

TRANSCRIPT

ROAD SAFETY COMMITTEE

Inquiry into serious injury

Melbourne — 11 September 2013

Members

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Mr T. Languiller

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Witnesses

Assistant Commissioner R. Hill, road policing command,

Superintendent P. Green, operational systems support division, intelligence and covert support command,

Inspector M. Boorman, road policing operations and investigations division, road policing command, and

Senior Sergeant M. Batten, road policing strategy division, road policing command, Victoria Police.

The CHAIR — On behalf of the Victorian parliamentary Road Safety Committee I welcome everyone here today for the public inquiry into improving road safety outcomes and reducing serious injuries. In doing so, I make the following remarks. Evidence given to the committee today is protected by parliamentary privilege. Any comments made outside the hearing are not afforded such privilege. The transcript will become a matter of public record. We do have the capacity to take information in camera as well. You will get a copy of the transcript in due course; typographical and factual errors may be corrected, but not the substance of the transcript. Thank you for taking the time to present to us today. I invite you to speak to your submission, following which we have a number of questions which we would like to put to you. In turn, you might like to put some questions to us.

Asst Comm. HILL — Good afternoon, members of the inquiry. My name is Robert Hill, assistant commissioner, road policing command, Victoria Police. I am in charge of the road policing portfolio for our organisation. I am responsible for ensuring Victoria Police delivers against the government targets as articulated in the road safety strategy 2013–2022. I manage the centralised road policing resources for our organisation which are deployed statewide to support the regions in delivering road safety outcomes. My role also includes developing strategic policy, pursuing legislative reform and working closely with government and our key road safety partners to advance the safe system approach to road safety in Victoria. This approach focuses on improving road user behaviour, travel speeds, vehicles, roads and roadside environments. Our key road safety partners include VicRoads, the TAC and the Department of Justice.

Accompanying me here today are Philip Green on my right, superintendent, operational systems support division; on my left, Martin Boorman, inspector, road policing operations and investigations division; and on my extreme left, Michael Batten, senior sergeant, road policing strategy division.

On 20 May this year Victoria Police submitted a written response to the parliamentary Road Safety Committee's terms of reference. This included 13 recommendations. Subsequently, on 21 June 2013, Victoria Police submitted an amended response to the parliamentary inquiry terms of reference to correct an error appearing in the 20 May 2013 submission, appearing on page 27 of 42 under the heading 'Enforcement of drug and alcohol impaired drivers' and referring to the percentage of alcohol detected in the blood of injured drivers in 2011 increasing to 14 per cent. This was amended to read 17 per cent. We also amended dot points 3 and 6 appearing on page 33 of 42 in the previous 20 May 2013 submission under the heading 'The way forward' — namely, to commence with the word 'Support' in place of the words 'Expand and advocate'. We also removed dot points 4 and 5 that commenced with the words 'Advocate' and we inserted a dot point 'Continue to promote community awareness of the risks associated with drink driving'.

On 4 September 2013 Victoria Police gave notice seeking to amend recommendation 8 to read the following: 'Advocate for research to examine if there is a case to further reform Victoria's blood alcohol concentration laws'. The premise for seeking this further amendment is: for better consistency with our amended version submission on 21 June; also, due to the existing BAC legislative framework dating back to the mid-1960s and the significant evolution of our society that has occurred since that time; and in light of contemporary research indicating that even low concentrations of alcohol can significantly impair the cognitive ability of drivers, particularly young drivers who are often overrepresented in our road trauma statistics.

On 10 September 2013 Victoria Police gave notice seeking to amend recommendation 7 to read: 'Evaluate whether STEP is a cost-effective countermeasure in terms of serious injury reduction'. This amendment is sought on the basis that STEP is one part of a broad and comprehensive internal road safety strategy and action plan that contains a range of countermeasures that will be subject to evaluation in terms of cost-effectiveness and serious injury reduction.

In response to the six terms of reference of this inquiry, rather than simply repeat the 13 recommendations, I propose to refer to and discuss the significant themes. At recommendation 2, regarding the development of a unique identifier across all road safety agencies, a unique identifier could overcome a number of limitations to our understanding of the causal factors of collisions by enabling agencies to link specific road trauma incidents and by providing a more detailed and complete picture of road trauma and the outcome of road traffic accidents.

Recommendation 3 is that a consistent measure of 'serious injury' be developed collaboratively and that we believe this definition should be consistent with national and international measures and used by all partner agencies when compiling trauma data for road safety purposes with adequate interoperability. Serious injury has

been interpreted and measured differently by different agencies for some time. While the Victoria Police definition is relatively straightforward and fairly consistent with VicRoads, broader definitions utilised for medical data recording purposes create an issue when attempting to link datasets. Therefore a common definition of 'serious injury' would assist in linking datasets and enabling more accurate reporting, with each incident being validated by our partners, and could be based either on a person being admitted to hospital or on a thorough medical assessment of whether the injury is serious. Also, a formal measure of injury severity could potentially distinguish between severe injuries such as fractures and more serious permanent lifelong injuries such as brain injury and quadriplegia.

Recommendation 4 is for the development of a standardised and coordinated data collection model across partner agencies to address restrictions on the availability of timely and accurate data. A standardised data-sharing process/model across agencies would ensure that each incident documented by Victoria Police is validated against our partners, thereby enhancing the quality of information received and stored. Internally within Victoria Police the information processes and practices review is assessing how best to integrate a number of our own databases into the one framework. This will no doubt enhance our ability to understand road trauma.

With respect to recommendation 4.1, regarding appropriate funding to enhance data-sharing capacities, and also 4.2, regarding changes in legislation to overcome restrictions in data sharing, we believe that under the current legislative framework there are restrictions to cross-agency data sharing. Each agency is bound by various forms of legislation protecting the privacy and rights of individuals. A simple inquiry by police to a hospital in relation to the nature or extent of an injury is stymied by the legislative provisions of the commonwealth and state health records privacy acts that inhibit hospital staff releasing information. While direct access to a proper medical-based assessment of an injury — to determine, for example, the extent of the injury — may require legislative amendment, it could facilitate a more timely and professional approach and enhance understanding by police of serious injury road-related trauma.

With respect to recommendation 5 — that an evaluation study is required that explores the correlation between the reduction in fatalities and serious injuries, including various levels of injury severity, resulting from different road safety countermeasures — Victoria Police has established by extensive internal and external consultation that fatality and serious injury reduction requires broad, comprehensive and measurable countermeasures. Accordingly, our Victoria Police Road Safety Strategy 2012–2018 and action plan launched on 23 August this year set a target of less than 200 deaths and 3850 serious injuries by 2022. This is consistent with the government's targets. There are three key priorities within our strategy document: building our road policing capabilities; enhancing our enforcement and prevention; and working in partnership with the community and our road safety partners. An evaluation of these key priorities and associated countermeasures will be undertaken to assess their effectiveness in terms of fatality and serious injury reduction.

As to recommendation 6, regarding a further expansion of roadside drug testing including expansion of the intelligence capacity to link drug use to injury severity, we understand that illicit drug use is associated with 15 per cent of driver fatalities and that alcohol accounts for between 25 and 30 per cent of driver fatalities, and we need the intelligence capacity to distinguish between levels of injury in relation to that impairment. Accordingly, as part of the road safety action plan we are expanding our alcohol and drug screening and testing capabilities; improving alignment of screen and enforcement with high-risk times and locations; identifying and targeting recidivists; and supporting the media and our road safety partners in conveying key messages and changing community attitudes.

Regarding recommendation 7, as amended — to evaluate whether the speed tolerance enforcement program is a cost-effective countermeasure in terms of serious injury reduction — we recognise that speed contributes to 100 deaths and approximately 2000 serious injuries per year. Even minor reductions in speed make an important contribution to road trauma reduction. Accordingly, as part of our road safety action plan introduction, incorporating the evaluation of the STEP program as part of the broad evaluation strategy will be a priority.

In respect to amended recommendation 8 — that is, to advocate for research to examine if there is a case to further reform Victoria's blood alcohol concentration laws — as previously stated, Victoria Police advocated for research to examine whether there is a case to reform our BAC legislative framework. Inspector Boorman, who accompanies me here today, is able to elaborate and respond to questions regarding the elevation of our

BAC legislative framework. It is well established that younger drivers are overrepresented in our road trauma statistics; they are at a heightened risk, even with a low level of blood alcohol concentration. Victoria Police also supports impoundment provisions to be inclusive of designated BAC offences and the expansion of the alcohol interlock program and broader application of vehicle impoundment provisions to include certain BAC offences.

With respect to recommendation 9 — to work with our partner agencies to influence legislative change — our road safety action plan sets a goal to reduce distraction as a causal factor in road trauma. Research tells us that distraction may be physical, visual, auditory or cognitive and may involve the use of technology and communication with passengers or external forces. Statistics from us show there are a number of penalty notices for illegal mobile phone use. In 2000 to 2011 they exceeded 58 000, and recidivism rates are approximately 14 per cent. Accordingly Victoria Police will work collaboratively with our road safety partners to review, enhance and develop the legislative framework around distraction. We will also work with the community to educate and embed a stronger culture in relation to distraction. We will review and enhance our detection, enforcement and prosecution capabilities and identify and implement cost-effective detection technology.

Finally, on recommendation 12 — that a longitudinal research study is required to identify best-practice management for long-term reductions in serious injury — the Victoria Police Road Safety Strategy 2013–2018 will in essence assess its own effect, and do so over the life span of the strategy, by identifying the shifting community attitudes and behaviour in relation to speeding, impaired drivers, distraction and seatbelt compliance. Also, road trauma reduction is in line with our 2022 targets: an increase in community confidence and in the safety on our roads.

Since preparation of our submission in response to the terms of reference set out by the inquiry, Victoria Police launched on 23 August this year the Victoria Police Road Safety Strategy 2013–2018, termed and labelled *Road to Zero*. The Victoria Police road safety strategy comprises two primary documents: it is not only the strategy, which sets out the direction for the next five years for Victoria Police to reduce road trauma and create safer Victorian roads and which establishes the aims, priorities, visions and targets goals as success indicators; also there is the action plan that expands on the strategy and provides more detail on how we are going to tackle the key road user behaviours of speeding, impaired driving, distraction and seatbelts and also how we are going to support road user groups that contribute to Victorian road trauma, being vulnerable road users, intentional high-risk drivers, heavy vehicles, unauthorised drivers and recidivist offenders.

In terms of the first priority, building our road safety capabilities — and in particular reference to this inquiry — is our strategic direction, which is to strengthen our road policing intelligence, tasking and coordination processes and assessment and evaluation tools. Accordingly we commit to: one, developing improved standards for the collection, analysis and reporting of road safety intelligence to enhance our understanding and response to road trauma; two, the integration of Victoria Police databases that capture road policing statistics to enhance accessibility and a standard of data; three, developing measures to improve intelligence data sharing between agencies to enhance engagement and the development of a holistic solution as to road safety issues and also to improve tasking and coordination processes to ensure that road policing resources are deployed for maximum impact, including the implementation of electronic, live intelligence tasking; and, finally, enhancing evaluation measures to enhance our understanding of the effectiveness and efficiency of road policing on reducing road trauma.

To elaborate more precisely on how we will achieve this important strategic direction and/or answer questions stemming from our responses to terms of reference (b) and (c), it may be appropriate to hear from Superintendent Green, on my right, from the intelligence and covert support command, road policing command staff. I will address questions arising from our responses to terms of reference (d), (e) and (f), which concern the correlation between the reduction in fatalities, serious injuries resulting from different road safety measures or countermeasures, identifying cost-effective countermeasures to reduce serious injury occurrence and severity and, finally, the identification of best practice in managing long-term reductions in serious injury and raising the profile of the serious injury burden. Accordingly I tender the Victoria Police strategy action plan and also the action plan matrix — that can be made available to the inquiry — for your examination. I now avail myself and my colleagues to any questions you may have.

The CHAIR — Thank you very much, Assistant Commissioner. We appreciate the efficient delivery and thorough preparation. It has been very good. Thank you.

Mr LANGUILLER — Thank you, gentlemen. Thank you for your submission. I take this opportunity to pass on my appreciation for the good work you guys do generally but in particular in the western suburbs. I am fully aware of the good efforts that are made — and sometimes, may I say, with limited resources. My first question is: as advised by you, Victoria Police, the key issue with your definition of ‘serious injury’ is the limited capacity to confirm the ‘admitted to hospital’ status of individuals involved in crashes when hospitals do not provide the relevant information upon request. Can you advise whether hospitals declining to provide such information to police takes place in all hospitals or if it only occurs in some hospitals?

Asst Comm. HILL — That is something I am unable to provide to the inquiry in terms of specific hospitals, but as a generalisation, anecdotally it is coming back to me fairly regularly that the hospitals are reluctant on the majority of occasions to provide that sort of information to Victoria Police members, which puts us in a precarious position in terms of accurately reporting whether a person has been admitted to hospital in the first instance or still remains in a hospital. I can certainly provide you with a supplementary report and make those inquiries in a fairly short amount of time and respond accordingly.

The CHAIR — Yes, that information would be helpful for the purposes of our report. Thank you.

Asst Comm. HILL — I will just confirm with Mr Batten, who has done some exhaustive work in this space, that that information would be readily available.

Sr Sgt BATTEN — We would have to approach the regions individually, collectively, and make that inquiry to see if we can get qualified feedback.

The CHAIR — Perhaps, then, Senior Sergeant Batten, if you could liaise with our executives, we can work out an efficient way forward.

Sr Sgt BATTEN — Certainly.

The CHAIR — Thank you.

Mr LANGUILLER — Further — and I wish to put this question on record, though I think you have partly answered it — how often are police officers required to make an educated guess about the ‘admitted to hospital’ status of people involved in road crashes, and has any research been conducted to determine precisely those figures?

Asst Comm. HILL — This is a difficult practice for Victoria Police where our members will attend a collision. They are being advised by the ambulance officers on the majority of occasions as to the severity of the injury and whether that will ultimately lead to that person being hospitalised as a consequence. When you talk about an educated guess, we are relying upon primarily the member’s own observations of the severity of the injury at the scene and advice from the ambulance officers. Then there are inquiries made at the hospital. There are occasions when we are afforded that information by a hospital or a member of staff at that location, but, again, it is not structured. It is not methodical. It is not systematic about how we actually gather that information. I am happy for Superintendent Green to expand on that, having charge and responsibility for that area.

Supt GREEN — The primary recording system is the traffic incident system, or TIS as it is commonly referred to. The reporting metrics for Victoria Police allow for an injury, and that can go down to inquiries pending. Injury will break down into ‘admitted’ or ‘treated and discharged’ or ‘inquiries pending’, and that links it to the definition of ‘serious injury’ relied on by partner agencies, including TAC. On occasion we will receive divergence of data from TAC linked to the funding, which becomes a more complex consideration or aspect to this.

Going back to the question on the table now, the system allows for a follow-up, including circumstances where police may not have originally or initially been called. An example would be: someone thinks they have a non-injury collision, they go home, they experience pain in their neck, they are advised by a family member or a friend, ‘You should go and see a doctor’, and they end up finding out they may have a neck injury or require admission, so you then have the creation of an injury collision collected by TAC. Where reports are required, you have an after-the-fact inquiry or follow-up by police, and the general rule will be that any major hospital will say, ‘We will not give you information due to the restrictions of the Health Records Act and privacy

legislation'. The policeman will only capture collision or injury data as a proxy, with the assessment being made by a health-care practitioner with a breakdown of communication between the assessor or practitioner and the collector by proxy, if that makes sense.

Mr LANGUILLER — It does. Thank you.

Asst Comm. HILL — We are asking our members also to extend their inquiries when they speak to the accident or collision victim — the person who is seriously injured. Sometimes we do not know whether they have been hospitalised or not, so we are contacting them days later to find out that they are still in hospital, still suffering as a consequence of the trauma that they suffered. We are in an awkward position where sometimes we would be reluctant to ring the victim of a vehicle collision because we are conscious of their wellbeing, but because we are limited and restricted by the information we can glean from the hospitals, we are now forced to go out and start ringing family members and others who are dealing with the tragedy of a collision where we would prefer not to make those inquiries in those circumstances.

Mr LANGUILLER — Thank you. Aside from the variability of Victoria Police serious injury data arising from the issue identified, what other challenges limit the capacity of Victoria Police to accurately collect and report on serious injury data?

Supt GREEN — Part of it is structural insofar as you may have police attendance or not. Depending on police attendance, you may have patients being moved prior to police attending and capturing relevant records — again it was after the fact on inquiry. A third part of it is interagency. As I have already explained, TAC data is gleaned from the hospital admitting or not admitting — and I will come back to that point. They may have data or a collection of data referring to an injury collision, which diverges from Victoria Police data. An example of that may be that TAC will have a report back from a hospital saying, 'Yes, we had a person who was involved in a collision, they had an injury and we admitted them'. The definition of 'admission' may vary from different health-care centres to how it is measured by TAC and the definition of 'serious injury' by Victoria Police. They are disparate and sometimes divergent datasets that come through. We have moved some way through data quality measures under the traffic incident system to reduce that diversion and to try and get as close as we can to reconciliation. One of the pieces of information in the report talks about TAC data being shared by Victoria Police and incorporated into the data quality aspect to TIS. Does that answer the question?

Mr LANGUILLER — Yes, thank you. Some submissions to this inquiry have identified systemic problems in Victorian road safety data that need to be rectified before a new serious injury measure is derived. This committee's previous inquiry into motorcycle safety also dealt with this issue, recommending that an immediate program to improve interagency data cooperation and collaboration on motorcycle crash data, and more generally road trauma data, be instituted by government agencies. We are aware of previous work by road safety agencies to improve the current data situation in Victoria, including working groups and data committees. What action has Victoria Police taken, either on its own or in cooperation with other road safety agencies and government departments, to improve data collection and data sharing between government agencies and departments, and vice versa, in Victoria? What other improvements do you think are needed to increase the quality and accuracy of road crash data?

Supt GREEN — The traffic incident system comprises an interagency working group, which meets regularly. Opportunities for improvement, including motorcycle data, have been discussed. A draft document was first prepared on 6 December 2012. That is currently under work, looking at the expansion of datasets and recording for quad bikes in addition to motorcycles.

Specifically the information for motorcycle and causal issues to or links to injury arising from motorcycle and/or quad bike collisions will include protective gear. At present one of the gaps is if someone is wearing boots, that may refer to a nice pair of stilettos or it may refer to a pair of particularly or specifically manufactured safety footwear. Similarly a jacket is not a jacket. It may be a very nice looking jacket that fits well, but it may not include ballistic protection or plates to assist or protect a driver in the event of a collision. The changes last put before the interagency working group on 9 May 2013 were to look at some adjustments to the data fields for collection. The objective is to provide more timely and more accurate data to the agencies to look at causal factors around injury to motorcycle and/or quad bike riders, with a particular focus on protective wear, helmets, helmet type, boots and other protective clothing.

Mr LANGUILLER — Thank you.

Mr TILLEY — Gentlemen, I would like to have a conversation going back to some of the basics where we have some issues — the raw data and underreporting. For the purpose of the committee I want my colleagues to get a grasp on policy versus legislation. Can you give us some detail around where Victoria Police changed the definitions or goalposts on a time line basis for reporting crash injuries? There have been some significant changes going back pre-2008 to current times, and it would have a significant impact on where the current statistics sit, and there has been some fluctuation. So my colleagues can best understand that, do you have a view on how that may have affected the datasets?

Asst Comm. HILL — I do not know whether Mr Batten has the response that was provided by Commander Richard Watkins. When I was advised we were presenting here today I sought some advice on that particular issue, because we understand and appreciate when we do make modifications to definitions that there are significant flow-on effects and implications for us trying to measure performance and compare different datasets from different years. Have you got that response?

Sr Sgt BATTEN — I have indeed. It is along the lines of this, to summarise: when the Arrive Alive strategy was launched — in approximately 2007, I believe — serious injury crashes were defined by police as ‘a person conveyed by ambulance’. Part way through that strategy we changed our definition to ‘admitted to hospital’, and this resulted in a fall in our reported serious injury crashes. Because the definition had changed, the period before and after the change could not be compared. The impact of the change is that the target set in the strategy could not be measured, as they were using a set using the old definition. Our road safety partners, especially VicRoads, refused to publish our serious injury data. The lesson learnt from this was that we cannot change definitions part way through a strategy without good reason and transparency. Given that our road safety strategies are written for 10-year periods, this can now be a problem.

We have started a new strategy so that any change the parliamentary committee may suggest can render the targets and the current government strategy obsolete. It does not mean that we cannot or should not change, just that there are implications for changing definitions. It then goes on to talk about how we measure serious injury now. Do we measure it as a proxy — that is, take into hospital, admitted or inquiries pending, or should it be a medically based assessment based on feedback from a medical practitioner? Obviously if we go to the latter, then it is going to require some sort of legislative amendment so that we can get that information from the hospitals without the barriers of the health legislation. Does that go part of the way to answering that question?

Mr TILLEY — It does, absolutely — —

Asst Comm. HILL — Sorry, Mr Tilley, I was going to say that we are happy to provide that written response if it is going to assist the inquiry for us to document that time line over the journey and to then explain the implications of that changes that have occurred.

Mr TILLEY — It was a similar situation with the motorcycle inquiry — datasets were a significant issue for the inquiry, as demonstrated in the committee’s recommendations in that report. But the current practices, with Victoria Police as the organisation and how legislation and policy may or may not be in conflict, under section 61 of the act we know that a driver who is involved in a crash has certain responsibilities. But it is my understanding that Victoria Police is not necessarily taking reports on some of those. What I am suggesting is: could there some underreporting or some data issues that are not being captured in the first instance? This is excluding off-road crashes, pedestrians and bicycles. I am talking about motor vehicle crashes specifically.

Asst Comm. HILL — I am not too sure whether Superintendent Green will be able to elaborate on this, but there was a policy change within the organisation and we stopped reporting non-injury collisions where no-one was found to be at fault. Effectively we were collecting data that from an enforcement perspective was limited in terms of its support for us in delivering road safety outcomes, so a decision was made, I believe, within the last two years. Again that will be in the document that we will provide you with, Mr Tilley. I do not know whether you can elaborate on that, Philip?

Supt GREEN — It is a difficult question to answer. It is the known unknown. Cutting to the chase, I think what you are asking is: are there police members out there who should be taking reports that are not submitting reports required under policy and in line with departmental expectations? It may be so; we just do not know.

That would apply to a whole range of different police practices. The reason for mentioning it in that order is that there is currently under way what is called a PIPP, which is police information practice and processes — or processes and practice — program of work. That is looking at eliminating duplication of processes or data collection, single entry portals, real-time information capture access and sharing.

That will include, say, if a constable is an operational front-line unit and they are allocated or tasked to go to a vehicle collision, the process review should be able to go and reconcile, 'Well, you've gone to a collision so therefore we would expect a collision report', providing or assuming it is within the parameters of existing policy to go with that. But it is a process that to a large degree should go to control or meet the gap that currently exists with what I have referred to as a 'known unknown'.

Mr TILLEY — Sure. Please do not think for a moment that this is by any means criticism of practices. You can probably see where I am leading to — multi-agencies and having a number of organisations contributing to the datasets. I should probably have a bit of a dip at the prepared questions we have for you, gents. The Department of Health submission includes a discussion about its data linking unit and potential for it to link crash data in Victoria. What are your views on the potential of the Department of Health's data linking unit leading efforts to achieve function in linked datasets?

Asst Comm. HILL — I can share with you my observations from when I travelled to Europe earlier this year. We went to those countries leading the world in delivering road safety outcomes; they are matched by no other. They include the Netherlands and Sweden. Their road safety partnership has extended to the health areas. They have a single entry report — the one report that different agencies can have access to and value add and draw information from. If we had something similar in this state, that accuracy would be of great benefit to Victoria Police and the community of Victoria and would provide us with that intelligence from a policing perspective to be able to deploy our resources in a more effective manner. That single identifier, that report that is provided, gave a true picture for the enforcement agency as to the extent of an individual's injuries and then using that intelligence to map against the activities you are policing in the future. I can certainly see some enormous benefits from working with the Department of Health and bringing it into the road safety partnership. Similarly there are enormous benefits from bringing other areas into the tent as well, local councils being one example. Working more closely with our road safety representatives in local councils is something that we need to do more of from my perspective.

I will refer to Superintendent Green to answer your question in terms of the IT machinations, if you like, but from an enforcement perspective our members do not appreciate what the safe systems model represents or means to them as police officers. Our police members have been extraordinarily good at attending collision sites over the years in terms of our emergency response, initial action, gathering evidence, determining who is at fault and prosecuting that person before the courts; we have done a fine job.

I do not for one moment say that we should step away from that, but what we should do in the future — and this is what is being advocated through our capability program — is ensure that our police members take a step back, metaphorically speaking, to examine that particular system and think about how we can treat that system to ensure that that collision is not replicated in the future. Working with our councils and other partners like VicRoads, what can we do to, for instance, treat the road infrastructure? How can we make it a safer location for our road users? That is what we are advocating across our organisation. When I talk about working with other agencies such as councils, that is what I am referring to.

In relation to the IT systems that the health department has advocated for, I will allow Superintendent Green to respond to that if I may.

Supt GREEN — The short answer is yes. It builds on capacity for data quality and quality assurance. A current progression under the interagency working group that goes as part of that traffic incident system, or the dataset that we use with Victoria Police, VicRoads, WorkSafe Victoria and the TAC, is currently being upgraded. The TAC has a crash dataset called Avanti. By the end of this year we would see washed data, and by 'washed data' I simply mean they remove medical details which are inappropriate for any visibility to come across, including their injury definitions as provided by the hospitals, and that can be matched against the injury definitions as recorded by Victoria Police on TIS. There will be an initial pilot period to see how it works or in fact whether it does work. But certainly from our corporate statistics area, if you have another dataset, the risk is

that it is another set of data sitting out there in isolation to complicate an already complicated and complex environment.

On the other side or on the other argument it is another referral index that we can utilise to check and validate data. So if we have an acting clerk identifying a gap, and a gap would be one organisation recording 10 serious injury collisions and another organisation recording 15, let us compare the data and find out why we have a divergence in data and the application of definitions going back to the probable causal issue or causal factor, which is police members, by proxy, making an assessment without there being a single, if you like, decider of facts as to what is or is not a serious injury collision.

Mr TILLEY — That leads me to the next question. In your submission on page 17, under ‘Transport Accident Commission TAC Hospital Claims files’, you note that there are significant inaccuracies and that access to that may typically be delayed up to six months. Can you expand on that point by identifying what exactly those inaccuracies are in the TAC data and what they relate to?

Asst Comm. HILL — Certainly. The TAC data comes through as their core block files. That is the reason for the current system enhancement that is being progressed and should be delivered before Christmas or December this year. The reason for the six-month or up to a six-month lag is the data collection in blocks, so it is sent over in a batch. The batch itself can rely on the TAC becoming a repository of data for hospitals, which is linked in many cases to their billing. So a health-care provider or a hospital will provide codes or treatment codes linked to whether it is or is not a vehicle collision and then it will link to whether or not a person is admitted. There is some discussion or speculation, which is not for Victoria Police to comment on, and I do not make a comment in that regard, but other agencies will say how a health-care provider will assess what is an admission.

There appear to be inconsistencies as to what is agreed as an admission or not. If that box is ticked to say, ‘Yes, this person is admitted’ or if the clock ticked over past midnight and takes it into a second day, all of a sudden you may have what by a health-care assessment will be, ‘Yes, it’s an injury but it’s not serious’ and all of a sudden it falls into the serious injury realm and we have a disparate dataset. Having access to that would allow a comparison. If we do have a comparison, it allows us to start looking at comparing apples with apples and identifying where the gaps exist.

Mr PERERA — Victoria Police recommends that a consistent measure of serious injury be developed collaboratively and that this definition be consistent with national and international measures. Which agencies should be involved in developing this definition?

Asst Comm. HILL — Certainly the road safety partnership, being VicRoads, the TAC, Victoria Police and the Department of Justice. Certainly new health-care providers also need to be involved in that collaborative work in my view. At a minimum those agencies need to partake in those discussions. I believe in the submission we made recommendations that that group come together and form a steering committee, if you like, to work through some of the issues that will fall out of the piece of work that comes out of this inquiry.

Mr PERERA — If Victoria was to adopt three separate measures to track road crash trauma — that is, the current serious injury definition used by Victoria Police, the threat to life measure such as the international classification of disease-based injury severity score, and an outcomes measure like disability adjusted life year and quality adjusted life year, would that provide government and road safety agencies with the best picture of what is happening on our roads?

Asst Comm. HILL — Certainly it is evident to all concerned that we need to rethink the definition of a serious injury collision. At the moment we need to differentiate between someone who might be admitted to hospital with a sprained shoulder or something similar as opposed to someone who has received life-changing injuries. This work needs to be done as a matter of urgency. We need to ensure that from a policing perspective we are enforcing against whether it be a fatality, a serious injury or a minor injury. We need to appreciate, and Victoria Police does, that your policing methodology will change if you are focused on trying to reduce road fatalities or alternatively you are trying to reduce serious injuries occurring on our road system. We certainly support, as is articulated in the government’s road safety strategy, the differentiation between what it calls a ‘severe injury’ as opposed to a ‘serious injury’. The severe injury is a life-changing injury. I am not too sure whether anyone wanted to expand on that.

Mr PERERA — With the 30 per cent recidivist rate for drink drivers, how can this group be effectively targeted, particularly when many of them are likely to suffer from ongoing alcohol abuse problems? What work, if any, is Victoria Police undertaking with other government departments such as the Department of Justice and Department of Health to address this issue using non-enforcement interventions?

Asst Comm. HILL — I will refer that question to Inspector Martin Boorman, who has worked in our drug and alcohol sector section for the last 15 years and is recognised as a world expert in dealing with impairment on our road system.

Inspector BOORMAN — Thank you. We have made some inroads in recent times into the recidivism issue for drink drivers, but for the last 10 years it has been constant at around the 30 per cent mark. Clearly there is a connection with dependency issues for many of these people who reoffend. We have been doing some work with the Department of Justice, VicRoads and the Department of Health in looking at how we can integrate a process of therapeutic justice in dealing with recidivist offenders. The difficulty in doing that is compelling people to enter into treatment.

The recent amendments introducing community correction orders, where the courts have the authority to direct people to undergo certain treatments or participate in certain programs as a condition of their sentence, is one that would work very well with recidivist offenders. The work that needs to be done is how that can best be imported into the Road Safety Act system.

The work connected with introducing and broadening the application of alcohol ignition interlocks is part of that process, and it also needs to be integrated into the system. There are other aspects of the program in terms of the best mechanism to deal with recidivism. Research has been done in other jurisdictions that looks at abstinence and monitoring programs through hair analysis and various other techniques to ensure compliance. There is a whole range or suite of things that we could do but we need to revisit the structure of the Road Safety Act or our provisions for relicensing after conviction to deal with those sorts of needs. There is work being done in that area.

Asst Comm. HILL — Just to expand on that, we are now working with the Department of Justice to establish a court that deals with recidivist drink drivers. That is a pilot that is going to be launched next year, working with — —

Inspector BOORMAN — Mr Freiberg.

Asst Comm. HILL — Yes, Mr Freiberg, and working also more broadly. If I may ask Mr Boorman to expand on the world's first research we are doing with impaired drivers with the Victorian Institute of Forensic Medicine.

Insp. BOORMAN — We have just commenced a process that is being funded through the road safety partnership group to conduct culpability risk analysis research on the involvement of alcohol and drugs — illicit and prescription drugs — alone and in combination over a five-year period to look at the contribution of these different substances to our road trauma. Through that process we will collect a lot of data that will allow us to look at the levels of use of different drugs in combination with alcohol alone, whether the use is at therapeutic levels and what that means to culpability, or whether it is a misuse process of prescription drugs in combination with illicit drugs. That will allow us to have a much better understanding of the role of drug use, whether it be alcohol or other drugs, in our road trauma. It is groundbreaking research.

Mr ELSBURY — I would just like to apologise for coming in halfway through your presentation, but in any case we had better get on with the show. What is the level of drug-impaired driving found among people who have been seriously injured in a road crash? What is required to link drug use to injury severity as recommended in your submission at page 30?

Insp. BOORMAN — The project I just mentioned will allow us to look at drugs overall. In 2009 we commenced a routine analysis of all blood samples taken under section 56 at hospitals for the screening of prescribed and illicit drugs in a driver's system. That indicates that we have a significant presence of illicit drugs in our drivers. I have the latest figures here. For 2012 the presence of illicit drugs — being cannabis, methamphetamine and MDMA — accounts for 20.8 per cent of the drivers killed on our roads. That is a significant percentage. It varies. For example, in 2009 it was 15 per cent, in 2011 it went up to 28 per cent —

there were a number of influencing factors for that in terms of availability issues — and it has gone back down to 20.8 per cent, but it still features very strongly.

What is also concerning is that in 2009 the presence of all drugs in drivers killed was 31 per cent. In 2012 it was 43 per cent. Drugs are playing a significant role in our fatalities. With injury collisions through the process, the first full year of data we had was in 2010, and the number of samples taken overall was 3170, with 902 being positive to alcohol and drugs; 12.3 per cent were positive to drugs — this is the three illicit drugs. In 2011 it went up 14.2 per cent; in 2012 it was 16.7 per cent. The presence of illicit drugs in our injured drivers is continuing to increase. Part of that is governed by the levels of supply but also by the normalisation within our community of the use of illicit drugs for social purposes. There are more and more people using illicit drugs for social purposes.

Mr ELSBURY — Given that sort of information, what modelling has been conducted into roadside drug testing to contribute to a benefit-cost analysis of the intervention?

Insp. BOORMAN — Victoria Police is currently making a submission to the Department of Justice process to increase our drug testing on the basis of the analysis of the data we have and the principles followed in our random breath testing process relating to general deterrence to change behaviour. We are seeking to increase our drug testing level fourfold. Currently we are around the 42 000 mark. We want to take it up to 200 000 per year. We feel that would give us a level of deterrence. Recently there has been research done by MUARC and Professor Max Cameron that suggests we should perhaps take it to 10 per cent of our driving population, which would take it up to 400 000 tests a year. That would still have a cost-benefit return, but the cost of drug testing is expensive.

Mr ELSBURY — To what extent have low levels of speeding — that is, speeds of 1 to 3 kilometres per hour over the legal speed limit — been a factor in crashes resulting in serious injury, and how is that determined?

Asst Comm. HILL — I could not give a specific response here today, but I will certainly commit to providing that information to you. Suffice it to say that the evidence is very clear that low-level speeding can be just as dangerous as high-level speeding. We know for a fact through research that 80 per cent of serious injury collisions involve people being marginally over the limit whether it be related to speed or other behaviours as opposed to the 20 per cent. It is reversed for fatal collisions. So 80 per cent of fatal collisions are caused by people doing high-end speeding or they are affected by alcohol to extreme levels. But we will certainly provide you with that data.

Victoria Police appreciates that if we are going to have a real impact on serious injury collisions as they relate to speed, we need to enforce the low-level speeding. Hence the reference in my opening address when I talked about the speed tolerance enforcement program that is part of the Victoria Police five-year plan launched on 20 August. Our organisation culturally is going to change its view over time. Over history our members have targeted high-end speeders, but it is important that they look at low-level speeders as well and intervene to reduce our road trauma. Certainly in the initial stages we will work with our organisation as part of a cultural change framework to ensure that our members understand that we need to think about accepting and adopting the STEP program, and then more broadly across the community we will be working with our road safety partners to make sure that the broader community understands the implications of low-level speeding.

Mr ELSBURY — Has Victoria Police undertaken any research into how its general enforcement strategy has contributed to a reduction in road trauma?

Asst Comm. HILL — We have worked with MUARC. Certainly the advice we have received from Professor Max Cameron in recent times, whether it relates to our speed enforcement or whether it relates to our impaired enforcement — the drink-driving enforcement campaigns — is that we are seen as the best certainly in Australia and across the world. We have been and continue to be modelled by other jurisdictions from around Australia and overseas. We have documented evidence that I can provide to you that MUARC has provided to us in relation to how we go about our speed enforcement and our drink-driving campaigns. I read yesterday that we were discussed in a US-based research piece that was published in September 2013 where Victoria again is highlighted as a world leader when it comes to how we have tackle road safety.

Mr ELSBURY — Certainly some of the American states, from what I have read, would love to have half of what you guys are allowed to do to try to enforce restrictions on alcohol consumption and drivers.

Asst Comm. HILL — Certainly there has been some research in Western Australia. I know that Professor Cameron did some work over there recently. In that piece of work he referred to how Victoria has got it right. I am sure Mr Boorman can elaborate on that because he has more contact certainly with MUARC when it comes to drink driving.

Insp. BOORMAN — Certainly. Our drink driving model is working very well. It has been well established over a long period of time. Principally the basis for that is the strength in the legislative platform that it operates within. We have done internal analysis of our drink driving data, making a comparison between 2009 and 2012, which has shown that even in recent times there have been some significant gains made. In 2009 we processed almost 19 000 people for drink driving. In 2012 it is 13 375, so there has been a significant drop in the number of people we have processed. One could argue that is perhaps because of the way we changed our enforcement, but the reality is that the enforcement has not changed, and a number of other indicators show that that is a legitimate change in driver behaviour.

The number of recidivist drink drivers detected has dropped from 5326 in 2009 to 2718 in 2012, a reduction of 49 per cent of recidivist drink drivers. We have taken 2608 recidivist drivers out of the system with what we have been doing. The proportion of recidivist drink drivers detected has reduced from 28 per cent in 2009 to 20 per cent in 2012. Across the board we have done it extremely well. There is an 8 per cent reduction in detected recidivist drink drivers is as significant as the proportion of recidivist drink drivers detected in a study leading up to 2009, between 28 per cent and 30 per cent for the preceding decade, so we have made some gains there. There is still much more work to do.

The other drink driving datasets that indicate that we are changing behaviour is the booze bus driver detection rate. We can look at that from 2009 to 2012. In booze buses in 2009 the detection rate was 1 in every 257 drivers; in 2012 it was 1 in 487, a 47 per cent reduction in that new detection ratio, which is another indication that the drivers of Victoria are changing their behaviour when it comes to drink driving.

The percentage of drivers killed on Victoria's roads with alcohol present above .05 has reduced from 24 per cent in 2009 to 16 per cent in 2011. In 2012 there has been a little bit of a resurgence, back up to 20 per cent. It is still a significant indicator, given the data size.

The percentage of injured drivers with alcohol present at or above .05 has reduced from 20 per cent in 2010 to 17 per cent in 2012, so another reduction. In regard to alcohol performance in terms of drink driving in Victoria, quite clearly these signs indicate that there has been a dramatic change in drink driving behaviour in the state. That is largely to do with a combination of the enforcement practices and the public communications that have taken place over that period.

Mr ELSBURY — So what we have seen is a reduction in drink driving but an increase the number of people who are using drugs and then driving.

Insp. BOORMAN — Proportionately yes. I suppose the issue is that still the level of people who are using alcohol in the community far exceeds the number of people using illicit drugs and misusing prescription drugs, but it is still a great concern.

Asst Comm. HILL — In summary, if you look at our drink driving enforcement activities complemented by the work the TAC and other road safety partners have done over a 10-year journey, we have seen declines, but there is a significant shift. In the last three years there has been a steep decline in the number of people detected drink driving, and there has also been a reduction in the number of recidivist drink drivers we have been apprehending as well. This has only become known to us in recent times when we did some research. We are having a huge impact upon our drink driving culture in this state.

Similarly with our speed enforcement, you will look at average speeds as they are recorded across our road system, and they are declining. That is an indication to us that our speed enforcement — again working with our road safety partners and the Department of Justice introduction of the speed cameras — is having an impact. If we slow people down, we will save lives, and that is why we will continue to focus on — as our primary goal in

delivering road safety outcomes — speed enforcement in the next five years. That is certainly part of and articulated in our road safety strategy.

Mr TILLEY — If you would not mind, Chair, I want to continue on with the conversation about the advantage side.

The CHAIR — You will need to be reasonably brief.

Mr TILLEY — For the sake of capturing data and the process, with the number of those you capture for driving whilst impaired under drugs and owing to the presence of alcohol, how does the data sit? Is it on the prosecution side or is it on the first capture of the presence of drug impairment, if you are with me?

Insp. BOORMAN — No, I am sorry.

Mr TILLEY — If you have got your intercepted driver and you have got both alcohol and drugs, is it still continued practice to prosecute for alcohol over drugs? If that is the case, is the data still collected in relation to the drug impairment side?

Insp. BOORMAN — In terms of enforcement practice, if a drink-driving offence is detected initially, that is what we process the offender on, because it is more effective and efficient in terms of the road safety outcome. With our routine screening of the blood samples, we are now getting information coming back in respect of the combination of alcohol and drugs. Clearly a number of people have low-level alcohol with the presence of illicit drugs. The presence of that in the data suggests that it would be appropriate to consider these people as a higher risk than a person who has one or the other alone. All the research indicates that the impairment that occurs with the combination of alcohol and drugs, even at low levels, is dramatic. This is borne out by the data that we are seeing.

Mr TILLEY — Putting aside cannabis, speed and MDMA, is it pharmaceuticals? Is it normally a mixture of alcohol and pharmaceutical-type impairment?

Insp. BOORMAN — On the people we detect for driving whilst impaired by a drug, the information is that the level of abuse of benzodiazepines among tranquillisers is significant. Almost 50 per cent of the people we detect have that present. They do not have much alcohol present. Those people are primarily drug-dependent people who use whatever drug that they can use.

The concern is that we do not have a good understanding of the combination of alcohol and prescription drugs. Dr Ogden, as part of a preliminary study with Victoria Police and Swinburne University — which is the preliminary study for what we are embarking on now; the five-year study — has indicated that in cases involving alcohol at low levels in combination with benzodiazepines and prescription drugs almost all are culpable in the collision. It is a concern in terms of the combination of alcohol and prescription drugs. I think it needs to be quite clearly stated that it is not a question of people using their prescription drugs in accordance with their medical advice that causes the problem; it is when these other factors are introduced.

Asst Comm. HILL — In terms of how we are going to prosecute people in the future, Mr Tilley, we are mindful of the fact that the government has committed to introducing new legislation that provides an offence for using both alcohol and drugs and being in charge of a motor vehicle. We will have to rethink our business model and how we deal with those people. With what we are detecting at the moment, whether it be at a booze bus site or not, once they blow over the limit we prosecute on that basis rather than giving them an additional drug test.

Mr TILLEY — An observation from an earlier comment is the cost in relation to the supply of drugs getting out there that will determine possibly some shifts in increases and decreases in supply of the drugs. With the statistics, I suppose in Victoria it is 1 in 30. In some areas of Victoria would it be fair to say and correct that it is as low as 1 in 8 in some communities?

Insp. BOORMAN — For the detection of illicit drugs in drivers? Overall last year we ran for the calendar year 2012 it was 1 in 21 generally, but when we did the more targeted operations it was 1 in 15. Depending on the nature of how we specifically target, we can get down to 1 in 2 to 3.

Asst Comm. HILL — We have got to appreciate that that dataset is skewed by the fact that it is a targeted enforcement campaign using the drug testing program as opposed to the alcohol testing program, where we are detecting 1 in 500 drivers affected by alcohol. That is more of a general deterrence model.

Mr TILLEY — With your indulgence, Chair, I just have a bit more.

Insp. BOORMAN — Can I just make one more point? That is one of the key issues in terms of increasing the number of drug tests. To get that general deterrence level we need to lift the volume to change behaviour. Our experience with alcohol has shown us that that perception of detection and sanctioning is vital, and at the moment we are down to a very low level of testing across the community.

Mr TILLEY — Which leads me to alcohol and the desire to further research broadening the .00 BAC. The nuts and bolts I suppose on the operational side where you get an indication just from a preliminary breath test and then drag them back and chase up the EBT — evidentiary breath test; sorry, fellows — is the time lost. By broadening the .00 would that tie down operationally the time off the road with the troops effectively policing the roads and road safety?

Insp. BOORMAN — If we move to a lower level of blood alcohol concentration, would we reduce our capacity to do general deterrence because we are processing so many more people? Is that your question?

Mr TILLEY — In the sense that nowadays you have your probationary drivers on .00. I know that is probably not a good example; it is actually a poor example. Say you have those on a residual after a night out giving a PBT of .052 or .053 or something like that and going for the evidentiary breath test and it coming in under. There is a bit of that now. If you transfer that back to .00, will it significantly increase from those with a residual after a night out who are coming in blowing a .02 to .03? By the time they are processed and everything they are coming in at .00 anyway.

Insp. BOORMAN — I suppose the issue there is the time factor between testing at the roadside and the evidentiary test. We are actually investigating the feasibility of having a roadside evidential standard breath testing device, which would resolve a lot of those issues. But it is a matter that would be resolved through a resource application in terms of technical resources rather than changing systems.

Asst Comm. HILL — We advocate as an organisation that we need to look at and examine the research and the contemporary research that is indicating that any alcohol in your system can and will impact upon your ability to drive a motor car. The research that we rely upon for our .05 setting is now dated, and there is a lot of research that I believe needs to be completed to be able to possibly rethink whether that is an appropriate level. Certainly Austroads has currently commissioned that work, and again MUARC has been asked to do that piece of work. We watch with interest to see what that research indicates.

As I said previously, we know the benefits that have been derived from the graduated licence system and the .00 being applied to our younger drivers between the ages of 18 and 22. We have halved the number of young people who are being killed and seriously injured as a consequence of being alcohol affected. I think and I have advocated publicly that as a community we need to do some thinking around this. In countries around the world there has been a cultural shift with respect to drink driving, but it has not come about through regulation, it has come about from an appreciation and understanding by the broader community of the dangers of having alcohol in your system when you are driving a motor car. If we were, as we have done, to advocate and look at the contemporary research and share that with the broader community, I think that would have a positive impact upon and flow on to our road trauma.

Mr PERERA — What level is Victoria Police thinking of?

Asst Comm. HILL — What Victoria Police is thinking is that we need to advocate and look at the research and let the research inform us of where we should take our drink-driving legislation in the future. We must rely upon the evidence and what the research tells us.

Mr PERERA — But you can make it zero, though?

Asst Comm. HILL — If the research tells us that. But that is something for the community to consider. We must be informed by what the evidence tells us.

Mr PERERA — How about people with prescription drugs — people on medication, prescription drugs? They might have a reading.

Asst Comm. HILL — They will not have an alcohol reading. There will be evidence of their ability to drive a motor car around whether they are impaired by the use of prescription drugs. But that is the research that Mr Boorman referred to earlier that is not available at this point in time — the impact upon an individual's ability to drive a motor car when they are on prescription drugs if they misuse those prescription drugs. There is limited research around that, as I understand it.

Mr LANGUILLER — Assistant Commissioner, earlier on you submitted that many of your officers — I think you said many — did not understand safe systems.

Asst Comm. HILL — No.

Mr LANGUILLER — So that is correct. Consequently that would have an impact on the quality of reporting and the data that you are otherwise able to collect. What are you doing about redressing that so that your officers can get a good handle on safe systems and have a positive impact on the quality of the data that you will in the future collect?

Asst Comm. HILL — In 2009–10, when I believe Deputy Commissioner Lay, now our chief commissioner, had responsibility for the road policing portfolio, I worked at the police academy. At that point in time he and I worked together with others to develop what we call the road policing investigation course. Since my appointment last year I have re-examined the curriculum around our road policing investigation course, and now embedded in that program is the safe systems model and thinking. We spent a considerable amount of time with our pilot control professionals across the organisation. Both newly appointed and existing members have been required to undertake that training. That program and that thinking have permeated all our training, both at the promotional level and also specialist courses. When recruits coming into the police academy are delivered the road policing module, they are provided the safe systems concept during their initial training.

Our criminal investigation detectives who are now trained at the academy have been provided with the curriculum as it relates to the safe systems model. We now have detectives trained where, for example, not only are they provided with training in initial action at an armed robbery or a rape scene as part of their training but they are also being provided with training in how to deal with a fatal collision and how they respond to that as criminal investigators. We are changing the culture across the organisation. What the chief commissioner and I have been saying for some time is that road policing is everyone's responsibility both within our organisation and, more importantly, across the community of Victoria.

Every police member in our organisation is now measured in terms of their performance as it relates to road safety. It matters not if you are a homicide squad detective or a specialist from our transit area or our search and rescue squad, you still have a responsibility as a member of Victoria Police to deliver road safety outcomes for the community of Victoria and intervene when you see the irresponsible use of our road system by some road users. But the safe systems methodology and thinking is embedded in our strategy, and it underpins and is the foundation and bedrock of what we do in Victoria Police from here and beyond. Certainly the strategy talks about, as I referred to earlier, building capability in how we are going to deal with our intelligence, our data, our systems and our processes to ensure that we can improve the way we collect, analyse and, more importantly, deploy our people against the intelligence coming through.

Mr LANGUILLER — It is a good question and a good answer. Thank you.

Asst Comm. HILL — It was a great question.

The CHAIR — I will not impact upon the modesty of my colleagues. On behalf of all my colleagues I would like to thank you very much for your time this afternoon, Assistant Commissioner Hill, Superintendent Green, Senior Sergeant Batten and Inspector Boorman. We appreciate your time and expertise, and we look forward to further reviewing it as we prepare our report. Thank you.

You would be familiar with the process. You will receive a copy of the Hansard transcript to amend any typographical or factual errors.

Witnesses withdrew.