasoning behind that, please?

**Mr FERGUSON** - I would be more than happy to get the full detailed answers in output group 2. I think that is where it fits, in the emergency department services. We have increased our support for emergency departments, including as recently as last December, when the Australian Medical Association came to me and said, 'We know you cannot open any more beds, but we would like you to provide more support'.

**Dr WOODRUFF** - My question was about elective surgery, not the emergency department. There has been a budgeted decrease in elective surgeries. I wonder what the reason is behind that.

**Mr FERGUSON** - I do apologise if I misled you. I can answer at a high level, but when Tasmania Health Service is at the table in output 2, we can give more detail. In short, the Government has put over \$100 million extra into elective surgery and has supported the waiting list being reduced. Particularly, the waiting time is significantly reduced.

**Dr WOODRUFF** - Is that \$100 million more that you are putting into elective surgery this year than in past years?

**Mr FERGUSON** - That we have put in over the life of our government.

**Dr WOODRUFF** - I am talking about this year, not previously. There is a decrease this year. Is that right, and can you explain the reason behind it?

**Mr FERGUSON** - Yes, I can, and I will go into more detail in group 2. As the secretary said before morning tea, we will be having more to say about this. The work is currently underway in designing a service plan for 2019-20, taking account also of the effect of the Government's recent commitments.

**Dr WOODRUFF** - Could you say how many elective surgery cases were funded and delivered in 2018-19?

**Mr FERGUSON** - I think output group 2 will have that detail.

**Dr WOODRUFF** - And how that compares with 2017-18?

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**Mr FERGUSON** - I can already tell you that the earlier year is in the budget papers.

**Dr WOODRUFF** - The problem is that it is not in the budget paper by category.

**Mr FERGUSON** - No, it is not.

**Dr WOODRUFF** - Category 1, 2 and 3 I should have said that; so within the categories as opposed to an overall -

**Mr FERGUSON** - In terms of actuals performance?

**Dr WOODRUFF** - How many actual elective surgery cases in categories 1, 2 and 3?

**Mr FERGUSON** - I can do that for you. I have already committed to giving you the waitlist by category.

**Dr WOODRUFF** - Clinical urgency categories by surgical specialities.

**Mr FERGUSON** - I will have for you today the breakdown by category. I have taken on notice the specialty breakdown. I will have the other information on historical actuals by category when we get to the output.

**Ms WHITE** - Minister, I want to ask about the health demand funding.

Could you please provide an explanation for how that money will be spent, given that in the Finance-General, which I recognise isn't your area, but it specifically mentions this issue. It talks about employee benefits increasing in 2019-20 and then rapidly declining. It attributes this to the demand for health services, which raises my question. Are you intending to employ people to do project work or on fixed-term contracts for a short time and then not keep them in an ongoing position?

**Mr FERGUSON** - We addressed this morning, so I might refer you to my earlier answer. I am happy to summarise it.

We are providing more money. When the Budget was being prepared we ensured that we have future-proofed the benefits of the Access Solutions meeting with a resource. That money should not be interpreted as being just for emergency accesses. It is something we want to take careful advice on what is the best way that we can use that resource to meet the demand that our health system is experiencing.

Second, we do not want to detract from the fact that, as Dr Woodruff's line of questioning has particularly highlighted, the opportunity to work within our teams better and stronger and to utilise the resource we have right now. The funding can be used to potentially bring forward some of the bed openings that are currently funded to occur in the 2020-21 financial year.

**Ms WHITE** - Can you explain the decision-making process that will exist around the Access Solutions meeting? There will be a meeting and information will be shared. What is the decision-making process following that to determine priorities for funding?

**Mr FERGUSON** - They are yet to be determined. Obviously, decisions about spending taxpayers' money would be made by government through a robust process and we would take advice. A key part of the advice will be what I hope to be a consensus of actions moving forward as to how we can do a better job of meeting demand for emergency care. The Government has worked so hard to open more beds and we have expanded our emergency department at the Royal Hobart Hospital, physically, and with more staff.

We still find that pressures on our staff are significant. They do a great job, but the best way we can move forward is by seeing further improvements in the way our services are managed and provided. That includes: breaking down silos in hospital; it involves culture; it involves discharged planning; and streamlining admissions processes. If we can do all that and build a consensus towards it, then I feel we will be in a reasonably strong position to also supplement those actions with more beds sooner.

**Ms WHITE** - Can you provide a breakdown of the \$5 million that has been provided for the emergency department? Does it include any additional nursing staff, such as extra float nurses as requested by the AMNF members through current grievances processes.

**Mr FERGUSON** - I need to ask you to ask me that during admitted services 2.1. I can account for that funding; the AMA asked me to do that. Is that the funding you are referring to from last year?

**Ms WHITE** - Yes, the emergency department, \$5 million that was provided.

**Dr WOODRUFF** - I think it was a 2 to 1 ratio, you have asked more than two questions. I just draw it to your attention, Chair.

**CHAIR** - As best I can give you, Labor have had 36 questions and the Greens have had 12 questions. It is very fair.

**Dr WOODRUFF** - I will just keep asking a few more questions then.

Minister, budget papers make it clear that a significant budget risk in the portfolio is the volume of partnership agreements and federal funding programs due to expire within the next few years. Can you outline all of the partnership agreements due to expire and the expected dates that the new partnership agreements will be signed, including whether there is anticipated to be any gap or problem in getting follow-up funding?

**Mr FERGUSON** - We are still in overview. I feel that the secretary would be better placed than I to speak of this. There is progress being made on those in terms of NPAs. Obviously, they are public documents so you have as much access as I do to looking up their key dates and expiries. The federal budget confirms the continuation of existing agreements and arrangements due in the forward Estimates period. This is in accordance with the National Health Reform Agreement which applies to June 2020 but also the 2017 Heads of Agreement, about the future agreement.

That Heads of Agreement provides a guarantee that annual growth and the Australian Government's contribution to public hospital funding is to be no less than the national consumer price index and population growth. In addition to initiatives announced in the federal budget, the incoming government made a number of health-related election commitments, in total there is \$117 million of Tasmania-specific commitments. We will be working with the federal government

to implement those and ensure that they complement existing Tasmanian priorities to the greatest extent possible.

I have taken some advice and I am not able to tell you about one of the NPAs which is finalised or close to being finalised, I am not able to announce that yet. There has been progress made on expiring national partnership arrangements and as soon as I am able to tell you more about them then I will.

**Dr WOODRUFF** - That didn't really respond to the question which is what are the ones that are going to expire within the next few years?

**Mr FERGUSON** - Most of them expire in the next few years. That is their general lifetime for most of those before they are renewed again.

**Dr WOODRUFF** - There will be a big gap in terms of funding in terms of the Budget for those important activities. Do you foresee the possibility for any of them being renegotiated? Would there be a gap if that were to happen?

**Mr FERGUSON** - If I can give you a bit of a summary then. I have been provided with a year-by-year summary. The redevelopment of the Royal Hobart Hospital sits under an NPA. The anticipatory care trial goes to 2019-20. The building capability and capacity of rural and regional services runs to 2020-21. Care for complex patients with multiple chronic needs is for 2019-20. Improving the management of sub-acute care is for 2019-20, outreach support, alcohol and drug services runs to 2019-20. Sub-acute capability building runs to 2019-20. Public dental services for adults runs to 2020-21. I don't see an expiry date for the essential vaccines NPA, nor for the National Bowel Cancer screening program the same. I don't see an expiry date for that. Community health, hospitals and infrastructure projects runs on also. There is the expectation that we will see an NPA for the delivery of elective surgery commitments that have been made in the recent election.

**Dr WOODRUFF** - There is an enormous number of those expiring. Do you see the possibility of negotiating agreements in the same areas? If that is the case, which ones?

**Mr FERGUSON** - As a general answer, yes. We always look to extend, particularly those national partnership agreements which relate to initiatives that all of the states and territories sign on to. There is an expectation that the Commonwealth will maintain its effort going forward, but we also have to recognise that every partnership agreement where it is time limited, it is time limited. That will obviously be a consideration for that level of government as to whether individual agreements are continued or new ones are started. They have changed over the years. For the key ones, like dental -

**Dr WOODRUFF** - Sub-acute care, complex and chronic care.

**Mr FERGUSON** - Obviously, we are working very closely with the federal government on that and I expect it to continue.

**Ms WHITE** - Minister, what is the projected increase in demand for health services over the next four years?

**CHAIR** - We have had that question before.

**Mr FERGUSON** - I addressed that earlier.

**Ms WHITE** - Minister, the flu season has already been worse than last year. It is expected to be particularly severe. Have you touched on this as well?

**Mr FERGUSON** - No.

**Ms WHITE** - What message will be taken to meet any potential increase in demand, given that our hospitals are already at capacity, and particularly given that vaccinations are in short supply in some areas?

**Mr FERGUSON** - Ms White, would you permit me to go back to an earlier question where you asked me about \$5 million. I want to add to the answer. I know you asked me about nurses but I will give you the full complement. The THS is expecting to have a total of 21 FTE additional medical nursing and allied health staff positions filled as follows: staff specialists, 5 FTE; residents, 10 FTE; nurse practitioners, 2 FTE; clinical nurse consultant, 1 FTE; clinical nurse educator, 1 FTE; and physiotherapists and allied health, 2.7 FTE.

**Ms WHITE** - The question that was asked is whether an extra float nurse is requested by the Australian Nursing & Midwifery Federation through current grievances process or had been funded with that money? Can you confirm if that has happened?

**Mr FERGUSON** - If there is more interrogation of what I've just provided you, I might invite that question in output 2.

What was the last part of your flu question, please?

**Ms WHITE** - The point was that the flu season has already been worse to date this year compared to all of last year with more people diagnosed with the flu. What measures are you taking to meet in the demand that has already been seen, given that the hospital is at capacity?

**Mr FERGUSON** - We are taking the winter flu season very seriously. This Government has pioneered winter flu strategies on a whole-of-state basis, by bringing people together. We are very proud of that work. We thank the staff who have helped to put it together. It has been very innovative. Introducing pharmacist-led vaccinations for flu is something that this Government has pioneered. Previously, it hasn't been possible.

I am not an epidemiologist; Dr Veitch is. He will be very helpful on this when we get to output 3.2. I won't avoid the question. Rhetorically, I would say year was quite a gentle flu season, when you look at year-by-year comparisons. The one before in 2017 was quite brutal. We are taking no chances. The best message that the Government can provide is to encourage every Tasmanian over the age of six months to get a flu vaccination, which is exactly what we have been saying on the advice of the experts, including our Director of Public Health. Our reforms to allow pharmacists to provide vaccinations are a huge boost to access, with more than 300 000 Tasmanians in the age group of ten and up now eligible to get their flu shot from a pharmacy. That is a significant increase in access. I know a lot of families don't.

**Ms WHITE** - Do you feel confident that the hospital is going to be able to cope with the increase in demand? It is already at capacity.

**Mr FERGUSON** - I will come to that. A lot of families traditionally haven't had their children vaccinated against flu. There may be a multitude of reasons for that, including convenience and access. Pharmacists can now provide a safe service through the authorised provider regime, which that is overseen by the Director of Public Health. That is a really good thing.

Our winter flu management program is not limited to vaccinations. It also includes measures in our public hospitals, which I can speak more about. The key point is that everyone has to work together. We all have to work together to make sure that our hospitals can cope with the expected increase in presentations and demand during winter. We will take no chances on whether this will be a gentle or a very difficult flu season. Although I haven't seen the figures in the last couple of days, we did see an early peak. I was pleased to see that coming down.

That is surveillance data. It is not illness data. That is the problem when we see politicians talking outside their expertise. That flu test chart is a surveillance chart. It is based on notifications. Unfortunately, as has been increasingly the case in Tasmanian politics, politicians start talking about things to scare the public. What we have seen is increased surveillance and increased flu testing in hospitals, which adds to the data.

None of that should be taken as diminishing the importance of those early signals we get through that. It is part of the work of the public health services. We will be looking to the experts to guide any policy responses that government should take. Also, our hospitals, through their better empowered local decision-making are able to adapt as the presentations and demand may increase.

**Ms WHITE** - One of the options floated to deal with the capacity constraints of the hospitals was to use beds at Mary's Grange. Is that an option you are still considering?

**Mr FERGUSON** - I will take advice from the experts will ask the secretary to give you a more comprehensive response. It has not been recommended to me.

**Mr PERVAN** - Thank you, minister. I am aware that the management of the Royal Hobart Hospital has been down to Mary's Grange and reviewed it. At the same time, there has been some improvement with access to the beds that they have contracts for at Hobart Private, as well as an improved relationship with Hobart Private. The last time I spoke to the Executive Director of Operations at the Royal, they were not pursuing any further exploration of the Mary's Grange beds because they were getting access to beds at Hobart Private when they needed them.

**Ms WHITE** - Minister, that was one of a number of options you were exploring for beds external to the Royal Hobart Hospital. Are there other sites that you have decided to take up?

**Mr FERGUSON** - No, not outside of what is in the published plan.

**Ms WHITE** - Can you update the committee on progress on lease negotiations for the Hobart Private Hospital site?

**Mr FERGUSON** - I gave a comprehensive response to that this morning.

**Ms WHITE** - My apologies.

**Dr WOODRUFF** - Minister, I asked questions in parliament last week about the funding and the staffing for the proposed adolescent mental health unit. There is a lack of clarity that still exists

## UNCORRECTED PROOF ISSUE

around that issue. You made a number of what I understood as contradictory statements in the House last week. I would like you to clarify what we are looking at.

You said on a couple of occasions in parliament that there will be a dedicated adolescent mental unit built in the south and that would be what you are calling K Block, it would be part of K Block. You have also said it won't only be a physical space, it will also be funding the beds.

Please clarify whether the ward that is being referred to will only contain beds for adolescent or young mental health patients, or whether it will also be used for other adolescents or young people with other issues.

**Mr FERGUSON** - I acknowledge that I could have been clearer in my comments in parliament last week. In fact, I specifically went back into parliament to make it clear. I apologise for the mismatch of language. The reason it occurred is because different questions and different answers have variously referred to the adolescent unit. Others have variously referred to the adolescent mental health unit.

All of the 16 beds are funded. It is an adolescent unit. The Government is not dictating the specific mix of beds, except to say that it must and it will include inpatient adolescent mental health facilities and beds, around the clock. I have been consistent on this; we are not making any rush to judgements on this, the model of care and the exact bed numbers are subject to current consultation with clinicians.

We want to be completely satisfied that this has been carefully worked through in consultation with doctors, nurses and consumers. Before it comes to me I have asked for it be signed off by the Chief Psychiatrist who will be joining us during a later output if you want to explore it further. We are funding this service. It is in the Budget; we are building the building fabric to accommodate it. While others have talked about this for a long time, we are delivering it. It is not just in the south. A similar service in the north is currently being built, expanded ward 4K.

**Dr WOODRUFF** - Thank you, on behalf of parents who have children who suffer from acute mental health issues at the moment or in the future. I am pleased to hear that there will be something available for young people.

I am still concerned that you don't seem to have done what Coroner Ms McTaggart recommended in 2015 in her inquest report, which was a dedicated, as in separate, facility. You would appreciate that there is a difference between a ward that is available for children and adolescents for a whole range of health issues, mixed in with children, adolescents and young people who have mental health issues for which they are in hospital. There is quite a difference in the way such a ward is staffed and run. From what you have said, there will be an adolescent and young persons and children's unit, but it will not be a dedicated standalone medical health unit. Are there inpatients with acute needs who are children and adolescent who could use that ward?

**Mr FERGUSON** - I strongly recommend that we address this when the Chief Psychiatrist is here. I will empower him to freely respond to your questions. The fact is that we are funding a dedicated unit but that does not -

**Dr WOODRUFF** - What sort of dedicated unit?

## UNCORRECTED PROOF ISSUE

**Mr FERGUSON** - I did not think that it implied it would be separate. I am surprised about that. I think there would be significant questions over safety if somebody was arguing that you could have a dedicated and separate adolescent mental health unit, separate from all the other facilities.

**Dr WOODRUFF** - No, the Coroner is dedicated to mental health alone. That is what she recommended.

**Mr FERGUSON** - There will be dedicated mental health facilities. The only question that remains unanswered is what the best advice is, via the Chief Psychiatrist, about the mix of those beds and the model of care that sits around each of them. Whilst we are addressing the Coroner's advice and recommendations, it falls to the clinical experts to ensure that they are able to design it in a way that is fit for purpose, appropriate in the physical circumstances and with the right model of care of staffing and how young people will be admitted and discharged to what other services. That is the work that is still underway. In the meantime, I set that aside any notion that this service would not be funded. It is well and truly funded in the Budget.

**Dr WOODRUFF** - When will it actually exist? When could somebody be admitted into that ward?

**Mr FERGUSON** - The current plan is for the new bed openings to occur in the following financial year, 2020-21.

**Dr WOODRUFF** - Wow. What will happen in the year in between for those children?

**Mr FERGUSON** - This is part of our demand for services that the Government has set aside funding to potentially provide better services in the meantime. At the moment for young people who need to be admitted for acute mental health presentations, a clinical judgment has to be made about whether they are best looked after in the paediatric service.

**Dr WOODRUFF** - They have nowhere to go. It is another whole year. Where are they going to go?

**Mr FERGUSON** - If I can answer please. Patients, for the last however many years, up until now -

**Dr WOODRUFF** - No, that is not good enough. This has been on your desk for years and years.

**CHAIR** - Dr Woodruff, order.

**Dr WOODRUFF** - You have had these emails. We have had the same emails from desperate parents.

**Mr FERGUSON** - I will let you ask. I will answer when you are finished.

**Dr WOODRUFF** - What are you going to do? It is great that it is going to happen but it is another whole year with nowhere for children to go.

## UNCORRECTED PROOF ISSUE

**Mr FERGUSON** - We have been through this once before. It is appalling that you would address it like that.

**Dr WOODRUFF** - I have tried my best to be very reasonable.

**Mr FERGUSON** - We are not able to open a service until it is physically built. We are building them in the north and in the south. In the meantime, we provide support to our staff, the clinical experts, to make the judgements that only they can and need to make about how to provide care to any person of any age with mental health acute needs.

**Dr WOODRUFF** - You said in the next financial year, so that means it could be two years away from this point in time now.

**Mr FERGUSON** - No, you cannot -

**Dr WOODRUFF** - It could be, couldn't it? It could the end of that financial year. It could be two years away.

**Mr FERGUSON** - If you would allow me to answer, then you might understand that there is more to this. In the meantime, we have provided \$800 000 a year more for Child and Adolescent Mental Health Services in the south so that they can provide more care.

**Dr WOODRUFF** - How many extra full-time equivalent staff will CAMS get to support these children?

**CHAIR** - Dr Woodruff, order.

**Mr FERGUSON** - I am not finished answering. I am asking you to please take on board the response. The ward 4K expansion is due for completion this year with money in this Budget to open it this coming financial year. So the suggestion that you continue to rehearse that it could be two years away -

**Dr WOODRUFF** - You said next financial year.

**Mr FERGUSON** - That was in reference to the south. In the north, we are ahead of the game. In the north, it is being built, physically, now. It is more advanced; it is a smaller project. My advice is that that will open later this calendar year. That is the first stage of the ward 4K expansion, which is the adolescent unit.

**Ms WHITE** - Minister, how do you propose that this unit in Launceston you are referring to now will be staffed? As you have pointed out, it is really a paediatric ward. It is not a standalone child and adolescent mental health unit, which has sometimes been said by you. How do you propose to staff it?

**Mr FERGUSON** - First of all, I am not going to indulge that point. I have only once been unclear on this.

**Ms WHITE** - You have called it a child and adolescent mental health unit in Launceston a number of times.

**Mr FERGUSON** - I am not going to wear that. What I will say is that I once made a comment that was not as helpful as it should have been and that was during the matter of importance debate. Apart from that, our statements have been very consistent and very clear. It is fair to say, unlike Ms White, we have promised to do it properly. It would be best to ask the experts about the model of care when the Chief Psychiatrist is here for output 2.5. I would be more than happy for him to address that with you.

**Ms WHITE** - I will ask those questions then. I have questions about staffing for that and for the Royal.

Can I go onto public sector wages, minister? As you would be aware the Government previously had a cap of 2 per cent. If that were enforced nurses would be the lowest paid nurses in the country. It does not seem likely that the Government is going to shift markedly from the 2 per cent wages cap. Even if it does, the increase will have to be offset with further 'savings' at a time when you are already cutting \$450 million.

How do you intend to attract the workforce, nurses particularly, to Tasmania to fulfil your election budget commitments when they can earn significantly higher wages interstate?

**Mr FERGUSON** - Ms White, the Government has been negotiating in good faith with unions for many months now. We have made a number of offers across the board. The nurses' union is no different to that. Whilst industrial matters are a matter in the Treasurer's portfolio, I am more than happy to respond. We've been able to make agreements with the Nursing & Midwifery Federation in the time that we have been in office. It is difficult and disappointing that we haven't been able to find agreement going forward. We have a policy, unlike the Labor Party. We have a wages policy. Industrial issues are being worked through in negotiation meetings. I seek in good faith to be able to see that our nurses are feeling that we are able to make an agreement.

The other point that you have asked me about, I think you are hinting at our record health spend, which shows a significant increase in beds and services, which means more nurses. It also means more doctors and allied health professionals. I can only point you back to the past. We have been able to recruit 500 more nurses under our Government with the wages policy in place.

**Ms WHITE** - So, you feel confident you will be able to fulfil your election and budget commitments and employ the staff required?

**Mr FERGUSON** - Have a look at the record. Tasmania is a wonderful place to live. It's a very attractive place for nurses to be employed. We have been able to recruit more than 500 nurses with the government's wages policy in place. I think it's a really good thing. Also, graduate nurses are not fleeing the state the way they were under Labor and the Greens when they could not get jobs here. I can only quickly mention our transition to practice places that we have increased. We have given much better employment pathways for nurses through our record budgets and our willingness to employ more staff. I expect that to continue.

**Ms WHITE** - What steps will you be taking to meet these commitments? It requires significant recruitment, for instance, to open and staff 250 beds at the Royal Hobart Hospital. Have you already started to advertise to fill those positions? It takes a long time to fill an intensive care nurse position for instance.

**Mr FERGUSON** - I guess it is reasonable that you would ask that. In your time in government, you never did what we are doing. We are opening more services. I think our track record reflects that we have put significant impetus behind recruitment efforts. It has been a very positive outcome. The Government has taken two further outcomes. One is that the staffing complement for intensive care unit nurses whom, as you acknowledge, are very challenging to recruit, has had a very positive increase in our ICU nursing in Hobart. I met the new nursing unit manager not so long ago. That was very positive. Also, the Government more or less immediately after the 2018 election, we put in place a special arm of government to take the lead in planning for a long-term workforce profile, which includes retention efforts. That unit is now in place. We expect that the Government's election commitments and the opening of beds that we are budgeting for are going to be employed and recruited for.

**Ms WHITE** - Has there been a freeze on recruitment for any positions in the Department of Health and across the Tasmanian Health Service?

**Mr FERGUSON** - I have already answered your question on this. Again, you have been running around the state telling people that you are not allowed to employ staff. I'll ask the Secretary to answer this. In short, there is no freeze on employment as you and others have suggested.

**Ms WHITE** - It's not just myself.

**Mr FERGUSON** - But you have to be accountable for your statements, don't you?

**Ms WHITE** - The [TBC??] president spoke about this in the north-west about the North West Regional Hospital. I was working off advice, minister.

**Mr FERGUSON** - You're a politician; you're a leader of a major party. You ought to be willing to be accountable for the claims that you make.

**Ms WHITE** - You didn't dispute the accusation that was raised by that individual.

**CHAIR** - Order.

**Mr PERVAN** - Thank you, minister. There is no freeze in place in the department or the THS. There are vacancy review processes underway. That's only to ensure that there is funding available for jobs before they are cleared for advertising. It's a routine process that we go through under any circumstance. The FTE growth in the THS over the past 12 months clearly demonstrates that there is not a freeze in place. New staff are starting every day; new jobs are advertised every week. There is a number that floats around, which people quote from time to time. The actual jobs in that number are different every time that number is quoted. There is regular turnover. Our turnover rates in Tasmania are lower than the rest of Australia, particularly in nursing.

**Ms WHITE** - It's about 5 per cent; is that accurate?

**Mr PERVAN** - That is correct. An independent study from Deakin University indicates that the average nursing turnover across Australia is 14 per cent. Our turnover rates are quite low. We are undertaking vacancy review. It is part of good management.

## UNCORRECTED PROOF ISSUE

**Ms WHITE** - Can I ask for you to clarify what is happening in the North West Regional Hospital for statements to be made regarding vacancy control, which you now claim are untrue. Why would the doctors raise that as a concern if it is not true?

**Mr FERGUSON** - You should be willing to be accountable for your claims. I have answered your question in good faith and honestly, and the secretary has done likewise. I ask you to accept that. Clearly there are prudent measures to ensure that we are employing in a way that is funded. That is exactly what we have been doing. I can point you to 500 additional nurses in our system as a result of that. I hope that satisfies your concerns.

**Ms WHITE** - It hasn't answered my questions regarding why concern about vacancy control would be raised by doctors at the north west hospitals. Why would they raise those things if they are not occurring? Surely, working on the frontline -

**Mr FERGUSON** - You have just changed your language from 'freeze' to 'vacancy control', haven't you?

**Ms WHITE** - That is an important distinction, then?

**Mr FERGUSON** - But you just did.

**Ms WHITE** - I did use 'freeze'. I was unaware that 'vacancy control' and 'a freeze' were different things. Perhaps we can ask the question again, minister. Is vacancy control being employed as a strategy in the North West Regional Hospital?

**Mr FERGUSON** - You are doing this again. The secretary has just addressed this to ensure that staff are recruited to funded positions. You are again twisting everybody else's words.

**Ms WHITE** - I asked the question of you.

**Mr FERGUSON** - I think you have acknowledged that you got it wrong and you are not prepared to be accountable for it. Please cease and desist from repeating claims of an employment freeze, which is not true.

**Ms WHITE** - No, this is important.

**Mr FERGUSON** - It is not correct. This \$8.1 billion of budget for our health system shows an appetite to employ even more. I ask you to stop with this constant negativity, which is incorrect. It is appropriate that business managers and hospitals keep a watch on employment. Have a look at what we have done. When you weren't here earlier; I gave an update on doctor numbers. They are up in the year. The claim that you are making is patently incorrect.

**Ms WHITE** - Can you confirm that you are engaging vacancy control as a measure in the north west?

**Mr FERGUSON** - The secretary has already answered that. I ask you to be satisfied with the answer.

**Ms WHITE** - I am dissatisfied with your answer, minister.

## UNCORRECTED PROOF ISSUE

**Mr FERGUSON** - I am backing him up.

**Ms WHITE** - I questioned you about an employment freeze. You say that is not a tool you are using, but you have not disputed that you are using vacancy control as a tool, which is the argument that was raised by the doctors in the north west.

**Mr FERGUSON** - I have talked about prudent management of our resources to make sure that we are employing for funded positions, which is exactly what we have done. I can see your discomfort; you should be very embarrassed at repeating claims that are not correct.

**Ms WHITE** - I'm not embarrassed.

**Mr FERGUSON** - You interrupt when you do not like what is being said.

**Ms WHITE** - You are being very tricky with your language - employment freeze, vacancy control, it all means the same thing.

**Mr FERGUSON** - Now you are saying they are the same. This is the problem with the Labor Party. You just make it up as you go.

**Ms WHITE** - The general punter would think that that meant the same thing. You are saying they mean distinctly different things, which is very interesting.

**Mr FERGUSON** - When you are uncomfortable, you interrupt. That is what happens.

**Ms WHITE** - I am not uncomfortable; you are uncomfortable, because you have been caught out.

**Mr FERGUSON** - I would like to finish my answer. Your claims are wrong. You are incorrect.

**Ms WHITE** - What is wrong?

**Mr FERGUSON** - You are not able to acknowledge that you should cease. You are going to persist with it. You are now claiming that management is equal to freeze. It is not true; you are incorrect.

**Ms WHITE** - Vacancy control.

**Mr FERGUSON** - The secretary and I have been consistent. Have a look at the history. Look at what we have done just in the last year. We have seen significant additional employment of frontline staff. I know this is disappointing for you.

**Ms WHITE** - I am just trying to get to the truth.

**Mr FERGUSON** - The only memory you have of your time is government is slashing nurses, cutting doctors and allied health professionals -

**Ms WHITE** - You have a \$450 million cut and a budget that has a \$1.1 billion debt.

**Mr FERGUSON** - We are managing the downgrade of revenue projections in a very different way to what the Labor-Greens government did that you were part of. Where you attacked services, we are finding efficiencies in the bureaucracy. It is very different.

**Ms WHITE** - Which you have been unable to explain.

**Dr WOODRUFF** - Minister, support for people who are in mental health distress. At the moment we have a mental health helpline that is available. As I understand it simply an acute triage service. There is no number or service available for people to call if they are seeking information and support about the variety of services that are available or to have a chat with somebody and to get advice, other than to go to the hospital or speak to their GP.

At the moment we have a mental health hotline that is not adequate for families and not adequate for health professionals. There are essentially great services that are available for people in mental health distress in Tasmania but there is no way for people to get access to that information with a single helpline. Going online, as we all know in Tasmania, is difficult in many places. It is not satisfactory for someone in mental distress to rely on them having to use the internet. That is completely inappropriate.

What are you doing to provide one source of information? That is something the mental health sector has been asking for years. It is a critical way for people to receive support and find out what they can get.

**Mr FERGUSON** - I do not disagree with you at all. Thank you for the question. The mental health helpline is an area of focus, together with a number of other services. As we speak, I have asked the Chief Psychiatrist to address and to work with stakeholders to find a different path forward so that we can provide better support so people can navigate our system. The Chief Psychiatrist is chairing the Mental Health Integration Taskforce. This is a part of that work. During output 3.2 he would be more than happy to address it further.

**Dr WOODRUFF** - Is there any funding going towards supporting that work?

**Mr FERGUSON** - I do not know if any is required either, but we have the Chief Psychiatrist who is employed by the Government as an independent statutory officer. He is bringing the parties together and he has resourcing from the department. I do not know the dollar amount.

**Dr WOODRUFF** - There is no new money but you saying that you might change the money that goes to the mental health helpline and direct it towards a service which is more appropriate?

**Mr FERGUSON** - It is too early to say but the helpline is being reviewed. I would not want to be openly canvassing possibilities there. I am looking for expert advice. I hasten to add that it was two years ago when I and this Government funded Anglicare specifically to fund a non-government service directly to the community. That is the Anglicare follow up service. The people who have presented at hospital or are self-harming or an attempted suicide scenario are followed up actively by Anglicare. That links back into the community sector so they are not forgotten.

**Dr WOODRUFF** - That is one of the important things that would be referenced but that is not the same service. It is a sub-group of people. If someone is in mental health distress, there is not one number in Tasmania they can ring up to get support and information at the moment. What is required is towards it, as well as the work of Dr Groves.

## UNCORRECTED PROOF ISSUE

**Mr FERGUSON** - We do fund the mental health helpline. The question really is: does the way that service is provided work as the best model? Does it work as well as it could? I invite your line of questioning on that when my expert is beside me. I do not disagree with you in your assessment of the approach that has been the case.

**Ms WHITE** - Minister, can you provide a definition of vacancy control?

**Mr FERGUSON** - I see, we are going to go over that again. I will ask the secretary to address the point that he has already made once but that you would not be happy with.

In terms of vacancy control the Treasurer has been already outlining answers to the same question. I will give you the same answer. Efficiency dividend is a modest 0.75 per cent. It is less than the efficiency dividends than other jurisdictions. In some they have been 2 to 3 per cent. Next year it effectively equates to 75c for every \$100 of expenditure so it is very achievable.

Treasury will work with agencies to identify savings. There will be a strong focus on minimising the impact on service delivery and looking to expenditure such as consultants, travel and advertising, together with targeted vacancy control and natural employee attrition. I emphasise this for you: without affecting frontline essential services as well as reviewing returns from government businesses. I can only repeat the Treasurer's statement on this which is pretty clear. The vacancy control mechanism that the secretary and I have both talked about is only about ensuring that when we open up new positions that they are funded. Secretary, do you want to add to that?

**Mr PERVAN** - No, minister. I think you have summarised it very well. As evidence that it works, there are currently 88 jobs from the Tasmanian Health Service being advertised.

**Ms WHITE** - When did you first become aware of the efficiency dividend, minister?

**Mr FERGUSON** - I don't discuss Cabinet with you, Ms White.

**Ms WHITE** - When did you first become aware that the state was going into net debt?

**Mr FERGUSON** - I don't discuss Cabinet with you, Ms White.

**Ms WHITE** - There is a document that was publicly released in relation to that. Did you read it?

**Mr FERGUSON** - I don't discuss Cabinet with you, Ms White.

**Ms WHITE** - This is a public document, not a Cabinet document. You can't update the committee on when you first understood the Budget had deteriorated significantly?

**Mr FERGUSON** - I am not going to give you 'gotcha' moments'. As a member of responsible Cabinet, with collective responsibility, I understand why you are doing this. It is because you weren't bothered to do an alternative budget. You won't tell Tasmanians what you would cut, what you would fund.

## UNCORRECTED PROOF ISSUE

**Ms WHITE** - It is nothing to do with us and everything to do with your responsibilities for the people of Tasmania.

**Mr FERGUSON** - You have abandoned your entire health policies, all seven of them. I think you know the answer to the question before you ask it. I am not in a position to discuss with you Cabinet deliberations.

**Ms WHITE** - Did you read the revised Estimates report?

**Mr FERGUSON** - How do I answer that?

**Ms WHITE** - It is a yes or a no question, I would have thought.

**Mr FERGUSON** - I am not sure if you have ever been in a Cabinet, Ms White.

**Ms WHITE** - Have you ever googled a document that is publicly available, minister?

**Mr FERGUSON** - I don't know how to answer you, Ms White, except to say that if you knew anything about the way that Cabinet works and the way that budget papers are prepared, including revised Estimates reports, you would know that agencies help write it. You are asking me if I read it. Well, hello, we helped feed into it. The answer is self-evident, isn't it?

**Ms WHITE** - So you knew about the deterioration in the Budget six months ago?

**Mr FERGUSON** - Ms White, we are a responsible government that works together through proper process. What separates you and me and your party and my party is what you do when you have a revenue downgrade.

In our case we have invested in infrastructure. We have protected the surplus so that we can deal with future shocks as they emerge, like bushfires. We have protected our election commitments and the results are here with a \$8.1 billion health package over four years.

That stands in contrast to the Labor-Greens approach, which is slash and burn.

**Ms WHITE** - You are just blundering on, oblivious.

**Mr FERGUSON** - We are not doing that. You can ask me questions about trying to get a 'gotcha' moment but the fact is we are investing in Health. I can see you don't like it, but we are proud of what we are doing. We will continue the effort because we have significant pressures on our health system and we are a government that is determined to meet those demands.

**Ms WHITE** - Minister, the budget papers clearly state that in the first quarter of the financial year, the savings that have to be identified as part of the efficiency dividend will be known. What work has already begun with your agency to identify where you will make those savings?

**Mr FERGUSON** - Unfortunately, again we answered this when you weren't here. I refer you to the record.

**Ms WHITE** - So you are not willing to talk about that?

**Mr FERGUSON** - I have answered the question. No, I am not going to continue to have you put words in other people's mouths. I have answered this in some detail. Dr Woodruff may even back me up on this. If you had been paying attention, if you had understood what we had been through, your colleague has already asked me those questions. We have had quite some detail.

**CHAIR** - Yes. We don't want a whole lot of repetition so I will pass the call to Dr Woodruff.

**Dr WOODRUFF** - Minister, you declined to take up the offer from the ACT health minister for yourself or a representative to observe the Groovin the Moo Canberra pill testing trial, the drug analysis trial which subsequently found some positive health outcomes for people who attended that festival. The young people who were given some very good educational information about the potentially damaging health effects of substances that they handed over for drug analysis during the festival. Seven or eight of whom dumped those drugs and didn't take them. There was evidence that the education from those people to other people at the festival and more broadly was very powerful in terms of reducing harm from drug use at the festival and educating people about the potential dangers of illicit substances.

Can you explain again why you don't think it is important to educate yourself about the good actions that have taken to reduce harm at pill festivals around Australia.

**Mr FERGUSON** - We don't support illegal drug testing which is what you are asking about.

I am not sure what a responsible member of the Greens Party thinks is the right message for the community. For every other drug, you would say, 'Be careful, do not take the drug unless it has been prescribed by your doctor'.

The mixed messaging is problematic for a start. The notion that the Government would actually start to do quality control measures for illegal drug dealers is hugely problematic for a range of reasons.

The use of illegal drugs is a serious public health issue. There is no safe use for any illicit drug. To say otherwise is sowing risk in the community. Stakeholders, including the Police Association, have said that harm minimisation is one thing but to support pill testing is sending the wrong message by saying it is okay to break the law. That is the problem you get yourself into when you invite this.

To answer your question, there have been cases where people have died after using a drug that they discovered was pure and didn't have contaminants, didn't have 'the other nasty chemical in it'. Really, the nasty chemical is potentially the very drug you thought you wanted to buy.

To offer a testing service and tell people that this is what we think may be in your drug that you bought, is problematic. If you ever leave a person with the notion that this drug is not as dangerous as it could be, you may be saying it is safe. Because it doesn't have additives in it and to allow people to think it might be okay to take it, is incredibly irresponsible. Governments need to be responsible, as do oppositions.

My concerns are not only my own. My concerns are shared across governments around Australia. Responsible governments don't want to offer people a false sense of security. The idea that a testing service can indicate that an illegal drug is free of certain contaminants sends a very mixed and risky message. I appreciate the support I have had on this from the Labor Party. I don't

know if it is going to hold for much longer. I hope it does. It is the responsible approach that our Labor Party in Tasmania has taken.

Unless I am mistaken, the Greens are out on their own on this. We are not about helping out illegal drug dealers to gain more customers with a complimentary testing service. I will conclude by saying that families across Australia who have lost loved ones, not only at music festivals but in general from illegal drugs, have called on governments to reject illegal drug testing for these reasons.

I don't run away from arguments of harm minimisation or education at all. I hope that we would have some common ground on that. For the reasons that I have outlined, this Government and governments before it and other governments around Australia see significant risk with opening up such a regime.

**Dr WOODRUFF** - Your answers have given us ample evidence that you needed to go to that trial. You have made a number of statements that are incorrect and show that you have closed your mind to looking at what they do at drug analysis at festivals. It is not about quality control measures. It does not in tell people that what they have in their possession is safe. It does not give a tick of approval to any drugs. That is not what it is doing.

**CHAIR** - Dr Woodruff, do you have a question?

**Dr WOODRUFF** - I am very concerned that the minister continually refuses to look at the evidence. Why do you say minister, that drug analysis trials, for example, state that the drugs are free from contaminants? That is absolutely incorrect? They do not do that. It is about educating people about the potential risks of drugs, and the potential impact on people.

Why do you say incorrect statements again and again to try to back up a position which is just ideological? It is not also true to say, that there are no responsible governments in Australia that have supported this, because there is one responsible government in the ACT. The evidence of the trials is that it is saving people's lives. Why do you keep repeating things that are not true?

**Mr FERGUSON** - There are a lot of elements in that question. I will try to give you a reasonable answer.

I believe my statements are factual. I have looked into this with for some considerable time and in detail. I have read a lot. I have watched a number of pro-drug testing documentaries on this. I have sought to be informed and honest about it as well.

**Dr WOODRUFF** - Did you meet with Gino Vambuca when he came to Tasmania?

**Mr FERGUSON** - My understanding is that people are told what the chemical composition is of the item they put in for testing. I also understand there are significant legal issues around handling of that drug. I understand there are significant legal issues around handing the drug back to the person.

**Dr WOODRUFF** - They don't hand them back. Again, that is clear evidence that you have no idea what happens at these drug analysis trials. You must open your mind.

## UNCORRECTED PROOF ISSUE

**Mr FERGUSON** - I also understand that people are provided with a scattergram of the composition from the spectrum analysis.

**Dr WOODRUFF** - That identifies things that could be hugely problematic to their health.

**Mr FERGUSON** - There you go. That contradicts your question. I think what I am trying to say to you is that a significant false sense of security can be given to people. What do you think the drug pushers will want to do? The drug pushers are going to want their pills to be submitted for testing so that they can say to their potential other customers, this has been declared pure.

**Dr WOODRUFF** - Do you still think that Just Say No is an effective alcohol and drug education campaign.

**CHAIR** - Order, please allow the minister to finish, Dr Woodruff.

**Mr FERGUSON** - I will try to weave with your interjections as well.

The risk is not just about unknown contaminates. It is as much about the drug that the person wanted to buy - for example, a pure MDMA tablet. 'Is it safe to take now that I know there is nothing else in it'. Huge issues.

**Dr WOODRUFF** - It doesn't ever tell anybody that it is safe to take.

**Mr FERGUSON** - I understand the Greens are very relaxed on drugs. We are not. You should not be dismissive of good parents, good educators and good advocates who do encourage young people, people of all ages, to say no to drugs.

That is not where it stops. I am all for education and harm minimisation, for example, needle exchange, and potentially measures that encourage people to think twice.

**Dr WOODRUFF** - It is the same thing. It is all about harm reduction. You are just refusing to take it the natural extension.

**Ms WHITE** - Minister, will your agency engage in consultants in the coming financial year?

**Mr FERGUSON** - Will we engage any consultants in the coming financial year? We will do that very carefully. Obviously, we will engage consultants if we think it is necessary, and it is in the public interest. We will be responsible given that we want our bureaucracy to be as efficient as it should be, given that Treasury, as I have already outlined to you, will be working with agencies to reduce expenditure on consultants. We would do what is prudent, responsible and affordable.

**Ms WHITE** - Has there been any directive given that no consultants be engaged for the coming financial year?

**Mr FERGUSON** - I have just answered that, haven't I? I told you that we would have consultants if we needed them.

**Ms WHITE** - Can you provide a breakdown of the number of consultants engaged in the current financial year?

## UNCORRECTED PROOF ISSUE

**Mr FERGUSON** - I have got a two-part answer for you here, Ms White. The data that I have excludes Communities Tas. I think you would have known that anyway as they have been separated for the whole financial year. In the 2018-19 financial year, 15 consultancy contracts have been awarded in that time, as at 31 March. The total value of that is \$4 668 264. The percentage of annual value awarded in relation to infrastructure projects is 76 per cent.

**Ms WHITE** - Can you provide a breakdown of how many were awarded to a Tasmanian consultant supplier?

**Mr FERGUSON** - Yes, I can. I doubt I have it to hand. I am advised it is 10 of 15 were awarded to Tasmanian firms. I am not sure if you asked me about THS but THS, as at 31 March have awarded zero consultancy contracts in that timeframe.

**Ms WHITE** - Okay, and what was the value of those contracts awarded to Tasmanian companies?

**Mr FERGUSON** - We will calculate that and provide it in the next 10 minutes.

**Dr WOODRUFF** - Minister, back on the drug analysis trial that was conducted in the ACT. The first thing that people were told in response to the analysis of their drug was that if they wanted to be 100 per cent safe they should not take the pill. The overwhelming finding from the trial, if you had cared to attend it, was that it reduced drug-related harm. It was an overwhelmingly successful measure to keep patrons safe.

In other words, people who accessed the drug analysis service were safer than people who did not access it, although they did not do a randomised control trial of that particular evidence. We can assume by virtue of the fact that people threw pills in the bin and that people had information about the harms of taking drugs which was clearly shown to people when they were coming in, sitting down and having a lengthy conversation with people.

My question, minister is, the Alison Ritter review by a policy expert of global drug analysis trials that have been conducted show there is no evidence that they increase usage. What evidence have you used to come to a position that Tasmania will not explore pill testing trials. What evidence have you got for that position? Have you asked for the department to provide you advice on it?

**Mr FERGUSON** - The government takes this very seriously. If people are being discouraged from taking drugs, that is to be encouraged. We should always do that. I do not think you meant to be dismissive earlier but you sounded it when you said Just Say No doesn't work. I think we do need to say no. We need to encourage that wherever we can without accusing people of being from some bygone era. There is no safe consumption of illegal drugs.

**Dr WOODRUFF** - This is absolute rubbish. The war on drugs has shown to be an abject failure by all of its own measures.

**CHAIR** - Order.

**Dr WOODRUFF** - What I am asking is about -

**CHAIR** - No, Dr Woodruff. Wait for the minister to finish.

## UNCORRECTED PROOF ISSUE

**Mr FERGUSON** - I have heard the question. I am trying to answer it for you. It is a serious issue. There is no safe consumption of illegal drugs. Some of our challenging drug issues in our state are -

**Dr WOODRUFF** - It is not true. How can you say this? Like cannabis for example. There are 33 states in the US where cannabis is legal at different levels.

**CHAIR** - Dr Woodruff, you are interrupting the minister. I am going to move the call to the Opposition Leader.

**Dr WOODRUFF** - He could answer the question about whether he has received advice on evidence.

**Ms WHITE** - I have more questions around consultants, minister, in addition to the earlier ones. Can you provide a breakdown of what the consultancy work was for and who provided that work? The name of the consultant or the contractor and the type of work they did?

**Mr FERGUSON** - The number of Tasmanian contracts was 10 out of 15. The value is \$3 348 784. I am advised equates to 72 per cent of value. We were asking me about the contracts or the consultancies?

**Ms WHITE** - Who were they awarded to and for what purpose? It could be easier to table it. I am not sure if you are able to do that to save some time.

**Mr FERGUSON** - According to the Treasurer's instructions, these would be provided in the annual report.

**Ms WHITE** - Only if they are greater than \$50 000.

**Mr FERGUSON** - It happens that these all are, so this will all be on the public record. I am happy to share it with the committee so they are as follows: AIM Medical, which is a Queensland-based consultancy. The consultancy was for Royal Hobart Hospital Redevelopment, provision of resourcing for medical procurement and commissioning of furniture, fittings and equipment, total value \$250 000. The second is architects Design Haus Pty Ltd.

**Ms WHITE** - Is it simpler to table the document, minister?

**Mr FERGUSON** - I am going to go through them for you.

It is a Tasmanian-based business, Campbell Town Ambulance Station and relief accommodation development, principal consultant. The value of that is \$207 660. ARTAS Pty Ltd, a Tasmanian company; LGH additional car parking, principal consultant \$253 243; Edwards and Simpson Pty Ltd, a Tasmanian firm, Smithton Ambulance station extension and refurbishment, principal consultant \$139 413; EHWP Pty Ltd trading as Heffernan Button Voss, architects, a Tasmanian firm, King Island stage 2 redevelopment, principal consultant, \$646 117; Engineering Solutions Tasmania, a Tasmanian firm, Mersey Community Hospital building condition audit, \$65 000; Engineering Solutions Tasmania, a Tasmanian firm, LGH Fire Services upgrade consultancy, \$94 500; Ningara Australasia Pty Ltd, Victoria, independent review of Ambulance Tasmania operations centre, \$65 000; Morrison & Breytenbach Architects Pty Ltd, Tas Glenorchy Ambulance Station principal consultant \$379 126; Paxon Consulting Group Pty Ltd, NSW, whom

## UNCORRECTED PROOF ISSUE

I have often referred to in Parliament, Hobart Private Hospital Colocation Agreement, \$200 000; Prensa Pty Ltd, a Victorian firm, Royal Hobart Hospital redevelopment project, industrial hygienist \$604 480; Robert Carroll & Associates Pty Ltd Tas, a Tasmanian firm, North West Regional Hospital antenatal development principal consultant, \$163 015; Silver Thomas Hanley (Vic), a Victorian firm, the Royal Hobart Hospital master plan review, \$200 000; Xsquared Architects Pty Ltd, a Tasmanian firm, the Peacock Centre redevelopment principal consultant, \$642 395; and Xsquared Architects Pty Ltd, southern mental health beds development principal consultant, \$758 315. Hopefully that gets us to the same total, \$4 668 246.

**Ms WHITE** - Minister, can I ask about one of those things? The independent review of the Ambulance Tasmania State Operations Centre, two years ago there was a significant consultancy engaged to look at Ambulance Tasmania. Have you implemented the findings and recommendations from that review?

**Mr FERGUSON** - Is that the review of Ambulance Tasmania that you are asking about?

**Ms WHITE** - Yes, the staffing and the station locations.

**Mr FERGUSON** - I think we announced the findings of the review. I do not know if it was at a previous Estimates. I believe quite solidly that we have released the outcomes of the review and actions following. A number of initiatives emanated out of that, which led to our significant election commitments, including additional support for the state operations centre from memory and, secondary triage, which is a project that is currently underway.

**Ms WHITE** - How many reviews are currently underway across your department?

**Mr FERGUSON** - There would be policy and service reviews and planning for infrastructure. I will undertake to get you a number.

**Ms WHITE** - And what they are.

**CHAIR** - Minister, do you want to answer that now?

**Mr FERGUSON** - I do not have a list of reviews. At any one point in time there should be a number of reviews underway. I recommend that I come back to the committee after lunch with that information, including what they are doing.

**Dr WOODRUFF** - Minister, have you asked for or received advice in relation to the methods and health outcomes of drug analysis trials, including the ACT advice from your department? On the methods or health outcomes of drug analysis trials?

**Mr FERGUSON** - I don't need it. Do we need advice on their methodology?

**Dr WOODRUFF** - Have you asked for advice on the health outcomes of those trials including the ACT in order to form your anti-drug testing position that you have taken?

**Mr FERGUSON** - If you are going to be like that, I will answer it like this. The Government has a very strong position on this. It is about protecting and looking after people in the community.

**Dr WOODRUFF** - The position is not based on evidence but ideology.

## UNCORRECTED PROOF ISSUE

**Mr FERGUSON** - You are verballing people. We take an informed view of these things.

**Dr WOODRUFF** - What is it informed on?

**Mr FERGUSON** - I will wait for you to let me answer it. Let me know when you are done.

**Dr WOODRUFF** - I can see you do not have a position on this so I will ask another question.

**CHAIR** - The minister indicated he is going to wait until you are silent, which he should.

**Mr FERGUSON** - I don't need to ask for advice when I've informed myself about those matters. I thought I had been reasonably comprehensive earlier about it. The Government's position is a policy position of what a responsible government can only do. Of course, I've also taken advice from Tasmania Police. If you want to explore that later this afternoon, you can.

**Dr WOODRUFF** - You haven't received advice in relation to the health benefits or the methods that are used by drug analysis trials?

**Mr FERGUSON** - I take advice from a range of sources. I have informed myself how a responsible government would do that. Our position is a responsible one by government. Of course, we have taken the trouble to inform ourselves, including on the matters that you have outlined.

**Dr WOODRUFF** - From people including Gino Vambuca, Harm Reduction Australia?

**Ms WHITE** - Minister, can you provide the current number of workers compensation claims in your agency?

**Mr FERGUSON** - I can.

**Ms WHITE** - Just so that you know, in case you are looking at it, I am also going to ask how many of those claims have been settled? What was the cost of those settlements?

**Mr FERGUSON** - I will provide you with a split between the department and THS.

**Ms WHITE** - Okay.

**Mr FERGUSON** - Even though they are under one agency, I have them represented with that separation. I will ask the deputy secretary to assist in terms of settlements as I don't have that information.

The numbers I have here, as you are in the habit of hearing from me to 31 March in the Department of Health, excluding THS, the number of claims was 51. That represents a cost of \$4.192 million.

**Ms WHITE** - Do you have a comparison for the same period last year?

**Mr FERGUSON** - For the previous year 2017-18, full year 71 claims. Bearing in mind that we are probably talking about a different composition of people but costed at \$4.462 million.

## UNCORRECTED PROOF ISSUE

**Ms WHITE** - Thanks, and the THS?

**Mr FERGUSON** - I am sorry. It's a bit more helpful in a way; it's one month better so for THS I have 30 April. It only excludes two months now. We have 408 claims. The total value of those was \$11.310 million which compares, I am sure you would like to know to the previous year?

**Ms WHITE** - I would.

**Mr FERGUSON** - Compares to 467 claims. That set of claims costed at \$11.656 million. You may be interested to know, the claims represent 3.5 per cent - that is a point in time - of the number of our, which is actually the lowest that I have on my records.

**Ms WHITE** - Minister, can you provide a breakdown of whether any of this might be in relation to bullying and harassment within the department in the last financial year.

**Mr FERGUSON** - I sure there would have been as every agency has. To your earlier question about settlements -

**Ms WHITE** - Yes, I thought I might need to put that on notice. How many workers compensation claims have been settled? What was the total cost for the financial year just gone?

**Mr FERGUSON** - What if I offered to take that question on notice but I will seek to answer it during the day if I can. The number of bullying and harassment allegations would be the fair way to put it.

**Ms WHITE** - That is a different question. The question is how many workers compensation claims have been settled? What was the total cost for the financial year just gone?

**Mr FERGUSON** - We have done that because they are captured by the numbers that I have given you. I have not been able to tell you which are settled and which ones are recurrent.

**Ms WHITE** - Would you prefer that I ask how many workers compensation claims have been settled and you can ask to find those details later?

Then if I can ask that other question which was were there any complaints of bullying or harassment within the department in the last financial year? Do you need me to put that on notice?

**Mr FERGUSON** - I am not sure yet.

**Mr PERVAN** - A workers compensation claim will result from an injury, not the cause of an injury. We won't be able to get it from the workers compensation data.

**Ms WHITE** - I understand it might be problematic.

**Mr PERVAN** - Similarly, we can look into our internal grievance processes, which would be the only source of data we have about bullying and harassment claims or complaints.

**Ms WHITE** - But you do collect data on bullying and harassment allegations or complaints that are made?

## UNCORRECTED PROOF ISSUE

**Mr PERVAN** - If they are made through the internal grievance process, then yes.

**Ms WHITE** - Could I seek further information about that.

**Mr FERGUSON** - When you asked the question, I thought you were asking a different question to workers compensations.

**Ms WHITE** - Yes, I did frame it that way originally.

**Mr FERGUSON** - I will provide whatever I am able to. Please place the question on notice but I think we can do that during the day.

**Ms WHITE** - The reason for asking is to see whether there has been any change since last year. If I could have a comparison that would be useful.

**Dr WOODRUFF** - Minister, Roundup is a chemical used widely in agriculture and financial resource management. People also use it ubiquitously in home gardens, on council land and to manage weed and the environment. You would also be aware of the international discussion on the health effects of glyphosate. The International Association on Cancer, part of the World Health Organization, in 2015 reviewed the evidence and determined it was probably carcinogenic in humans. The Cancer Council Australia late last year, around October called on all councils to consider alternatives to using Roundup after a major law suit in the United States.

My question is, where are we in Tasmania? I understand that the Department of Health state toxicologist provided advice to the local government association of Tasmania saying that it was safe for council staff to use glyphosate under specified conditions. Could you please confirm where we are with advice around the use of glyphosate? Could the advice be released and made public available if it is not already?

**Mr FERGUSON** - The advice I have is high level in on the basis that in Australia the regulator for chemicals is the Australian Pesticides and Veterinary Medicines Authority which is a federal organ of government. I am advised as follows. Glyphosate is a broad-spectrum weedkiller which has been registered for use in Australia for over 40 years. There are around 500 products that contain glyphosate that are registered for use in Australia. You have mentioned both words glyphosate and Roundup, of course Roundup is the best-known brand.

The advice I have is that glyphosate products which are registered with the APVMA are safe to use in accordance with the label instructions. Glyphosate, I am advised does not pose a health risk to humans when used according to the label instructions. The label instructions focus on preventing inhalation and eye and skin exposure. See, for example, some of the safety data sheets that the manufacturers publish and are obliged to. Agricultural chemicals are regulated nationally by APVMA, not state or territory level. All glyphosate products registered for use in Australia have been through a robust chemical risk assessment process done by APVMA - who I will now call the authority. This assessment is designed to protect the health and safety of people, animals, plants and the environment.

Australian law requires warnings on product labels, including poison scheduling, first aid and safety directions on the personal protective equipment to use when handling products such as glyphosate. The Department of Health toxicologist, as you have indicated, provided the following advice to the Local Government Association of Tasmania in August of last year, and I quote -

The APVMA is the national regulator for agricultural chemicals and they have plenty of information on their website about glyphosate -

And there is a URL -

- as well as the attached information sheet.

And the information sheet was attached -

Glyphosate has been subject to various ecological concerns during its years of use. These include the dependence of farmers on glyphosate-resistant crops, extension of crop monoculture and threats to the livelihood of small holder farmers.

I will continue briefly -

In the 2015 report the International Agency for Research on Cancer published a report that classified glyphosate in a group of chemicals that are 'probably carcinogenic to humans'. In 2016 the APVMA reviewed that report. The review drew on national and international expertise and took into account how glyphosate was formulated for use, how it is used and the steps available to mitigate users' exposure. The APVMA concluded that glyphosate does not pose a risk of cancer to humans and is safe to use in accordance with the label instructions. A number of other national regulators and international experts have conducted similar re-evaluations and concluded that glyphosate was unlikely to cause cancer in humans.

That is the answer that I provide to the question you have asked, and by the way, that also is the advice to me. I have no other advice beyond that, only to refer you to the APVMA website which provides other material on the processes and considerations of glyphosate.

**Dr WOODRUFF** - Except it is deeply concerning that the Australian pesticides authority has taken it upon themselves to challenge the evidence of an international authority like the World Health Organization. That is concerning that they have taken a contrary position without going back to the WHO to challenge them, but I will leave that as another matter.

My question is what GBEs or state-owned companies still use glyphosate, or maintenance contractors. This seems to rest on 'read the label' and 'do what the label says according to the instruction's, and that will be sufficient to ensure the safety of a person. It seems to be the state toxicologist advice is to read the label: what's on the label, use it according to the label. Has any information been provided to maintenance contractors of state-owned companies or GBEs to make sure that this is being undertaken properly?

**Mr FERGUSON** - Thank you for the question. I don't know the answer to the second part of the question as to whether there has been a specific message go out to specifically target people who may be using glyphosate because, of course, there are many chemicals in daily use in Tasmania in Government and in the private sector. Indeed, there are substances that you can buy on the supermarket shelves which, if not used according to their intended purpose, could also cause cancer.

## UNCORRECTED PROOF ISSUE

I don't know that answer to the last part, but I would be more than comfortable referring you to minister Courtney, who of course has the responsibility for worker safety across Government, and I will even undertake to mention this to her. Has it happened? Can it happen? Could we do that? But I wouldn't want to single out glyphosate, because the only sensible thing to do here would be to have general advice to always use any chemical in accordance with its registered application and usage instructions.

In regard to whether agencies are using glyphosate, I would only answer to you yes I am sure that they, across Government, would be using glyphosate for killing weeds in Government facilities.

**Dr WOODRUFF** - I support this points to the ubiquity of chemicals, and how people can get normalised to thinking that because they're ever-present and ever used, that this must be something inherently safe just because they pick them up every day. This is a caution that it has been identified. It is controversial that the APVMA has taken the position they have. It is clearly in contravention to that other decision. There is a disagreement there and the precautionary principle -

**CHAIR** - I am looking for a question. We've got seven minutes to go.

**Ms WHITE** - I wanted to ask about preventative health, and just before I do, did you talk about smoking?

**CHAIR** - No.

**Ms WHITE** - Minister, the recent report on smoking rates in Tasmania shows some pretty shocking statistics around health disparities between different areas in Tasmania, closely related to socioeconomic status, it could be argued. It showed figures of 40 per cent smoking rates in some parts of Tasmania.

Can you indicate to the committee what you plan to do to address the very high rates of smoking across some segments of our communities?

**Mr FERGUSON** - I was as shocked as you were, I suspect, when I saw that data come forward, that recent advice. I was as concerned, as I am sure you are as well, about some local areas in our community having very high use of tobacco. Of course, the localised breakdown is new. What is not new is that Tasmanians in general, across all age groups, are above the national average in our smoking percentage, or our smoking rate. Nothing changes out of the new evidence; we want to arrest that as much as we possibly can by working with Tasmanians and helping them. Really the only responsible thing Government can do to help Tasmanians to make the decision, one, to say no to tobacco, and if they are already smoking, to find it within themselves to take the next step to quit, which may be their doctor or their pharmacist or by calling the Quitline.

Your question to me, Ms White, though, specifically is: what is Government doing and will do? A total investment of \$8.6 million for the Healthy Tasmania strategic plan gives us guidance for the immediate and longer term preventative health action of government. Reducing smoking is one of the key planks of that, and we want that to be a significant contributor to our goal of Tasmania being the healthiest state.

The strategic plan initiatives that specifically focus on reducing tobacco include the following -

1. Supporting pregnant women to quit smoking through a multi-strategy approach.

2. Increasing the seller's licence fee to sell tobacco from \$370 to \$731 as of January 2017. From January of last year we increased that to \$1111.

Also changes to the Public Health Act which I appreciated your support for, Ms White, effective from 2017, to regulate the sale, use and display of electronic cigarettes, including penalties for tobacco supply to children, and to introduce a fit and proper check for tobacco-seller licence holders.

Increasing the compliance and education activities with tobacco retailers, to ensure that the new laws and regulations are understood and acted on.

An additional \$677 000 in funding has been provided to the Cancer Council, which is custodian of Quit Tas, over the last two years to re-establish best practice anti-tobacco campaigns.

I think that is the main substance of actions to date, but further to that, the Government has our next round of the Healthy Tasmania grants, which we will be releasing in the next quarter. I am not in a position to outline it right now, but I can indicate we will be narrowing our focus on some of those key opportunity areas to work more closely with local communities, including in tobacco control and obesity, and in health eating and physical activity. We are learning lessons each time we do these grants. We have now done two full rounds of the Healthy Tasmania grants. A lot of good work has been done there. I have asked the department to advise me and I am personally showing an interest in what we have been doing in those grants. The question we pose as we construct the next round, which will be released very soon, in the next quarter, is to ensure that we are working as close to the grassroots as possible. I am attracted to the way you asked the question of me because it has identified a local challenge in disadvantaged community. We want to work with them, not over the top of the them, to support more people to make the decision to quit.

**Ms WHITE** - Minister, you have talked previously about a \$70 million commitment to preventive health in the Budget. The sector would like to understand how that is broken down. Can you give details on how that \$70 million is allocated?

**Mr FERGUSON** - I do not have that detail. That was a figure provided to me in the course of framing our response to the work of the Health Council of Tasmania when we were framing the Healthy Tasmania initiative. That was an indicative figure which is across government. It is an assessment that has been done and provided to me. I do not have a breakdown.

**Ms WHITE** - Would it be possible to get further clarity around how that spending is allocated?

**Mr FERGUSON** - I would be happy to ask. It was not provided to me by Health. It was provided to me on a whole-of-government basis so I would be only too happy to ask.

**Ms WHITE** - What is the best way to provide that information to the committee? Would you like to put a question on notice?

**Mr FERGUSON** - Yes, on notice is fine. As a cautionary note it was advice provided to Government to give an indication of best estimate of what actions in other government departments constitute preventive measures.

**Dr WOODRUFF** - Minister, last year's budget provided \$240 000 to fund a feasibility study into establishing urgent care centres in the Launceston and Greater Hobart areas where general practitioners, supported by a hospital specialist, would be able to provide care in the community to take pressure off emergency departments. That study was to look at how the centres would work with the community rapid response service and local health centres.

Can you please tell me whether the feasibility study was undertaken and what it found?

**Mr FERGUSON** - Thanks for the question. We just acknowledged that GPs and primary health services play a vital role. Our engagement and wanting to consider what opportunities there are to increase after-hours services provided outside of hospitals is what triggered our commitment to conduct a study into the feasibility of urgent care centres similar to those that operate on the mainland. I am advised that that work is now finalised and options are with the department for the next stage of consultation now being considered. We will obviously be more than happy to report to the public on this and I am advised that that would be later in the year.

In closing, since those commitments have been made there have been some private facilities seeking to offer urgent care within an integrated after-hours service, which I applaud. In Launceston doctors Andrew Fair and Toby Gardner of Newstead Medical have indicated that they are preparing plans for an eight-bay treatment facility and a four-bay infusion centre as well as onsite X-ray, pharmacy and pathology services. They call that an urgent care centre. That is in addition to walk-in services available at the Launceston Health Hub. In Hobart I have had the privilege of visiting North Hobart Health Centre, which is also providing integrated primary healthcare services including general practice, an after-hours clinic, pharmacy, skin clinic, pathology and allied health, and extended hours care, including a pharmacy open until midnight seven days a week as well as a clinical psychologist, dietician, podiatrist and physiotherapist. My notes do not mention this but it also has treatment bays available, which is very positive.

I will report back when I have more advice from the department. Before you ask, I commit to releasing publicly any outcomes that emerge from that.

**The committee suspended from 1.10 p.m. to 2.00 p.m.**

**Mr FERGUSON** - Chair, to address some of the earlier answers, can I first indicate to the committee I have some answers on elective surgery, hospital budgets and vacancies.

Further to the discussion on locums, although I was not asked for it, if you compare the advice on projected locum expenditure compared comparing a projected full financial year with the previous full financial year, I am advised the THS expects to spend between \$1 million and \$2 million less on locums in the 2018-19 financial year compared to the previous.

I have live system data on elective surgery waitlist. Sorry, it is extracted from a live data system and not snapshot data. The information system has been updated in the last months and the figure quoted earlier was recorded. For reasons which I am not able to immediately explain, I am advised there has been some auditing of it. The correct number for 31 March was 9393. It is a small difference and the categories are as follows: Cat 1 was 766; Cat 2 was 3325; and Cat was 5302.

That is the full breakdown to you, Dr Woodruff, and the committee.

**Ms O'BYRNE** - Were you also going to provide [inaudible]?

**Mr FERGUSON** - I have taken that on notice.

In terms of recruitment, Ms O'Byrne, on behalf of the AMA, asked me about medical vacancies. This must be up to the minute and current count. Previously, extra 60-odd recruitments have taken place. I am advised of a current vacancy of 37 in the medical stream.

Finally, I have some advice in regard to operational budgets for hospitals. This is, of course, because the 2019-20 financial year budgets are being prepared, and I will not have that information for the committee, but I have the 2018-19 budget. We just needed some time to gather that. My advice is as follows: Royal Hobart Hospital - \$636 million; Launceston General Hospital - \$388 million; North West Regional Hospital - \$155 million; and Mersey Community Hospital - \$91 million.

These are exact numbers which I will now table. I can indicate to the committee I was also asked about admin, and I have that still to come before THS administration overheads.

**CHAIR** - Can I have confirmation we are staying in overview?

**Ms WHITE** - Yes, but it is not for very much longer, though.

Minister, do you remain committed to the promise you made that Tasmania would be the healthiest state in the nation by 2025?

**Mr FERGUSON** - Well, it is the only target acceptable to me and, yes, we do remain committed to that.

**Ms WHITE** - Do you agree you are not tracking particularly well to meet that target, especially given the conversation we had before lunch around smoking rates, for instance?

**Mr FERGUSON** - We have to remain committed to that goal, because as long as we are not meeting the goal, it is the only appropriate goal to have. I acknowledge there are significant challenges in our Tasmanian community in regard to chronic health conditions and tobacco smoking rates and why our actions are absolutely engineered towards affecting change by working in partnership with the community. As I indicated to you earlier, we will be announcing the next round of the Healthy Tasmania grants. It will benefit from the learnings of the previous two rounds and will show the same attempt to have a deep level of engagement to the Tasmanian community but even further targeted.

**Ms WHITE** - Are you able to provide to the committee details around the overtime budget in overview or something you would like to?

**Mr FERGUSON** - I would rather do it during overview. It is the second output so I would rather do it then when I have the executive here with me.

**CHAIR** - In the outputs.

**Mr FERGUSON** - I would be happy to do it in the first output if that helps.

**Dr WOODRUFF** - Last year, in relation to medicinal cannabis, Dr Halliday told us that only six people had actually been successful in getting access to the Medical Cannabis Controlled Access Scheme. Can you please tell me how many people have been approved this year and how many people have applied?

**Mr FERGUSON** - I will ask for advice on the applications, but I am advised of seven approvals.

**Dr WOODRUFF** - This is extra approvals to the six last year, I assume?

**Mr FERGUSON** - This would be best asked during the Public Health outputs when I will have the Chief Pharmacist with me. He is the subject specialist on this during that output.

**Dr WOODRUFF** - I could ask him then but the follow-up question is in relation to the rationale that Dr Halliday provided last year, which was that patients' GPs have to first be convinced that all conventional medicines have failed before they are allowed to refer them to a specialist to receive access under your controlled access scheme. The rationale that Dr Halliday gave was that cannabis products are still unproven and therefore potentially unsafe. I note that the Office of Drug Control has awarded Tasmanian Botanics a licence to grow, sell locally and export medical marijuana. I assume that this means that there is a quality-guaranteed product that's available right here in Tasmania. Will the requirement be removed, given that we are clearly lauding the success to export this quality product overseas?

**Mr FERGUSON** - What is the question?

**Dr WOODRUFF** - My question is: are you going to change your overly stringent requirements which have, in the past, been on the basis that there is no assurance of a safe, quality-approved product? There clearly is one in Tasmania, being produced in Tasmania. We want to have this locally grown product available as soon as possible for Tasmanian people who need it.

**Mr FERGUSON** - I think I'd better understand the question there.

**Dr WOODRUFF** - Yes. Can you have a look at the guidelines in relation to this?

**Mr FERGUSON** - I will always be willing to ensure that government policy reflects what the expert advice is. I give you that first undertaking. The Government's controlled access scheme is a specific intervention in an environment where there is very limited evidence base for the provision of cannabis-derived products to be provided on a robust basis. That involves the listing of certain medications. There is a very strict process for any new medicine to come onto the licit market and that is through the TGA, which requires a robust evidence-base before products can be listed.

With that said, we have provided the controlled access scheme as a further ability for the state health authority to provide permission for a person to receive an otherwise illegal drug. Further to that, while it is on expert advice that we should ensure that a specialist is overseeing the care and doing the full work-up on any patients who might be appropriate for a cannabis-derived product to be provided, we also provide the product, so the Tasmanian Government funds the actual medication and that's a very significant difference from what most, if not all, other jurisdictions are doing where they're not providing the actual product.

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That's our own internal quality and safety regime to ensure that people are being cared for and not held back from access if it will potentially assist them with their illness or disease.

**Dr WOODRUFF** - Given this has changed the situation and there is a producer here in Tasmania producing a quality product, are you going to be looking at making that product available to people or allowing them to be able to access it themselves as a consumer of their own health needs rather than putting unreasonable controls in their way on something which clearly has a health benefit, which is why they are producing it in the first place.

**Mr FERGUSON** - I understand the question, but it would be ideal for the Chief Pharmacist who is the subject expert on this in the department, to answer it in more detail. I can tell you it is not only one - a number of Tasmania-based companies have permission and approval for either cultivation or research where a wholesaler dealer or a manufacturing licence under the Poison's Act. That does not necessarily mean it is for distribution to Tasmanian people; it is not something you can assume.

**Dr WOODRUFF** - It would be good if it were. Will you undertake to have a review or a formal conversation with them about making products available locally as well as exporting overseas?

**Mr FERGUSON** - My general answer would be yes, I would always be open to that sort of thing, but would always want to be guided by a full knowledge base and expert opinion whether that is even appropriate. Some cannabinoid derived products are a lower schedule now as a result of all state and territory health ministers in the Commonwealth and the TGA moving that way about three or four years ago now when CBPs were down-scheduled to schedule 4. There are different substances at play here and I would be more than happy for you to explore that further with the Chief Pharmacist.

**Ms WHITE** - I was wondering the committee would be happy to go into output 1?

**Mr FERGUSON** - You were going to ask about staffing.

**Ms WHITE** - Yes, it was about the overtime?

### **Output group 1 Health Services System Management**

**Mr FERGUSON** - I will invite Mr Craig Watson to the table; he is Chief Corporate Officer, Tasmanian Health Service. He will be addressing output group 2 but I can answer your questions now we have the information.

I have been asked about overtime and will provide this in two parts. The first is for department not including VHS.

**Ms WHITE** - What period of time?

**Mr FERGUSON** - All my figures are to end of March 2019. The way this has been represented is as a percentage of overall staff and expressed as equivalents FTE. For the financial year ending March 2019 in Health, it is 39.35 FTE equivalent. As a percentage, this is reflected as 3.76 per cent.

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**Ms WHITE** - Are you able to provide that in terms of the number of hours worked overtime?

**Mr FERGUSON** - We could calculate that out as the equivalent of 39 FTE full-time equivalent positions through that nine months.

**Ms WHITE** - Do I need to put that on notice or will you come back with the detail?

**Mr FERGUSON** - I am suggesting to you anybody could calculate on the basis of hours in the week multiplied by weeks worked in the year.

**Ms WHITE** - How many hours do they work in a day and a week? How do you determine an FTE?

**Mr FERGUSON** - We could estimate it for you, but for five years or six years now I have been representing overtime by FTE and percentages. I do not think it has ever been expressed differently. We can make an assumption about hours, I will seek that advice but I simply don't have that.

**Ms WHITE** - I will put in on notice.

**Mr FERGUSON** - I am not taking it on notice. I am seeking the advice. For THS, I have that represented as 179.25 FTE expressed as an average overtime FTE to the paid FTE to March 2019. It is like-for-like, 2.01 per cent. I will seek that advice because I simply don't have it, nor have I seen that before.

**Ms WHITE** - How does that compare to the year prior?

**Mr FERGUSON** - The year prior for THS, 175.54 FTE expressed as 1.95 per cent.

**Ms WHITE** - Was that for the full year?

**Mr FERGUSON** - That was for the full year.

**Ms WHITE** - It is already greater in three-quarters of the year, and full year for DHS?

**Mr FERGUSON** - I don't think you can extrapolate that the way you would with other figures. That is by average FTE per pay period. It is already expressed per pay.

**Ms WHITE** - Okay. What is the DHS, please?

**Mr FERGUSON** - In the previous year, 34.61 FTE was expressed as 3.42 per cent.

**Ms WHITE** - In both cases, the amount of overtime with the DHS and the THS has increased this financial year. What is your budget for overtime for both the DHS and THS for the coming financial year?

**Mr FERGUSON** - We will need to explore that during output group 2.

## UNCORRECTED PROOF ISSUE

**Ms WHITE** - Right. Can you confirm the secretary has provided a proposed service plan to yourself in accordance with the THS Act 2018, which I believe you are supposed to have received by 1 June?

**Mr FERGUSON** - I am informed by the secretary again, which we mentioned this morning, that the service plan is pending on the basis of confirming a federal government contribution. That work is ongoing.

**Ms WHITE** - The act requires that to be provided to you by 1 June. Does the act allow for exemptions of this nature?

**Mr FERGUSON** - I will need to take some advice on that.

**Ms WHITE** - Are you in breach of your own act?

**Mr FERGUSON** - We wouldn't be in breach of our own act. I will take advice on that. It has always been the case, and service plans can also evolve. The secretary advises me that a draft was provided and it has been prepared. However, it hasn't been highlighted, agreed to or authorised on the basis that we are waiting for that additional advice.

**Ms WHITE** - That is primarily in relation to elective surgery funding? You are waiting on advice from the Commonwealth regarding that. Is that the primary matter?

**Mr FERGUSON** - That is the main issue. We have \$20 million pending from the federal government, which we want to build into our service plan.

**Ms WHITE** - In accordance with the act, you would have a service plan provided to you that you could amend at a later date to reflect those changes in funding that might come from Canberra. Why have you opted not to do so in this case?

**Mr FERGUSON** - It is timeliness. The timing of that election was only two or three weeks ago. On the basis of that, we would want to go forward with a service plan we are confident in.

**Ms WHITE** - I am referring to the performance indicators in the budget paper in relation to elective surgery. They are currently blank. They are not normally blank in the budget papers. When will you provide the actuals and the target for 2019-20?

**Mr PERVAN** - There are notes in the budget papers that go to the detail of that. As soon as we have confirmation of when that funding will flow - we do know the funding will flow in the next financial year - and what volume of funding will flow, we will be able to set the activity that we will be purchasing from the THS. That will cascade through all of those performance targets.

**Ms WHITE** - How will they be published, and will they be in the service plan?

**Mr PERVAN** - They will be in the service plan, which has to be tabled in parliament.

**Output group 2 -  
Tasmanian Health Service**

## UNCORRECTED PROOF ISSUE

**Dr WOODRUFF** - Minister, I have some questions around the performance information on page 116 in relation to your figures for 2019-20. Your target for elective surgery admission is 2500 lower for 2019-20 than it was for 2017-18. Can you explain why?

**Mr FERGUSON** - Yes, I can, and the secretary is well placed to provide further detail. That is an indicative figure that we have now fully implemented. The Government's Rebuilding Health Services funding package, which amounted to over \$100 million, started out as \$76 million. We supplemented that with a further \$20 million and further supplemented that with \$4 million. That has been fully applied and it has delivered some fantastic outcomes for a lot who were waiting up to a decade for their surgery. That figure - please note that also has an important footnote attached to it - is returning to baseline levels of funding now that we have achieved that catch-up of a large number of people on backlog, and is still subject to that further review we have been discussing as part of finalising the service plan.

**Dr WOODRUFF** - Well, 2500 less is a devastating decrease in the number of elective surgeries that will be performed, given the increasing need for elective surgery. That is a huge loss for the people who will be waiting. I can't see how this is going to anything but increase the lists you have put so much effort into reducing. It is going to go back up again. Why haven't you prioritised money to continue the number of elective surgeries undertaken at the rate they have been?

**Mr FERGUSON** - It is too early for you to make that claim. We are working hard to provide people with better waiting times and we have been able to do that. I acknowledge the waiting list has increased over the last year but that has been in environment I which we have put in an extra \$20 million. It is a reflection of a significant number of extra additions to the waiting list, not a reflection on our activity.

This number will change because there is further work to do on the service plan. While I am not trying to spend the same money twice or three times, we have \$30 million available to the government to take advice on the best ways to meet additional demand in our health system. That is in the Budget but it is not allocated. That is about emergency access, potentially when we move into our redevelopment over Christmas and into February next year, but our intention is to ensure we have made every effort to consider earlier openings of extra beds. That may include surgical activity but it is too early to say.

**Dr WOODRUFF** - The budget papers for the emergency department presentations on that page show the figures of actual presentations were 5800. There was an increase of 5800 people who came to emergency departments from 2016-17 to 2017-18, but your Estimates for this current year is only a growth of 3500 presentations. Clearly that doesn't seem to sit with the reality of what is being experienced in emergency departments, which is this incredible increase in presentations. Why have you underestimated the numbers so substantially from what they've actually been in recent years?

**Mr FERGUSON** - I am going to ask the deputy secretary, Ross Smith, to come to the table, Chair, and he is responsible for this area. As he's coming forward, he can further address this point but these are always best estimates of what the anticipated presentation numbers will be. I draw your attention though to the 2017-18 year that you mention. That was a year of a very busy flu season, so we are even factoring in an expectation of potentially 7000 more people on top of that, so it seems to me quite prudent. No-one will ever know until it actually emerges, but I will ask Mr Smith to outline how these things are estimated.

**Mr SMITH** - As the minister said, the emergency figures are estimates and they're based on taking into account our methodology, which looks at underlying factors within the population around demand in these particular areas and also takes into account some levels of performance being experienced within the THS in previous years. Really, it's our best estimate taking into account all those factors around the underlying changes in our population and demographics. It's our best estimate on what that increase will be next year.

**Dr WOODRUFF** - Given that the Auditor-General's report has shown us that performance in the system is not good in terms of moving people through the Emergency Department and given, from my understanding of the epidemiology of Tasmania, that measures of demand in the community are increasing, not decreasing, all the measures are going up, I don't understand on what basis you would have made an estimate where there would be a reduction in the number of people seeking emergency departments. The performance of the department has been measured by the Auditor-General as being found to be wanting in the emergency departments on so many measures, and the demand in the population is going up, not down, so could you explain why you think there will be fewer people coming through the doors?

**Mr FERGUSON** - I will throw that immediately to the secretary and Mr Smith because as I read it, we're expecting more.

**Mr PERVAN** - Yes, we are expecting more. There is an increase there and the Auditor-General's comments were in relation to patient flow and admissions; these are presentations at the ED. It is a slightly different measure. The hard [inaudible] and associated numbers that we use and the methodology underneath them are used nationally. All states and territories use those. It's the best tool that we have for estimating ED demand. Notwithstanding that, that is a target and we understand we might land higher than that. It would be great if we could land lower than that and that's why there are a number of initiatives like COHMAS, like the Mental Health Hospital in the Home Program and others, to try to divert activity away from the ED, but the calculation of that is basically down to algorithms.

**Ms WHITE** - Minister, has the \$20 million commitment from the Commonwealth for elective surgery been allocated over a period of time? Is it for one year or two years? Have you determined that yet?

**Mr PERVAN** - What we were told at the Australian Health Ministers' Advisory Council meeting on Friday was that the Commonwealth would be sending letters this week which will set out a draft MPA - another MPA - which will have all the funded election commitments and the time frames they're flying over. We have received no advice prior to that, so this will be the first bit of advice we get.

**Ms WHITE** - When do you expect to receive that information?

**Mr PERVAN** - Sometime this week.

**Ms WHITE** - Minister, the question I asked earlier was around the overtime budget. Could you indicate what you have budgeted for the coming financial year for overtime?

**Mr FERGUSON** - The answer is yes, but for the detail I will ask Craig Watson, Chief Operations.

**Mr WATSON** - We generally do not budget for overtime, because we budget for the use of the full-time equivalent staff. We try to aim in areas to allocate sufficient budget for the full amount of staff. The reality is we incur overtime, but the overtime incurred relates to a variety of factors, some of which is where we do not have sufficient staff available to fulfil the roster.

If that is because someone is off on sick leave, the overtime obviously is an additional cost. If this was due to a vacancy, the overtime is mostly funded by the vacant position.

**Ms WHITE** - One of the questions I did not ask around this financial year is the cost of overtime. We spoke about equivalent the hours. Can you give a year to date figure for the cost of overtime for the Department of Health and the Tasmanian Health Service?

**Mr FERGUSON** - I think consistent with my earlier answer I am happy to obtain or at least an estimate of it, because I simply am not convinced that it is recorded in exactly that way. We certainly have recorded it in FTE equivalents and percentage of workforce, but I am happy to see what we can do for you. I can add it to the earlier question I took on board.

**Ms WHITE** - I would appreciate that because obviously different individuals in the health system are paid different amounts, depending on their specialisation or their competency. The cost varies depending on who is working the overtime. As you indicated, you do not budget for overtime but you occur it every year so, it would be important for us to understand what that cost is each year. I would appreciate if you could provide the information for us.

**Mr FERGUSON** - We will do our best.

**Ms WHITE** - Would you like me to put that on notice, minister?

**Mr FERGUSON** - Yes please.

**Ms WHITE** - Thank you.

**Dr WOODRUFF** - Is it possible to speak on mental health?

**Output group 2 -  
Mental Health**

**Mr FERGUSON** - Yes, absolutely. For clarity I will ensure members here are aware that Ross Smith's role is Deputy Secretary, Planning, Purchasing and Performance, who was earlier with us, and I introduce Dr Aaron Groves who is the Chief Psychiatrist and Chief Forensic Psychiatrist, my number one adviser on all things about improving mental health services.

**Dr WOODRUFF** - To Dr Groves a question about the dedicated child and adolescent mental health acute unit being discussed in the Budget papers, a 16-bed ward in the southern Royal Hobart Hospital. Could you please describe what you see that unit looking like? I understand the exact consideration of the staffing profile is still under discussion? The origin of the question comes from a number of sources, but stems from the coronial inquest in 2015 from Olivia McTaggart and, amongst other things, she recommended a dedicated child and adolescent facility be established.

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I am concerned to understand whether this will be a ward will always have a person staffed with mental health clinical specialties so that a person who is admitted at any time of the day or night, any day of the week, would have that specialist care available. Is that what you see happening?

**Dr GROVES** - I thank the member for her question. My understanding is that is the model of care the Government and I would like to see in place. At the moment, the current model of care was forwarded to me last week and I provided some information to them about the model of care. There are areas where they need to improve on that. However, to give you as much information as I can in answer to the question, the 16-bed adolescent unit is an adolescent in-patient unit. It will include both people who have mental health issues or emotional disturbance and adolescents who do not. Not all 16 beds are for mental health. Some beds dedicated for mental health have been constructed in such a capacity that they would tailor for mental health needs of adolescents.

There is also capacity that other beds in the unit can be, from time to time, used specifically for mental health. If any unit is to have people 24/7 with adolescents they need to have the proper specialist staff. The staffing model is still in the process of being developed so it will be able to cater for a flexible number of in-patients. I would expect that at any point in time we will always have adolescent mental health in-patients in that unit because the demand numbers for our state recognise that we would need to have that. I expect there will be both mental health nurses, multidisciplinary staff and appropriate medical cover built into that model of care and into the staffing profile.

**Dr WOODRUFF** - Do you anticipate that there will be flexibility for young people up to the age of 25? The hard cut-off of 18 as a definition of adolescence is being questioned and is very concerning. It depends on the child and the young person, where their development is and what their needs are. Do you imagine there will be flexibility in terms of who in terms of age would be admitted to that? Can that be reviewed as part of the process?

**Mr FERGUSON** - We are open to exploring that. We want to get the best evidence base and professional advice about what is the best age cohort to capture in that model of care. I do not have the answer to that but I have expressed our openness to exploring that as part of the model of care.

**Dr GROVES** - I think there are some really important principles here. The first one is this notion of youth stream. I am aware that you are discussing the views that Pat McGorry, previous Australian of the Year, put forward very strongly about understanding young people up to the age of even 24 or 25. I think that the new adolescent unit will come online at the same time as the second and third floors of K Block will come online. They will have mental health consumers within them. That unit, which is far superior to J Block, allows us an opportunity to have young people managed in a better environment in the second and third floor of K Block and those who are developmentally more appropriate to be in an adolescent unit there. I could easily see a case for 19- or 20-year-olds being able to be managed in the adolescent unit. I would be worried about people who are in the ages of, for example, 23 and 24 being in an adolescent unit where there are going to be other people who are more vulnerable. That is a real difficulty around the staffing. I think that the minister has also talked about the Royal master planning. In that there have already been announcements around the future of a mental health precinct within the repatriation part of the Royal Hobart Hospital. That is where I would see an ultimate better solution for a youth unit to be, rather than trying to put it on a footprint of the current Royal Hobart city precinct.

**Dr WOODRUFF** - Until then, minister, what will happen for acute children and adolescents?

**Mr FERGUSON** - Until K Block comes on line? I answered that earlier but we now have our subject specialist, so more from Dr Groves, please, on how we are going to provide for the young people we intend to provide for in a specialist unit.

**Dr GROVES** - We will make use of the current paediatrics ward and the adult unit when necessary. While that is not ideal, it has been the situation in this state for some time and we need to make the best workaround we can on a case-by-case basis for each young person who gets admitted to the hospital.

**Ms WHITE** - Minister, I might have missed it, but can you provide some clarity on the age of an adolescent? Would paediatric and adolescent patients be supported here? What age cohort are we talking about?

**Mr FERGUSON** - That really relates to Dr Groves. I will ask him to answer this far better than me. I don't believe I have the answer to that at the moment. We are waiting for what is the best advice on this, both on the upper and lower level of the age cohort that would be best supported through our adolescent units. We don't have a hard and fast rule at the moment. I will ask Dr Groves to address that.

**Dr GROVES** - The age group we are considering is people aged between 12 and 17. Having said that there are from time-to-time people who may be 11, but would be developmentally more progressed than that and having the traditional types of issues that adolescents would have rather than children. They would be considered for the unit.

As the minister has already indicated, I would be in favour of 18- or 19-year-olds, particularly if they are not as developmentally progressed as other 18- and 19-year-olds being considered for the adolescent unit.

**Mr FERGUSON** - Just while we are on the subject, the secretary has a comment on the stage 2 works.

**Mr PERVAN** - As well as the level 2 and the ward that Dr Groves is talking about, part of the stage 2 works and the expansion of the Emergency Department includes a dedicated mental health assessment area. That is a significant increase on the capacity to receive and manage mental health consumers.

**Ms WHITE** - Minister, recognising the staffing model still being developed, can I ask about current staffing for the paediatrics ward at the Royal Hobart Hospital, which is where some adolescents with mental health are treated currently? My understanding is that frequently they struggle to fill their roster. There is concern that the new unit doesn't have adequate funding to staff it. Is that something that you can respond to?

**Mr FERGUSON** - I will ask the secretary and Mr Watson in a moment, but the Budget does provide for the 16-bed unit, even though we have acknowledged that the specific model of care and mix of beds is still being worked through and consulting with staff. The Budget provides for that full complement. The same at the LGH with the expanded kids ward there, the eight beds.

**Ms WHITE** - The concern has been raised by staff with the Labor Party that they are currently struggling to staff the paediatric and adolescent wards. There doesn't seem to be a very clear

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strategy on how you propose to staff the new units. Is there a recruitment drive under way to fill the positions to meet the need?

**Mr FERGUSON** - I do not believe that they are in the recruitment phase at this time while that work is pending regarding the model of care and mix of beds.

**Ms WHITE** - The beds in Launceston, for example, are due to be opened sooner than the Royal. Have you progressed recruitment for those beds?

**Mr FERGUSON** - We will have to get some advice on that one. We won't need to take it on notice, though.

**Ms WHITE** - You won't?

**Mr FERGUSON** - No, we will provide the answer.

**Ms WHITE** - We only have until 4 o'clock and I am mindful there are some other matters that haven't been responded to yet either, which you haven't taken on notice.

The unit in Launceston, I understand, hasn't received extra funding for the past 10 years, despite the level of acuity of young people presenting there increasing. Is it your intention to increase the funding allocation for that once the new beds are open?

**Mr FERGUSON** - Yes. That is the very purpose of the initiative in the Budget around 4K. I think it was on page 105. The 2019-20 Budget continues the provision of funding announced in the 2018-19 budget of \$19 million over five years to fully staff and open new beds on Ward 4K at the LGH on completion of the redevelopment. I am advised that is due for completion before the end of the year.

**Ms WHITE** - Given that these questions have been raised with us by concerned staff, there has obviously been no communication to them about that matter. The beds to be opened at the end of the year will need staff on them. You said you will come back with details of whether or not recruitment has started to fill the gaps that exist there. Can you understand the concern of the staff working there who are worried about this?

**Mr FERGUSON** - I accept in good faith that one person or a group of people have contacted you and don't seem to know about this information. I certainly make it very clear that we have been talking about this a lot, and it was in last year's budget. We have made a number of onsite announcements and visits to staff there. There are absolutely no qualms on my part to reinforce the assurance that this is a generational improvement in service at the LGH, and we are very proud of it.

People have been talking about adolescent units for a long time, but we are actually building it, and the budget will provide full staffing of those additional beds. The additional eight beds in 4K.

**Ms WHITE** - Can you confirm that the 4K ward is similar to the ward here in Hobart in that it is not specifically for mental health patients?

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**Dr GROVES** - I am happy to answer that question, minister. It isn't specifically for mental health patients, so there will be a mixture of general adolescent health issues, as well as mental health issues, within the eight beds at 4K.

**Dr WOODRUFF** - Minister, a large part of the transition to St Johns Park facility being constructed and being established, you have allocated a large amount, \$14.2 million of the operational allocation for Mistral Place, and you've redirected it into mental health hospital in the home service.

There is precious little information in the budget papers about when that is going to start, what recruitment strategies there will be to guarantee that staffing is taken on in a timely pace. The management of the operation of the Mental Health Hospital in the Home, can you provide some more information about that substantial allocation?

**Mr FERGUSON** - I can do better than that. I can have a go at answering it, and then I can invite Dr Groves to answer it, as he invented this for our state, based on the innovation that has occurred in other states. I am very grateful to him. I am not sure as I listened to your question that you are not aware that it is up and running now.

**Dr WOODRUFF** - I am not aware in what form it is up and running.

**Mr FERGUSON** - Dr Groves is the full bottle on that. It is up and running; in fact, I believe that late last year we said we would move to that different model while those other 27 beds are being physically built. The intention is that as we employ the staff required, we would operationalise it. That has now happened; I believe it happened in the month of March. I will now throw to Dr Groves, who will give you a broader view of it. My last advice is that we are actually providing eight mental health hospital in the home beds right now, and scaling as we employ more.

**Dr GROVES** - That is correct. The service commenced operations on 26 March. The fortnight beforehand all those staff who had been recruited into the positions started onboarding, and there was a very detailed orientation program for them, partly because it is a new model of service as the minister has discussed. Currently we still have some unfilled nursing positions, and as a consequence we don't have all 12 beds operational. However, we are fully staffed with medical, peer support and allied health staff.

Our rate-limiting step is the recruitment of additional nursing staff. I am not sure off the top of my head, but I think it's still five short, out of a total of 16. I would need to get that clarified. I think it is worth noting that the service model attracted an enormous amount of attention from the sector in southern Tasmania, so a lot of nursing staff were very keen to put their hand up to be involved in the new service. This has of course had flow-on effects to the rest of the community mental health sector, which is where most of them have come from. Although some of them were also PEN nurses, meaning they didn't come out of the community mental health service.

I am aware from Addie Gibbons, the Clinical Executive Director of Statewide Mental Health Services, that a second round of recruitment has commenced into those positions, but is yet to be finalised. We are very keen to do that as soon as possible. We are also considering whether the medical staffing model may be upgraded and reconsidered. That is partly because I think we have become aware of this being a very good opportunity for psychiatrists in training. This is not how we originally considered developing the project. It'll be important we try to clarify that by February next year, which is when the next rotation of trainee psychiatrists occurs.

**Dr WOODRUFF** - Minister, is this something that can be available for adolescents? Given that this is an acknowledged gap for acute service delivery in the hospital system, is this something that can be, or will be, available for adolescent mental health patients?

**Mr FERGUSON** - I am certainly not advised that it is, but I'm happy for Dr Groves to address the hypothetical component whether it could be. I think we'd both like to know what his thoughts are on that. Can I also just ensure the committee understands as well that we've got funding to both build and staff 27 beds in southern Tasmania at the Pickup Centre, which is being rebuilt, and that's St Johns Park as well? In the meantime, we didn't want to keep people waiting and have rolled out this program in a very timely fashion, and it's providing wonderful support now. As to the age cohort, Dr Groves.

**Dr GROVES** - What we are attempting to do is develop a model of care that the service can sit with and be comfortable. In doing so, I said to them I'm happy for them to be as flexible with the age group depending on the availability of suitably trained clinical staff. It's meant that they have considered 16- and 17-year-olds. I'm not yet aware of whether they've taken any in, but they have agreed that their staffing would allow them to take in 16- and 17-year-olds with appropriate mental health conditions, and where there was sufficient support within the family for them to be managed at home as an alternative to being in hospital. I think that our intent is to move in that direction once we have all of our staff on board, if that's deemed to be clinically appropriate.

**Dr WOODRUFF** - How do people access this?

**CHAIR** - I'm going to move to Ms O'Byrne.

**Ms O'BYRNE** - Yes. I'm not sure you should leave the table, Dr Groves, it sounds like you might be needed. But I'm going to take another tack, minister. We said that we would talk about this new identified position, the affordable budget establishment. What we wanted to understand earlier on is the difference between, in areas across hospitals, the number of people who are currently fulfilling jobs, whether they're permanent, fixed term or casual, and the number of affordable FTEs that have been identified. For instance, we know that Food Services in Launceston has been asked to find 9 FTEs. We know that Allied Health in Launceston has been asked to find 13 FTEs because that is the difference between the people currently in the positions and the affordable FTEs.

I am not sure whom I am going to be referring this to, but if they would be able to answer the question, what is the difference between the number of people currently there and the number of people who will be there at the end of this affordable budget establishment process?

**Mr FERGUSON** - The expert on this is Craig Watson, who is at the table. He is Chief Corporate Officer with THS. Members around the table will acknowledge that employment make-up in any business unit is a dynamic and moving area. You have people who need to take leave, change duties or take other duties temporarily, and business units need to be able to stand up replacement staff and deal with seasonal peaks. I don't have any information before me that addresses the specific instances you have claimed in your question. As to process, this is not something to be mocked. It is about ensuring that local hospitals have all the information they require so they can make the decisions we want increasingly to be made at the local level without departing from our One Health System reforms, particularly around safety and quality.

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Mr Watson, if you would address the affordable FTE information that is being provided to leaders.

**Mr WATSON** - This is the first year in which we have put the affordable FTE establishment out. One of the challenges we have had in the service has been the lack of a meaningful establishment, partly reflecting the fact that we have obviously a very complex workforce model, particularly with 24/7 rostered staff.

The requirement of the payroll establishment, if we can call it that, to manage the variations in staffing meant you didn't really have a proper underlying establishment of what is the totality of positions the service can afford. I can illustrate that with an example. We may have an accredited psychiatric registrar position, but if we are unable to recruit to it, we may choose to temporarily recruit a career medical officer to continue service delivery. In the payroll establishment you suddenly end up with two positions because we have the CMO. One of those positions is showing as unfunded because the CMO isn't funded and the other is showing as vacant. The underlying position is one role, the registrar position. That complexity has caused enormous difficulty for local managers in trying to know what they are managing to, what their staffing model is. We put a great deal of work in to build the affordable budget establishment this year, so we could give that certainty to local management. We did it following the release of the mid-year RER, so it reflected the additional funding that appeared in that.

We are still working through the anomalies that come out the back of that, particularly if we have areas where current paid FTE may be exceeding the affordable budget establishment in a given pay period. That doesn't mean we need to lose that many staff. We are working through and understanding the cause and what measures need to occur. There are also other areas under their affordable budget establishment and the option is available to local management to redirect positions from one area to another if it reflects the need. We may also have instances in which a paid FTE is above the affordable budget establishment because there may be staff on long-term absence, which could be sick leave or workers compensation, and the nature of the service requires that person to be back-billed. In that case we want to make sure we are appropriately managing the person on long absence, resolving their circumstance and potentially returning them to work. This is the first iteration of that and we are still in the middle of working with local management to resolve all those variances.

**Ms O'BYRNE** - That may be, except when areas have already been told how many staff they have to lose. Some staff in the area of food services have been working reasonably regular hours on a casual roster for up to 13 years may now be surplus to the funding arrangements. The 9 FTE in food services in Launceston equates to 13 individuals. If you are still doing a desktop exercise, why are we now in the position that areas have been told to find savings?

**Mr FERGUSON** - We need to be a responsible custodian of the finances we have in our health system. The discipline is everybody's responsibility, for every single minister. It is my intention, while empowering this process, that people can know with more clarity what they are funded to do and what staffing profile they have funding to give. One of the key criticisms, particularly early on, was that people felt they didn't know what their authorised staffing establishment was. It has taken some time to reach this point, but I pay tribute to Craig and his colleagues for the work underway.

Whether you can interpret that as a warning to people who are about to lose their jobs, we want to moderate that thinking because that is not the intention of this process. It is about ensuring there

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is clarity, transparency and to assist in decision-making. When you reconcile that we are providing more decision-making at the local level together with accountability, together with the demands that we continue to remove silos, we need hospitals to manage their affairs and their staffing in a way that meets the need in the community. Mr Watson, I invite you to answer directly what this means at the local and business unit level.

**Mr WATSON** - This is about understanding the totality of our affordable FTEs and working through specific issues. I can comment on the food services at the LGH as they are part of the northern corporate services groups that reports to me. I have not issued any instructions that they have to lose a particular amount of staff. It would be unfortunate if there is confusion or lack of clarity around the process we have worked through. I am happy to make sure that I go back and engage with my management in that area so they understand the challenge we are working through. I have approved the renewal of casual contracts with Food Services staff at the LGH. I have approved the recruitment of food services staff at the LGH. If we are operating an environment where they had been issued some edict and a head count of reduction, obviously those things would not have occurred.

**Ms O'BYRNE** - Minister, can I get a guarantee from you that someone who is employed and working prior to this new affordable budget establishment process will still be employed at the end of the affordable budget establishment if all you are really doing is getting rid of positions that are currently not filled and were not going to be filled or have been covered? There will be nobody in a job who is no longer in a job as a result of this particular initiative?

**Mr FERGUSON** - You know that that is not a guarantee that any minister can ever give.

**Ms O'BYRNE** - As a result of this initiative, no others. I realise you are going to find your share of \$550 million, but as a result of this affordable budget establishment process, if it really is just clarifying what arrangements exist, there should not be any job losses as a result of that.

**Mr FERGUSON** - What I will guarantee is that we are providing more money to the health system. We are keen for unit managers to be aware of what their funded FTE actually is. It has been a mystery for a number of people for far too long. This is an important and overdue reform. I can only back up what Mr Watson has shared with the committee to try to put some calm back into that conversation, which is to say that we need to work through a process and always treat people justly and fairly. As Mr Watson has indicated, on the one example you have provided to the committee where there were, and I take you at face value, people with some concerns, I think that he has been able to address that satisfactorily by saying he has approved the continuation.

**Mr WATSON** - It may be that this is an issue of communication. Sometimes unfortunately things get communicated in a shorthand way the further down the organisation it goes. It is something we can look at and resolve.

We can't ever give a blanket guarantee on the continued employment of any individual in a role. As you are well aware, we potentially have to change the workforce mix and their priorities in the system. As an example, and I am sure this is an actual example but it could be hypothetical in case I have my details wrong, we recently had a position become available at the North West Hospital for a gardener and maintenance role. We made the decision to remove that role and instead have an electrician. Our determination was we had a greater need for an electrician and they were most costly to get as a contracted service as opposed to contracting garden and maintenance work when required. We are always varying the workforce so you can never give that blanket guarantee

on an individual role, particularly fixed-term or casual positions where they are, by their nature, or should be, only short-term periods of employment. There have been the occasional use of casuals over much longer periods, which is something we are separately addressing as a human resource and employment issue.

**Ms O'BYRNE** - On this line of questioning, I do not think it is only Food Services that believe they have been given this instruction. I can cite one other example, but I can assure you that the feedback we are getting is that across the system, across the state, people have been told their new affordable establishment cost means they have to lose positions. They may choose to find some other savings in service delivery to make those funding savings, but that is what they have been told.

If I can take you to the issue of our allied health. In particular I am going to be talking about occupational therapy, but allied health broadly. In the north, allied health senior staff are already highly stressed and burnt out. The demand is already substantially exceeding the ability. I understand that some 20 to 50 per cent of referrals in acute services are not seen under current staffing arrangements. The difficulty in recruitment they have experienced means they have come out quite badly under your affordable budget establishment model and they have been directed in the north to find 13 FTE or to consolidate the costs of 13 FTE. While it is all very comforting to hear this is just a communication challenge, quite clearly in order to live within the budget that the hospitals already have that already don't need NEGs, they are being asked for savings. This is before you even begin to progress your share of the budget savings that the Treasurer has put upon you but apparently not discussed with anyone in enough detail for us to look at during the Estimates process. What I don't understand is, if this is a one-off, why am I getting it from across the state and why do I have, in particular, that example in OT in Launceston? I can assure you, minister, we are getting this from across the state.

**Mr FERGUSON** - I am doing my best to take all of this in good faith. I think you are being very reasonable with the way you are posing the questions. I have not been able to give you the guarantee you sought because we have to be responsive to what our organisation requires and what the community needs going forward. We have been a very good employer to a lot of people including 1000 more people in the life of this Government so far. We have significantly increased allied health professionals at Launceston General Hospital, by the way, by a significant percentage. I suppose what Mr Watson means, and I would back him up in this, is that we are seeking to provide greater clarity, greater information. No-one is trying to say this is a one-off process. This is actually about maturing people's understanding about what positions in the system are actually funded and allow them to make better informed decisions going forward.

As we made it really clear, as we go through the process of the efficiency dividend to try to ensure that we get a fit-for-purpose bureaucracy, we will be absolutely working hard to protect the front line. Service delivery is very important to our Government and we only have the vision to expand service delivery, not reduce it. I take your comments on board. I do not know if Mr Watson wants to add anything to that if he knows anything about allied health.

**Mr WATSON** - It is a little bit outside my domain, minister. I would make the comment again, though, and let us use the LGH as an example, their last paid FTE was 2276. They have a very large staffing group. The option is available to local management to prioritise the positions to where they need to. Part of developing the other side of us providing this greater certainty and freedom to local management is the accountability that goes with that to make those decisions, but

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they are appropriate decisions made at the local management level in response to demand upon the service.

**Ms O'BYRNE** - Minister, can I get you to confirm that the allied health staff have already said, and the hospital is aware, that because of the demand and the stretch on services currently not meeting demand, services are going to need to be withdrawn for the health and safety of both patients and OT staff? How do you align that statement from staff with the suggestion that they can find a 13 FTE reduction under the new affordable budget establishment?

**Mr FERGUSON** - I cannot confirm something I have not seen or heard of before, so you have left me in the dark on that one. I think we are providing a level of clarity of the global budget and how it is applied and interpreted at the more and more local level. I would like to resolve the point you are making but I am just not sure how I can do that in the absence of that specific information. I can assure you that we have expanded our frontline Health staff in the THS. I think our allied health professionals are a wonderful group of people who have been undervalued for far too long.

**Ms O'BYRNE** - It does appear they are about to be reduced.

**Mr FERGUSON** - Again, you made the same claim on Food Services earlier and Mr Watson debunked that.

**Ms O'BYRNE** - Well, with the greatest respect, I am not convinced it has been debunked. I think there is a disconnect between what you know, minister, and what is happening there.

**Mr FERGUSON** - I am, because I think he just said he approved the contracts to continue. What I am trying to say here - and Mr Watson also made it clear - is that some units may be under their affordable FTE allocation as well. This again then provides the tools local managers have been telling us they would like to have so they can make operational decisions at the hospital level. I hope to allay those concerns in the way I have answered the question, but I suspect this process has some maturing yet to do and I think we can acknowledge that there may be an opportunity for some stronger communication as to what it all means for a local manager. We are still very much in the middle of the process.

**Ms O'BYRNE** - So we don't have a guarantee that there won't be people who lose their job, not as a result of change of practice or anything else, but as a result of the affordable budget Estimates process. That is quite clear.

**Mr FERGUSON** - No, we will not let you reinterpret what we have said.

**Ms O'BYRNE** - Will you guarantee that no-one is going to lose it because of this initiative, not other initiatives but this one?

**CHAIR** - Order, Ms O'Byrne.

**Mr FERGUSON** - I noted you tried to say something just now so in a moment, please do. I want to make the point that this is about supporting the Government's philosophy of having one health system where all our hospitals work in a managed way together so that patients do not fall through the cracks, which happened for far too long under previous arrangements, while at the same time allowing local hospital teams to make important decisions at their local level, because there may well be occasions such as the gardener versus the electrician argument where a local hospital

leadership team would perform the view that we would be better to provide our resources in one area to meet a demand that we hadn't previously been meeting. That is what is intended here and I acknowledge that there is an opportunity for stronger communications.

**Mr WATSON** - It is worth re-emphasising that we are still in the middle of this process and it is unfortunate if people have leapt to a conclusion or leapt to the idea that this means a particular outcome because that is not the case. I have not had anything come through me or the broader THS executive in relation to any changes or actions within allied health at the LGH, off the back of this or any other process.

At the end, it may be best illustrated with an example. We recently resolved an issue with the pain service in the south where there was a dispute around a staff specialist position there and the argument again was similar - 'It has gone in the affordable establishment therefore we're going to have to cart', and all this sort of issue. When we did the work with local management and worked through it we were able to identify the position in question had been allocated to a different cross-centre because there had been a change in structure of the unit, and it was a simple reallocation for the position. But there was that similar initial reaction of, 'Oh, this means it's going to be cut', and it was only when we actually did the work that we were able to review that and deal with it. This indicates that we need to continue this work to the extent we can accelerate it.

**Dr WOODRUFF** - Minister, some other questions, through you to Dr Groves, in relation to the Mental Health Helpline. The Mental Health Helpline has been identified as being inadequate in the service it provides because it is effectively an acute triage service as it stands at the moment and does not provide the information and support people expect and want to have from one single phone service. Can you tell me what is being expected to change about the Mental Health Helpline? The minister indicated a review was in place and changes are happening. I am also wondering how you get referred to the Mental Health Hospital in the Home service and whether the Mental Health Helpline would be a referral point for that, or is it through an emergency department or a GP? For people in regional areas, these sorts of information services are absolutely critical.

**Mr FERGUSON** - It is a meeting of the doctors, Dr Woodruff and Dr Groves - you have two in one there so we are more than happy to answer that. Dr Groves, I am not sure if you heard the earlier discussion around the Mental Health Helpline and how the integration taskforce is reviewing that. I would invite you to be as frank as you want about how we are looking to potentially reform that so it is of more service to consumers and their carers, as well as the admission pathways for Mental Health Hospital in the Home.

**Dr GROVES** - First I will just clarify one aspect of the helpline. The helpline principally is about acute triage, I agree with you; however, it is supposed to also provide information for those who ring in about a variety of different services. One of the difficulties I will acknowledge, and it is an Australia-wide problem, is that there are no services that can provide all the information we need to know about all the various programs available. As a consequence, the Commonwealth has set about trying to remedy this by developing an online portal as a way of enabling people across Australia to understand what are the various services available. Even the Commonwealth, which has invested millions of dollars in setting this up specifically for mental health, has struggled to obtain all the information. We need to recognise it is an issue.

To specifically answer your question, the integration taskforce met throughout last year. Its processes were about trying to look at how we end up with a better integrated mental health system in the whole of southern Tasmania. As part of that, the helpline was a big component looked at.

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Information provided to the task force by a variety of people was that the helpline needed substantial improvement in the way in which it works, in the same way there were comments about how we better integrate the service.

I have completed the report and sent it to the secretary for his consideration to provide advice to government about implementing recommendations out of the task force. Without speaking too much out of turn because the minister asked me to be frank, the task force recommendations suggest a substantial overhaul of the way in which the helpline would work. It would need to work much more closely with a variety of different providers and with primary care. It would need to work in a way linked into any developments that might be currently in a process Primary Health Tasmania, which receives funding from the Commonwealth, is looking at doing and there are not two duplicating systems with a gap in between.

The recommendations of the task force will look to address that. In relation to the question about the Hospital in the Home, there are three principal referral pathways. The first is straight from the emergency department; the second is from the mental health unit at the Royal Hobart Hospital, also referred to the Department of Psychiatry; and the third is from our Community Mental Health Services. The Community Mental Health Services referral processes may be either direct or via the helpline.

This is where somebody who might have been otherwise well in the community but is becoming unwell, can get referred directly into the Hospital in the Home. The other two are for those people where it would be hoped they could be admitted directly into HITH rather than into the mental health inpatient from the ED, or for those people who could leave the mental health inpatient unit a little earlier and go into HITH rather than staying in the hospital. These are the three primary referral sources.

**CHAIR** - Minister, can you provide an update on initiatives the Government is funding in the budget to improve mental health services more broadly?

**Mr FERGUSON** - I support you're right to ask that question from the Chair. Thank you for asking - it is very important to our Government. We have a strong commitment to building a better mental health system for Tasmanians. This sits perfectly in line with the Rethink Mental Health plan. By working closely with frontline staff and consumers, community organisations and key stakeholders, we are getting on with the job of rolling out the \$104 million plan we took to the election.

What this means for the community is more beds, more support, acute child and adolescent facilities for the first time ever, all within an integrated mental health system. I want to thank Dr Groves for his work helping us to deal with those silos that persist, even in mental health on its own. We want Tasmanians to get the care they need when they need it. Our plan includes building 27 new mental health beds, a greenfield facility at St Johns Park and a rebuilt Peacock Centre in North Hobart.

The Budget includes \$20 million to build these facilities, which will deliver a massive boost in crucial community-based services and \$43.8 million to staff them. Exactly what the mental health sector has been crying out for. The Government has also commissioned the new Mental Health Hospital in the Home service also known as HITH, which is providing acute-level care in the community. I am advised the carers and consumers could not be happier with the service. I have

met with the team and it was an inspiration to see them at work. Their commitment and passion are fantastic.

This is an innovation. The Housing and Accommodation Support Initiative model is also up and running. We partnered with Colony 47 to provide a new level of support to clients and to build capacity within their service. That is a housing initiative to support mental health consumers so they have additional options rather than being stranded in a hospital longer than required. Our plan also builds on the improvements we delivered in our first term of office, which included new step-up mental health beds at Tolosa Street; \$11 million for community packages of care, which have been warmly welcomed in the community; securing the psychiatric emergency nurses; and record funding for Rural Alive and Well.

We are ensuring the future of mental facilities because we purchased facilities rented by the previous government, because we wanted to bring certainty and security. We have bought Millbrook Rise, Mistral Place and Tolosa Street so they are now in the property of the government and the Crown. That gives an enormous sense of confidence that those facilities continue into the future.

We want to help more Tasmanians stay well in their communities and we will continue to listen and work closely with consumers, carers and mental health professionals so that we can support people, avoid mental illness wherever we can, intervene early wherever we can and support people on their recovery pathway when they require our services. Thank you for the question.

**Ms O'BYRNE** - When will the process of affordable budget establishment be concluded so that people have some level of job security?

**Mr WATSON** - We released the affordable budget establishment earlier this calendar year. We have requested feedback from local management, coordinated through the business managers in the roles that provide finance and budget support to their local management by 28 March. They requested an extension to 15 April for their feedback. That has closed, we are working through that feedback and adjusting the affordable budget establishment with the aim being to issue an updated ABE in the first week of July, lining up with the rollout of budgets for 2019-20. We would also hope to reflect in that what has been announced in the state Budget and anything the Australian Government funded as we reach an understanding of that.

I am not sure this should be viewed with time of its release as an issue of some relationship to job security because we haven't issued any instructions around reduction of positions in association with it. This was about providing a tool to local management that they had been requesting, in understanding the staff resources available to them, enabling local management to have greater capacity to make decisions on resource allocation for their services.

**Ms O'BYRNE** - In fairness, when people asked whether they had to work to budget, an established FTE and an ABE, your affordable budget or none of the above and sought clarification, what clarification has been provided to them about which of these requests they are supposed to meet at the end of the deadline on 15 April?

**Mr FERGUSON** - We all have to work to budget, that's a given. In government, we have to be responsible with other people's money and be careful with how we use it. We look to people to manage their budget and work within the allocation. Local hospital teams moderate those expectations and challenges, increasingly so under the decisions this Government has taken to equip

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local hospital management with the wherewithal to make those decisions that may be necessary. Nonetheless, again, Mr Watson -

**Mr WATSON** - You have covered it fairly well, minister. You are correct in saying that responsible budget managers have to work to their budget. The affordable budget establishment is information to assist them in working to their budget but they have flexibility within that to vary the establishment so long as it is within the budget provided.

**Ms WHITE** - It is disappointing; you mentioned that this process began following the revised Estimates report that details a significant deterioration in the state's Budget that is plunging us into \$1.1 billion in debt. The feedback you have received shows that there is a risk to jobs because they will have to cut jobs in order to meet your objectives and come in on budget. There is no other conclusion that can be drawn except that this is a money-saving exercise. Representations made to you by the deadline of 15 April show very clearly that jobs will have to go or services will be cut.

**CHAIR** - Do we have a question?

**Ms WHITE** - Can you confirm that jobs will go and services will be cut as a result of you needing to find savings, given the deterioration in the Budget and this is only one of the ways you will achieve that?

**Mr FERGUSON** - We will answer this in tandem again, Chair. Thank you for the question. No, it's not a sneaky approach at achieving the outcome you have suggested. The record will show that you have said this to me, that you have claimed we are going to slash jobs every year. We have acknowledged budget pressure on government revenues that help to pay for the health system, which we need to respond to and we are doing so as responsibly as we possibly can. I might ask Mr Watson to tell me how long we have been working on the establishment project?

**Mr WATSON** - Yes, multiple years, minister, pretty much since I came into the health system.

**Ms WHITE** - You specifically mentioned the revised Estimates report in an earlier answer.

**Mr FERGUSON** - Yes, but this is about the process of updating those in the context that hospital managers have been asking us, including from the very time I commenced, 'Why can't we know what our Budget is?' The previous arrangements left people without that information and we have been working on this project for a long time. It has been a huge piece of work and I understand your appetite in trying to grab some sort of headline today; you want to scare people with regard to their jobs. You can't draw a link between your attempt to want to frighten people on job security and this project because this is about transparency and allowing people to manage their resources accordingly.

I don't walk away from the reality that we have to work on our back line. Every government department should be fit for purpose, efficient and support the approach taken by government. If we do it responsibly, we have shown that we can protect the front line, unlike when you were in power, Ms White, when you slashed the front line, cutting services, closing wards and trucking the beds off elsewhere. We believe this is a more appropriate way to manage revenue writedown and ensure we are protecting frontline services. That is a matter of record and that is exactly how we intend to conduct ourselves.

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**Ms WHITE** - Can you confirm that the Tasmanian Health Service has asked for LGH management and HR advice as to which occupational therapy services to withdraw from the Launceston General Hospital?

**Mr FERGUSON** - I am not aware of what you are claiming.

**Ms WHITE** - You are not aware the LGH has been asked about which occupational therapy services to withdraw from the hospital?

**Mr FERGUSON** - I am not aware of your claim. I am happy to allow Mr Watson to respond as the chief corporate officer. I will bring you back to the point you seem so unwilling to accept. We have grown the front line and we have budgeted more money for Health. We want to protect the front line as we deal with a real revenue writedown in a responsible way so we can contribute to that efficiency dividend by making a fit-for-purpose bureaucracy. I am happy to consider what you have shared with me. I am not aware of it, I can tell you that. Are you aware of it, Mr Watson, and can you speak to it?

**Mr WATSON** - No, I am not aware of such a request. Local management may have made decisions according to the allocation of their resource that hasn't flowed up to the THS executive at this time. I am not aware of a specific directive from the THS executive in relation to occupational therapy allied health staff at the LGH.

**Ms O'BYRNE** - That is 20 to 25 per cent of acute referrals that are not met, can't be met before you address this unaffordable Budget.

**Mr FERGUSON** - Now you are just playing games. What I will say to you is that we have a process. It is about ensuring that our managers know what they are dealing with, because it is not fair on them that they are flying blind without knowing what their establishment is allowed to be under the funded model. Any responsible government has to manage its affairs, and this is about maturing our ability for our key managers to know what they are actually running. Can you believe - I mean this is a fact - if you want to play these games, this is what I inherited from you. This is how you left it for me. Our staff didn't even know what they were allowed to spend. Now c'mon, let's be serious. We are maturing the system, we are fixing your mess.

**Ms O'BYRNE** - Right now they are being told you are not -

**CHAIR** - Ms O'Byrne, let the minister finish.

**Mr FERGUSON** - You always interject when you are uncomfortable.

**CHAIR** - Ms O'Byrne, order.

**Mr FERGUSON** - You always interject when you are uncomfortable with your history. We are not cutting jobs, we are protecting the front line and you are trying to couple up a system maturing that you left in a mess. This has been a project years in the making. Teams deserve to know what they are funded to provide, and they ought to know what they can do as leaders. Mr Watson has also indicated that in some cases people are below, and so it is an opportunity for hospital management teams to make a decision about supplementation across and between. You are playing a game. The Government has increased health staff by 1000. You cut it by half a

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billion. I do not know how many staff it was, but I do know it was a nurse a day for nine months. In this room, sitting in this chair, you told Mr Rockliff you let go 289 nurses.

**Ms O'BYRNE** - I will tell you exactly what that was. That is exactly what you are looking at, which was when contracts come to an end, considering -

**CHAIR** - I am giving the call to Dr Woodruff. Dr Woodruff has the call. Are we happy to move to output 3? We will not be going back.

**Ms WHITE** - I just have one further question in this overview, if I may.

**CHAIR** - Overview in output 2.

**Ms WHITE** - Minister, how many people died while they were waiting for elective surgery on the elective surgery waiting list in the current financial year?

**Mr FERGUSON** - This is a question I get every two or three years from Ms White. It assists her with her scare campaigns. I do not have that information. I do not know if I can obtain it. I don't know that I can take it on notice.

**Ms WHITE** - Why? You have previously.

**Mr FERGUSON** - Because what we actually do is provide surgery to people the doctors indicate should receive it, and we do our best in that regard, and we have significantly shortened the waiting list, or I should say, we -

**Ms WHITE** - No you have not, it has blown out.

**Mr FERGUSON** - We have significantly shortened the waiting list in our term of office. I acknowledge it has increased recently, but we have massively reduced the waiting times that people were waiting, particularly the long waits. I know, Ms White, that you are running out of questions and I know you need some scary media tactics.

**Ms WHITE** - Are you going to answer the question, minister?

**Mr FERGUSON** - I don't think we have that information, Ms White.

**Ms WHITE** - Will you take the question on notice?

**CHAIR** - I am going to Dr Woodruff, I am sorry.

**Mr FERGUSON** - Can I please just do one other thing? I just think -

**Ms WHITE** - You are refusing to answer the question about how many people died while they were waiting for elective surgery.

**Mr FERGUSON** - I am not refusing to answer. I am simply saying to you, I do not have that information.

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**Ms WHITE** - Will you take that on notice, which is the standard practice the committee uses to provide information at a later date?

**Mr FERGUSON** - Would you like to address that? Can I ask for the Secretary's help with this please?

**Mr PERVAN** - Thank you, minister. The complexity in answering the question is if you have died of a fatal heart attack while you are waiting for knee replacement, technically you have died while waiting for elective surgery - just not of the thing you were waiting for the surgery of. We do not actually have a matching process where we can go through death certificates and match it to people on the waiting lists. We would have to do that manually, and that would take quite some time.

**Ms WHITE** - The information has been provided in previous years.

**Mr FERGUSON** - What I will say is I am not prepared to take it on notice if it requires a significant manual effort on a part of our busy health staff.

**Ms WHITE** - You are not going to be transparent about the number of people who died while waiting for elective surgery.

**Mr FERGUSON** - What I can do though is I can add to an earlier answer. I was asked about how many workers compensation claims have been settled this financial year, and also what was the cost. I am advised - and I have already provided global figures on this - but of those that were settled, there were seven in the Department of Health and eight in THS, and the total cost was \$4.56 million.

### **Output group 3 Statewide Services**

**Mr FERGUSON** - In response to that last answer, I am advised that is to this point in time today.

**Dr WOODRUFF** - I have a question.

**Mr FERGUSON** - Can you wait a moment? Thank you, Chair and committee. Can I please introduce Mr Neil Kirby, the Chief Executive Officer, Ambulance Tasmania.

**Dr WOODRUFF** - I had a question regarding Public Health Services.

**Mr FERGUSON** - That is in 3.

**Dr WOODRUFF** - That is right. Output group 3. You have been treating them all as one group. I have a question in relation to the Public Health Service.

**Mr FERGUSON** - I am very reluctant to skip outputs.

**Dr WOODRUFF** - We are not skipping them. We have been treating them together.

**CHAIR** - We are working with an output, which is what we did in output groups 1 and 2.

**Mr FERGUSON** - Since you are in furious agreement, I seek your guidance on that, Chair, because I understood we were in 3.1.

**CHAIR** - We haven't done that before. We did have a general perspective. Are we able to bring your other person to the table as well?

**Mr FERGUSON** - I am well aware of who is available.

**CHAIR** - Would you prefer to do 3.1?

**Dr WOODRUFF** - Chair, I want to ask a very important question of the Public Health Services. Dr Veitch is sitting here.

**CHAIR** - Thank you, Dr Woodruff.

**Mr FERGUSON** - Can I make a constructive suggestion? I would be quite comfortable to switch the two outputs, and the matter is resolved, and we immediately go to Public Health Services and come back to Ambulance Services. If that's what the committee wants to do.

**Dr WOODRUFF** - That is how we have been operating all day.

**Mr FERGUSON** - Excuse me, I have a fairly good memory and this is how it works.

**CHAIR** - Would you like to bring the other person to the table, minister?

**Dr WOODRUFF** - We have had Dr Groves sitting here at 2.5, talking about things where we didn't talk about 2.4, and we did not talk about 2.2, but anyway.

### **3.2 Public Health Services**

**CHAIR** - Please, Dr Woodruff, we need to introduce the people who have just come to the table.

**Mr FERGUSON** - Thank you, Chair. I am going to introduce Dr Mark Veitch, Director of Public Health, and also Peter Boyles, Chief Pharmacist, Department of Health, and ready to discuss Public Health Services.

**Dr WOODRUFF** - My question relates to the bushfires that blanketed much of the Huon Valley and parts of Hobart with smoke during the summer as a result of the bushfires. They produced a fine particulate pollution of microns smaller than 2.5 million per cubic metre, which can have very serious effects on people's health. The World Health Organization has air quality guidelines that prescribe what safe levels of exposure are, and they are to be below 25 micrograms per cubic metre in an average 24-hour period. During the bushfire period from 21 to 31 January, there were extremely high levels of smoke recorded at Cygnet, Geeveston, Huon Valley and Judbury. No public health announcements were made about those levels at that time until my office made a comment and asked on behalf of people who had been contacting me about why that was. Dr Mark Veitch, who is sitting here, and the office made an announcement about public health alerts on 31 January, including advising people to leave the area to minimise their exposure if they

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were vulnerable to smoke, and making a recommendation that it can be a trigger to fatal health conditions.

**CHAIR** - Do we have a question?

**Dr WOODRUFF** - My question is: why did it take such a long time for any announcement to be made by the Department of Health?

**Dr VEITCH** - I can't precisely recollect the days of the specific warnings as they were issued along the course of the smoke event this year. As you stated, almost an unprecedented level of smoke was experienced, particularly down the Huon Valley, last year or early this year.

There were a number of announcements during the early phases of the bushfires because we had an arrangement with the Tasmania Fire Service that whenever they issue an alert about a bushfire that is approaching a town or near a town, they would include links to health advice, so there was intrinsic advice about the health effects of smoke and what people can do about them throughout the smoke event.

There was also a preseason warning because we put out preseason messages in early January about smoke alerts. Substantial information about smoke was available to the public. As the smoke risk escalated and more of an emergency response was enacted in the state, at that stage there were some public warnings - again, I can't remember the precise dates.

I am not sure if I can recollect being reactive to anything other than the circumstances that were unfolding at the time. We have some standing advice on our website about smoke; unfortunately for people in situations like this there are relatively few interventions that are available to people to mitigate their risk, so the standing advice is for people to reduce their exposure by staying indoors, keeping doors closed, reducing exercise and so on, looking into their personal emergency plans for their medical conditions and to contemplate moving away from where they live to a less smoky place if they are particularly vulnerable or just fed up.

There certain was a moment - and I can't remember exactly which day it was but it was late in January - when I did make an announcement in conjunction with the daily fire briefing that strongly recommended that people who had vulnerabilities move away. Around about that time I attended meetings at Cygnet and at Huonville to reinforce that message.

There are always ways to improve the visibility and the intelligibility of the information that we provide to the public in health messages generally and in smoke. One of the things our department has taken away from that experience is to look at ways we can explain more graphically or clearly the level of risk that is posed to people and what they can do about it.

**Dr WOODRUFF** - Thank you, Dr Veitch, and I appreciate this is a difficult space to negotiate. I just wanted to make further points. Dr Veitch is correct in remembering, it was 31 January that the first formal advice, a health warning, was put out in the form of a press release from the Department of Health. At the time, Dr Veitch did say that Cygnet over the last week had had four days where the recording was well over 100, 25 being the World Health Organisation safe level.

**CHAIR** - I am keen to hear a question.

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**Dr WOODRUFF** - Yes, I am getting there. That GPs in Cygnet and Geeveston had already treated patients with eye and throat irritations and several people had been taken to hospital for admission.

Minister, in light of the fact that this to me, and to residents, appears to have pointed to a gap in the timeliness of warnings, will you be conducting a review of the timeliness and the type of communication? I certainly accept what Dr Veitch is saying. We need to balance not unduly creating anxiety with really giving advice to people who need it, when they need it. One or two or four days of very high levels can be life threatening for some people. They need it more than a week after those levels were recorded.

**Mr FERGUSON** - I will ask Dr Veitch to begin and I will have something further to add, if you would like to respond, please.

**Dr VEITCH** - I note we put out a press release as early as early January to provide advice to people to be prepared for smoky conditions and what they can do about it. Of course, that sort of preseason warning always needs reinforcement along the way.

**Dr WOODRUFF** - People tend to blank it out, unfortunately.

**Mr VEITCH** - The other thing that is important to note when we are giving out messages around smoke is that we need to be careful not to get in the way of other emergency messages. We always work very carefully with our counterparts in police and fire so that their messages about risks such as fire - which is usually most prominent in people's minds - does not get muddled with messages about smoke.

People need to receive both but we do have to work with our partners to make sure that both messages are going out clearly and not contradicting each other. As I noted earlier, internally we have had a debrief from this episode and we are looking to how we can improve the intelligibility and usefulness of messages about the hazards of smoke.

**Mr FERGUSON** - If I can just add to that, Chair. To reinforce the last point that Dr Veitch has just made, the department generally is examining what areas we can learn from out of the last fire campaign and fire season as well. Any lessons that can be learned about that and I say that, which is not part of the AFAC review of the fire response which is being done separately, this is something our department is also looking at internally to determine what else we could do to respond in a better way in future.

**CHAIR** - Leader of the Opposition, you have the call. Order, Dr Woodruff.

**Ms WHITE** - Minister, I have ambulance questions just to flag it with you in case you wish to change the output.

**Mr FERGUSON** - Whatever the committee is ready to move on from Public Health.

**Dr WOODRUFF** - I have got another public health question.

**Ms WHITE** - Given we were dealing with output -

**Dr WOODRUFF** - Well, given that you jumped in and got an extra question last time because I was waiting for you, I have been flexible.

**Ms WHITE** - I believe I have the call.

**CHAIR** - Ms White has the call. I have given the call to Ms White.

### **3.1 Ambulance Services**

**Ms WHITE** - Minister, in the budget you provide a health demand funding for Ambulance Tasmania. Can you explain specifically what this funding will be for?

**Mr FERGUSON** - Yes. If you would permit me to bring Mr Kirby to the table?

From a financial point of view, I will ask the deputy secretary to begin and, if necessary, Mr Kirby can supplement in terms of the additional funding for Ambulance Tasmania for \$20 million over four years.

**Mr REYNOLDS** - As you have already pointed out, the RVO provided additional funding for Ambulance Tasmania service this financial year of \$5 million and this is a continuation of that allocation. It is not capped to a specific cost as such. It goes to meet the broader and general costs associated with delivery of ambulance services.

**Ms WHITE** - Staffing costs?

**Mr REYNOLDS** - Across the board, yes. It has not been targeted for a particular cost.

**Ms WHITE** - A project per se?

**Mr REYNOLDS** - Any of the operational costs that Ambulance Tasmania service needs to meet. This funding is there and available for that.

**Ms WHITE** - Minister, the Auditor-General's report was very alarming with respect to the increase in ramping and pointed to an increase from 2012-13 to 2017-18 of around 149 per cent, far exceeding the 20 per cent growth in ambulance presentations. Also, an enormous increase of 239 per cent ramping where delay time exceeded 30 minutes.

Given these statistics and given that they have occurred over the last five years, what response are you taking beyond funding your \$5 million each year, which has just been confirmed funds operational not new projects or new activity. It just funds salaries that are currently incurred. What extra effort are you making to reduce ambulance ramping, because that does leave communities vulnerable because they have no coverage while their ambulance is stuck at the hospital?

**Mr FERGUSON** - Mr Kirby will do a better job than me at explaining the answer to this. The first thing I will say is to ask you not ever to say that again. When an ambulance is ramped, which is to be avoided, you then assert that is not available.

**Ms WHITE** - It is not available.

**Mr FERGUSON** - You have asserted -

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**Ms WHITE** - Well, correct me if I am wrong, minister, but those staff are at the hospital with their truck and the communities have no coverage.

**Mr FERGUSON** - I am currently correcting you because -

**Ms WHITE** - How are they supposed to -

**CHAIR** - Order.

**Ms WHITE** - access an ambulance when -

**CHAIR** - Order, Ms White.

**Ms WHITE** - I am just -

**CHAIR** - No, wait, please. You have asked your question.

**Ms WHITE** - I am stunned, minister. I am stunned.

**Mr FERGUSON** - I can see that. You are incorrect and it is wrong to say it. Can I just make the first acknowledgement that ramping is to be avoided. We want always to avoid it. Ramping, where it occurs, is because there has been an offload delay in the Emergency Department with the handover of care from one group of health professionals to another. We need to address it by better patient flow, no argument from me.

When you say that that means it is no longer available to be sent to a triple zero call in the community, I would ask you to not say that again.

**Ms WHITE** - It is a fact.

**Mr FERGUSON** - Because it isn't true.

**Ms O'BYRNE** - How isn't it true?

**Ms WHITE** - He responds -

**CHAIR** - Order. Could you allow the minister to answer.

**Mr FERGUSON** - If you could just be professional and allow me to answer.

**Ms WHITE** - I am confused by your response.

**Mr FERGUSON** - Yes, I can see that. If you are not satisfied with the answer, you get to ask another question. Importantly, we acknowledge the challenge that is on our ambulance teams. They do an amazing job. We have increased our ambulance personnel, I think by 100 over the life of this Government. Just as well we did because demand has been increasing and this has been the best government in terms of providing more money to Ambulance Tasmania so that we can respond to that.

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The Budget does provide that \$20 million. That brings a significant increase to, and our election commitments included recruitment of an additional 42 paramedics. Having now already increased teams in the cities, we are turning our mind to the regions so that we can be providing relief and support.

On top of the \$20 million, the budget also includes \$18 million for that program with the first 18 recruits under the program to commence this year and to be stationed at Wynyard, Bicheno, St Helens, Deloraine, Dodges Ferry, as well as team leaders, which the consultation showed is really warranted.

I will invite the chief executive to add to my answer and to explain to the committee how we are managing our people so that we are getting those response times, which is the key measure as to how quickly we are getting our ambulance paramedics to the next call.

**Ms O'BYRNE** - He is also going to explain how you can be on the ramp and responding to a triple zero call?

**Mr FERGUSON** - I think that is exactly what he is about to do, Ms O'Byrne.

**Mr KIRBY** - We responded to the issue of when our ambulances are at the ramp by putting in place a duty manager for hospital access. It is a trial position that started three weeks ago to address the issues of demand.

**Ms WHITE** - Rostering people to the ramp?

**Mr KIRBY** - No, no a duty manager on the ramp to manage -

**Ms WHITE** - To manage the people on the ramp.

**Mr KIRBY** - We developed a number of indicators in partnership with our staff in relation to that and we have seen a significant improvement in that time on the amount of times individual officers are at the ramp throughout their shift, ensuring that they are getting relieved for meal breaks and that they are going off at the end of shift. Another important role they play is as an interface for the hospital in terms of helping prioritise patients and release patients.

In answer to the minister's point, we have a relationship with the hospital that when we have cases where we need an ambulance, we advise the hospital of that and ambulances are released to attend those emergencies. It is a case of our current system we have in place of prioritisation of cases from zero ones, zero twos, right down to zero fives and we prioritise the needs and respond to an ambulance to a zero one or two from the ramp if that is where the ambulance was.

We also maximise the use of our resources throughout the community and ensure we have back-up and coverage.

**Ms WHITE** - Minister, I understand if a triple zero call is placed, an ambulance can be released from the ramp; however, if they are ordinarily based in Triabunna or Nubeena and they have to respond to a call from their local community from the Hobart hospital ramp, it is much further in distance than if they were in their own community at the time the call was placed and does leave communities vulnerable. I do not withdraw that comment at all.

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You cannot deny the fact -

**Mr FERGUSON** - But it is a different comment. You have made a different comment.

**Ms WHITE** - When all the ambulances are ramped at the hospital, which they have been, that does leave communities vulnerable and they do not have coverage. I would like to ask, minister, are you providing new trucks as resourcing? You have indicated your funding new positions. Are you also funding new trucks, because if all the ambulances are ramped at the hospital, it will not make a scrap of difference if there is somebody waiting at the station if they have no vehicle.

**Mr FERGUSON** - Again my chief adviser on this is the chief executive of Ambulance Tasmania. By the way, our ambulance paramedics in the field do an amazing job, they do it under very difficult and trying circumstances and do it in the face of significant politics occasionally played by some politicians.

It is always a logistical challenge and I have to say you have significantly toned down your earlier assertion in your question. It was a danger and alarming and only going make people not call triple zero. The key metric is response times and I will ask the chief executive to discuss regional coverage and how there is an unavoidable fact that that ambulance is never able to provide trucks in every single town at all times but is a balancing act performed by the SOC.

**Ms WHITE** - Are you funding more trucks?

**Mr FERGUSON** - If you will bear with me and allow the answer to come forward - and I want you to understand the response times demonstrate and prove your earlier assertion ambulances when they are unfortunately ramped are not available to go out on a job are borne out by those response times, which are holding at 12.8 minutes statewide for an emergency.

**Ms WHITE** - There are a number of answers you have not yet provided and I am watching the time.

**Mr FERGUSON** - I am still going.

**Ms WHITE** - Yes, you promised a number of answers to the committee, minister, and you have a minute to give them.

**CHAIR** - Order, Ms White. The minister is answering.

**Ms WHITE** - He has not answered the simple question are there more trucks, let along five or six other questions he would not take on notice he promised to update the committee about.

**CHAIR** - Order, Ms White. I warn you.

**Mr FERGUSON** - What is happening here is the member has not managed her time well. I am doing my best to respond.

**Ms WHITE** - You promised to come back with answers and you have none.

**CHAIR** - Ms White, I warn you a second time.

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**Mr FERGUSON** - The chief executive will add to all this but the key point is we are providing significant new funding to Ambulance Tasmania's Mr Kirby on the trucks and the coverage in regional areas.

**Mr KIRBY** - The ambulance service does face challenges with increasing demand and we use our resources and increased staff to try best to do that. Two years ago, our response times were over 14 minutes at the 15th percentile and we work very hard. Not me, but my staff and the paramedics, the call takers, the dispatchers and we have that down to a figure of 12.8 so there has been an improvement over time of those response times and I commend our staff for that effort.

**CHAIR** - Could I interrupt and ask could you repeat those numbers again for me? At the 15th percentile they were?

**Mr KIRBY** - Two years ago there were in excess of 14 minutes of the 15th percentile and they are now 12.8 percentile minutes as the state average. We continue to try and respond to those response times and continue to do so. Only last month the north-west achieved the best ever daily - response time of 7.6 minutes, which hasn't been achieved anywhere in Ambulance Tasmania prior to that. We are continuing to trend that improvement. In relation to the resources to support the new staff, we have worked with the department in identifying the resources required for that - trucks, defibrillators et cetera and upgrades to rural stations. That is coming as part of the package to support the rollout of the 42 staff.

**Ms WHITE** - How many new trucks was my specific question.

**Mr KIRBY** - The exact figure of trucks that we have on the order for this month I haven't got available to me at the moment.

**Mr FERGUSON** - Where required we'll provide it.

**Ms WHITE** - Would you take that on notice?

**Mr FERGUSON** - Yes, but I will again pull you up there even though it seems to me quite rude to be interrupting our officials at the table. I am used to you doing it to me but I don't tolerate it in regard to our public servants who don't defend themselves. I appreciate it is a much bigger commitment to ambulances than the Labor Party has ever been prepared to make, either in government or in opposition. It has been strongly welcomed in our regional communities and it will improve fatigue levels and it will provide additional cover, including to regions, where that has been a concern in the past.

**Ms WHITE** - But no answers to the questions that the minister offered.

**Mr FERGUSON** - I just offered to put them on notice.

**Ms WHITE** - That one, but there were a number of others that you refused to take on notice, that you said you would come back to the committee with and you haven't. It's outrageous.

**Mr FERGUSON** - The committee is still going.

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**Ms O'BYRNE** - Chair, can we seek some advice if I could ask the question first. There were a number of times the minister said he would respond to answers. Does that mean he will respond by the end of his session today, or was it just a way of not answering questions?

**Mr FERGUSON** - If I have said that I will provide it today, before we break.

**CHAIR** - It is the minister's prerogative to respond as he sees fit. Minister, it sounds like you were about to respond to that?

**Mr FERGUSON** - Yes, Madam Chair, I am shocked and surprised that after six budgets, the Opposition leader still doesn't understand that if I have taken a question on notice, I'll provide it when I have the information, and always in writing, to the committee. Often it is after the day. If I have said that I will provide it during the day then I will do so. The day is not over, not by a long stretch. We have three-and-a-half hours to go yet. In passing, I make the observation that the Opposition leader has made an absolute mess of today from her part and should hang her head in shame.

**Ms WHITE** - Oh yeah, I'm the one that should hang my head in shame. People aren't dying whilst I am the minister.

**The committee suspended from 4.04 p.m. to 4.09 p.m.**

### **DIVISION 8**

(Department of Police, Fire and Emergency Management)

**CHAIR** - Minister, would you like to introduce the people at the table and then go to an overview statement.

**Mr FERGUSON** - Thanks, Chair. Good afternoon to the committee, Dr Broad and Ms Butler. I would like to introduce to the table Darren Hine, Secretary of Department of Police, Fire and Emergency Management and the Commissioner of Police; his deputy, the Deputy Commissioner of Police, Mr Scott Tilyard; Ms Donna Adams, Deputy Secretary, Business and Executive Services; and also Mr Todd Crawford, Director, Business Services.

**CHAIR** - Would you like to go into overview?

**Mr FERGUSON** - I would like to give a quick Budget overview.

In 2018-19, the Department of Police, Fire and Emergency Management continued to provide valuable policing and emergency management services to our community through Tasmania Police, Tasmania Fire Service, the State Emergency Service and Forensic Science Service Tasmania, with corporate support provided by Business and Executive Services.

Our police service does an exceptional job. It is a huge credit to our serving men and women of Tasmania Police that local communities recognise and value their hard work and commitment. As minister, I am exceedingly proud of our people and grateful for their service. Tasmania Police repeatedly records the nation's highest public satisfaction levels in their performance and they should also be extremely proud of this achievement, as am I.

We are continuing to deliver on our commitment to boost frontline police numbers by a third or 125 to help keep Tasmanian communities safe. Last term we turned around the devastating cuts imposed by the Labor-Greens government, increasing police numbers by 113. To be clear those cuts had a huge impact. The service and our state lost 108 people and was forced to restructure the entire organisation. Today I am pleased to say that we now have 1254 FTE police officers who are serving our state with distinction. The Government has committed to provide a core full-time special operations group over this term of Government and the Budget takes the first step towards establishing a full-time core SOG by investing \$1 million into a fit-for-purpose facility and allocating \$400 000 for specialist equipment. This commitment will support Tasmania Police's rapid response to terrorism incidents and other emergencies and is an important part of our plan to keep Tasmanians safe.

Important infrastructure developments will also be progressed this year, including \$10 million for police stations at New Norfolk and Longford and the new \$12 million emergency services hub at Sorell. We have also allocated \$10.7 million in the forward Estimates to replace the police vessels *Dauntless* and *Van Dieman* to continue the Government's progressive police vessel procurement program.

The Government has also extended our commitment to upgrade police housing. The Government has invested a further \$6 million over the next four years to continue upgrading police housing for officers and their families stationed in remote and regional areas of Tasmania. Approximately \$5 million has been spent on improving 24 police residences since the project began in 2015-16.

The health and wellbeing of our emergency responders is a key priority for the Hodgman Liberal Government. Police, firefighters and other emergency service workers are more susceptible to mental health issues due to the severity of incidents they attend and the cumulative effect of incidents attended over a long period of time. That's why funding of \$1.5 million per annum from 2017-18 has been provided for a proactive, preventative program in relation to both physical and mental health, providing intervention and support as necessary.

In line with our focus on wellbeing, we have introduced legislation to remove the step-down provisions that we promised to do that apply to police officers who are on workers compensation as a result of operations-related injury issues. In addition, we have introduced legislation for presumptive post-traumatic stress disorder for all public sector workers and volunteer first responders.

Our solid investment in the Tasmanian Fire Service will provide more than \$13 million for new medium tankers, heavy pumpers and aerial appliances, plus more than \$3 million for the replacement and refurbishment of fire stations. Nine million dollars each year is allocated to continue our nation-leading strategic fuel reduction program. In relation to this last summer bushfires, the final cost is still being determined, however, I am advised of \$64 million. That has been allocated this financial year. Due only to our strong financial management we are able to also allocate \$10 million in 2019-20 to cover future costs identified with that fire event.

Following any major fire event there are always lessons to be learnt. The best way for that to occur is through a robust independent review with input from experts. That is why the Government has commissioned the Australasian Fire and Emergency Services Authorities Council. The review is being led by Western Australian Mal Cronstedt ASFM, who is highly respected and has more

than 40 years of experience in fire and emergency services. The Government expects the final review to be delivered in July of this year.

I voice my immense gratitude to all our firefighters and emergency service personnel, volunteers and community organisations who did such an incredible job protecting and supporting communities over such a protracted period. Our career emergency services personnel were supported to an outstanding degree by our volunteers. They are recognised again in this year's Budget with \$1.5 million being provided over three years to continue the Volunteer Tasmanian Fire Service Brigades and State Emergency Service Units to apply for non-essential equipment. Local government authorities will also be receiving emergency management planning and education support with \$1.5 million over four years to allow the SES to employ regional emergency management planning and development officers.

This portfolio is dynamic. It is vital to the community that we work hard across the different services we provide for. It is a critical service to ensuring a safe, secure and resilient Tasmania and I thank all members of our department, career and volunteer, for their continued dedication and professionalism.

**Dr BROAD** - How contemporary are the current IT systems in operation in Tasmania Police?

**Mr FERGUSON** - Thank you, Dr Broad. I have been working hard on this. Project Unify has been funded by the Government and has been an important improvement in IT infrastructure so that we can provide better systems and services to our staff. These services and systems were significantly outdated when we came to office; decades might be an exaggeration but many years out of date and not fit for purpose any longer. Failure of information systems has the capacity to severely impact operational decision-making and the safety of police personnel and the Tasmanian community.

In 2017-18, the state Government granted \$13.1 million over four years to procure and implement a replacement integrated policing system. Project Unify was established to give Tasmania Police a secure, reliable, contemporary and integrated policing operational information system. Niche Records Management System was selected through an open tender process to provide the new system. A contract was also signed with BDNA Pty Ltd to provide systems integration services. The project is well underway, with the first iteration of the new database currently undergoing testing and further development with a view to implementation later this year.

The first phase of the project will feature the replacement of core datasets and the intelligence management function, with planning under way for future phases to deliver additional functionality that the Government will give due consideration to. The project works closely with other government agencies to ensure, where possible, the delivery of integrated solutions like we have seen in the Justice Department through the Justice Connect project. We have been making solid progress, Dr Broad, I am sure you would welcome that and there is plenty yet to do.

**Dr BROAD** - To what extent are police systems currently linked, or are they operating in isolation with members having to go into multiple systems to gain information?

**Mr FERGUSON** - I will ask the Commissioner for Police to add to my answer to Dr Broad.

**Mr HINE** - Thanks, minister. Luckily, we have Mr Crawford to follow up. We have a number of unique systems and we have been developing those systems to talk to one another over the years.

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That has been a long process and we talk through a number of national systems. We are amalgamating a number of systems. Project Unify is a further project created to integrate an ageing information system that gives us the basis and the platform to link a lot of other systems as well. Over quite a number of years we have been working to bring together a number of databases - something over 60 comes to mind that we had, but now we have the technology and the projects to be able to talk to one another in a much more integrated system, including a login system where you don't have to log into various systems. To get the information you need, there are unique identifiers you can use to log in now rather than having to log into different ones. There are still some unique systems you have to do that.

When we are a mobile service, having a computer that is mobile, we have had to operate our systems to be able to do that so every police officer - I think we discussed this last year - has a tablet device so they can easily do their business out in the street and they don't have to come back, so that has taken a lot of back-in work to that as well. We have to be able to integrate the body worn cameras into our computer systems as well. When you go out into a mobile system and platform, you have to upgrade your security system as well. We have introduced a more robust security system before you can log in. If you want further update, I can go to Mr Crawford to give you a further update.

**Mr FERGUSON** - If the committee is happy, I'm more than happy.

**Mr CRAWFORD** - Phase 1 of Project Unify also includes in its scope a replacement for the current iSYSTEM. It is the integrated centralised inquiry so it is a key search tool for the department that officers use at the moment. That will be replaced and the underlying infrastructure that identifies person and event data will be updated as part of phase 1 of the Unify project as well. It is a step towards further integration of our systems, as the commissioner mentioned.

**Dr BROAD** - Is it fair to say some systems are still based on carbon paper and written notes?

**Mr HINES** - Yes, we still use a carbon on some things like a property book, but that is not unusual. Police officers' lives revolve around notes and notebooks. We still issue notebooks and pens and paper to take contemporaneous notes as well. There may be an application at some stage when we do away with notes. We also use the technology, the tablet devices, to take interviews, to take down statements so we can type them there and then, and to put in accident or crash reports. We actually use the tablet device. What I can use at my desk I can use while I am sitting here including, for example, ESCAD, I can get into that system from here, a mobile technology.

Some stations use carbon paper to record found property and things of that nature, which eventually we will replace with an automated computer system or an app. Police officers' lives revolve around paper and I can see a lot of paper around here. I try not to use it myself and try to go away from paper but paper is our life. The more we talk about paper, we are going from the administration of paperless office to try to save costs and also be more efficient.

Getting back to the nub of the question, we are always building on the computer system with Unify. It is the best system we can see around, not only in Australia but the world, to build as a platform for other systems to be built on top of.

**Dr WOODRUFF** - The overall increase in firearms incidents has gone up 50 per cent from July 2018 to March this year. Firearm thefts have jumped 40 per cent from the nine months in that period, July to March - very concerning figures. Do you agree that the last thing we need is to

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loosen laws governing the storage of guns, or the seizure of firearms, or the revocation of licences for gun owners that breach storage or usage laws?

**Mr FERGUSON** - I don't wish to take up any time of the committee, but I have given a commitment in an earlier output to provide answers to questions on a Health matter. It would serve best if I just tabled it for the committee rather than read it out, but it would be of particular interest to Dr Woodruff and Ms O'Byrne.

**CHAIR** - I am happy with that.

**Mr FERGUSON** - With regard to firearms policy, our laws are amongst the toughest in the world. That is how they will remain. Government absolutely has made it clear we will not be weakening our laws. We want to make sure we take advice particularly through the parliamentary process currently underway. That is the right way to go. Nor would we do anything to undermine the National Firearms Agreement.

We would make a reassurance to you and this committee once again our overriding principle, while looking at anything we could do to modernise our act and make it practically improved for legitimate firearms owners, we would be happy to look at - not until it has gone through proper process. Our overriding principle would be that we will not weaken our gun laws.

**Dr WOODRUFF** - Can you tell me how much has the police service or the state paid out for workers compensation claims in respect of police being threatened or injured by firearms misuse in the past year?

**Mr FERGUSON** - Thanks, Dr Woodruff, for the question. I am advised I am not able to provide you any breakdown on firearm-related injuries by our serving women and men.

**Dr WOODRUFF** - Compensation claims?

**Mr FERGUSON** - I am sharing with you I have been advised we cannot provide that breakdown. Nor does that confirm there were any, even if we would have captured that in this period. I can certainly give you some update. With workers compensation claims, I advise that contact with an offender remains the major reported cause of injury to our police officers. It is a point we have made in the parliament during another debate.

You would want to know in addressing this, Tasmania Police continues to ensure all officers are equipped and trained to minimise injury in those high-risk situations. Did you ask me for some update on the number of claims?

**Dr WOODRUFF** - Yes.

**Mr FERGUSON** - In 2017-18 we had 116 new claims for the full year. In 2018-19 up to 31 March 2019, DPFEM, not including TFS, had 90 new workers compensation claims in that nine-month period. As I indicated earlier, I do not have a different representation of that data from injuries due to firearm, but I have already made the point that most of our workers compensation claims relate to contact with offenders.

**Dr WOODRUFF** - Does that mean you do not collect it in relation to firearms offences, in particular?

**Mr HINE** - In relation to firearms and works compensation claims, normally what we find under the the workers compensation claims is there is no one element. Whether it be a firearm, contact with an offender in relation to psychological injuries. I think that is what you are asking. It is always hard to be able to pin it down to one thing. It is fair to say that over the past years, there have been some instances where there has been a psychological injury through firearms, but what we are finding over mental health is that it is a combination of issues that add to the psychological injury. It is really hard to say yes it is one thing or another, including firearms.

**Mr FERGUSON** - Chair, would it be okay, I just want to provide the TFS number, because Dr Woodruff would have implied that. It is represented to me as a separate report, as distinct from the rest of the department.

In the TFS, the same time periods are: 2017-18, 46 new claims; in the nine months to 31 March, 37 claims.

**Dr BROAD** - Minister, speaking again about the IT system and phase 1 of Project Unify. How does the Government explain that this upgrade is not funded beyond phase 2, which from what I understand concludes in December of this year? Will the project teams and contractors be disbanded at this point?

**Mr FERGUSON** - Dr Broad, as I indicated in my earlier answer, phase 1 is fully funded and we have been progressing with that work. I think it was over three, possibly four, financial years that I indicated that project was underway. The Government has demonstrated that we want to fund these kinds of initiatives and we have found the wherewithal to do it. I believe I also said in my earlier answer that we will turn our mind to consider future requests for funding.

**Dr BROAD** - So what systems won't be linked at the end of phase 1?

**Ms ADAMS** - The department has a digital strategy that guides our decision making in terms of our investment for our information technology systems. We look at it from two perspectives. We have the front end as the commissioner has already spoken about: the mobile tablets that our frontline police officers use. We are the only fully mobile police agency in Australia, and it is important that we continue to invest in the applications that allow our frontline people to use those devices to full effect out in the field.

The other part of our decision-making is around making sure the back end is contemporary and can support the online and mobile environment that our police officers use. Project Unify is a part of that back end, to ensure that those systems are stable and robust. Our information on IDM as the system that is known as is our intel system. That is the priority for us at the moment. Project Unify addresses that significant gap we have in terms of the stability of that system. We are due to go live at the end of this year, and we will continue to make decisions around our future expenditure in the ITC space, based on our digital strategy.

**Dr BROAD** - But there is no ongoing budget commitment for Project Unify past December this year?

**Mr FERGUSON** - I think what I have indicated in my earlier answer is that the current phase is funded.

**Dr BROAD** - Phase 1.

**Mr FERGUSON** - Yes Dr Broad, that is exactly right. We both agree it is fully funded, it's underway, and we look forward to that project being fully implemented, and of course the Government will continue to look at the next opportunity to fund a future phase.

You did ask about what systems won't be linked at the end of phase 1. The commissioner has advised me they are all linked, but that does not mean they could not do with some modernising and upgrading, which is what I was indicating in terms of the future pathway of this project.

**Dr BROAD** - So there won't be any sort of 'green screen' systems from the past still operational at the end of phase 1?

**Mr FERGUSON** - What do you mean by that?

**Dr BROAD** - Some of these systems are 20-odd years old and are not supported anymore, and the people who designed them are not working within the department. Will they still be relied upon for police officers seeking information?

**Mr FERGUSON** - Including your notepads and pens. I think that we recognise that not every possible area of improvement is funded in phase 1. The Government would certainly look at future bids from the agency about how we could embark upon future stages, for sure.

**Dr BROAD** - Noting that Justice has been funded for IT systems overhauls, what are the implications, noting that Tasmania Police will not be able plug into this system due to having a more antiquated operating system?

**Mr FERGUSON** - In answer to the question, I am not familiar with the Justice Connect systems, but I do know they are in an early stage of having been funded, and I don't think there is any implementation of that yet at all. Your question might be a little premature, but I am not fully conversant with it.

**Dr BROAD** - What about issues relating to the management of personal information, using a number of different systems, and if they are not unified, and they are not connected to the Justice system, what sort of general protocols do Tasmania Police use to manage that personal information?

**Mr FERGUSON** - The management of personal information is something that I know the Commissioner has been assertive about with his workforce. I am sure he will speak about that in a moment. The use and protection of personal information is something that we have gone to great lengths, not just to ensure it is protected, but to continually improve in terms of reinforcement of the message to staff. Ultimately it comes down to a human's decision about how they handle that information.

**Mr HINE** - The protection of information is extremely important to us. We are audited by the Integrity Commission about the protection of information, and I have to say we did very well in relation to that. We have implemented random audits about who was access to what systems. We do a number of those per month, and those who are found to have accessed information without legitimate authority are followed up and an investigation is undertaken. From that, various sanctions apply. If there hasn't been the correct information entered into the system, why they have actually followed that information up?

I assure you and members of the public we treat access to information extremely importantly. There would not be too many agencies around Australia who would do the auditing and have the policies around that we do have. We have simple things such as signs around buildings, near photocopiers, it's called a 'stop' sign. Stop to think about it before you access information. If you haven't got a legitimate reason, you shouldn't be accessing it, and it could cost you your job. I want to reassure you we take this seriously.

**Dr BROAD** - Leading on from that, what protocols are in place to manage the sharing of information with not-for-profit organisations for things like restorative justice programs - Youth Fail, for example. What sort of protocols do you have in that information sharing?

**Mr HINE** - You would have to give me some examples.

**Dr BROAD** - From what I understand, Save the Children 'facilitate a bail' program. What sort of protocols do you have in place if you were going to share information with those sorts of things?

**Mr HINE** - The normal protocol, without getting into that specific one, is quite often information is collected by the Crown, then it can be used by the Crown, but there has to be a legitimate reason. Say you couldn't do a community conference without sharing details of the information to assist the offender in those processes. You do need some information, but the information of people is protected, and if they did not want it to be passed on or participate in it, then that is not given over. But for example, with family violence matters, that information is shared amongst those who are dealing with the matter, so we can offer the best protection to those involved in the family violence.

**Dr BROAD** - Are you saying if the police have to share information with a not-for-profit, there has to be some sort of permission from that person identified?

**Mr HINE** - I am not familiar with the actual program you are talking about.

**Dr BROAD** - From what I understand, there are numerous programs.

**Mr HINE** - There are a lot of programs where we do conferencing and those sorts of things as well. Can you give me a scenario?

**Dr BROAD** - For example, if you are developing a protocol to share information with a not-for-profit, would those protocols be developed in consultation with something like Crown law? I am trying to get a handle. Your computer systems are old, and you have numerous databases you have to operate on, so it has now moved on to how you share information in a contemporary way, especially outside of the police force. For example, if you are sharing information, are any of the protocols developed with the assistance of Crown Law to make sure they are lawful?

**Mr HINE** - We make sure we operate any information sharing protocols within the law. If we need to develop protocols, it is with the DPP or internal legal advice before we share information. We gather information internally and we rely on information; under Project Unify our new database will have lots of information. We want to make sure we protect that and don't share that information unless we have a legislative requirement to share it. If you are talking about some of the conference situations, the victim has to be involved and they have to agree to that information to be shared during that process. In family violence matters, a number of pieces of information are shared across

government to make sure we can protect the victim and any children involved. I think I am answering your question. Yes, we operate on a lawful basis and we develop protocols to make sure we share the information lawfully for the betterment of the job we do. Information is our business.

**CHAIR** - Minister, what is the Government doing to look after the wellbeing of emergency responders?

**Mr FERGUSON** - Thank you, Chair, for the very important question. We have talked about this a lot because it is of significant importance to our Government. We have taken a lot of feedback on how we can do it better. We have provided \$6 million over four years for a proactive and preventative health and wellbeing program supporting the physical and mental wellbeing of our emergency services personnel.

Dr Broad may remember that we discussed this last year. Since that previous budget period we have done all the work required and that has included consultation, particularly with workforce representatives and experts; needs analysis and design phases have all been done during the course of 2018. A request for tender for the provision of a health and wellbeing program was advertised nationally in February.

Last Friday, I signed the contract to award that tender to Gallagher Bassett. They may not be a household name to members of this committee but they have been assessed, they have a long track record of experience delivering case management, risk management and injury prevention services for many Australasian government and emergency services organisations. As part of their program, Gallagher Bassett will partner with Rehab Management, a national workplace rehabilitation provider with offices in Tasmania, and a working relationship with the Tasmanian government. Gallagher Bassett also intend to employ Tasmanians as part of the team that will manage these services. The wellbeing program delivers a mix of proactive and preventative measures to detect and respond early to health and wellbeing risks that may impact the ability of our people to perform at their optimum level. How often do we hear about the importance of early intervention and health promotion? It provides mechanisms to then support that promotion of wellbeing across the department as well as Ambulance Tasmania and educate and empower individuals to maintain their physical and psychological health and wellbeing.

The program components to be provided under the contract include the following: the provision of online mental and physical health and wellbeing screens that career frontline personnel can confidently access and voluntarily undertake and where appropriate, the screens are tailored to the requirements of their role and provide individuals information about their level of wellbeing, informing them; the provision of an online cancer screen and face to face lung function testing for career and volunteer firefighters to screen for the 12 types of cancer that sit within our state's legislative presumptive workers compensation law; triaging based on health screen results; and targeted follow-up, confidential coaching support for career frontline personnel to opt into if their results flag medium to high risk factors; the ability to provide proactive professional coaching to emergency responders who are exhibiting risk factors linked to their mental health; an online health and wellbeing hub for all DPFEM and AT staff and volunteers to access information and resources that will promote health and wellbeing. Information will be customised and able to be adapted.

Two last ones. Wellbeing education sessions on topics that relate to emergency responders, such as fatigue. These sessions will include face to face delivery as well as online e-learning modules. A reporting and data framework, which is important to us as managers of this new service

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to our staff and volunteers. This includes a data dashboard that will inform us about trends and insights as well as measuring health behaviour change over time.

Of course, this integrates and complements other wellbeing services which I will not go into right now given the time. I will note that along with the program itself we employed two additional wellbeing support officers within DPFEM only last month. One in the north and one in the south. It shows that the Government cares for supports the physical and the mental health of the people who serve our state through these agencies.

**Dr WOODRUFF** - Minister, there has been an increase in the number of firearms being used as weapons in Tasmania in the last nine months. A 40 per cent increase, with 18 instances of firearms being used as weapons. There were also 13 people injured as a result of firearms offending compared to seven in the same period last year.

The impacts of gun crime, including being threatened with a gun, has lifelong impacts on people who are victims including post-traumatic stress injury in some instances. Can you agree that the community and the police service would want us to do everything that we can to keep the gun laws strong? This includes not downgrading definitions of offences to being minor and that there is no such thing as a minor offence. A breach of the national firearms agreement is a breach. There is no such thing as a small breach.

**Mr FERGUSON** - I agree with your general attitude to making sure that we, as legislators and as Government and Opposition, carry a responsibility to get the balance right and to protect the public. I don't think, in the way that I have heard you express your view, that you have placed every possible misdemeanour as worthy of someone losing their licence and being thrown in jail. I don't think that I would share that attitude with you.

**Dr WOODRUFF** - That is not what the law says at the moment.

**Mr FERGUSON** - I agree with you on that.

**Dr WOODRUFF** - It would be a licence revocation for a breach or it would be a removal of the firearm, a number of things. These are the sorts of things that people are trying to change on the basis that it is personally inconvenient. My question to you is, should we put public safety, the safety of police, the safety of the community above personal convenience when it comes to being able to have access to a gun? It is not something we have by right in this country.

**Mr FERGUSON** - That is something exactly that the current law does. The difficulty is that it is 22 or 23 years old now and -

**Dr WOODRUFF** - The difficulty is that you are trying to weaken it. There is no difficulty with it being 22 years strong and long. We are proud of that in Tasmania. That is what we all want to keep.

**CHAIR** - Dr Woodruff, I have already warned you twice.

**Mr FERGUSON** - Whenever you are ready, I will answer the question. We are not going to be watering down our laws. It is important that you acknowledge that and stop rehearsing this false claim that you make.

**Dr WOODRUFF** - What has 22 years got to do with it?

**Mr FERGUSON** - The law does need modernising. It does.

**Dr WOODRUFF** - Which bit?

**Mr FERGUSON** - I can explore that with you. The issue here is that the committee, I think you are a member of it, is tasked with looking at that. It is in the terms of reference. There are certain things in the act on which I want to take the advice of the parliamentary committee that Mr Shelton is chairing, that you sit on and that Dr Broad is deputy chair of.

**Dr WOODRUFF** - How about taking the advice of the police that you didn't take the advice of before the election when you developed your policy.

**CHAIR** - Dr Woodruff, would you please allow the minister to finish.

**Mr FERGUSON** - I am hopeful that you are not trying to be disruptive or misrepresent the situation by those interjections. We are not going to be doing anything. We will certainly be looking for the advice of the parliamentary committee. I hope that it's a productive exercise and a proper process because any act that is that old can do with some modernising. I don't have any ideas in my mind about which ones ought to be looked at. We are waiting for the advice of the committee. The Government could not be clearer.

We will not be weakening our firearms laws. I don't share your opinion that one offence against the act is equal to every other offence in the act because some offences are more serious than others. I would ask you to acknowledge that.

**Dr WOODRUFF** - Will you take the advice of the police in forming any view, because you haven't done it previously?

**Mr FERGUSON** - I don't accept the assertion but I will remind you that I -

**Dr WOODRUFF** - The evidence to the committee on *Hansard* was that there was no advice -

**CHAIR** - No, Dr Woodruff. If you interrupt one more time I will ask you to leave.

**Mr FERGUSON** - What if Dr Woodruff would allow me to answer and we not interrupt each other constantly. This matter has been properly canvassed already. The policy that we took to the last election, which we have set aside and we are not moving ahead with, we are waiting only for the feedback from the committee.

**Dr WOODRUFF** - Good, because it was in breach.

**Mr FERGUSON** - I've been very clear about this. As to process it's not appropriate during the caretaker period for a government to be asking the department to be writing its policies for it. That is certainly a convention which has been respected.

**Dr WOODRUFF** - The Premier did not tell the truth when he said advice had been received.

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**Mr FERGUSON** - I hope that the parliamentary committee work is a positive exercise because I can think of one change to the law that I would like to see occur and that is I would like to see the Adler provisions -

**Dr WOODRUFF** - Contractors?

**Mr FERGUSON** - You don't ever want to listen, that is the problem here. I would like to see that the change made to the National Firearm Agreement as relating to the Adler be incorporated into Tasmanian law. So we are waiting for the advice from your parliamentary committee. I ask you to be a bit more constructive on that committee than I have seen today.

**Dr BROAD** - Minister, can you confirm police membership of the serious incident review committee?

**Mr HINE** - Deputy Commissioner Tilyard chairs that committee if we are on the same one. Is that the health committee?

**Dr BROAD** - Yes, the interdepartmental committee to look into independent process to review child death and serious injury.

**Mr HINE** - Deputy Commissioner Tilyard chairs that one so if the minister is happy I will answer you.

**Mr FERGUSON** - Please.

**Mr TILYARD** - Initially that was a Department of Health and Human Services committee. With the establishment of Communities Tasmania in July of last year it now comes under Communities Tasmania.

I was approached a couple of years ago now to see if I would be prepared to chair that committee. It reviews serious events that occur within the Communities Tasmania space, primarily relating to the Child Safety Service. Serious events are defined as deaths of children or serious injuries to children. There is a serious events review team within Communities Tasmania. They review all these matters and provide a report to the serious events review committee that I chair. We consider their findings and recommendations and provide advice as to whether or not we think there are further actions that could be taken in terms of remedial action to prevent similar occurrences in the future.

Reports from the committee are also provided to the Chief Coroner if she has an interest in relation to any of the deaths.

**Dr BROAD** - When was it established and many incidents has it looked at?

**Mr TILYARD** - I would have to take that on notice in terms of the precise date and the precise number of cases that we've reviewed. It would be in the vicinity of 12 or 12, possibly more.

**Mr FERGUSON** - Can I intervene here, Dr Broad, I'm trying to be helpful. The Deputy Commissioner is the nominated chair of the committee but the responsibility of that committee is in another department - Communities Tasmania. I'm pretty confident that they haven't been examined by the House of Assembly Estimates Committee yet. There is open scope for you to

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pursue it at that place. I will certainly let my colleague, minister Jaensch, know and he may endeavour to be prepared for your question at that estimate.

**Dr BROAD** - He is as good as any if we have the chair.

**Mr FERGUSON** - It probably is accepted. To do things right this is not actually an output of our department, but it is something where the personnel of the chair has been nominated as the deputy commissioner. All of the secretarial services to that work is not Tasmania Police, it is Department of Communities Tasmania.

**Dr BROAD** - Is the Serious Incident Review Committee funded from existing resources? Is the police funding in terms of the Deputy Commissioners time?

**Mr FERGUSON** - I would imagine so. It is actually a function of the Department of Communities Tasmania. For very good reason, we have an excellent person who chairs the committee. All of the resourcing and secretarial support to that committee and any policy actions that might emanate from it is within the domain of that department of government.

I will let minister Jaensch know of your interest, we are happy to continue answering questions about the Deputy Commissioners involvement.

**Dr BROAD** - There has been a number of recent reforms in children and youth services. Has the Serious Incident Review Committee looked at the interactions between Child Safety Service and NGOs?

**Mr HINE** - Mr Tilyard is the chair, an independent chair of the Government of the committee and the good functioning of the committee, not the actual details of the committee. That is a Communities Tasmania issue and not for our department. They wrote to me to ask the Deputy Commissioner to chair which we were happy to do for an independent chair in result of good governance. The actual work of the committee is not the responsibility of the chair, it is the responsibility of Communities Tasmania.

**Dr BROAD** - Doesn't the Chair also have some sway in the operation, the due diligence of that committee?

**Mr HINE** - In relation to the governance of that committee, yes.

**Dr BROAD** - Have police expressed any concern regarding the Child and Youth Services operations.

**Mr HINE** - In relation to what aspect Dr Broad?

**Dr BROAD** - As a general comment. Have the policed expressed a concern regarding Child and Youth Services operations?

**Mr HINE** - Not as a general comment no, unless there is a specific issue. No, I certainly have not heard that at all.

**Mr FERGUSON** - Is there a particular concern you may have about police involvement we can clear up for you?

**Dr BROAD** - I am trying to get an understanding of how the committee operates. If there is an issue. We have the police and a Deputy Commissioner running and chairing that committee established. Another question as well, given the Government established it as an independent process, a process independent of Government. How is it independent if it does not have an independent chair as such?

**Mr FERGUSON** - I might attempt to be helpful here. As a committee established through the Government. What has been provided to you already is a Tasmania Police Deputy Commissioner is willing and able to support that committee which is a function of Communities Tasmania as an independent chair. Police are independent of that department.

**Mr HINE** - When they first wrote, Mr Tilyard has just confirmed, they have described it previously as an interim chair, again these are all questions for Communities Tas about their further intention for how long they want the Deputy Commissioner to set as chair.

**Dr WOODRUFF** - Minister, can you please tell me how many times police officers discharge firearms over the last three financial years and under what circumstances?

**Mr FERGUSON** - What I have here for you, Dr Woodruff and the committee - and I can give you the historical numbers as well as far back as 2014-15. There were five unintentional discharges in 2014-15. Two in the following year, 2015-16. Seven in the year, 2016-17. One in 2017-18 and three in the period July 2018 to March 2019.

**Dr WOODRUFF** - What about intentional ones?

**Mr FERGUSON** - I will give you some background as well as the numbers. Tasmania Police officers are currently issued with a Glock semi-automatic pistols and undertake annual training and validation. Importantly, the training emphasises the safe handling of firearms, that engaging a firearm is an option of last resort and the use of firearms in high risk situations. All discharges by police officers are reviewed by the state firearms coordinator and operational skills unit at the academy.

In terms of the numbers for intentional discharges in the reporting period which is the nine months, during this period there were 12 intentional discharges by Tasmania Police officers. Eight of these discharges were for the purposes of euthanasing an injured animal as a humanitarian measure. Three related to attacking animals. Sadly, one was the result of an officer taking his own life.

**Dr WOODRUFF** - That is terrible news. Minister, for the preceding periods?

**Mr FERGUSON** - Intentional in 2014-15 there were six, 10 in 2015-16, 10 in 2016-17, seven in 2017-18. As I said, 12 in the nine-month period to 31 March 2019.

**Dr BROAD** - What efforts are Tasmania Police taking to try to eliminate as much as possible police officers doing non-core tasks to free up time for core police activity. Examples of this are reducing court duty, justice prisoner transfers, et cetera, and things like attending as first responders instead of Ambulance Tasmania.

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**Mr FERGUSON** - I will ask the commissioner to address this and I might add to that. Importantly we work together for the safety and security of Tasmanians, our agencies across emergency services, it is their job and they do it extremely well. Not just to do what might be the stereotypical traditional role but also work together when they need each other, as we have seen recently during that bushfire season where our agencies adopted the philosophy of taking their badges off and working together for the common cause.

**Mr HINE** - The definition of core and non-core police duties has always been a vexed question. What is a core responsibility versus a non-core? As you would probably well remember, government funded police to go out of the Launceston courts, that was taken over by the Justice department, we are out of the courts and courts security. On the north-west coast there are still some issues regarding transporting prisoners after hours and also attending court as well.

There have been some ongoing discussions in relation to Justice. There are some infrastructure issues before we can get out of that as well. We are aware and it has been discussed with the minister over a long time and also with the Attorney-General as well. We are certainly aware of that; as you understand we are out of the Hobart and the Launceston courts, and the transport of prisoners. We are still conducting, which we are resourced for, the transfer of the prisoners and court security on the north-west coast.

When you ask about other core duties and non-core duties, it is a vexed question. We are one of the only 24/7 services and if we are called upon to assist people in life-threatening situations or emergency situations, of course we are going to respond.

Was the nub of the question?

**Dr BROAD** - Sort of. How many times in the last 12 months have members of the Tasmania Police Service been first responders to something that otherwise would normally go to Ambulance Tasmania?

**Mr HINE** - There are many situations where we may be called upon to assist Ambulance Tasmania; in fact, the Tasmanian Fire Service as well, where its flagged as being a residence of an issue that they -

**Dr BROAD** - I meant instead of.

**Mr HINE** - I couldn't give you the exact figure because Ambulance Tasmania attend many thousands and we've actually been to those jobs as well. The Deputy Commissioner has been talking to the CEO of Ambulance Tasmania in relation to some of these issues because I will be the first to say that I don't want police officers to go instead of an ambulance. That is not our training.

**Mr FERGUSON** - Neither does anyone.

**Dr BROAD** - But it has happened. I am trying to get a gauge of how many times.

**Mr FERGUSON** - I'm not sure that that's so but we are happy to take the expert advice to the table on this. If an ambulance is warranted, the police aren't sent instead of, which I think was your choice of words.

**Dr BROAD** - If there is no ambulance available.

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**Mr FERGUSON** - They might be sent as a supplement, particularly for personal safety situations, but also under the Mental Health Act, Tasmania Police officers are mental health officers. So there are times and places where it is an appropriate response.

A police vehicle might be closer to a case than an ambulance so it would be absolutely appropriate for police personnel to assist if it was warranted in those circumstances. But the ambulance do not make calls to police to replace their vehicles.

**Dr BROAD** - So that doesn't happen at all? Police aren't asked to attend a heart attack, for example, because there's no ambulance available?

**Mr FERGUSON** - I'd be very careful here because in your example now of a heart attack or a potential cardiac arrest, in some of our country areas police vehicles and sometimes fire vehicles have an AED either in the vehicle or in the station. They may well be the best person to quickly get to that address and assist with a defibrillation.

In fact, that is exactly what Ambulance Tasmania want, everybody who has a defibrillator to register it and 000 will in fact contact that person and ask them to get to a case, even a member of the public, let alone one of our professional staff.

I'd be happy to be corrected on this or take advice, Dr Broad, but police are not a replacement for the ambulance unless it's absolutely appropriate.

**Dr BROAD** - How many times have police vehicles been used to transfer and support medical patients to hospital?

**Mr FERGUSON** - I know it happens because, as I've just reminded you, there are some people who may well need conveying to a hospital who don't necessarily require an ambulance but they do require transport to a hospital. For example, in some cases where an assessment order might be needed and Tasmania Police, themselves, make the judgment that this person should be taken to hospital and there has not been a 000 call at all.

Our police are trained in this and it's part of their training. It's part of their continuing professional development to be mentally first aid aware and to be able to convey a person in distress, for example, to a hospital for an assessment.

I don't think that's contentious. That was actually a Labor government initiative which the Liberal opposition have supported. I know it's the case in other states.

**Dr BROAD** - It would be nice if we could get the figures on it so it's something that we can track.

**Mr FERGUSON** - I would like to finish and if I can provide you a figure, I'd be happy to do it, Dr Broad. I'm not avoiding it. But it is part of police duties and shouldn't be conflated with any claims on how busy Ambulance Tasmania officers can be.

I have been advised that this sort of data is not captured. It is a part of everyday policing. Ambulance Tasmania together with Tasmania Police have an agreed protocol on how this should work. I am advised that those sorts of numbers that you are seeking are not collected.

**Dr WOODRUFF** - Minister, in relation to the impacts on people who are growing marijuana for medicinal cannabis use, given it has been incredibly difficult to access the Controlled Access Scheme, which is so controlled that I think you said there is only seven people who are currently on it, which is far fewer than the number of people who would benefit from the effects of being able to use medicinal cannabis, can you please tell me if there have been any instances of marijuana plants being removed from people who have been growing them for medicinal use or claim to be growing them for medicinal use, and whether there have been any charges or cautions of people?

**Mr FERGUSON** - On the actual operational application of the law, parliament makes the laws and police enforce the laws. I will invite questions of this nature. My habit will be to ask the commissioner or his staff to answer, if that is okay with the committee.

**Mr HINE** - If someone is covered under medicinal cannabis, there is no offence against the law so therefore we wouldn't take any action. If we come across someone who is claiming that and they haven't got a legal right to have that cannabis, obviously they are subject to a charge, but whether we charge or not is another thing.

The law is quite specific in relation to it. If someone may claim various things in relation to why they have possession of cannabis, if they do have access in relation to the law then that is no offence. If they don't, we have a right and we must seize, we cannot leave it there. We may or may not charge, or we may issue a cannabis caution. The law is quite clear in what we need to do.

**Dr WOODRUFF** - Were there any charges or cautions or removals, instances of this occurring in the last year and is it possible for a person to make an application to be able to grow plants for medicinal use? I didn't understand if that was possible.

**Mr HINE** - If someone has a legitimate and legal purpose for the legalised cannabis and they can do it, it is obviously not against the law. People come up with lots of different excuses or reasons or explanations for having possession of cannabis. There would be thousands of different reasons and we would have to go through every charge to find out what their explanation was, if in fact there was one. It really comes down to whether it was legal or not legal.

**Dr WOODRUFF** - So is there the possibility of a person making application to you or the commissioner to be able to grow marijuana for medicinal purposes?

**Mr FERGUSON** - No. There isn't any scope for that. I listened very carefully to the commissioner and I don't think he even suggested that. He did make a comment about seizing product if it wasn't legal where police come across it.

The sanctioned access scheme is known as the CAS, Controlled Access Scheme. That is a medical model; it's not a minister's model or a shadow minister's model, it's a medical model. If a specialist with specialist qualifications in the area of illness concerned believes that medicinal cannabis product is appropriate, they can apply to the CAS for an authorisation to prescribe. There have been seven approvals, as you have indicated in your question, but at that point, it's not 'go off and grow your own'. It's 'come to the THS and we will provide you with the product'. That is the sanctioned scheme that we have.

I have deviated there into my Health portfolio, but that is the knowledge that I have about that.

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**Dr BROAD** - Is Tasmania Police using inappropriate vehicles for prisoner transportation over long distances? Noting that vehicles do not comply with coronial recommendations from three deaths in justice prison van vehicles. What is the time line to remediate this situation?

**Mr HINE** - Yes, we have been having discussions and review of our prisoner transport vehicles, especially over longer distances. The pods on the back of some of the vehicles are not appropriate for longer distances, where a car is. We have a working group looking at that issue where prisoners do have to be transported longer distance to see what the appropriate vehicle is. For example, if you have seen some of the American vehicles which have a cage in the back of a vehicle. We are looking at some of those issues, it has been raised with us and we are aware of it and are working with it. Assistant Commissioner Cowling and business executive services are working on a solution to that problem.

**Dr BROAD** - Given there is no warmth in the back of the divisional van or no monitoring of occupants and regular stops are an operational safety risk to officers, potentially the officer who is driving the vehicle could arrive at a destination and find a death in custody. Have you actually got a time line to remediate this?

**Mr HINE** - I think on the west coast where they have tier one transport of a prisoner, or the east coast for example. The back of some of those pods are inappropriate. It has a camera on it to monitor the person or it might be in the back of a sedan for example. We are looking and we want to remediate it. We do have air-conditioning in some of the newer pods.

For longer distances I understand they are not appropriate because you want the safety mechanisms in the back of those pods for longer distances. My expectation would be early next financial year, as in past July, but we certainly do not want to wait too long. We understand some of the issues and the longer distances these prisoners have to be transported.

**Ms BUTLER** - On 10 January 2018 the former member for Lyons, the minister for police and fire and emergency management, Rene Hidding felt it safe a re-elected majority Hodgman Liberal would provide permanent police presence in New Norfolk. I quote:

A new station is needed to provide a higher-level permanent police presence; if re-elected we will deliver it

Will you honour your Government's undertaking to provide a permanent police presence in New Norfolk?

**Mr FERGUSON** - I will certainly answer the question in two parts. The first step we are engaging in there is providing fit-for-purpose facilities. Building the fit-for-purpose police station is part of our commitments and part of our budget. The Tasmanian Government is providing \$5 million toward the New Norfolk police station project. That is funded across 2018-19 and 2019-20 to construct a new facility on site. In terms of operational duties, that is something I need to ask the commissioner to respond to as to how it would work in practice.

We intend to honour all of our commitments. We do not want a police officer stuck behind a desk in the middle of the night to tick the box there is a police presence. The way to do this is to ensure the resource is appropriately utilised and provide a cover to the community. The police station upgrade should not be seen as wasteful of police time keeping it open, for example in the midnight hours when nobody wants to visit there.

**Mr HINE** - Minister, you have covered it very well. We have discussed this issue before as to whether it should be a 24-hour station. Bridgewater is the 24-hour station that covers New Norfolk. We discussed varying the time at New Norfolk. There was the rumour going around that police weren't there when the pub closed but we've certainly varied the knock-off times for various police officers. It is covered from a 24-hour station at Bridgewater so we're looking at how to provide the best coverage with the new station but it won't be a 24-hour, as the minister said, police station because that would be a waste of resources. We resourced New Norfolk in relation to when police are needed and if they're needed from Bridgewater then we'll send them from Bridgewater and, as part of our capability review, we are looking at what the appropriate number is for that area.

**Ms BUTLER** - Is there an expected start date for the New Norfolk and Longford stations?

**Mr FERGUSON** - New Norfolk has advanced. I'm very pleased to advise the committee that the architect been appointed for that project. Given that we know exactly where we'll be rebuilding it, the construction tender is shortly to be advertised. I'm sure you'll welcome that in your electorate.

In Longford, it's not as advanced as that, but we have appointed the architect for that project. DPFE is currently assessing potential sites for the new Longford Police Station so we're in a stage of looking at a number of different sites. One site we are considering has been sold to another purchaser. The acquisition stage is an important stage before we would go to tender for construction. We're all working quite hard on this and we have regular discussions about the best possible location. That hasn't been settled yet, but we'll be a position to move to a construction phase when it is.

**Ms BUTLER** - Do you think you'll be on target to meet your deadlines, was it 2024 for completion of the New Norfolk and Longford police stations?

**Mr FERGUSON** - The two projects are at different points in time.

**Ms BUTLER** - I'm rolling them in. I'm being greedy with my questions.

**Mr FERGUSON** - I don't mind. My advice is June 2020 for New Norfolk. I might ask you to bear with us as we resolve the land acquisition issues for Longford, which would have a bearing on the construction time frame. Both are moving along.

**Dr WOODRUFF** - Minister, due to the overly restrictive nature of the controlled access scheme for medical cannabis, many Tasmanians are understandably self-medicating. People have spoken quite publicly about their need to do that. Can you please confirm that you have the power as minister to direct the Police Commissioner to grant an allowance letter to give immunity from prosecution regarding medicinal cannabis? I understood that was the case.

**Mr FERGUSON** - Under the act there are certain roles for the minister and certain roles for the Commissioner. The application of the law in this case does not give the minister the power that you have suggested. The Commissioner and his team are responsible for administering the law as made by the Government.

**Dr WOODRUFF** - The Police Commissioner has no power to grant immunity for a particular instance?

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**Mr FERGUSON** - I will be more delicate on this. I will ask the Commissioner to address it. Across a range of offences there are different ways that police can respond and do. There is always the need for discretion and consideration of the likelihood of obtaining a conviction at court. Criminal matters are quite different and at a higher end with less discretion. I will ask the Commissioner to address the question, but, no, the minister does not have that ability to do it, even if it were desirable.

**Mr HINE** - Obviously there is a discretion in relation to whether we charge and take someone to court, or we issue a cannabis caution or in fact a caution. One thing the law is very clear on, if we come across cannabis or any illegal drugs we have a legal obligation to take that drug, whether it is cannabis for personal use or [inaudible]. That is settled law. We have had advice in relation to that. Whether we actually charge that person or give them a cannabis caution or a caution, that is up to the officers dealing with the matter. It is fair to say that we are not after the low-level user or the individual user. We would much rather, and we do, target those who are dealing and making a profit in trafficking cannabis. That is our main target, but if we come across someone who has illegal possession of a drug, including cannabis, then we have a duty and an obligation to seize that drug.

**Mr FERGUSON** - Can I please add to that? Just to be helpful. The introduction of the CAS does not change the obligation of police to enforce the law, as the Commissioner has outlined, regarding illicit cannabis under the Misuse of Drugs Act 2001. However, police enforcement does not extend to medical cannabis products that have been appropriately prescribed and accessed under the scheme.

Just to add to that section 6A of the Road Safety (Alcohol and Drugs) Act provides a defence of driving with a prescribed illicit drug in a person's blood for lawfully obtained and administered prescribed drugs. However, there is no defence for driving under the influence of a drug so as to be incapable of having proper control of the vehicle. One thing that agencies totally agree with is that data continues to demonstrate that cannabis is the most commonly used illicit drug in Tasmania and the social and health harms associated with its use are widely known. Considerable harm occurs in the Tasmanian community because of the use of cannabis. We must be very cautious here and appropriate. That's why the CAS is designed by Government to be a compassionate response to people for whom there is evidence that they are resistant to conventional therapies provided that the work up and the prescribing activity is done by an appropriately qualified specialist.

**Dr BROAD** - Does Tasmania Police employ the same IT system for managing disciplinary matters as well as welfare matters? If so, how does this provide officers with the confidence that their welfare information is not being shared for disciplinary reasons?

**Mr FERGUSON** - I will just preamble this and invite the Commissioner to answer from an operational perspective. We have heard that concern or question raised before. We might have even had it last year at the Estimates committee hearing. I think we can satisfy those concerns.

**Mr HINE** - The confidentiality of the people seeking help under a wellbeing program has been raised with us before. It really doesn't matter what database you house it on, the thing is whether it is confidential. We require those working in the health and wellbeing area to sign a confidentiality agreement. They are under an obligation to not share that information.

It is quite right and I do expect that we do keep notes, and those welfare officers do keep notes, about the individuals because those notes are kept to assist and help them. There is a separation of

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databases. Only those who have authorised access can access them because I want police officers or members of the department to come forward to get the confidential help that they deserve.

We work really hard to make sure that through the confidentiality agreement information is not shared. We all know every database can be linked and you can get access to it, it is how you lock it down and separate it is how it operates. I am confident that information is separate. It cannot be used by or accessed by those who aren't authorised and it should not be. People could lose their jobs if it was disclosed and abused.

I have been going around the state, as we all have been, telling people that mental health and wellbeing is an important issue for us. Confidentiality is an important issue for us. We have a lot of initiatives up and running. We are taking our wellbeing officers out of a central location near a police station in Hobart into another building to give more anonymity to those people seeking the help that they need. I can assure you those databases are separate. They will always be separate. Whether they sit on the same database or not is a little bit of a misnomer, but they are separated and they cannot be accessed if those people do not have authorisation.

### **The committee suspended from 5.32 p.m. to 5.42 p.m.**

**Mr FERGUSON** - Whenever the committee is ready for its next output, I am happy to oblige.

**Dr BROAD** - Also in the welfare space, does Tasmania Police have any policies, processes or practices within its disciplinary system for interacting with a police officer on a disciplinary matter, who is known to be being treated by a mental health practitioner and/or is in a mental health hospital? Is there a systematic referral to seek that practitioner's professional guidance as to the implications for the wellbeing of that officer prior to that interaction occurring or a media release being put out concerning the disciplinary matter? That is quite a complicated question.

**Mr HINE** - There are a number of elements in that question. If someone is off work and suffering from a mental health issue, normally a disciplinary matter is not pursued. Normally, if someone is within a mental health hospital or a facility or is suffering from mental health issues then normally we will put that disciplinary matter on hold until we get the okay from a doctor.

**Dr BROAD** - Are you saying that currently officers are not being taken out of mental health institutions, for example, for being interviewed and charged without such guidance?

**Mr FERGUSON** - Would it be possible to let the Commissioner conclude his answer, as he may still come to that point. I feel uncomfortable with the direct scrutiny of our public servants.

**Dr BROAD** - Sorry.

**Mr HINE** - Thanks, minister. No, definitely not, that would not occur and I have never heard of it occurring at all. I certainly wouldn't allow that to occur. Obviously, if someone is suffering from a mental health or welfare issue, we will get advice before we advance a disciplinary matter. I have never heard of that occurring at all and it wouldn't occur, to be honest.

**Dr BROAD** - One more question in this section if that is okay. Minister, this question is regarding the former police minister Rene Hidding and the alleged child sex assault in the past. The

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alleged victim claims that there was a complaint made to Tasmania Police in about 2013. Has there been an internal investigation into this, and could you please provide an update on the progress of that investigation?

**Mr FERGUSON** - I will invite the Commissioner to answer the question as frankly as he feels is appropriate. I make the point now, which is a political point, to what is unfortunately a question with a political element to it, and Dr Broad has not brought any other individual instances of claims into the committee process. So it's to those comments that I invite the Commissioner to respond as he sees fit.

**Mr HINE** - Obviously the matter is still under investigation so it would be inappropriate, as with any investigation that we do, to make any comment. There is an internal element, and there is the other element to it, so it wouldn't be appropriate to comment on any elements of it due to the sensitive nature of it.

**CHAIR** - Can you give an update on the Government's commitment to the police large vessel replacement program please?

**Mr FERGUSON** - I am very pleased to report that Tasmania Police's first-class marine and rescue service will be even better equipped for marine rescues, fisheries enforcement and protection of state marine resources, with Tasmania Police recently calling tenders for a new all-weather multi-purpose fast-response police patrol vessel.

This delivers on the Hodgman Liberal Government's commitment to replace PV *Dauntless* at the cost of \$4.7 million, ensuring that police vessels are replaced at regular intervals and are fit for purpose. The tender includes the design, construction and delivery of a new vessel of between 11.5 metres and 11.99 metres long. The new vessel will replace the current 10 metre fibreglass vessel, PV *Dauntless*, and will primarily operate around the Derwent estuary and coastal waters. The new vessel will also need to have the capability of being able to operate around all of Tasmania's coastline, including the west coast. The design and build process for a police patrol vessel of this nature is complex, and it needs to be fitted out with some sophisticated technologies to enable our marine police to be able to effectively and safely operate in adverse weather conditions and at night.

This tender process is open to Tasmanian ship builders, those in other Australian states, as well international tenderers. Tenders will close on 18 July 2019, with the vessel expected to be delivered in 2021.

The replacement of PV *Dauntless* commences phase two of the large vessel replacement program, which we started in 2015 to ensure the progressive and ongoing replacement of the three large vessels that make up Tasmania's police fleet.

Phase one of that program was completed with the delivery, successfully, of offshore police patrol vessel *Cape Wickham* in August 2017. *Cape Wickham* is an impressive \$8.5 million investment by the Hodgman Liberal Government to boost Tasmania Police capabilities in fisheries enforcement, protecting state marine resources and saving lives in sea rescue.

Recently I had the pleasure of meeting the fantastic and dedicated crew and their skipper Constable Rob Round on board the vessel, and I commend them for their daily work and commitment. We also have committed an additional \$6 million in the forward Estimates for

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Tasmania Police to be able to commence phase three, which involves the replacement of offshore police patrol vessel *Van Diemen*, and Tasmania Police requires a diverse fleet, including large vessels to support efficient and effective maritime police operations and to perform rescue services, and they do a great job. This investment by the Hodgman Liberal Government will continue to ensure that vessels are replaced at regular intervals, are reliable and are fit for purpose.

That's a great new approach which allows us to move well on forward from the disaster of *Fortescue*, which barely got wet.

**CHAIR** - Can I have a clarification? You said delivery in 2021. Can I clarify that is 2021 as opposed to the financial year 2021?

**Mr FERGUSON** - Calendar year 2021.

**CHAIR** - Do we want to move out of overview, or do you want to stay in overview and ask some fire and emergency services? We are moving to Fire in outputs.

**Mr FERGUSON** - Before things move along, so that the committee knows exactly what is going on, it is up to the committee when it is ready to allow the police to leave the table, but once they have gone and we have moved on to the next output, they lose the opportunity to ask questions of police. I will just throw it back to the members opposite. I believed we were in Police outputs. I am sorry if I wrong about that.

**Dr WOODRUFF** - I am ready to ask questions in Emergency Management.

**Mr FERGUSON** - I am prepared to bring the subject experts to the table in the relevant output. I am sorry if I was wrong about this, but I thought we were in output groups 1, 2 and 3 in no order. I did not realise we were in overview. I would not usually have invited all of those outputs. I am open to the committee's decision. If you are ready to move to Emergency Management output group 4.1, I am in the committee's hands.

### **Output group 4 Emergency Management**

**Mr FERGUSON** - Chair, thank you. We have moved on in terms of outputs, but for clarity, I still have staff from the department to support this output also, and if the secretary of the department is required I can provide Mr Hine.

I introduce to the table Chris Arnol, Chief Officer, Tasmania Fire Service, and Mr Bruce Bryatt, Deputy Chief Officer, TFS, and I hope I can speak for all of us when as I introduce them I thank them profusely for their exceptional work during the recent bushfire season. Dr Broad, Dr Woodruff, I appreciate you agreeing with that. I think the state has been extremely well served by their dedication and professionalism. We are over to your questions.

**Dr WOODRUFF** - Minister, recent research at the United Nations level and at the Australian and Tasmanian level shows that south-east Australia is one of the three most fire-prone areas in the world. That has been supported by Greg Mullins and 20 senior fire chiefs very recently in a joint statement that they made at the national level, and the United Fire Fighters Union has also made submissions to this Estimates process. What this finds is a high emissions scenario expected for

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Tasmania will lead to a steady increase in fire danger year on year, a lengthening of the fire season, and an increase in the number of days at the highest fire rating.

Minister, do you believe in climate change that results from human-induced carbon dioxide emissions, because Tasmanian fire fighters are certainly experiencing it?

**Mr FERGUSON** - I did not realise we were going to have a little Spanish Inquisition, but to answer the question, yes, I do accept the science; I do not challenge it - what would be the point? Your invitation to me to waste a lot of time of the committee, I might not take on this occasion. It is not just me. The Government recognises that climate change is a real issue, and as the Premier recently said to our House, the Government takes it seriously and it does require action, including at the state level. We are a leader in this area in terms of the statement from the retired chiefs. We have our own positive messages to add. The fire chiefs have been extremely clear, our professional and non-retired, serving police chief and his deputy have been very clear the evidence is that we do need to be prepared to adapt to a changing climate.

Firefighters are at the frontline of where we see that changing, both in terms of the seasonality changes, a longer season. The unpredictability of it, hotter seasons, even cooler seasons and from an SES perspective more extreme weather events which we have been able to point to. I hope you do not try to drag me into a debate on this because I am not in any position to challenge the science.

We, from a service point of view -

**Dr WOODRUFF** - We do not have the time either.

**Mr FERGUSON** - I will save you an hour. From a service point of view, we want to capably respond to the reality and nature of the climate landscape changing. We have more to add. I will invite the chief officer to address this. Through the National Resilience Taskforce, Tasmania has been an active contributor including through the National Disaster Risk Reduction Framework. This overtly identifies those pressures being experienced by the emergency services as a result of climate change. Within the strategic direction's framework of our organisation and the SES there are clearly identified priorities around building community resilience in the context of climate change.

I think your question was what are you going to do about it. Actions in support of addressing the impacts include something very close to my heart, the ongoing funding for the Governments Fuel Reduction Program which I touched on in my overview statement. Implementation of the flood mapping project as part of a newly established Flood Policy Unit is progressing extremely well. Community resilience programs including bushfire ready neighbourhoods and ongoing work between our service and other services to ensure we are as informed as we possibly can be, including through the Cooperative Research Centre which guides us on over the horizon forecasting. I hope this pleases you, I can tell you our people take it very seriously and I do not think I have had a single discussion with our people around whether or not it is real.

**Dr WOODRUFF** - Thank you, but the question really related to the funding you have put towards that over the forward Estimates. The concern is with the gravity of what we are facing, you are not putting the resources we need into the immediate critical response capacity, the initial attack capacity. You have allocated in the Budget a pithing \$530 000 over four years for training new remote area teams, that is about enough to fund one person at \$103 000 per year.

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Where is the money going to come from for the helicopter costs of about \$7000 an hour? Where is the budget to support the training of the remote area teams, you have allocated one person to do the training, what about all of the staff who should be paid to do the training with them? What about the resources they need, the petrol, the diesel. You see where I am heading - \$535 000 over four years is woefully pathetic.

We have lightning strikes happening far more often, the Gell River fire not responded to in a timely fashion because we do not have that capability.

**Mr FERGUSON** - I am going to invite the Chief Fire Officer in a moment to speak to the committee about any gaps I might leave behind. Specifically, our biggest action in protecting our state from the risk of bushfire are those initiatives I have already touched on, specifically the Fuel Reduction Program which is a huge investment of \$9 million a year. That is a really significant project for us and it is already working because I am advised of a measurable reduction in total risk to the state of somewhere around 5 per cent. That changes on regional locality. Local regions will have different numbers but taken as a total the state, our program has reduced risk by 5 per cent, which is measurable. We also know that planned burning remains one of the first cost-effective methods available to managing vegetation fuel loads on the scale that is required.

**Dr WOODRUFF** - But that would not have stopped the Riveaux River fire. This is all about actually getting in in a timely fashion and you have not put anything substantial into the Budget.

**CHAIR** - Dr Woodruff, can you allow the minister to finish, please?

**Mr FERGUSON** - We are putting resources in and there is a lot of work the chief has underway to make sure that our service is as prepared as it can be and we are increasing capability.

**Mr ARNOL** - Dr Woodruff, yes, there are no climate sceptics in front of a hose line, I can confirm that, and shared throughout our Fire and Emergency Services. As the minister alluded to, the overarching strategy from an Emergency Management Australia perspective that cascades down through all our emergency services nationally is to reduce, to shift funding into mitigation, to reduce the impact of disaster.

Funding for mitigation works goes the fuel reduction unit, for example. It is a very good investment and we also spend about \$3 million in this state on community fire safety programs. There is that mitigation works. We have spent something in the order of \$68 million in response this year; it is an extremely expensive exercise. These days we have moved on, but if you look at the recovery impacts of Tasmania, it is under \$10 million. That strategy is essentially working.

During the fire season there are perhaps some examples we could look at, but essentially talking about resourcing up. The AFAC review in 2016 recommended we look at using volunteers to go to remote area firefighting; that is underway. Shortly we will be appointing a person to undertake that work. We have \$535 000 over a four-year period to do that.

I would never say we would want to accelerate that, but what we do know from last summer is that the people we had on remote attack in the state at any one time were an additional 70. Our plan is to have 80 volunteer remote area firefighters at this stage in groups of eight so that they can operate in turns. Of course, with a volunteer workforce we do not have guarantees of their availability. We have just scoped it out now and we need to start working on that. Yes, there are financial implications of course, as you point out. That is essentially that recommendation, we are

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moving on. We have also asked specifically I made note that the review is specifically going to look at resourcing in both aircraft and frontline resourcing as part of their terms of reference.

**Dr WOODRUFF** - Would that remote area team be up and running with volunteers this summer?

**Mr ARNOL** - We are doing it in groups of eight; that is what we will do. We have not commenced yet. We could have a couple ready, yes, we could. I know there is interest from volunteers to undertake this. We may get a flood of people. We may also have people who are already skilled are in our volunteer workforce who have had jobs similar to that, who we could immediately get into action. We have not started that piece of work actually yet.

**Dr BROAD** - I want to talk about aerial appliances. Aerial appliances in Tasmania have now reached their end of life with some in the fleet now becoming unserviceable from only a couple of months away and the remainder within two years. From what I understand, no new vehicles have been ordered to replace them and with these vehicles there is a 12- to 18-month supply time line. Will the TFS no longer be in a position to provide firefighters with the tools they need to fight fires and rescue people in multistorey buildings in near future?

**Mr FERGUSON** - I actually touched on this in my overview.

**Dr BROAD** - You talked about the funding. There is funding in the budget.

**Mr FERGUSON** - We have allocated \$3.5 million to assist the TFS to replace those ageing aerial appliances. I am happy to provide you with an update on the process to effect that change.

**Dr BROAD** - I will give you a bit of clarification. There was \$3.8 million for aerial appliances way back in the 2017-18 Budget, and also in the 2017-18 Budget, there was \$6.3 million for the firefighting appliance replacement program, more specifically for heavy pumping.

This was again re-announced last year as part of the \$13.1 million. It appears though that this money, while it has been budgeted, hasn't been spent and due to the current aerial appliances coming to the end of their serviceable life, and given the long lead time when ordering, are we going to see a situation where we don't have aerial appliances for a length of time?

**Mr FERGUSON** - Thank you to Dr Broad for the question. The Chief Officer, together with Mr Crawford, Director of Business Services, are both going to help answer this question. We can provide you with some comfort, Dr Broad, on the certification of the existing appliances. I will ask Mr Crawford to give an update to the committee on the procurement process.

**Mr CRAWFORD** - It is correct to say it has taken some time to proceed with the procurement process as it currently stands, but part of the reason for that was a risk assessment profile that was done to understand the needs of the new appliances and the scope of those appliances.

I can advise that the tender has closed and a preferred supplier has been identified for the provision of the three new appliances. Negotiations are currently underway with the preferred supplier. In addition to that, a recertification project has been undertaken for the three current vehicles, that is an engineering recertification to mean they won't be uncompliant and will still be able to be used into the future while the new vehicles are delivered.

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**Dr BROAD** - Will there be a period where all three will not have certification?

**Mr FERGUSON** - I do not know where you are getting your concerns from because we have been clear about this today. We have also been clear about it on previous occasions, I believe. I can only provide you with that information in good faith, but if you have to reason to doubt that advice, please let me know.

**Dr BROAD** - Is one of the risk management possibilities that the north-west aerial appliance may have to be relocated temporarily to the south?

**Mr ARNOL** - That has occurred in the past, Dr Broad. The north-west one has been used - we only have three aerial appliances of this nature in the state and on a risk basis that is how we do it. The new strategy for aerials will not necessarily have the same configuration.

Right now, compliance for a Hobart aerial is 2019 but we are seeking an extension, of course. As Mr Crawford said, the following year, 12 months; later, we have the Launceston one, and approximately four years after that, we have the north-west one.

**Dr BROAD** - Has the allocation for the heavy pumpers also gone unspent?

**Mr ARNOL** - At the moment we are waiting on two heavy pumpers and they will arrive in the new financial year.

We will have two heavy pumpers and we are now programming one new heavy pumper per annum as part of the fleet replacement program, and because we were a little bit late on getting it going, two will be arriving in the new financial year.

**Dr BROAD** - Does the Government have a plan to replace other specialist vehicles? From what I understand, the rescue and HAZMAT fast response vehicles are also reaching the end of their serviceable life.

**Mr ARNOL** - That is true. They are a couple of years away, but they are factored into our fleet replacement program.

**Dr BROAD** - Were they in the Budget as well? If I go back to the original \$3.8 million and \$6.3 million in 2017-18, they are very specific. Is there additional allocation somewhere in the Budget for the HAZMAT vehicles and rescue, et cetera, for those other specialist vehicles?

**Mr FERGUSON** - I will just slow things down a little bit here. The TFS has a fully funded replacement program for its fleet of vehicles, but not for the aerials. That is why the Government has provided that funding to supplement TFS capability so it can resource this project for the aerials. That is my understanding. Does anybody want to check what I have said? That is clearly my understanding. This is a game-changer for TFS to have a comprehensive vehicle replacement program where required.

**CHAIR** - Can you give an update on what the Government is doing to decrease the risk to Tasmanian lives and properties from bushfires?

**Mr FERGUSON** - I started to address that issue through the question I received from Dr Woodruff. We support and applaud the program. It is close to my heart because I have seen

burns in action and I have also seen the results of the burns. Mrs Rylah, in your own community up in Zeehan, I have stood there on the roadside and seen the historical one- or two-year fuel reduction burn. I could see the dividing line between where the fuel reduction burn had occurred and where the recent bushfire had reached on the horizon. You could see where that boundary was on the basis of the way in which that fire stopped in its tracks when it hit that land boundary where the fuel reduction burn had been.

The program is now in its fifth year of operation. Over the first four years of the program, 533 fuel reduction burns were completed, encompassing over 63 752 hectares and of that, 10 800 hectares was private land. It is fantastic we have moved to a different model, regardless of tenure. Favourable weather conditions enabled a successful spring 2018 burn season. During this period, a total of 34 burns were conducted by all agencies in the program across 13 785 hectares and this included strategic burns to protect communities, assets and world heritage natural values. The TFS Bushfire Risk Unit is responsible for coordinating the program and has expanded with the increased annual budget and increased workload required to meet risk reduction outcomes. Additional roles have been funded within the Parks and Wildlife Service to enable them to meet their commitment.

Relative risk is a measure I touched on earlier, used to quantify the effectiveness of the program in reducing potential bushfire impacts on human settlement areas, spatially and temporally. Prior to their fuel reduction program, statewide relative risk hovered between 87 per cent and 91 per cent; that was prior to the Liberal Government introducing this initiative. Most recently complete bushfire risk analysis work shows statewide relative risk of 82.3 per cent, which is the lowest it has been in 15 years. The analysis also shows that without the fuel reduction program, statewide relative risk quickly re-establishes into the 90 per cent plus range and we are currently on track to meet the fuel reduction program 2022-23 target of 80 per cent. At a local scale, many Tasmanian communities have now reduced bushfire risk as a result of the program, some more than others, including communities in Hobart, Launceston, Devonport, Flinders Island, the east coast, north-west, north-east and the west coast, which I referred to.

The autumn 2019 burn season is progressing but delivery has been impacted by the extended summer bushfire season. So far during this period a total of 43 fuel reduction burns have been conducted across 8250 hectares. There are also a number of real instances where fuel reduction burns undertaken through the program have directly benefited communities. Fuel reduction burns have prevented actual bushfires developing from lightning strikes that would have spread close to settlements or reached fire intensities too extreme for firefighters to safely fight. I include in this the communities of Rossarden, St Marys, Scamander, Beaumaris and at Zeehan during the 2019 bushfires. I will wrap that up by again heaping a lot of praise on our firefighters in our agency and other agencies for working together to keep Tasmanians safe.

**Dr WOODRUFF** - Minister, the Gell River fire started on 28 January from lightning strikes. I understand that Parks and Wildlife sent up one flight for 90 minutes on the next day with a non-qualified, non-trained observer. There have been numerous questions raised on many occasions about why that fire wasn't attacked harder and faster and more consistently, and whether it was a failure of intelligence, or whether it was a failure of initial attack capacity. I've got two questions in relation to that. One is, are you investigating thermal imaging so that we don't just rely on sight for these instances? Night-time spotting of lightning strikes would give us a real-time advantage to be able to see what's happening. There is the question, of course, about initial attack capacity and the United Firefighters Union's concerns that there simply isn't any serious funding going to remote area teams.

**CHAIR** - Do you have a question?

**Dr WOODRUFF** - These are the two questions.

**Mr FERGUSON** - Yes. I think I've detected a question.

**CHAIR** - Can I remind members that you have one minute to ask a question and the minister has three minutes to answer - if we could at least get some balance in that.

**Mr FERGUSON** - Thanks for that question. This is a very important area the member is asking me a question on. Everything that I'm about to say, however, must be seen in context that all of the operations are being reviewed independently and by experts in the field. No matter how much praise I heap on our firefighters and agencies who worked so hard during that bushfire season, others have sought to detract from those efforts. No doubt, though, we can all be prepared to learn from the response and potentially improve in the future.

**Dr WOODRUFF** - Minister, I just hope you're not including me in one of those detractors because -

**Mr FERGUSON** - Not you personally, no.

**Dr WOODRUFF** - the Greens have never made negative comments about -

**Mr FERGUSON** - But other Greens I would definitely include in that.

**Dr WOODRUFF** - I absolutely object to that.

**Mr FERGUSON** - Would you?

**Dr WOODRUFF** - I could make plenty of comments about other Liberals being climate deniers as well. Let's not go there. Let's talk about the seriousness of the matter at hand.

**CHAIR** - All right. Order. Yes, let's return to the minister's answer.

**Mr FERGUSON** - I'm not aware of any criticism you, Dr Woodruff, have levelled at our firefighters, but one of your federal colleagues -

**Dr WOODRUFF** - Absolutely not. And fuel reduction is important, but so is initial attack capacity.

**Mr FERGUSON** - Criticism of our hardworking firefighters is unfair and the allegations that have been generously and freely flicked around have been really quite unfounded and frankly unprofessional. On our response: it was a comprehensive and multi-agency response to the fires. From the point of view of executive government, any resource requested by our firefighting experts was made available by our Government. I'm advised the Premier was asked a very similar question in his Estimates, and he has taken it on notice, and I'm sure the Premier will provide further responses to that given he's the minister responsible for PWS. I can also provide some context for the question on the Gell River fire. It does specifically deal with that capability that you've asked

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me about because thermal imaging is actually part of our existing capability, notwithstanding the fact that we are going to review the response -

**Dr WOODRUFF** - Not night-time imaging. I don't understand that is the case.

**Mr FERGUSON** - Sorry, let me keep going here for a second.

**Dr WOODRUFF** - I don't think we have night-time capacity.

**CHAIR** - Go on.

**Mr FERGUSON** - Okay. On the Gell River fire and the Battlement Hills fires, a spotter plane that detected those fires was sent up on the morning of 28 December as the lightning crossed the state on the previous evening. Early on in that flight, two fires were detected. On confirmation of this, PWS firefighters were dispatched to attack the fire, and a PWS incident management team was established. As part of the initial response, the PWS identified bushwalkers in the area and relocated them. Tracks were closed. Early partial containment of these fires was aided by a fuel reduction burn adjacent that was conducted in 2015, which slowed the eastern and southern spread of that fire during the first few days. The Gell River fire subsequently joined up with and subsumed the Battlement Hills fire during a period of high fire weather during the afternoon of 28 December 2018. A key point here is that on 30 December a spotter plane with infrared capability had been dispatched to detect hot spots which are often otherwise invisible.

**Dr WOODRUFF** - Thermal imaging.

**Mr FERGUSON** - I accept that is different to a -

**Dr WOODRUFF** - I do not think we are talking about the same thing.

**Mr FERGUSON** - They are thermal, infra-red.

**Dr WOODRUFF** - To be able to spot fires at night.

**Mr FERGUSON** - They are actually one and the same. Anyway, I will keep going quickly.

I am advised on the 30 December a spotter with that capability was dispatched to detect hot spots which are often otherwise invisible. Most importantly, on 31 December all the hot spots were suppressed. No additional fire activity was detected and I am advised the crews were withdrawn from the fire ground. We know what happened next but that is a response to you on the basis of the initial attack and initial response. Any other concerns you may have can be and are being examined in the review.

**Dr BROAD** - According to the report on Government Services there has been a decline in the number of active firefighters since 2014-15, going from 480 to 428. Why is it the case there has been this decline over time?

**Mr FERGUSON** - We are actually recruiting right now and will be able to speak to that in terms of our establishment. My advice is as of 20 May 2019, there were the 305 firefighters and there is a recruitment process. I will ask the deputy chief or the chief to assist in responding to that more recent recruitment intake.

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**Mr ARNOL** - We have always had about 320 firefighters, that is generally our frontline firefighters. We might have firefighters used and the figures may change over time because we use them not in fire brigades per se. There is a minimum agreement of 285 and we are always well above that. The recruitment process is now underway and will ask my good deputy to speak about to show that we are filling our establishment appropriately.

**Mr BRYATT** - We have just completed and in the final stages of that process that will deliver 29 additional firefighters through two courses. The first being a course of 15, following by another course of 14 and will be subsequently in the field with one group this year and the other group by January 2020.

**Dr BROAD** - There must be some substantive vacancies in the Fire Service if the numbers throughout the five-year establishment number 305?

**Mr ARNOLL** - Or thereabouts.

**Dr BROAD** - Is there approximately 15 vacancies?

**Mr ARNOLL** - Overall 28.

**Dr BROAD** - I am trying to clarify what's going on with the Budget and in particular, the employee benefits detailed in table 26.2. Why is there only \$4000 extra for wages in the Budget between 2019-21?

**Mr FERGUSON** - That question relates to the way the State Fire Commission also raises its own revenue to pay for its operations.

**Dr BROAD** - Can you clarify that?

**Mr CRAWFORD** - Can you clarify what table you are looking at, Dr Broad?

**Dr BROAD** - Table 26.2, page 106 of budget paper 3.

**Mr CRAWFORD** - The difference in the budget between 2018-19 and 2019-20 is approximately \$4 million. That reflects the cost of two recruitment courses being run next year and it goes down the year after that where we are back to a standard one course per year.

What you are seeing is a doubling in the recruit funding for the coming year to cover off on the two courses that the deputy chief officer just referred to.

**Dr BROAD** - However, in the 2017-18 budget the figure for employee benefits was \$53 797 million. That's substantially higher than anything even across the forward Estimates

**Mr CRAWFORD** - Are you in the same table?

**Dr BROAD** - Yes, but from the 2017-18 budget. Even last year's budget will pick that up - \$25.2 million from last year; you will see that figure.

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**Mr FERGUSON** - In the absence of last year's budget papers, we are working off this year's budget papers, I am not dismissing the question. I don't know if we're able to answer your question as to how we were funding the new recruit courses. We are doing two in one financial year, which is unusual. The funding is there to provide for that. Is there a particular concern?

**Dr BROAD** - The Budget has changed substantially over time. Last year it was almost \$54 million, this year is almost \$48 million and it jumps a couple of million and flatlines for the forward Estimates. There has been a drop and then a pick up. I am trying to understand this year's figure, why is there a difference?

**Mr FERGUSON** - Given that you are drawing on last year's budget papers it might be sensible for me to take that on notice. You might provide that question to take on notice and we can provide you with an accounting explanation for what has happened so that the committee is fully informed. I am not sure anybody is able to answer you now. I don't see anybody leaping forth.

**Dr BROAD** - Given that the Government publicly states that they are bargaining with public servants in good faith, why do employee benefits outlined in the Budget not meet the Fire Service's need to increase the number of firefighters and volunteer support staff, including a 2 per cent increase?

**Mr FERGUSON** - We will take your question as further context for the question I have already taken on notice. We totally support our staff. We are well above the minimum numbers set out in the agreement and the award. We are happy to provide the accounting explanation by taking that question on notice.

**Dr BROAD** - That is a separate question. In the Budget we have a \$4000 increase in employee benefits between 2019-20 and 2020-21. It is going from \$50 209 000 and \$50 213 000. It is not \$4 million. It is \$4000. There is only a \$4000 increase and that is not a 2 per cent pay rise.

**Mr CRAWFORD** - I think there is some confusion around the numbers. We are talking about a \$4 million increase across those. That is in the thousands of dollars, if you are looking at the top of the columns. I draw your attention to the heading column.

**Dr BROAD** - The difference between \$50 209 000 and \$50 213 000 is only \$4000. It is not \$4 million, it is \$4000. That is what it says in here. It is \$4000.

**Mr CRAWFORD** - With respect, it is not the total budget. If you refer to the top column of the Budget, it is in the thousands.

**Dr BROAD** - Under the employee benefits, yes, it is in the thousands. If I put three zeros on the end of that, the difference between this \$209 000 and \$213 000 is \$4000. It is not \$4 million.

**Mr CRAWFORD** - Sorry, I have misinterpreted your comment. I thought we were looking at the previous budget, 2018-19.

**Dr BROAD** - No, sorry, it is the 2019-20 to the 2020-21.

**Mr CRAWFORD** - The year for 2019-20 is artificially inflated to include the two recruit courses so it is additional staff coming on. It then reverts to the funding for the following year of the approved establishment. You are seeing a small jump at its peak that comes down because we

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have double the number of recruits and an extra 15 staff funded for next year. Then it comes down to what a normal increase on the base of 2018-19 would look like.

**Dr BROAD** - Thank you. Even so the difference going on from 2021 through the rest of the forward Estimates is not a 2 per cent per annum increase in the employee benefits either.

**Mr FERGUSON** - From my experience in other portfolios and other budgets sometimes there are presentations of these expense accounts that do not always make immediate and apparent sense to a reader. Sometimes there are reasons that are difficult to explain but it does not take away from the policy that sits behind it as to the intention to employ and the intention to pay.

Don't forget that the indexation is built into allocations so I will offer to you, in the absence of an individual at the moment who is able to take you through that in detail, to take it on notice. There will be an explanation, we have been through this before. I can think of emergency departments in previous years where it was difficult to explain why it showed a drop in one year. When we went back to the figures we were able to explain it.

**Dr BROAD** - You can understand why people may be concerned if there is not that growth in employee benefits?

**Mr FERGUSON** - No, I can't actually because the Government honours all of its EBAs. In this case there is clearly -

**Ms BUTLER** - A mistake.

**Mr FERGUSON** - You are very quick to declare it a mistake.

**CHAIR** - Order.

**Mr FERGUSON** - Before anybody declares it a mistake, I, in good faith, suggest the committee might await the advice from the department which I have agreed to take on notice before we are free and easy with our criticism.

**Dr WOODRUFF** - A change of tack, talking about our emergency service volunteers who have done such an amazing job and continue to do a great job without pay, looking after us and cleaning up after extreme events as well as protecting us from them. Could you please tell me how many emergency service volunteers there are by region over the last three years? I am interested to see whether the recruitment levels are going up or down. I hear people saying there is a gap in younger people coming in. I do not know if that is true, so can we get information about the age profile of volunteers?

**Mr FERGUSON** - Can I do a couple of things first, if you would allow me? I won't read these out as I normally would during the Health outputs, given that we are in Police, Fire and Emergency Management. I wish to fulfil a commitment I made earlier to provide answers to some questions on the day. This is always in good faith despite the mockery that was freely offered. I am going to table for this committee information that was sought by members opposite in relation to overtime and in regard to reviews in the Department of Health. I will table that for the benefit of the committee.

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I will come to volunteers now. Thank you for the question, Dr Woodruff. I am sure in your question you said what a great job they do. I agree. We are so appreciative of their work and their effort. We have done a huge amount of work in this area to understand better who our volunteers are. While I don't have it with me, I am advised we will be able to comfortably advise you of the information by region at a later time, if you could please place it on notice. You didn't ask but had you asked me during the Health output, I would have been pleased to tell you. You have consistently expressed support for ambulance volunteers and the numbers are up in that regard. It shows that some of the special initiatives from the Government to support volunteerism is actually working.

**Dr WOODRUFF** - Why is the financial support for emergency service volunteers in the budget papers in the fourth year not there? There is \$500 000 allocated a year for this year and the next two forward years in the Budget, but there is nothing in the final year.

**Mr FERGUSON** - Quite the contrary, if I can answer that now. That is a sad way to frame that question because this is the very opposite of what you have just described. This is the Government providing unprecedented support for our volunteer fire brigades and SES unit. It is a \$2 million fund.

**Dr WOODRUFF** - Well, it is zero in the last year, that is all. It is a reasonable question.

**Mr FERGUSON** - It is a cheap shot because it is a \$2 million fund, if you would examine the project costs in the first column.

**Dr WOODRUFF** - I am just doing the sums and asking the questions.

**Mr FERGUSON** - Your mathematics would have been better if you had included the financial year 2018-19.

**Dr WOODRUFF** - That is not in the Budget.

**Mr FERGUSON** - Well, it is. It was in last year's budget and it is currently being acquitted.

**Dr WOODRUFF** - All I am saying is in the final years of the forward Estimates there is no money towards SES volunteers. Why is that?

**Mr FERGUSON** - I can tell you it is a \$2 million fund the Government has established and we are delivering it over four years. It is a four-year fund.

**Dr WOODRUFF** - I know, but this is the forward Estimates for this Budget for this year and this Government has put nothing into the future in the fourth year for volunteers. That is all I am saying.

**Mr FERGUSON** - What I am saying is that it is a \$2 million fund -

**Dr WOODRUFF** - And it stops.

**Mr FERGUSON** - We are currently in the first year of that fund. The application period was over summer and because of the recent fires a lot of the brigades were just too busy to apply so we have opened a special second round in this financial year. It is current so we have not announced

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that yet. It is being considered so that we can fully provide the support that we promised we would do. No previous government in Tasmania has provided this kind of support to volunteers before. We are very proud of it.

**Dr WOODRUFF** - You would have to because we are in a climate emergency. It is the bare bones minimum.

**Mr FERGUSON** - What we are doing is supporting the people who support our state. They appreciate that the Government is doing this for the first time. It is supporting volunteer TFS brigades and volunteer SES units. It is supporting them with non-essential or if you like non-core equipment. They could also use it for non-core training and management. They can use it for station and unit amenities or minor facility improvements. I know of some that are doing exactly that. If they feel the need, they can even do special initiatives in volunteer recruitment and retention activities. That has been appreciated by the volunteer organisations who helped us draw up the best way to deliver the fund.

I note your observations, Dr Woodruff, which are a little unreasonably placed given this is unprecedented support for our brigades.

**Dr WOODRUFF** - I think it would be great for them to see that this Government had support for the whole budget period in the forward Estimates rather than just -

**Dr BROAD** - Minister, can you explain why the revenue from taxation on table 26.2 increases from 2018-19 to 2019-20 by \$6 million? In the past it has been a steady increase and then we see a sudden jump of \$6 million between this financial year and next financial year, followed again by a flatter increase over time. There seems like there is a step change in the taxation income.

**Mr FERGUSON** - This is definitely one for our accountant. Again, I pass to Mr Crawford.

**Mr CRAWFORD** - Thank you. Through you, minister, the increase you are seeing is almost entirely attributed to a significant write-up in the insurance fire levy that the State Fire Commission receives. There are two elements to that taxation that form the bulk of the taxation revenue. That is the fire service contribution and the insurance fire levy, which is a levy on insurance premiums. What the commission has seen over the last 12 months or so is a significant increase in the levy, to the tune of about \$3 million per annum. That has been included in the corporate plan in the forward Estimates. That \$3 million increase is a forecast increase and then there is an increase on the fire service contribution, which is currently 5.5 per cent, followed by 5 per cent in the out years.

**Dr BROAD** - That accounts for \$3 million of that \$6 million increase. What is that further \$3 million increase for? Is it for the funds to, for example, fund the SES?

**Mr FERGUSON** - I think Mr Crawford, and then the chief, has an answer as well.

**Mr ARNOL** - If you add the two figures together, you have the insurance benefit that has incurred 5.5 per cent on roughly half the budget, which is the fire service contribution, so \$50 million at 3 per cent or 5.5 per cent, which is about \$3 million.

**Dr BROAD** - But it is a rise of \$6 million though.

**Mr ARNOL** - \$3 million insurance and \$3 million in fire service contribution increase.

**Dr BROAD** - How much would it cost for the Government to insure firefighters through the Tasmanian Risk Management Fund instead of Allianz?

**Mr FERGUSON** - I will ask the deputy secretary on any detail that we can provide the committee on the cost benefit and, if you like, scenarios around potential for changing insurers, or which fund to the Risk Management Fund. We are certainly open to doing that. Indeed, we have expressed a willingness to do it. If I am not mistaken, we offered to do so in our enterprise bargaining negotiations. For reasons that others will answer, I am sure it wasn't agreed, but we are open to doing it. As to costs and the pros and cons of that, I will ask the Deputy Secretary, Ms Adams.

**Ms ADAMS** - It is quite a complicated calculation to work out. We will have an actuary report that is being provided by the Department of Treasury and Finance to actually estimate the cost to make the move. At the moment, that is estimated at \$1.5 million.

The current premium for Allianz is just over \$300 000, but each year that an open workers compensation claim progresses is what we call 'burner premium', and we are required to pay Allianz for the additional cost to manage the claims that remain open. We might start off by paying \$300 000, but each year we will get an invoice from Allianz for those open worker compensation claims, which could be anywhere from \$200 000 to \$800 000 to \$1 million, depending upon the size and the complexity of the open claims.

That probably gives you the context that it is actually not an easy calculation, but there will be a \$1.5 million increase in the cost to transfer to the Government's fund.

**Dr WOODRUFF** - Minister, there is an independent review of the previous bush fire season underway. Could you please explain why you haven't provided a contingency in the Budget to allow money to be extended towards remote area firefighting capability or initial attack capability or fuel-reduction capability, or further support and training or any of the things that you may find?

I am concerned that because there is no contingency in there, that if it's just left to be absorbed by the department, clearly that isn't going to be possible. Already there is no extra fat in the resourcing for all the work that has been done.

If the review recommends that major training must happen, then you have provided no resources for that to happen. Does that mean we will have another fire season that is under-resourced, according to what the review might recommend?

**Mr FERGUSON** - Your questions are becoming very consistent in that you are repeatedly saying things in such a way as to allow somebody to take a negative view of anything that is being engaged. We are undertaking independent review of the fires. We accept - in fact we proactively have said before we were even asked to, that we would always want a review of a major fire, knowing that after any major fire there are lessons to be learnt, just like there were after the terrible 2016 fires, and no doubt the 2014 ones before my time in government.

The best way for that to occur is through a robust and independent review, which we have now commissioned. I am actually looking for advice from experts, and those experts will take concerns and submissions and ideas from anybody in the community, so that is why we commissioned AFAC, the peak body responsible to do this independent review. The review itself is wideranging;

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you have seen the terms of reference I am sure. It is led by someone who is highly respected and credible, to give feedback back to us. He has other people on the review team, and importantly the Government not only intends to make sure it is made public, but the Government will also respond to that in quite a proper way, through the way that Government should consider advice, and also advise the public about how we intend to respond to any recommendations, including whether there are any cost implications for those.

**Dr WOODRUFF** - How could there not be cost implications, minister?

**Mr FERGUSON** - We don't know, we haven't got the report yet. Until we get the report, we don't know.

**Dr WOODRUFF** - My question still remains: what will you do with any cost implications that arise from a review? Will you be diverting money towards them before the next fire season?

**Mr FERGUSON** - We will certainly be considering any recommendations that come forward, including any cost implications.

**Dr WOODRUFF** - Previous reviews have recommendations that have not been acted on. This would be the third one.

**Dr BROAD** - Minister, a report undertaken by Wise Lord and Ferguson into the TFS training system has identified systemic problems with TFS training that require major investment to rectify. These include that - and I quote - 'the TFS is not compliant with RTO standards'. What steps is the department taking to rectify these issues?

**Mr FERGUSON** - We are all about improving the quality of the training program, and also our intake of potential candidates for firefighting. I will ask the chief to respond.

**Mr ARNOL** - Our compliance will be in check this year before we are assessed again. That is being rectified. We did call for an independent report, that was the design of the deputy, so I will pass to Mr Bryatt to talk about what we are doing. We have a person at a regional chief level over the top of our review of training. If you like, the Wise Lord and Ferguson review is somewhat of a blueprint for that officer to follow.

**Mr BRYATT** - On arrival I undertook to interview staff and it became apparent that training was a key issue for both volunteers and for career staff. On that basis we engaged Wise Lord and Ferguson to undertake a review. They have come back and given us that preliminary report, which confirmed that we had some fundamental difficulties around that. We have now gone to the extent of structuring up to ensure we have the right leadership environment in that space. There were some difficulties in terms of the different areas within training itself, and we have now embarked on a program to implement those recommendations from the WLF report, and correct the anomalies that we found in TFS in regard to training. I look forward to that work being undertaken in the next six to 12 months.

**Dr BROAD** - Minister, are volunteer training staff paid award wages?

**Mr BRYATT** - We identified an anomaly this year. I cannot speak to that anomaly, other than to say through the department's support capability, we had to go back and revisit the remuneration of people in that space. That required us to rewrite some of the statements of duty, and go back and

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work through the State Service Management Office - SSMO - to bring those things to pass. I can assure you that all staff are now paid accordingly and appropriately.

**Mr ARNOL** - Minister, just to clarify: what we had was a cohort of volunteer instructors who we discovered only recently were not remunerated appropriately. We have now put that in check.

**Dr BROAD** - Has the training budget been adjusted to take into account the paying of award wages to trainers?

**Mr ARNOL** - In short yes, it has. We have paid what is required for all of our staff.

**Dr BROAD** - Given that the award wages are higher than what has been paid previously, does that mean in effect less training will be undertaken for the same budget?

**Mr BRYATT** - Thank you, Dr Broad. There were implications in respect of what we previously paid and what we anticipated would be paid through the adjustments. There will be no reduction in training. What it will be is adjustments that I have negotiated back through our normal budget to ensure that we have the right money in the right place to correct the anomaly of the wage imbalance, and make sure we deliver the training needed. We have supported the gaps in training we had to endure while we addressed that matter by using career staff to deliver training, which was slightly higher in cost. We have maintained critical training for volunteers to ensure we didn't have any reduction in that throughout the correction of this anomaly.

**Dr BROAD** - You say career staff were asked to substitute the training?

**Mr BRYATT** - Career staff acted in the place of the volunteer trainers to ensure training with our volunteers was kept current.

**Dr BROAD** - Were they backfilled in their substantive positions?

**Mr BRYATT** - That is the normal practice. We run a 24/7 business in the operational environment so that means we have to have people in that role all the time. If we then take people from that space to provide additional services, whatever those services might be, they are fully covered.

**Dr BROAD** - Are firefighters asked to carry out tasks they haven't specifically been trained to do?

**Mr BRYATT** - Not to my knowledge.

**Dr BROAD** - Over the summer, we saw a number of people having to be taken out of area, for example, or put into section leader roles for which they may not have been adequately trained.

**Mr FERGUSON** - Can you name an instance of that occurring?

**Dr BROAD** - Staff and volunteers were being put into roles. There were staffing challenges through the whole bushfire emergency. Were there times when people were put into positions they didn't have the training for?

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**Mr BRYATT** - I think I understand where the question may have initiated from. There are always people who have an opinion. Criticisms were raised about the competency of some people managing sector command or command roles. All our staff that we put into place to perform those functions are trained. If they don't meet the expectations of some people, they are criticised for that. I can assure this group that those people were trained. We do not put people into roles they don't have a training for. Like anywhere, we have others who have a view that things should be done a different way. Our business is dynamic and agile and you can approach aspects of our business in a number of ways. That doesn't mean they are incorrect.

**CHAIR** - What is the Tasmania Fire Service doing to protect Tasmanians, particularly vulnerable people such as children, from bushfire risk?

**Mr FERGUSON** - I appreciate the question because Tasmanians are well aware of the risk bushfires pose. We are learning these lessons the hard way but I am pleased the recent bushfire season has been so professionally attacked, by people in our service and the other agencies that partner with us, which meant that no lives were lost. That is a wonderful outcome and they are to be applauded for that. We are all very fortunate. The knowledge has also been reinforced by the bushfire royal commission. That commission shone the light on the need for authorities, including ours, to assume a greater responsibility for the specific needs of vulnerable people.

As a result of that, TFS has established the Bushfire Ready Schools program. I am pleased to announce to the committee that all Department of Education schools have been visited by TFS and assessed for their bushfire vulnerability. It means an emergency plan has been developed for each school, and tailored advice provided on strategies to mitigate bushfire risk. It also means that schools now understand their bushfire risk. They are categorised based on this risk and they have appropriate emergency plans in place to protect school children as well as the local infrastructure asset, the school, the fabric of the buildings, which we know is an integral part of local communities. This is a key factor in protecting children and is the culmination of five years of work done by the Community Safety Division.

I can also tell the committee that, of the 163 schools assessed, 12 of the highest risk schools have been assisted by TFS to improve their hazard management and be better ready. That resulted in their Bushfire Ready Schools category changing from category 2 to 1, providing safer school facilities and improved community resilience. A great partnership has occurred there.

Before anybody asks, additionally in the department 24 non-government schools have also asked to participate in the program and have likewise undergone an assessment. Of note is the process has established a resilience framework that may be applied across other hazards, not only bushfire.

The program was designed and initiated by our TFS personnel, well regarded nationally, and I commend the TFS, the Department of Education and those non-government schools for their work. On behalf of the Government, again, I thank our professional and volunteer firefighters, as well as our other emergency services personnel and the non-government community groups for their dedication in keeping Tasmanian communities safer.

This proactive approach is going to yield positive outcomes when - I don't say if - the next bushfire season hits Tasmania.

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**Dr WOODRUFF** - Minister, in relation to fuel reduction burns, which the Greens believe are a very important tool in the box we have to protect ourselves from increasing extreme fire events, could you please talk to me about whether there is any change in advice provided to private property owners who apply for permits to fuel reduction on their property? It is clear from the experience of last summer and also Dolphin Sands only a couple of months ago, where the fire that got away was a fuel reduction burn on a private property. It seems we need to change our advice or change the checking done to see whether burns that appear to have gone out actually have gone out.

We are essentially establishing situations of danger, unwittingly, by people not understanding that what appears to be out on the surface is not and a week or even two weeks later can be rekindled. Are we going to change our practice?

**Mr ARNOL** - First, the State Fire Management Council has reviewed the permit system and there are a number of areas to work on - legislation and perhaps administration. We are undertaking a project to have those things operationalised now as a review. That said, it did not say 'Let's get rid of a permit system' or 'Let's not have permit officers' or whatever.

Aligned with that is what has been a good education program the State Fire Management Council has initiated for the farming community.

What has been reported of late, however, is a permit period where people are in our legislation allowed to light garden rubbish under a cubic metre. It has been reported in the newspaper, I have noted, that on a couple of occasions they are escape burns. In fact, it is the garden rubbish an individual has burnt in a backyard. One shed was destroyed or burnt, or a garage occurred through that. By and large the permit controls we have in place have been extremely effective over the last few years.

The review did not say change that fundamentally, but there are perhaps some anomalies like that we need to pick up on.

**Dr WOODRUFF** - Through you, minister, to Mr Arnol, it has been my experience a person comes around to sign off on the permit in the first place, but not to check the fire has been properly put out in the second place. Possibly in terms of resourcing as these are volunteers who come out - I really admire and respect the fact they take their weekends to go and do this work. If it was put around the other direction, where they do the drive out to check the fire has been put out afterwards. Maybe that's something we need to consider swapping - I'm just looking at first principles about the experience I've had in the Huon Valley region.

**Mr FERGUSON** - I take your point on board. I agree with you in the sense that we might need to turn our mind to reinforcing with the landowner their obligation to make sure a fire is out and what we would call in firefighting language 'patrolling your own fire' to make sure it is actually out, and the next day and the next day, particularly when the weather supports that view. I totally agree with your aspiration. Chief, I wonder if we could put our mind to a way of strengthening our communications with landowners?

**Mr ARNOL** - I'm certain we can, minister.

**Dr WOODRUFF** - I'd be happy to provide my feedback at some point because -

**Mr FERGUSON** - Why don't you write to us about your ideas?

**Dr BROAD** - We saw during the bushfire emergency over the summer that the volunteers were called upon for extended periods of time, including being asked to participate in fires well out of area. There is a bit of an issue developing there in terms of volunteers committing to extended periods of deployment in remote areas without necessarily compensating employers for lost time and productivity. What we've seen is that volunteer firefighters have to take extended periods of personal leave. Has the Government had any thoughts on how to alleviate this issue? Is it reasonable for an employer to be expected to allow an employee volunteer to volunteer hundreds of hours anywhere in the state as opposed to their region?

**Mr FERGUSON** - The chief and I will both answer this question. First, a huge recognition must be made to every volunteer, particularly those who volunteer strenuously. All of them are very generous people for what they do and it's not just turning up to a fire, is it, Dr Broad? It is also turning up to training and being willing to respond to the pager when it goes off. We always reinforce a key message with our volunteers: we never want to burden them with a responsibility to volunteer for firefighting if it comes at the expense of their family budget. We understand that some nonetheless do and we really appreciate that, but we feel it's part of our duty to our volunteers to relieve them of their sense of burden when it starts to cut into employment, whether it be employment or self-employment.

Your first duty, of course, is to your family and to your own family's wellbeing, but I acknowledge what you said, Dr Broad, you have hit the nail on the head. Some are very sacrificial and we absolutely appreciate that. I have had different points of view expressed to me on this issue. The very strong view of the volunteer association is the current arrangements, but we need to manage fatigue actively and we need to also, in some cases, give a gentle reminder to our generous volunteers that we don't want them to put their family second. Chief?

**Mr ARNOL** - The policy has been, remains and is communicated regularly to volunteers that their first allegiance is to their first employer. They are volunteering in that capacity and that is what that is. I have evenly reinforced that over the summer. We have a normal communication we call 'word back', which just goes out to volunteers, and staff can read it as well. Generally, that's one of the mechanisms to reach our volunteer cohort or workforce, which we reinforced again this summer, that your first allegiance is to your employer. Of course we have had people from interstate coming here; they were volunteers, so we do get an incredible result from it.

It has been alluded to that our volunteer numbers have gone down. They haven't. We have 5000 firefighting volunteers and we had over 2500 on the front line this summer - that's individuals. Over half of them were actually on fires leaving their fire area. Of course, the other half had to stay home in case there was a fire in their town or whatever.

The other thing we do is adjust the way we operate to account for volunteers in their availability, so we don't necessarily task them flat out, we might task them on a backburn during the evening, which is a good time to do that. They may have gone to work, come to volunteer and return that evening and get sufficient sleep to go to work the next day. There are a range of things we have in place, and there are some complexities with managing a volunteer workforce, but it is an unwavering policy that your first allegiance is to your employer.

**Dr BROAD** - Just as a follow-up on volunteers, it is the case at the moment that volunteers are raising money within their own brigades to buy equipment. Volunteers have been expressing

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specific or preference for things like infra-red cameras and so on. Why do these volunteers feel they have to raise money through their own brigades for this equipment?

**Mr FERGUSON** - First, there is no requirement for volunteer brigades to do that but, where they wish to, we do not discourage them. The only guidance I can confidently say the chiefs would provide is to ensure it is the right equipment, if they really wish to purchase it, and that it fits with the organisation's operational requirements. We would not necessarily expect that every brigade would have a tick. The volunteer grants supplement the TFS obligation to provide for the station and the essential equipment. Mr Arnol, can you add to that?

**Mr ARNOL** - We have had this long discussion with our volunteer associations. We still have two associations that carryover - the old rural and the urban - and some of volunteers are on a small retainer. The fundraising that may be seen may also be funds provided by government. We might say that if the group wants to buy a television or a cleaner or things like that, that is more amenity. I have been very clear that the core business we have is the obligation to provide volunteers with good equipment, good training, good trucks and all we need from them is their time. That is the general deal. If they do buy other things, if they would like to add something to their shed, we would have to make that compliant. We would want to check that the building is done. For anything like that or any new equipment, we always suggest they refer to their district officer - a district officer in our terms is someone that looks after about 35 brigades and it is a full-time staff member - to make sure the equipment is compliant and suits the work.

Some fire brigades might think they need equipment but we have it available in other ways. For example, if we want a thermal imaging camera - it is an expensive piece of kit - we have them available in the district officer's car to do the thermal imaging needed. As the cost drops on those we are able to put them in place, but we have them in all our career fire stations and in our urban fire brigades, but thermal imaging is managed a different way in a bushfire setting. Roseberry, for example, has a thermal imaging camera. It is appropriate for them to have that according to our service delivery model and how we lay that out, as to what equipment fire brigades need.

**Ms BUTLER** - Minister, in relation to the Government's recent discussion around austerity measures, what proportion of the \$450 million in savings will be coming from the Fire and Emergency Management portfolio?

**Mr FERGUSON** - I recommend referring to my earlier answer given in the Health outputs. It is the same answer I will provide here. It is a Treasury-led process that hasn't commenced, which will engage with each agency, seeking to apply an efficiency dividend to non-frontline back office with government and the bureaucracy, to ensure the bureaucracy is efficient and fit for purpose. Those conversations are yet to be had.

**Ms BUTLER** - What work has been done internally to date to identify any of those areas in your portfolio?

**Mr FERGUSON** - It is a process that will be led by Treasury in engagement with agencies. It is a 0.75 per cent efficiency dividend, which is a lot less than you will see in other jurisdictions. You asked if that work has occurred or whether anything has been identified? No, that work has not commenced.

**Ms BUTLER** - Do you know if any areas will be quarantined from those budget cuts?

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**Mr FERGUSON** - We won't be doing what Labor did, which was to sack 108 police officers.

**Ms BUTLER** - What is your definition of a front or backline worker? Can you provide some examples?

**CHAIR** - I am going to rule it out of order, we have been there and done that today.

**Ms BUTLER** - I haven't asked this questioned.

**CHAIR** - You haven't asked it but it has been asked.

**Mr FERGUSON** - I could answer it again.

**Ms BUTLER** - It would be excellent if you could answer my question, with due respect.

**CHAIR** - I am sorry, I have ruled it out of order. It is repetition. This committee has already answered that question. I will go to Dr Woodruff.

**Dr WOODRUFF** - Thank you, Chair. Minister, the United Firefighters Union Australia Tasmania branch has suggested and I would like to hear your thoughts about it. They say that although the TFS receive funding to create and enhance the fuel reduction unit, they think the unit needs volunteer availability and support to conduct burns in some areas, and the unit would be more effective if it were able to draw on career firefighters through the establishment of regional career tactical response and support stations with personnel from those stations able to assist the fuel reduction with their burns outside the fire season and to fulfil the role of dedicated remote access teams during the fire season. What are your thoughts on those suggestions?

**Mr FERGUSON** - I don't have any initial response, only to say that my chief advisor on this our chief officer. If he has any comments I would be happy to hear them as well. The Government has created the fuel reduction program and the unit that sustains it. It is achieving incredible results. If we could improve, we would and we are open to suggestions but I don't see a case for an entirely new government structure to deliver when it is already delivering.

**Mr ARNOL** - This is the first I have heard of that idea but the fire and emergency services are open to suggestions. This program is running across three agencies; the Tasmania Fire Service, Sustainable Timber Tasmania and the Parks and Wildlife Service. The service delivery, how we operate, is something we are reviewing. We have done one tranche of work on our service delivery modelling and the deputy is leading the second tranche of work on what our service delivery needs to look like in future. It assesses the community risks we have, whether it be ship fire, bushfire or whatever. That will determine what we want to see in our work force, which volunteers to take up or not to take and this has been done for a long time. It will provide useful information about what sort of modelling we want for provision of services. I would not discount any suggestion, in that sense. We take suggestions from staff and, occasionally, those suggestions are sent to us via the United Firefighters Union of Australia Tasmania branch as well and we are happy to look at them. The Parks and Wildlife Service is also looking at their service delivery model. I am not sure if they are calling it the same thing. We refer to it as our resource risk analysis.

**Dr WOODRUFF** - Through you, minister, leaving aside the establishment of a new unit, that is only one idea. Is the use of career firefighters in fuel reduction burning is something that has been or could be considered along with volunteers to supplement that in regions?

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**Mr ARNOL** - It is common to have volunteer fire brigades doing hazard reductions burns. We have plenty of past practices where our career fire stations do burns. They have done plenty around Launceston in the last 12 months I know of. That is in keeping with our fuel reduction program and we leverage off whoever we can to help us with the right skills.

**Dr BROAD** - Minister, can you confirm at the Launceston Fire Station there is an issue with a roof potentially in danger of collapse, so much some equipment is currently parked outside because of the risk?

**Mr FERGUSON** - I can confirm there is a building which is being decommissioned due to structural integrity issues. I took advice on this and was assured of the safety of the site but I am happy to answer you fully and ask the professionals to address it.

**Mr ARNOL** - I will take that up. A roof I am not personally aware of; I am not aware if the deputy is. We have done some work on a wall in an old building we have invested in fixing at the back of the Launceston Fire Brigade. That was the wall, but the deputy may know of an issue with another roof that I am not aware of.

**Mr BRYATT** - That is the building. We have a building at the rear of the yard which has walls and a roof, and we are in the final stages of going to tender to have that demolished.

**Dr BROAD** - Is the Launceston Station a priority for upgrades?

**Mr BRYATT** - That particular aspect is a priority and we have made a commitment to that station to remove that risk, and then it will be down to further consideration about what we might do with the station.

**Dr BROAD** - Minister, also there was an extension to a building in Burnie previously promised: is that going to be happening any time soon? Is there a timeline for the Burnie Fire Station?

**Mr FERGUSON** - Can you help me understand the question a little better?

**Dr BROAD** - There was a previous promise for a building upgrade in Burnie, the Burnie Fire Station, that has not been done. I am wondering with the current program of fire station upgrades is there a timeline around that building?

**Mr FERGUSON** - Can you help us understand who has made the commitment?

**Dr BROAD** - You guys have made the commitment.

**Mr FERGUSON** - Maybe you are thinking about Burnie Ambulance?

**Dr BROAD** - No, Burnie Fire.

**Mr FERGUSON** - You have probably heard that, but the advice I have been provided is there has not been such a commitment given. I am happy to inquire further, Dr Broad.

**Dr BROAD** - And it has not been programmed in the short term, so we would not be seeing that in the forward Estimates.

**Mr FERGUSON** - What I am indicating to you is I am not aware of any such commitment but if you could point me to one I would happily respond to you further but is my advice.

**Dr BROAD** - To clarify, when will the Launceston -

**CHAIR** - The time for this committee has completed. I thank everyone for their attendance for this section. We will now move on to Science and Technology.

**The committee suspended from 7.19 p.m. to 7.24 p.m.**

## **DIVISION 9**

(Department of Premier and Cabinet)

### **Overview**

**CHAIR** - Minister, would you like to provide an overview?

**Mr FERGUSON** - I am aware of the time so I won't take up much of the committee's time. I am delighted that the 2019-20 Budget continues to support our initiatives in Tasmania. It is about growing opportunities for our businesses to prosper in the digital economy, which is a place of significant disruption and change. We want to support them through that by building a workforce of the future and strengthening the link between industry and education, for which stakeholders have been asking for some time, ensuring that all Tasmanians have the opportunity to learn new skills. I include in that people who have been disadvantaged and don't have the digital literacy skills we would want for them.

The Digital Ready for Daily Life program, developed in close partnership with TasCOSS, is about aiming to raise the digital literacy of the most vulnerable in our community so that all Tasmanians have equal ability to partake in the digital revolution and they are not left behind.

Leveraging our relationship with TasCOSS and using their experience in the not-for-profit sector has allowed our Government to direct the program to maximise social and economic participation through online and mobile technologies, improve skills, enhancing quality of life and education and promote overall wellbeing. We look forward to further announcing things on how it will roll out in practice. That partnership is starting to deliver some fresh thinking on how we can engage with and reach those Tasmanians so they are not left behind.

Briefly, I note: the highly successful Digital Ready for Business program has helped Tasmanian businesses get online for a number of years; our \$3.5 million commitment to enhancing mobile phone coverage along the great eastern drive; the enterprise innovation hubs in Launceston and Hobart, which are doing great work to support the start-up and research sectors; and the Tasmanian Start-Up Accelerator Programs, through which we will turn the concepts of Tasmania's best and brightest into viable real-world products and services when we complete that procurement process.

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There is further funding in the Budget to continue our very successful network of free wi-fi hotspots, particularly across tourism visitation areas. Particularly exciting is that the Budget also commits \$360 000 to support a broader scope of activities under the Science and Technology portfolio including -

- enhanced STEM engagement and highlighting career paths;
- building Tasmania's science and technology profile, brand knowledge, awareness and foresight of future industry trends
- addressing critical science and technology infrastructure investment priorities.

We hope to maintain our work through that strong engagement with industry and the non-government sector so that we can drive Tasmania forward and ensure everybody gets the benefits of a growing economy.

**Ms O'BYRNE** - Minister, when we had this conversation at the last Estimates hearing, you said the Government had developed a comprehensive cybersecurity roadmap and strategy and that you had provided seed funding for the establishment of a cybersecurity program at a cost of \$300 000 per annum. Is that something you could table or could you tell the us how the money was spent and what it had achieved? When I went hunting, the only thing I could find for the Tasmanian government was the information security policy manual from 2011. I am assuming we have an up-to-date document you might share with us.

**Mr FERGUSON** - I am assisted by Dr Lewis. I am advised not to discuss openly areas of known government risk and activity in this area. However, I can provide an overview of priority initiatives progressed during the period. I maintain that position of not discussing areas of known risk but that doesn't mean I wouldn't be prepared to do so on a confidential basis.

**Ms O'BYRNE** - We might set that up, then we could move through if you would like to.

**Mr FERGUSON** - There has been cybersecurity management. The Tasmanian government cybersecurity policy has been developed, which sets out roles, responsibilities and expectations for managing cybersecurity.

**Ms O'BYRNE** - I could only find the 2011. Perhaps I looked in the wrong place.

**Mr FERGUSON** - It is not published. I can tell you this: a working group of agency cybersecurity professionals is developing standards to ensure government systems are resilient to cyber threats. Agencies are establishing cybersecurity teams to plan and implement preventative measures. Teams have also increased the government's ability to detect and respond to threats. Work is progressing on implementing the Australian Cyber Security Essential Eight mitigation strategies. As part of this, agencies are implementing application whitelisting, restricting use of administrative privileges, which has been a significant area of interest and concern, increasing patching frequency and deploying multi-factor authentication. Agency cyber-teams are implementing data backup, business continuity and physical access controls for IT equipment rooms, which we have discussed, with Ms Ogilvie or yourself.

**Ms O'BYRNE** - I think we did it off the back of the Auditor-General's report.

**Mr FERGUSON** - That's right. Feeds from a range of threat intelligent services focus effort on potential weaknesses and action required to prevent harm. Agencies have been receiving training on cybersecurity risk management, analysing threats, information management systems and exercising cyber incident plans. The Government is participating in Australian Government cyber security programs. It has been an accelerated process between the two levels of government in the last 12 months to exchange cybersecurity knowledge with other Australian governments and industries. I wonder if this is a question you might have asked me anyway. A sophisticated state actor obtained unauthorised access to the Australian government network so we've been very careful about all of our public statements in regard to this.

We have been working closely with the Australian Cyber Security Centre and they've been very helpful in assisting the Tasmanian government and every other government, using detection tools they have developed in response to that. There had been a determination that that incident had potential consequences for state and territories. That scanning tool has been provided to our government. Every agency has been involved in it. I am very pleased to advise the committee that scanning by Tasmanian government agencies is now complete and the Australian Cyber Security Centre has analysed our scanning results and has not detected signs of intrusion in the Tasmanian results, which is very pleasing. Had that not been case, we would have had to take other actions.

**Ms O'BYRNE** - Minister, can you give me the whole-of-government budget for cybersecurity in its entirety? Does that rest with you and Dr Lewis, or is it something each agency has a responsibility for?

**Mr FERGUSON** - I will ask Dr Lewis to help with this. It's a shared responsibility through the Department of Premier and Cabinet. Through this output there is \$300 000 and I will ask Dr Lewis to describe how it's being used in building central capability but it is predominantly a responsibility to be applied by the individual agencies using their resources.

**Dr LEWIS** - Thank you, minister. To elaborate, \$300 000 was allocated to develop the Tasmanian government cybersecurity program toward supporting each agency in their cybersecurity. Each agency has their own cybersecurity resources and commitment and this is to support. It is a central coordination of cybersecurity across government to manage and identify risks and improve the cybersecurity posture of agencies.

The current focus of the program is to improve cybersecurity maturity and reduce risks through education awareness, policies, standards, procedures and assistance. We are also coordinating detection response of the whole of the Tasmanian government cybersecurity incidents, including national incidents such as the one the minister mentioned with the Australian Parliament. We're developing whole-of-government cybersecurity incident management arrangements, including state emergency cybersecurity plans; providing advice to agencies and Tasmanian public sector organisations, such as government businesses and local councils, on cyber threats that may affect their organisations; identifying and ensuring necessary whole-of-government actions are undertaken; and coordinating risk assessments for whole-of-government service providers.

**Ms O'BYRNE** - Are you able to give a complete figure, including what each agency would spend?

**Mr FERGUSON** - I don't think I can, no. It would be within the remit of individual portfolios ministers to take such a question on notice. Again, I hasten that it might be a wise figure to not put on the public record as well. I would be open to advice on that.

**Dr WOODRUFF** - Minister, the Australian Forum for Climate Intervention Governance has opened at the Law Faculty at UTAS. It is the first new centre at the Law Faculty in 25 years, and it aims to produce national and internationally relevant research on the legal governance and ethical issues around climate intervention proposals. It is an emerging field, and it has important research to seek solutions around different climate interventions; geo engineering is a populist term for climate intervention. It looks at the legal framework. Professor Jan McDonald is a leading international light and she heads up the centre. Their first report was launched with Johns Hopkins University in Washington. It was a joint project with that university.

**CHAIR** - We need a question.

**Dr WOODRUFF** - I am coming to the question. The question is, have you engaged with this new globally significant centre of research?

**Mr FERGUSON** - No, I haven't, but you have piqued my interest and now I want to.

**Dr WOODRUFF** - It is an exciting thing that is taking place here in Tasmania.

**Mr FERGUSON** - Maybe you could make an introduction for me.

**Ms O'BYRNE** - Minister, on page 204 in table 9.2, and the footnote no. 6, and again on page 215, table 9.10 footnote 2, the Budget papers indicate a reduction in communication revenue and expenditure. Is there a simple explanation for that? They both indicate there is a decline in revenue and expenditure. I wonder if you could explain that.

**Mr FERGUSON** - I think you meant page 214 in that case.

**Ms O'BYRNE** - I apologise, it is.

**Mr FERGUSON** - Chair, I invite to the table David Briggs, Director of Service Delivery and Operations.

**Mr BRIGGS** - That reduction in revenue is a reflection as we are transitioning from analogue to digital telephony services. In that process, agencies recognise that they can reduce services. In some cases, it is a reduction of services. It is part of that transition that we are seeing a reduction in revenue.

**Ms O'BYRNE** - When you say service, what service might that be? It is not a trick question. I honestly don't know.

**Mr BRIGGS** - For example, in the last 12 months we have transitioned 3000 services off an end-of-life system called Spectrum. Of those, approximately 1000 of those 3000 services were simply cancellations. They are no longer required by the agencies, or they have done a rationalisation. They have realised they do not need those services.

**Ms O'BYRNE** - When we say 'services' in here we get a bit nervous. It is a different language. Minister, can I take to the whole-of-government email migration progress? As I understand, and we all had information on it that there was a migration of all of our email. I looked on the tender website and I couldn't see where that tender process occurred to move the Government managing

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email house to an external provider. I am wondering how that came together, if there wasn't an actual tender process around it? I imagine it was a particularly expensive exercise.

**Mr BRIGGS** - You are referring to moving from the current whole-of-government email through to Office 365 provided by Microsoft. The way Microsoft licensing is changing, it gave us an opportunity to fully leverage the licensing agreement we have with Microsoft, and to be able to move to cotemporary Cloud-based email services.

**Ms O'BYRNE** - Given that is quite a significant amount of revenue expense, did it require a tender? It would have been exempt from a Treasury tender process -

**Mr FERGUSON** - As to procurement, David is best to answer, but my recollection is that we already had Microsoft as our service provider but it was done on an individual agency basis.

**Mr BRIGGS** - In the sense that we are simply taking advantage of something we had which - sorry, I will rephrase that - is that it was available to us as part of our Microsoft licensing agreement at no additional cost to government.

**Ms O'BYRNE** - It cost absolutely nothing to do the migration, which is why -

**Mr BRIGGS** - Because that's part of the Microsoft licensing agreement that we have with Government. Sorry, that Government has with Microsoft.

**Ms O'BYRNE** - Does that then move us, minister, to an 'off island' Cloud? As I understand from when we had this conversation last year, the policy was very much an 'on island' strategy. I know there are different views on the strength and weaknesses or both of those, but as I understand the state Government has a policy of 'on island', and this is an 'off island' issue.

**Mr FERGUSON** - To be clear, we have been speaking with industry, and we are definitely moving our policy where it needs to be bought up to date again. I can explore that further with you if you would like to, but we are revisiting our policy on this. David, can you answer the question as to where Microsoft base their Cloud?

**Mr BRIGGS** - Office 365 is hosted out of two mainland data centres, in Melbourne and Sydney, so our email system will running from data centres in Melbourne and Sydney in the future.

**Ms O'BYRNE** - So there is a Government policy change that has not been public yet, is that effectively what we are saying?

**Mr FERGUSON** - Sorry, I missed that.

**Ms O'BYRNE** - There has been a change of Government policy from 'on island' to 'off island'. It just hasn't been a public discussion.

**Mr FERGUSON** - I will address the policy, but I will ask Dr Hills to address the specifics. The original or the earlier Cloud policy goes back to the 2014 and 2015 time frames, and we recognise in the time that has elapsed since then, that technology is changing. In particular, the Cloud services environment is completely different. It has evolved very rapidly. We are just being careful to ensure that our policy also evolves to match the changing environment, so what we are

saying is that we will be reviewing that Cloud policy to ensure that we are in a position to continue to make the best use of Cloud services, and of course we are doing that in the best possible way and consulting industry.

**Ms O'BYRNE** - Can I just give an example, then. I am wondering about what happens with continuity of information when we do such a migration. If I am a senior bureaucrat and I deleted all of my emails accidentally, or there was a virus that deleted all of my emails, how is that then resolved? Is it something that is done internally, or is that something that you outsource to the two data centres on the mainland?

**Mr BRIGGS** - Agencies will contact the DSS and indicate the problem they have had, and we would work with the service provider, in this case Microsoft, to recover the data.

**Mr FERGUSON** - To help this conversation, the agency still retains a significant level of control of its own data, but Microsoft would provide a high level of client support to that agency, or via David's area of DSS if there was a deeper or a historical archival kind of challenge that needed to be dealt with. Agencies still manage their own services.

**Ms BUTLER** - Minister, what is funded in the office of the CIO, outside wages of the CIO staff, and how much is spent on project and consultant and external advice, and where is this under-resourced?

**Mr FERGUSON** - I will let Dr Lewis answer that for himself. I will just ask Dr Lewis to describe for the committee his role and a description of his office.

**Ms O'BYRNE** - And the project and consultants funding.

**Dr LEWIS** - In terms of the role of the Office of CIO, it is now merged with the organisation that was TMD. Really that was to develop a more cohesive and strategic approach to delivering both the services and the policies. In terms of the CIO role, we are responsible for leading the whole-of-government strategies, digital strategies, developing digital strategy, developing policies and procedures associated with that, and we're responsible for improving cyber security, as we discussed before. That is a high-level summary of what our role entails.

**Ms BUTLER** - With the second aspect of that question, how much is spent on projects and consultants and external advice, where would I find that information?

**Mr FERGUSON** - Perhaps the best thing I might do here is provide the bigger picture, because the Office of E-Government and TMD have been amalgamated to DSS, Digital Strategy and Services, so they are working as one unit now. Dr Lewis, of course, remains the Chief Information Officer.

Let me, if I can, just give you straight out, the advice I have on consultancies. During the period, which is an interesting time period, from April 2018, which goes beyond the financial year, to 31 March 2019, there are four consultancy contracts valued at \$50 000 or greater. The total value of those contracts is \$450 774. Three of those contracts, or 75 per cent, were awarded to Tasmanian businesses, and the total value of contracts awarded to Tasmanian businesses is \$250 000, 56 per cent by value. That is in accordance with the 'buy local' Treasurer's instruction.

**Dr WOODRUFF** - Minister, unless we boost our capabilities in terms of research and coordination of the climate scientific research that is being undertaken in Tasmania and nationally, we will not be able to meet our international targets to reduce carbon emissions under the Paris Agreement. We won't be able to prepare ourselves for the climate extremes that are taking place and will take place in Tasmania.

The federal Liberal Party in 2016 had massive cuts to climate scientists, including in Hobart, and threatened hundreds more jobs than they actually ended up successfully cutting. Will you advocate for the establishment of a national climate science centre in Hobart, which was one of the commitments under the climate 2020-21 plan of your Government? I haven't seen any action on that front. Have you taken any action on that front, or are you planning to take action on that front?

**Mr FERGUSON** - I am going to refer you to minister Archer to discuss that matter. I know she has not been on House of Assembly Estimates yet, so you will have an opportunity to explore that with her.

I can inform you, however, that we have announced in the 2019 Budget a \$2 million commitment to the Blue Economy Cooperative Research Centre, which my colleague, Mr Barnett, has been championing, and has done a fantastic job in achieving for our state. That commitment is in addition to the Australian Government's recently announced \$70 million contribution to the CRC.

That is a really great show of confidence in the industry and research capabilities that we have here in Tasmania. That is intended to have very strong international partnerships, headquartered here in Tassie, and a fantastic platform to showcase the deep expertise within the University of Tasmania, including the IMAS and the AMC.

**Ms O'BYRNE** - Minister, can you confirm that the CIO put out a request to the market for security monitoring capabilities at the end of last year? Can you just update the committee on how that's progressed? I guess what the result was, and the information that was gained from that request?

**Dr LEWIS** - That was a request for information only, so we're requesting information on the total costs and services that could be provided in terms of providing cyber security operations in government. That information is now closed. We've advised all respondents and thanked respondents for providing the information. We've formed that into part of the digital strategy and the business case that we're putting through Government at present for cyber security and digital strategy services more generally.

**Ms O'BYRNE** - Minister, you're putting a submission through Cabinet, through Treasury, for the entire digital strategy that Dr Lewis is talking about?

**Mr FERGUSON** - Yes. I'm prepared to say, on the advice, that a strategy and a potential bid will be put to Government for consideration. You're as experienced a minister as I am, Ms O'Byrne, so I suggest you know exactly what happens from that point.

**Ms O'BYRNE** - Minister, can you update us? We talked a lot last year about the Auditor-General's security communications tech report, the original report, and then the secondary report. Are you able to update on whether all agencies have now met the requirements that the Auditor-General identified? Are all recommendations finalised in each agency? You said at that stage you

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had a coordinating role with each of the departments to make sure that they achieved that. Have they done that?

**Mr FERGUSON** - I already outlined earlier, I think, your first or second question that the Government has developed a new cyber-security policy setting out the roles, responsibilities and expectations for managing cyber. This is being augmented with the cyber-security standards that we discussed to enable common approaches, including to the issues that were raised by the Auditor-General in the 2014 or 2015 report. Agencies are planning to or have engaged additional resources to implement recommendations. Work is progressing on implementing the Australian cyber security Essential Eight mitigation strategies. I won't repeat that because I've actually -

**CHAIR** - Minister -

**Mr FERGUSON** - and if I may very quickly finish the sentence - which is to assure Ms O'Byrne that every agency is responsible in this area, and there is a clear expectation that the cyber security policy would be followed.

**CHAIR** - The time for examination of this portfolio is over. I thank everyone for their contributions. It's been a long day. Well done.

**The Committee adjourned at 7.53 p.m.**