

**Submission
No 2**

**INQUIRY INTO GIVING OF NOTICES OF MOTIONS
UNDER STANDING ORDER 75**

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Procedures Committee
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**Submission on Inquiry into Giving Notices of Motion
Under Standing Order 75**

To the Chair,

Thank you for the opportunity to make a submission to the Procedure Committee about this inquiry.

From my experience in the Legislative Council, the reading of notices of motion (herein 'notices') aloud in the House is central to the ability of private members to fulfil their duties. It is an essential function of our democratic government that members can – and do – communicate issues in full before the House.

The views below outline my general response to the Discussion Questions listed in section 1.33 of the Discussion Paper. In summary, I strongly support retaining the ability to read notices aloud and I do not support imposing limitations on the reading out of notices, nor on the length or number of notices. It is my view that notices must be treated with equal importance, and that the existing expiry period for private members' notices be retained.

Duties as an elected representative

The crossbench members of parliament are elected on specific policy-based platforms. These members have been voted into office by people who care about these policy issues, in the expectation that their perspectives will be reflected in Parliament.

The issues that are brought to MPs are vast and nuanced, and demand action on a broad range of issues every week. It would be inappropriate to seek to categorise types of issues or allocate different approaches for certain notices, as suggested in the Discussion paper, given that each issue would carry importance for its relevant stakeholders and, obviously, bias towards certain issues or certain MPs must be avoided.

As is to be expected, many of these issues merit the attention and input of the House. It is not possible for all MPs to have preexisting knowledge or an understanding of every issue, so

it is therefore imperative to ensure that matters can be raised, properly explained and discussed in an open forum in the House. Reading out notices is the primary avenue for MPs to express an issue in full, and in doing so, do justice to the relevant stakeholders. While there are other avenues available, they are limited in opportunity and are often much lengthier options or unsuitable to the issue at hand. Imposing limitations of any kind to notices in turn reduces the effectiveness of any private member of Parliament from airing concerns of the community directly into Parliament, and places a gag on MPs from representing their constituents in all matters they were elected to raise in the House. The notice itself can be used as a time efficient way of giving a shorter format to issues that may not make it to debate given the total number of issues a member wishes to raise.

Importantly, limiting the ability to read out notices in the House will limit public access to matters discussed in the House. The public gallery and online viewing are some of the only ways for the public to experience parliamentary matters firsthand, and without notices read aloud in the House, countless important topics would only be reported in the notice paper, and otherwise be left unheard or out of the spotlight.

Limited alternative opportunities to raise issues in the House

With only one private members day per sitting week, opportunities to raise issues were significantly reduced when the Standing Orders were varied to provide for a hard adjournment at 10pm, rather than midnight. Given most items are 30 minutes in length, that means four fewer items can be taken to the House for debate each sitting week. In addition, the total number of sitting weeks has been significantly reduced.

Each private members' business day there are a significant number of agenda items that are not brought on for debate. A priority should be to allocate unused time left-over on Government Business days to address the items on the agenda listed by the business committee, rather than reducing opportunities of speaking in the House overall.

Notices are an excellent opportunity for members to concisely raise issues in the House and bring them to the attention of Government, without necessarily having to take the matter to debate or relying on longer formats within the House. Also relevant to expediency is the 20 sitting day expiry period, which I argue should not be reduced. Reducing the time on the notice paper could have unintended consequences of notices being given repeatedly. There is no guarantee that each member will have an opportunity to put an item on a given private members business day and have the item debated. Given there are often urgent issues that arise and take priority, it would be easy to see how a notice that needs to be taken to debate in the House could end up being pushed back 20 days from when it was read.

Aside from delivering notices, there are very few opportunities for private members to raise matters in the House. Were the ability to read out notices restricted or reduced, private members would likely have to find other, possibly much more time-consuming avenues to raise issues. I suspect that not being allowed to read out notices will result in a much higher number of Matters of Public Importance being raised. This approach would arguably be less efficient.

Importance of speaking in the house

On 22 June 2023, I read out a notice addressing obstetric violence at Wagga Wagga Base Hospital. This arose after being contacted by and meeting with the Maternity Consumer Network. The Maternity Consumer Network is an advocacy group raising concerns about the treatment and safety of female patients at Wagga Wagga Base Hospital, where at least 200 women had experienced a form of birth trauma. The concerns were serious, and I felt compelled to take political action to further the cause of these women and the advocacy group.

The notice was titled '**Wagga Wagga Base Hospital**' and is provided as an Appendix to this Letter, for reference.

The notice was impactful and important to be read out in Parliament without a word reduction. The notice gave the story of several women and their experiences at this particular hospital. It was the first time many of these women had a voice on any platform, let alone in Parliament. The sheer number of women who had been poorly treated needed to be conveyed in the notice so that the weight of the issue was understood across the chamber. Reducing the number of stories or skipping over important details was not an option, and would have deflated the importance of this particular motion.

Significantly, the reading out of this notice was the trigger for several Upper House MPs to approach me to discuss the issue further and seek to commence their own work on the issue. Many MPs told me they were impacted by hearing the stories read aloud in the notice, and were horrified to hear what had been happening at this hospital.

As the Committee is aware, the matter gathered enough momentum as to become the focus of a full parliamentary inquiry, which was supported by the House. This inquiry is the first in the world on birth trauma, and has since sparked a similar inquiry in the United Kingdom.

I did not take the matter of the original motion to debate and it was not necessary to do so. In fact, it could have been harmful to debate at that stage given the sensitivities of the matter in question.

The importance of that notice being the first introduction to this issue cannot be understated. It is my strong belief that, were the notice not read aloud and in full, the issue of birth trauma would have been unlikely to garner sufficient awareness or engagement to have the support for an inquiry. This would have been a disservice to a matter of high public interest. Adjournment speeches and private members' statements could not have done justice to the issue as a replacement, as there are very few MPs in the House during these times of parliamentary business and it would not have had the same impact on a number of MPs who allowed an inquiry to be initiated.

Removing the ability to read out notices or imposing word limits would take away important lifechanging opportunities, such as this one, from happening again in NSW Parliament, and I strongly urge the committee to consider the impact word limits would have on social issues such as this.

The topic of birth trauma and the NSW Inquiry has now been extensively covered in the media, and has also been reported overseas. Media exposure on matters of public concern, including discussions from within the House, is yet another important element of representative government. When read aloud in the House, notices are often the trigger for media to investigate and report on particular issues. In my personal experience, several of my notices have led to contact from interested journalists and continued public engagement with the issues. The notice itself has often sparked media interest without the matter going to debate.

I therefore call on the committee to retain the right to read notices aloud, in full and with no time restrictions.

I strongly advocate for notices of motion to be unlimited and read aloud in the House.

Yours sincerely

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LEGISLATIVE COUNCIL

General Notice – Wagga Wagga Base Hospital

Ms Hurst says—

Mr PRESIDENT: I give notice that on the next sitting day I will move:

- (1) That this House notes that:
 - (a) For many months, advocacy group Maternity Consumer Network has been raising concerns about the treatment and safety of female patients at Wagga Wagga Base Hospital
 - (b) Maternity Consumer Network heard from over 200 women who had serious concerns about their treatment at Wagga Wagga Base Hospital before, during or after childbirth
 - (c) Maternity Consumer Network went on to submit a complaint to the Health Care Complaints Commission on behalf of 30 of these women detailing their experiences, including disturbing allegations of human rights violations and risks to women’s safety
 - (d) These allegations include a lack of informed consent to invasive procedures such as inductions and caesareans, numerous instances of disrespectful behaviour towards patients, and generally poor clinical care,
 - (e) Several women reported that their perineums were sutured without adequate or any pain relief, with doctors ignoring their screams and pleas to stop – and in some cases, the stitching resulted in ongoing medical issues
 - (f) Another woman claimed she was forced to endure a vaginal birth against her will – she describes begging for pain relief and a caesarean, and vomiting on herself, while a room of clinicians watched - and while her husband was locked in a changing room to prevent him from advocating for her
 - (g) A woman says she complained of severe headaches but was simply told “welcome to motherhood”, when the headaches were later found to be a suspected symptom of preeclampsia,
 - (h) A woman with a mental illness alleges she was mocked by nurses for wanting assistance with her newborn, was not given her psychotropic medication properly and was denied pain relief – to the point where she ended up in a psychotic episode, laying on the ward floor in her own urine and feces, where she reported staff gathered around and laughed at her,

- (i) One woman reported that she screamed “you will not cut me”, in response to a midwife getting scissors to perform an episiotomy and was told “If you don’t push this baby out now, I damn will.”
- (j) A woman alleges she was prepped for a caesarean section that she had not consented too, after being misled into signing forms which she thought were for a blood transfusion,
- (k) Other women report they were forced into beds with their legs in stirrups while doctors invited students and unnecessary clinicians into the room without permission, with one woman reporting at least seven unnecessary providers were in the room at the time of her birth observing her
- (l) Other women report being held down against their will for episiotomies and forceps without consent and without pain relief
- (m) Another woman reported that she tested negative for COVID-19, but was still put in a COVID positive ward while she experienced ongoing vaginal bleeding and delayed clinical care
- (n) Another woman who declined a vaginal exam says her request was ignored, with a health care professional allegedly putting her fingers inside her and saying to the woman, “Go on, get my yucky fingers out.”
- (o) Many women claim they were left in blood and filth after childbirth with no assistance to clean up,
- (p) Women were allegedly left with gauze inside their bodies with one woman bizarrely being told that the gauze was just ‘toilet paper’ that she had put inside herself.
- (q) Women were allegedly discharged from hospital with infections, pre-eclampsia and improperly sutured vaginal tears
- (r) Some women were told they needed to be induced to give birth to free up beds in the hospital
- (s) These are just some of the stories that come from the complaint about Wagga Wagga Base Hospital which, if proven true, reveal shocking human rights violations that are still ongoing, and must be responded to with urgency
- (t) All of these stories are also examples of birth trauma, which is a systemic form of gender-based violence
- (u) At least four more women have claimed to have experienced poor treatment at Wagga Wagga Base Hospital after the initial complaint, including a woman who said staff ignored her requests for treatment and pain relief, and she was left on a fold out chair in NICU with infected fluids from her caesarean leaking everywhere.
- (v) These new allegations raise concerns that the serious problems with maternity care at Wagga Wagga Base Hospital have not been addressed, and are ongoing
- (w) While the allegations made about Wagga Wagga Base Hospital are very serious, this issue of birth trauma is much broader and is a concern across NSW
- (x) Research conducted by Dr Hazel Keedle, Warren Keedle and Hannah Dahlen AM from Western Sydney University, and supported by human rights lawyer Bashi Kumar Hazard, has found that one-in-ten Australian women have experienced some form of birth trauma
- (y) Women who experience obstetric violence and birth trauma are often left feeling dehumanised, disempowered and violated – and may go on to experience long-term physical and mental health concerns

- (z) Experiences of obstetric violence are impacted by, and related to, systemic issues such as staffing ratios and lack of access to continuity of care
- (2) That this House calls on the Minister for Health, the Hon. Ryan Park MP, to ensure urgent action is taken to protect the safety of women giving birth at Wagga Wagga Base Hospital
- (3) That this House acknowledge the serious problems of obstetric violence and birth trauma, and support the establishment of a Select Committee on Birth Trauma to inquire into this important issue

Signed _____

Dated _____