T R A N S C R I P T

LEGISLATIVE COUNCIL ENVIRONMENT AND PLANNING COMMITTEE

Inquiry into the 2022 Flood Event in Victoria

Rochester – Wednesday 23 August 2023

MEMBERS

Sonja Terpstra – Chair
David Ettershank – Deputy Chair
Ryan Batchelor
Melina Bath
Gaelle Broad
Wendy Lovell
Samantha Ratnam
Rikkie-Lee Tyrrell
Sheena Watt

PARTICIPATING MEMBERS

John Berger
Ann-Marie Hermans
Joe McCracken
Evan Mulholland
Rachel Payne

WITNESSES

Karen Laing, Chief Executive Officer, and

Christopher White, Board Chair, Rochester and Elmore District Health Service.

The CHAIR: I declare open the committee's public hearing for the Inquiry into the 2022 Flood Event in Victoria. This public hearing is for the Environment and Planning Committee, a bipartisan committee of the Parliament looking into the October flood event. We will be providing a report to Parliament, which will include recommendations to the government. Please ensure that mobile phones have been switched to silent and that background noise is minimised.

I would like to begin this hearing by respectfully acknowledging the Aboriginal peoples, the traditional custodians of the various lands we are gathered on today, and pay my respects to their ancestors, elders and families. I particularly welcome any elders or community members who are here today to impart their knowledge of this issue to the committee. I welcome any members of the public in the gallery and remind those in the room to be respectful of proceedings and to remain silent at all times.

All evidence that is taken today is protected by parliamentary privilege as provided by the *Constitution Act 1975* and provisions of the Legislative Council standing orders, therefore the information you provide during the hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same things those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded, and you will be provided with a proof version of the transcript following the hearing. Transcripts will ultimately be made public and posted on the committee's website.

At this point I will take the opportunity to introduce myself and the committee to you. My name is Sonja Terpstra. I am the Chair of the Environment and Planning Committee and a Member for North-Eastern Metropolitan Region.

John BERGER: My name is John Berger. I am a Member for Southern Metropolitan.

Wendy LOVELL: Wendy Lovell, Northern Victoria Region.

Gaelle BROAD: Hi. I am Gaelle Broad, Northern Victoria Region as well.

Melina BATH: Thank you for coming. Melina Bath, Eastern Victoria Region.

Sheena WATT: Hello. Sheena Watt, Northern Metropolitan Region.

Rikkie-Lee TYRRELL: Rikkie-Lee Tyrrell, Northern Victoria Region.

Samantha RATNAM: Good afternoon. Samantha Ratnam, Northern Metropolitan Region.

The CHAIR: All right. And with that, I will invite you to make your opening remarks. Could you please keep your remarks to about 5 to 10 minutes in duration. That way, it will give us plenty of time to then ask questions of you. I know I should have done this earlier for Hansard's benefit – before you begin, could I please get you to state your name and your organisation for the record.

Christopher WHITE: I will just introduce myself: Christopher White. I am the Board Chair of Rochester and Elmore District Health Service.

Karen LAING: I am Karen Laing. I am the Chief Executive Office of Rochester and Elmore District Health Service.

The CHAIR: Great. Thank you so much for that, and over to you.

Christopher WHITE: Thank you. Karen.

Karen LAING: Thank you. I did prepare a few notes. I think many of our colleagues and other community members have given you a great indication of what we contended with back in October last year, but I will try and give a little context to us as the health service here. We are a small rural health service, and we provide acute health and residential aged care as well as a broad range of health services to our community. I was going to speak to, I guess, a couple of things. One is the forewarning that we got of the floodwaters when they came, and the other is perhaps what we could do to mitigate the problems that we are currently enduring and have been for such a long time.

Originally, I guess, as it relates to the forewarning, had we not been monitoring the situation ourselves – checking the VicEmergency app and listening to the broadcasts that were going on – we would not have known. We did not get any formal direction from anybody in control – anybody from the department, anybody from emergency management. We did not get any direction as to what was required of us ultimately when we needed to evacuate. Were we not listening to that ourselves and monitoring the situation for the week leading up to the flood, we would not have been able to do the preparation that we did. We obviously have plans as an agency. We obviously had a flood plan.

We were mindful of having that flood previously. Rochester and Elmore District Health did not get flooded in 2011, but we did evacuate back then. I was not here, nor was Chris, but they did evacuate back then because of the loss of water and power supply. For a short period they evacuated, and they were able to come back quickly. The water did not enter the facility. So we were sort of thinking along those lines as we led into this flood – that we needed to be prepared. But we received no official contact or direction from the department of emergency services in regard to preparing for the potential of evacuation.

Confirmation that the flood levels would exceed the 2011 level gave us less than 48 hours to actually evacuate. Luckily we were sort of preparing. The time required to reinstate the building means that residents are now displaced and have been out of our community for a long period of time. Leading up to that 48 hours, we anticipated that if we did need to evacuate it was going to be huge, because we had 60 residents as well as our acute inpatients. So we electively found beds and did this ourselves for 17 of our residents. That took all of the aged care beds that were in the immediate vicinity that were empty at the time. We transferred them electively 48 hours before, so we had 17 less residents to have to contend with were we ultimately required to evacuate. At that point, we did not think we were going to have to evacuate but, in case, we did that. And then it was 48 hours before it became clear to us, because we were monitoring the situation and because we were attending the community meetings here – so my director of clinical services and I were attending the meetings in this room. It was only 48 hours before that we came to the recognition – nobody directed us, nobody told us. We came to the realisation: 'We're going to have to evacuate. The water level is going to inundate our facility.' We did not anticipate to what level it would, but we knew that we would have to get out, so the next morning that is exactly what we did. That was when all the services came and were amazing on the day, but the people that were the most amazing were our own staff. Knowing then what we were anticipating, some of our staff did anticipate they were going to be flooded themselves. We are the largest employer in the town; we employ about 180 staff – 40 per cent of those staff were inundated themselves. They were personally impacted – their properties, their homes – and many of them remain so. As we have heard this morning, community members are living in sheds and in caravans still. But 40 per cent of them were impacted. That did not stop any of them coming on the day and assisting with the evacuation, and many of them evacuated with our residents and took them on the day and remained with them for up to two months.

We evacuated our residents, many across to an empty ward at Goulburn Valley Health and the same down to Bendigo Health, where they had facilities in those acute hospitals. So they did not go to residential aged care facilities; they went to a hospital setting in shared rooms and things, and our staff went with them. Those facilities provided the accommodation, but they did not have the staff and everything it took to care for those residents. Our staff went with them, and they remained with them for the duration of their evacuation to those sites, and in many instances those staff did that at the expense of their own homes and their own families. They remained with our residents for those two months. We put them up. There is a whole lot of, as you can imagine, logistics and accommodation for those staff et cetera. They ended up ultimately flood-locked in Shepparton for a period because the causeway across there between us and there was flooded, so they were stuck there. But they were stuck there anyway. They committed to stay with those residents. So that is what we did.

The floodwaters did come all the way through the facility, so the entire facility was flooded to about 40 to 50 centimetres all the way through. It is quite a large facility, but it was right the way through. So every

resident's room, every inch of the community wing, the hospital, the urgent care, the general practice – we have got a GP practice in there – all were flooded. So it is now 10 months down; we are nowhere near re-entering that facility. The rebuild – it is obviously a state government insurance claim, but like the community, in everything that we take apart to rebuild we find a new problem that has to be fixed that might not be covered by the insurance and might not be associated with the flood but has to be repaired in order for the flood repair to be warranted.

So as it relates to mitigation – and we are mindful that Rochester will flood again; no-one is under any false illusion that that will not happen, and there is obviously a lot of work that needs to be done to try and prevent that occurring again – from our perspective, our view is that some sort of protection of our community asset needs to be done, of the local health asset. We have heard already about the loss of the pharmacy, the GP practices, you know, that immediate first aid. Had we had some protection around our immediate site, some form of flood protection, some form of levy, be it permanent or be it a temporary one, then we may still have had to evacuate because there was no way of getting in and out of the site, but we would be back into that site and able to be a community refuge, a community recovery centre, a community resource, a community kitchen. All of the things that were needed in the immediate aftermath could have been provided had our site been protected from the flood. We could have come back in again in days.

The CHAIR: I will just let you know you have got about 2 minutes, so I will give some leeway. But please continue if you have only got a little bit to go.

Christopher WHITE: That is okay. Yes, that is fine.

Karen LAING: Basically that was the point that I wanted to make. They were the two points in terms of the terms of reference. The early warning – we were monitoring it; we did not get any direction. We had to make our own decisions. And as it relates to flood mitigation, I am not in any place to talk about what needs to be done at Eppalock, what needs to be done along the river, the catchment management, the irrigation et cetera, but my view is and our board's view is that the community asset – the health service – has to be protected, because we can be part of that emergency response. We were part of it to start with, immediately, but not to the extent that we could have been and that the community needed. There was such an enormous reliance on volunteers, and the infrastructure within the community was all decimated. And the point about the levee – it was done around the essential asset of Coliban Water's water treatment plant here after the 2011 floods, and that was successful. That was not damaged during the 2022 floods. The assessment needs to be done about the implications of that to the neighbouring properties and things, but their modelling and the feasibility should be done, is our view.

Christopher WHITE: The only other thing I wanted to add was in relation to just picking up on Karen's point around the dispersion of health services that now exist. In Rochester and Elmore there is really a lack of health services available to residents now. We have got aged care residents that are spread out all over the place now and not able to come back for in excess of two years to their homes, so that is really not good enough, and I think that we really should do some work to be able to prevent that from happening again. And also the acute services – it is not only a burden to Rochester residents, but they now have to travel to Echuca, to Bendigo, to other sites to be able to access health care, and that is again not good enough for this region.

The CHAIR: Thank you very much for those opening remarks. We will go to questions now. Ms Tyrrell, a question?

Rikkie-Lee TYRRELL: When you said that the staff went with the residents at their own expense, was that a requirement that they had to stay with the residents? That was completely voluntary that they did that?

Karen LAING: Yes. They were paid as employees, but yes, it was voluntary. No-one was required to go. The night before, when we knew that the next morning we would be calling the ambulances and moving people and rallying, I called for anybody that was able to assist and to support that evacuation and to go with them. They went thinking it would be two or three days potentially, not really knowing whether the floodwaters would enter our hospital or not. We thought they would be higher, but we did not really know the extent and the height they would come to. But yes, they went voluntarily. There was obviously a lot associated with the organising and the arrangements for them and then to support them to be away and living away for that period.

Rikkie-Lee TYRRELL: That is good. It is just another example of how the community has come together and put their hands out and said, 'We're volunteering. We're coming together as a community.'

Karen LAING: Yes, absolutely. There was no requirement or expectation that they would go.

Rikkie-Lee TYRRELL: Thank you.

The CHAIR: Mr Berger.

John BERGER: Thank you for appearing at this inquiry today. I am interested in your evacuation plan. Is it a plan that has been developed specifically for floods, or is it a plan that is developed for all general-purpose things that might occur from time to time? And does that plan have review processes in it that are satisfactory to deliver what it is supposed to deliver?

Karen LAING: Yes, the evacuation plan is for whatever the reason you might be evacuated. But we also have a flood management plan that was developed after 2011. That is more about anticipating and preparing for it and what you would do in preparation, and then you move to the evacuation. So it is reviewed regularly. We have done a review again now, since we have actually had to evacuate again, to see whether and the extent to which that plan served its purpose, assisted us in our decision-making et cetera. To a large extent it did. However, I guess at the time you are in amongst it and you are not pulling the plan out just to check that you are on track.

John BERGER: Yes. I think I am more trying to establish that given that you said there was a lack of warning, you were actually able to implement a plan that was there to get the residents.

Karen LAING: Yes, absolutely. And part of our flood plan is to be monitoring – the same for fire when it is bushfire season and things. So part of our plan is to be monitoring that, and one of our executives is assigned that responsibility to be monitoring the situation and putting that. So we were communicating with our staff for that week leading up, alerting them to this and prompting them to familiarise themselves with the plan, that sort of thing, so to that extent we were well prepared when it did come.

John BERGER: And how were the staff coping with the displacement into other areas and other facilities?

Karen LAING: I guess they are better to speak to it than I am, but my sense is they are traumatised like the rest of the community. I think that the fact that they are still – 100 per cent of our staff are still engaged with work, almost 100 per cent now to their full capacity, but they are displaced. They are providing care to our residents. Some of them are in Echuca. Some of them are in Tongala. Others we have lost in the meantime. Some have passed away. Some with their families have relocated out of region, so we have lost them. The community staff providing all of our services have been reinstated out of rented facilities down in Elmore, so all of our allied health staff are working out of there, so that is dislocated. Our aged care staff are in Tongala and Echuca, and our home care staff are operating out of Rochester here with our executive out of demountable portable buildings – which are very cold in winter, but anyway.

Nobody is not affected by it. We have done a lot of work to try and make sure that our staff remain engaged with our organisation, despite the fact that they are physically dislocated from each other, to try and keep them, and I do think that they take an enormous sense of pride in the fact that they are providing a really valuable service to their community. The community meals that have been mentioned earlier today, our staff are cooking those meals, providing those meals and serving those people. That is something that they take immense pride in – their role in this whole recovery. They are continuing to provide health care and taking pride in the fact that we have reinstated our services.

John BERGER: Thank you.

The CHAIR: Ms Watt.

Sheena WATT: I just had a question about the relationship between the health service and other primary health providers, as I heard earlier. I had some questions around pharmaceutical services and primary health, first aid, ambulance. Can you just talk to me about how you worked together in that immediate aftermath, and are there any recommendations about how we might improve that?

Karen LAING: It probably could be improved, yes. There are two GP practices in Rochester. One of them was within our facility, so they are co-located within our site. They were flooded.

Sheena WATT: So is that actually of your service, or is it just based in your service?

Karen LAING: They are based in our service. They are a private GP practice, but they are based within our facility. Another is a practice that is outside in the community, and that is the practice, outside, that was reinstated much quicker. He actually was flooded in 2011 and restored his practice a little higher, so he was able to reinstate a bit earlier.

But as it relates to pharmacy and things like that, we were prepared and anticipated and worked with the pharmacist to make sure that all the medication for at least a week was supplied and dispensed, and we worked with him also immediately after. So we did a lot of travelling around with him to take the drugs, using our community care staff and our district nursing vehicles and things like that, so we were able to assist the pharmacy with the distribution of medications to people where we were made aware that they were needed. That is part of that sort of coordination of who knows what. Not everybody knows everything, so there were a lot of informal conversations going on between people to try and do that. Getting portable buildings for ourselves to operate services out of and reinstate within a week, this was – as soon as the waters went down, we were putting in those things. We got a big portable building for the GP practice to reinstate and had to set up their IT and things like that for them. We were working together, for want of a better word, but no-one was directing us. It was sort of like common sense and just doing what you felt you needed to do.

Sheena WATT: Yes. Just on that, if you had points or recommendations for the future and how you might make that better for – hopefully not the next time around, but –

Karen LAING: I am not quite sure how you would.

Sheena WATT: We are very happy for you to take that and think about it.

The CHAIR: You can provide it on notice.

Sheena WATT: If you think there could be a consultative mechanism or some sort of structured way to do that, I am very happy to hear that.

Karen LAING: I think that probably those parties will have a different view of things on which they think they could have been supported better perhaps.

Sheena WATT: Yes. But perhaps it is one to just take and think about.

The CHAIR: I might just follow up. I know Mr Berger and Ms Watt have asked questions along this line. Large organisations or government organisations do have disaster recovery management plans, and you have talked about that yourself. If you had to make a recommendation to change that plan, would there be anything that you would recommend, or do you think that it worked okay and that plan worked? And then the second part of the question is: is there a lack of overarching coordination that filtered down to the local level about who actually should have done what – 'Where do we get the pharmacy medication? How do we get it?' Was that not in the disaster management plan, that level of detail? And do you think that should be something that is? Can you unpack that? Do you understand where I am trying to get to?

Karen LAING: Yes. There are two levels, I think, as you have just described. We recognise that more of those logistics and day-to-day stuff would be helpful if they were in a plan. We did it –

The CHAIR: It is not in there, though.

Karen LAING: but it is not in there now.

The CHAIR: As in, who does what.

Karen LAING: As in, 'Remember this, and do this beforehand so you don't have to do it three days later.' That planning is not there as it relates to things like pharmacies. We have learned things that we will put in it now – from doing the review of it – but they are more about the housekeeping than the bigger picture things. As

it relates to the bigger picture, what is not in it and was not in it – and I am not sure how we would put it in now – is where we should be seeking our direction from and where we would get that direction from. To my mind, we lacked that. With the benefit of hindsight now, I think that Emergency Management Victoria was a new entity, for want of a better word, in terms of the structure, so I think that not everybody was familiar with who needed to be contacted and who you would be contacted by.

The CHAIR: But I think that is an open question, right? Where should that direction have come from? Should it have been from within the health service higher up – say, the department or whatever – or should it have been from EMV? That is the question. Where did that coordinating centralised push come from to say to everyone, 'All right, we need to get moving'? Is it unclear?

Karen LAING: Well, at the time, it did not come from anybody. I guess a question that I still have is: where should that direction have come from, and if this were to happen again, would we be required to be the ones that make that decision? We made that decision in this room 48 hours before. We said, 'Oh, now that we know and now that everyone is saying it's going to be higher than 2011, we're going to have to evacuate.' It was like a light bulb went on above a few people's heads that night, and we said, 'Righto, tomorrow morning.' The ambulance fellow came across, and then the guy that owns the bus company said, 'If you need a bus to transport your residents, I can help.' We did it that night. Nobody came and said that night, 'Okay, this is what's going to be happening tomorrow; this is what everybody's got to do.'

The CHAIR: Yes. And I think part of it is when you have a natural disaster like this, the levels that happened were unprecedented, so you could not really rely on what had happened in the past. You could to some extent, but you were still kind of flying blind about what was actually going to happen until it happened, and then you had to walk through it. Is there a process in your plan now to review and to learn from that and improve? Is there a process that you are working through now, and how is that going?

Karen LAING: It is going. We have done a review of our whole plan. We had that done by somebody with emergency management expertise – regional expertise – and they provided us with some recommendations around that. We are now working through those recommendations and revising our plan and then adding a layer of our own learnings. They have looked at the plan from the theory of emergencies –

The CHAIR: An operational – yes.

Karen LAING: and operations, but those lower level logistical and day-to-day things – we are going to add those to it ourselves.

The CHAIR: Okay. One final one from me and then I will have to move on. I have experienced a disaster myself; I went through a bushfire. I think people also think once there is a plan that you have got your plan and you do not have to review it. But you have to continuously review these things and update them. Do you agree with that?

Karen LAING: Yes.

Christopher WHITE: Absolutely.

Karen LAING: Yes, absolutely.

Christopher WHITE: Can I also just add – that sort of lack of top-down or coordinated approach from whatever level of government also extended into the flood recovery as well. Once the water receded, there was not really that direction on 'When can we go in and start cleaning up? Should we or shouldn't we?' and 'Who should do it?' or 'Who is doing it?'

Karen LAING: That was, again, staff coming, and it was community members coming. The ADF turned up, the local Dja Dja Wurrung Aboriginal group and the football–netball club all turned up when they heard that the hospital was cleaning out that day. And maybe this is just what I have come to expect, I suppose: nobody from outside gave us that imprimatur or told us when you can or you cannot do it. We came back onsite – because of the floodwaters, we had to get escorted back in by emergency services to review the site. You sort of feel like you cannot be part of the response when you cannot get into it.

The CHAIR: Thank you very much. Ms Lovell.

Wendy LOVELL: Thank you. I am interested in the future for REDHS and what that might hold. I am particularly thinking back to 2007, when this community was very concerned that it was going to lose that hospital. We fought very hard, with the committee led by Graham Clark, to have the hospital here upgraded. Many people have retired here because we have a good health service and particularly an acute health service. I know back in 2011, for both Charlton and Numurkah, when their hospitals were inundated, those facilities could not be reopened because infection control could not be guaranteed. There had to be a complete rebuild of both of those hospitals. What is the extent of the damage here? What is the expected outcome? Have you actually seen any formal guarantee, like money on the table, for the reopening of the acute health services here in Rochester?

Christopher WHITE: The health service was deemed to be damaged at less than 50 per cent across the whole building, which means a knock-over was not really an option, so that enabled us to rebuild the facility. As part of that process, we worked with the Department of Health really, really closely in reviewing a clinical services plan, so what this region actually needs in terms of health services, hospitals, GPs, aged care and all of that. That plan was completed last month and really, I suppose, emphasised the fact that this town does need a hospital, does need acute beds, does need an aged care centre and does need at least 60 aged care beds. So that was really pleasing, I suppose, to see that. Now it is about how we build the infrastructure around that and get back on board.

Wendy LOVELL: And has there been any funding committed to do that?

Karen LAING: It is an insurance claim, so there has not been department funding required at this point. It is an insurance claim, and that is what Chris means by the assessment that the insurers make being about the extent of the damage. If it does not hit 50 per cent of the volume of the building – not the value of it to be reinstated or anything, but 50 per cent of the volume of the building – if it did not hit that trigger, then it is covered by insurance and it needs to be reinstated. The insurance cover is to reinstate it as it was. If we wanted to do something different or if something different is deemed necessary by virtue of the clinical services plan – so the department required us to not proceed with the reinstatement of bed-based services until the clinical services plan had been completed. We have staged the rebuild to do the non-bed-based wings first, and that is the community-care wing with the gym and the GP practice, the executive – not that we wanted to get in first, but because it is not a bed-based service, we had to phase the project plan to do that first, before we did bed-based, which is the acute hospital and the residential aged care. Now that the service plan has been done and has confirmed the need and the bed numbers that are required – the services that were being provided are the services the community continues to need – we can proceed with that project.

Wendy LOVELL: And does that include the operating theatres?

Karen LAING: The clinical services plan does not indicate that an operating theatre is required in Rochester. We had not been using the operating theatre. It had not been used as an operating theatre for over four years because the demand was not there to be able to maintain it sufficiently to maintain the workforce and to maintain the skill set.

The CHAIR: We are going to have to move on, because others will miss out. Dr Ratnam, question?

Samantha RATNAM: Thank you so much for your evidence you have presented here today and your submission. I had a couple of points I wanted to follow up on, one regarding the response you gave to a previous question in terms of getting clear direction about post-event re-entry, for example, to the site, because you were part of that response system as well. You mentioned being escorted by emergency services. Could you talk us through what that relationship was like? You were asking for an escort, but you still felt like you did not have enough of that initial conversation or the permission? What was that like? What could be improved, basically, is what I am trying to get at, in terms of that communication, that relationship, between the emergency services – who you ordinarily look to for some sort of support and information because they are at the coalface – and then the response you are providing? What could be improved there?

Karen LAING: I guess just the communication between the various agencies. We did not need to seek permission to go back in. When we said, 'We need to go back onsite' or 'When can we go back onsite?' that was what we were told: 'Well, you can't go back in without an escort.' But the waters were still up. The roads

were still blocked. Until somebody advised people that they could come back onsite, then we sort of felt that we were precluded from doing so.

Samantha RATNAM: It is that advice piece, isn't it?

Karen LAING: Yes.

Samantha RATNAM: That could be the improvement.

Karen LAING: Yes.

Samantha RATNAM: Great. Thank you. That is really helpful to know. And in regard to what you mentioned in your opening submission about the need to protect your physical infrastructure, it sounds like it was acknowledged that you had a formal role in the response and you anticipated that you were going to have quite a significant event and you were going to be important in that post-event response. But it sounds like there was a gap then in thinking about the physical infrastructure that needed to be supported for you all to be able to continue that functional response, essentially. Given the preceding events – and you were saying that you anticipate there will be more events in future – do you know when planning has happened around the physical infrastructure? When was the last time there was a good stocktake of what physical infrastructure is essential for the functions to continue? Or has it not happened?

Karen LAING: To my knowledge it has not happened. I do not know if it has happened. I do know that there is a stocktake of the physical assets as they relate to public residential aged care. It is proposed to be undertaken – it was before this flood – and that is for 2024. That is to be undertaken, so that will look at the assets. I do not know the extent to which it will look at how protected those assets are from things like a flood or a bushfire, because obviously Victoria has a lot of public sector aged care facilities dotted around, many of them in rural and regional sites, so the risk to that infrastructure will differ depending upon the landscape that they are in. So there is a stocktake or an asset analysis proposed for aged care, but to my knowledge there has not been one –

Samantha RATNAM: For your types of services?

Karen LAING: No.

Samantha RATNAM: Okay.

The CHAIR: Ms Bath, a question.

Melina BATH: Thank you. Thank you, Christopher and Karen. You have big hearts and big shoulders for the workload that you have done over this time, and your staff as well. I have just a couple of really quick ones. Would you mind providing – redacted, if necessary – your most recent flood plan? Because I think it would be helpful for us to see the level of detail and work that you have gone to. Secondly, you provide to the state government annually your report to the government. Is that correct?

Christopher WHITE: That is correct, yes.

Melina BATH: So you are funded overwhelmingly by the state government. Is that correct?

Karen LAING: No.

Christopher WHITE: Residential aged care is funded by the Commonwealth.

Karen LAING: The Commonwealth.

Melina BATH: So a mix of both, but you do put in your annual report and are responsive to them. It disturbs me that you had no warning up until 48 hours before the floods. It disturbs me that you had no contact from EMV or the health department, noting that you report to the health department on a regular basis. My question on that is: you are being responsible in your community; how can the health department – and we will go to the health department rather than EMV – be more responsible to you in giving you this information or alerting you? What needs to happen there?

Karen LAING: It is the benefit of hindsight, but I guess I would have expected someone would have given me the direction of what was going on, what the flood level was doing and 'What we expect of you' and directed me to have evacuated or not. But they did not. We were monitoring the situation, and we made that call. So perhaps that is the expectation, that the CEO on the ground and the relevant emergency, you know –

Melina BATH: But it was unclear to you whether that was your primary role?

Christopher WHITE: That is right.

Karen LAING: Yes.

Melina BATH: Were you responsible – you were wondering and waiting – or should it have come from EMV et cetera?

Karen LAING: I have exactly the same question.

Melina BATH: That is right. So that might be clarity that we need to provide back to government – who has that role and at what point it is triggered?

Karen LAING: Yes.

Melina BATH: The other question I had was: you spoke a little bit about your reopening and how you are trying to reopen the whole hospital and service; what is your time line, and are there any blockers in that time line that you need the government to – sorry to use a sort of water analogy – lift up and let that channel flow through for you to get open quicker?

Karen LAING: The time line for the full rebuild was planned to be two years before we were back in. Like people in their homes here, we are discovering things that need to be repaired as we go, so we are already having to change the plan and the staging of things. At the moment we are still on track for a two-year reopening, so that two years from the flood makes it Christmas of 2024, when we anticipate all wings being open. There are nine zones in the plan to the rebuild. With regard to what we might need in terms of government assistance, there are several issues in the building infrastructure and the fabric of the building that are being exposed and then becoming evident as we progress down this rebuild that are not flood related, that are not necessarily going to be covered by the insurance, and that will require –

Melina BATH: So it is the betterment thing – not just rebuilt, but built to a better standard.

Christopher WHITE: That is right.

Melina BATH: And is there flexibility, do you think, in those discussions with government so that it can be better, or are you being capped?

The CHAIR: We have got 4 minutes, just letting you know.

Melina BATH: This is important.

Karen LAING: We are not being capped, but it is an emerging issue as we speak, basically. What it is going to cost to fix some of those things, we may be limited to only fixing things to remain compliant as opposed to building things better, depending upon how much money it is likely to add up to. We do not know that figure yet, but it has got several zeros on the end of it.

Melina BATH: Yes, and noting that my time is running out, could you enhance that discussion a little bit more? Would you provide some information about some of the things that you think may be required to just be compliant? Your wish list, I guess, is what I am asking –

The CHAIR: You can provide that on notice, if you would like.

Christopher WHITE: Absolutely.

Karen LAING: Yes, we can, absolutely.

Melina BATH: That is right. If you can provide that on notice, that would be fabulous.

The CHAIR: Because then it gives you more time to think rather than on the spot today.

Melina BATH: That would be perfect. Thank you.

The CHAIR: Ms Broad, with a question. Just for everyone's benefit, we have got about 3 minutes left for this session.

Gaelle BROAD: Thank you. You talked earlier about infrastructure or a levee bank being proposed. This committee wants to look at recommendations moving forward, so have you got any current commitment at the moment for the feasibility study you mentioned being undertaken into that, or is that something you would like to see as a recommendation moving forward?

Christopher WHITE: We have actually commissioned our own feasibility study. We are currently working through it at the moment, but there has been no direction from any government agency to do that.

Karen LAING: No, we have been advised that it is not part of the rebuild plan at all and it will not be covered by insurance, so our board have approved the commission of a feasibility study and the modelling to be undertaken. That will not be expensive. Part of that is to do the investigation of what the implications are legally in terms of the *Water Act* and our obligations to our neighbours et cetera. Whether we are constituted as an essential service that does not need to work through some of those other obligations, I do not know that that is necessarily the case. But when we talk about a feasibility study, we are not just talking about the scientific sort of logistics of building the levee. It is: what are the obligations, what are the legal implications, what are the implications for our neighbouring community and the rest of the flood plain, were we to put a levy around? And is it even technically possible in a site like ours – the topography of the site et cetera? So we have commissioned that ourselves.

Gaelle BROAD: Yes, okay. Can you just give us a bit of an insight, because up to two years, you said, for people to come back – it has a huge impact on staff. You are a massive employer in the region, you have got the capacity to help if another event happens in future and to respond quickly. But just looking at that, what would you recommend take place as a priority now to enable that to –

The CHAIR: And maybe if you cannot think of it now on the spot, you can provide it on notice. If you want more time to think that through, you certainly can do that.

Karen LAING: For me, what would be ideal would be a commitment to do that work – by the government, not us. We should not really have to do that ourselves. It would be to do that feasibility study and to make that commitment to protect the asset. Ideally, as I think the lady Elizabeth representing the education society said, with the benefit of hindsight you would not put a levy around the site to protect it, you would build a facility that is flood proof, but we did not reach that threshold. We had that assessment done three times to ask: how close are we to the 50 per cent?' because we knew that we would be flooding again. But we are not there. Ideally you would do what Charlton and Numurkah and other facilities have been forced to do, and that is to rebuild in a more flood-proof manner.

The CHAIR: Thank you very much, Karen and Christopher, for providing your evidence to the committee today. Unfortunately we are out of time. But I will just reiterate to the committee: if you have got further questions for these witnesses, you can submit them on notice and we can get them back. Thank you again for providing your evidence, and if this has been challenging for you today, please make sure you reach out to Lifeline or other mental health supports. Thank you again.

Witnesses withdrew.