

## Answers to questions

### Health—medical research (Question No 1720)

**Mrs Dunne** asked the Minister for Medical and Health Research, upon notice, on 21 September 2018:

- (1) How many staff in the Minister's (a) office and (b) Directorate will be working on medical and health research related issues.
- (2) How many officers in the Canberra Hospital and Health Services will be working on medical and health research related issues.
- (3) Will all staff working on medical and health research be (a) suitably skilled in conducting research; if no or not necessarily, why and (b) appropriately qualified in the medical and health fields; if no or not necessarily, why.
- (4) What is the 2018-19 budget for medical and health research and how will that budget be funded; if it is to be funded from existing resources, what other areas of health will be impacted; if it is an expense initiative, where can the details be found in Budget Paper No 3.
- (5) Where will the portfolio be accommodated after the Health Directorate is split.
- (6) What relationship will medical and health research have with the National Health and Medical Research Council.
- (7) How will any overlapping work be identified and managed.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1)(a) The Minister's Office has four staff providing advice on a range of issues relating to her portfolio responsibilities, including medical and health research.
- (b) This is unable to be quantified as research is an integral part of the health service. All staff (medical and administrative) may be involved in some form of research related to medical and health related issues at any point in time. The main resource for the Health and Medical Research Ministry is located in the Health Directorate with the Office of Research.
- (2) This is unable to be quantified as research is an integral part of the health service. All staff (medical and administrative) may be involved in some form of research related to medical and health related issues at any point in time. The main resource for the Health and Medical Research Ministry is located in the ACT Health Directorate with the Office of Research.
- (3)(a) The Office of Research will ensure appropriately skilled staff are part of research teams to deliver high quality research.
- (b) Research teams focused on clinical questions will require an appropriately qualified staff in the relevant medical or health field.
- (4) The 2018-19 budget for the Office of Research is funded from existing resources.

- (5) The portfolio will be accommodated within the ACT Health Directorate.
  - (6) The relationship will be similar to that of other state and territory jurisdictions around Australia. The ACT Government will continue to contribute to national and state/territory/commonwealth initiatives/forums/committees.
  - (7) Governance processes will ensure collaborative management, to ensuring the highest quality research is conducted efficiently.
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### **Hospitals—emergency waiting times (Question No 1725)**

**Mrs Dunne** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) When did the Minister first become aware that emergency departments were unlikely to meet the target of 70 percent of presentations seen on time.
- (2) What action did the Minister take in response.
- (3) Can the Minister provide in graphic form, the weekly number of presentations since 1 September 2017 (a) at each emergency department and (b) in aggregate for the ACT.
- (4) Can the Minister provide in graphic form, the weekly percentage of presentations completed within four hours since 1 September 2017 (a) at each emergency department and (b) in aggregate for the ACT.
- (5) What is the national benchmark target for the percentage of emergency department presentations completed within four hours.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) There are two targets related to timeliness in the Emergency Department: 1) the percentage of Emergency Department presentations that are treated within Clinically Appropriate Timeframes, separated into triage categories 1 to 5, and 2) the percentage of Emergency Department presentations where the length of stay in the Emergency Department is four hours or less (the National Emergency Access Target – NEAT).

I am made aware of Emergency Department performance through regular reports provided to me throughout the year. The Annual Report provided final results for ED performance in the 17-18 year.

- (2) Additional funding has been provided for more ED staff. This will be used to increase the number of senior clinical decision makers on evening and overnight shifts. This additional resource will support timely admission and discharge of patients presenting late in the day and overnight. Parallel to this, focused medical team modelling will be revisited, which will assist in driving ED operational performance.

NEAT performance is affected by seasonal demand. The CHHS Winter Management Plan 2018 (the Winter Plan) commenced on 1 July 2018 and will be operational until 30 November 2018. As part of this plan, 72 additional beds have been opened across the hospital (with a further 12 flexible paediatric beds).

The “How Can I Help You” communication strategy introduced in mid-2017, focuses on multidisciplinary communication and collaboration between teams at the Canberra Hospital. This program was designed to encourage clinical staff to offer assistance to other clinicians for a coordinated care approach when all teams are under pressure. This assists to reduce the time for referral and therefore the time spent in ED.

Significant work has also been done to improve the safe and timely discharge of patients. For example:

- A daily long stay report is sent to key senior staff that identifies patients who have a hospital stay of more than 30 days. Clinical teams review this list with a view to identifying impediments to discharge and actioning these appropriately.
- Health Round Table (HRT) data has been used actively by senior clinical and non-clinical staff since September 2017, to identify operational performance by clinical unit. Clinical units are then asked to use this data to monitor ongoing improvements in the average length of stay of patients.
- The Electronic Patient Journey Board (EPJB) provides an efficient and effective way of highlighting the critical steps in the patient’s journey. The EPJB will feature a new clinical tasking tool to be piloted from October / November 2018. The tool allows clinical and non-clinical tasks to be requested and actioned from any electronic platform within the hospital removing the need for lengthy paging processes, and improving overall operational performance.
- The Chief of Clinical Operations sends a daily text message to all senior staff providing an update on the current status of the hospital. This messaging includes hospital occupancy, the number of patients within the ED, the number of patients requiring admission, and a reminder for the safe and timely discharge of patients.
- Significant work has been done to improve weekend discharging over the last 12 months. This work has resulted in significant improvements in weekend discharge performance.
- CHHS continues to focus on the safe and timely discharge of patients before midday. Education remains ongoing around the 6 Ps of discharge (proven discharge practices) including planned discharge date for each patient, prioritising ward rounds, and planning for pharmacy and pathology.

(3) Please see Attachments A and B.

(4) Please see Attachments C and D.

(5) There is no longer a national benchmark or target for the percentage of Emergency Department presentations completed within four hours due to the cessation of the Improving Public Hospitals component under the National Health Reform Agreement in 2015-16.

*(Copies of the attachments are available at the Chamber Support Office).*

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**Government—directorate staffing  
(Question No 1726)**

**Mrs Dunne** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) In reference to the answer given to question on notice No 1439 at part (a), for each year, what was the expenditure for (a) executive officers and (b) senior officers on (i) salaries, (ii) on-costs and (iii) personal staff.
- (2) To what extent were increases in numbers and costs for executive and senior staff for each year covered in the budget for that year.
- (3) For each year, to the extent that costs were met from existing resources, from which areas of ACT Health were budget funds diverted to meet the cost and how much was diverted from each area, .

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) The below table shows the breakdown of Executive Officers (SES Level 1.1 through to Level 3.12), Senior Officers (SOG C to SOG A) and Personal Staff (includes Personal Staff in classifications ASO2 to ASO6):

<b>Financial Year</b>	<b>Classification Group</b>	<b>Total Salary</b>	<b>On costs</b>
2007-08	Executive Officers	\$2,761,084.50	N/A
2007-08	Senior Officers	\$18,413,208.60	N/A
2007-08	Personal Staff	\$317,432.00	N/A
2008-09	Executive Officers	\$3,019,107.84	N/A
2008-09	Senior Officers	\$21,258,905.73	N/A
2008-09	Personal Staff	\$580,497.00	N/A
2009-10	Executive Officers	\$3,444,942.03	N/A
2009-10	Senior Officers	\$25,515,027.22	N/A
2009-10	Personal Staff	\$649,102.00	N/A
2010-11	Executive Officers	\$3,265,418.10	N/A
2010-11	Senior Officers	\$28,408,573.48	N/A
2010-11	Personal Staff	\$816,546.00	N/A
2011-12	Executive Officers	\$3,821,932.63	N/A
2011-12	Senior Officers	\$29,876,622.89	N/A
2011-12	Personal Staff	\$967,633.00	N/A
2012-13	Executive Officers	\$4,053,465.10	N/A
2012-13	Senior Officers	\$33,878,313.79	N/A
2012-13	Personal Staff	\$1,153,264.00	N/A
2013-14	Executive Officers	\$4,372,272.56	N/A
2013-14	Senior Officers	\$36,119,390.37	N/A
2013-14	Personal Staff	\$1,240,488.00	N/A
2014-15	Executive Officers	\$4,488,832.08	N/A
2014-15	Senior Officers	\$37,985,870.19	N/A
2014-15	Personal Staff	\$1,582,985.00	N/A
2015-16	Executive Officers	\$5,439,969.94	N/A

Financial Year	Classification Group	Total Salary	On costs
2015-16	Senior Officers	\$41,555,652.20	N/A
2015-16	Personal Staff	\$1,729,689.00	N/A
2016-17	Executive Officers	\$6,336,484.34	\$255,930.00
2016-17	Senior Officers	\$41,706,234.09	\$3,480,648.00
2016-17	Personal Staff	\$1,687,827.00	N/A
2017-18	Executive Officers	\$7,836,073.35	\$370,832.00
*2017-18	Senior Officers	\$44,797,919.12	\$3,863,552.00
*2017-18	Personal Staff	\$1,687,827.00	N/A

- Please note that the on costs that are not provided are not readily available and extensive time and resourcing would be required to provide this information.
- \* 2018 data is subject to change if the 2018-2021 Enterprise Agreement is agreed to by staff and the Fair Work Commission.

- (2) All expenses for increases in staffing were met from within the annual Budget.
- (3) Increased funding for executive and senior officers has been funded through annual Budget increases and has not required funding to be diverted from other functions.

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### **ACT Health—staff survey (Question No 1736)**

**Mrs Dunne** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) When does ACT Health and Canberra Healthcare plan to conduct the next staff survey.
- (2) Will the survey include questions on organisational culture, including, but not limited to, bullying, harassment, intimidation, and retributions; if not, why not.
- (3) What other topics will be covered in the survey.
- (4) Will all staff be invited to participate in the survey; if not, why not.
- (5) What response rate is anticipated based on past surveys.
- (6) When will the survey be completed.
- (7) Will the results be made available publicly.
- (8) What changes have resulted as a result of past staff surveys.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) The next Workplace Culture Survey for each organisation is likely to be held around six months after the organisational structures of both organisations were established.

- (2) Yes.
- (3) This is yet to be determined.
- (4) Yes.
- (5) Based on previous survey response rates, we anticipate a 50 to 55 per cent response rate.
- (6) See response to question 1. The census period will be approximately three weeks.
- (7) Yet to be determined.
- (8) ACT Health conducted Workplace Culture Surveys in 2005, 2007, 2009, 2012 and 2015. The results of the surveys were comprehensively analysed to determine and inform culture improvement initiatives. Attachment A outlines initiatives undertaken.

#### **Attachment A**

#### **Key Initiatives Undertaken to Address ACT Health's Workplace Survey Results**

##### **2005/2007**

1. Organisational values were revised and changed to Care, Excellence, Collaboration and Integrity.
2. Revised organisational values were widely promoted and integrated into a number of training programs.
3. Development and delivery of new training programs:
  - Management and Leadership Program
  - Creating a Great Workplace – based on revised organisational values
  - Giving and Receiving Feedback
  - Problem Solving and Solution Finding.

##### **2009**

1. Revised policy for addressing Bullying and Harassment.
2. Roll-out of Respect, Equity and Delivery Framework (from late 2010 onwards).
3. Development and delivery of Performance Management Workshops.
4. Leadership and Management Development, including:
  - Manager's Orientation program
  - Leadership Network formed.
5. Team values, vision and charter workshops.
6. Development of the Change Management Framework and Guide.
7. Identification and implementation of Division/Branch specific initiatives and activities.

##### **2012**

1. Development of Action Planning Guide to help Divisions address results.

2. Roll-out of RED Framework activities.
3. Manager's Orientation revised to especially reference ACT Health Values and the RED framework.
4. Development and delivery of the People Manager Program.
5. Continuation of the Leadership Network.
6. Organisational Development focussed attention on teams/units in particular need based on their survey results.
7. Leadership Development - A comprehensive Leadership Program was procured (Advisory Board Company).

## **2015**

1. Development of Divisional Workplace Culture Action Plans.
2. Development and delivery of Leadership and Management Programs, including:
  - Emerging Manager Program
  - Continuation of CHHS Leadership Program and commencement of the Corporate and Strategy Leadership Program
  - Critical Care Frontline Leadership Program
  - Dynamics of Change Program – Program for managers leading teams through change.
3. Revision of Change Management Guide.
4. Procurement of external consultants (Bendelta) to work with two units in Blame and Culture (Anatomical Pathology and the Anaesthetics Department).

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### **Disability services—government support (Question No 1751)**

**Ms Le Couteur** asked the Minister for Disability, upon notice, on 21 September 2018:

What measures are in the 2018-19 ACT Budget to support people with disabilities to access suitable and affordable housing and transport, service provider facilities, community-based amenities and green spaces.

**Ms Stephen-Smith:** The answer to the member's question is as follows:

- (1) In 2017-18 Housing ACT spent approximately \$1.69 million on disability modifications to 393 homes. Housing ACT employs three occupational therapists to provide an in-home occupational therapy assessment service to tenants. The service provides professional advice on the disability modifications required to assist tenants with disability to live more independently in their public housing homes and elderly tenants age in place. Over 270 referrals were assessed during 2017-18 ranging from lever taps and handrails to wheel chair ramps and major bathroom modifications, involving over 400 home visits.

Housing ACT has allocated \$1.7 million for the 2018-19 financial year and as of 1 September 2018 had made modifications to 31 properties. Up to the same period,

Housing ACT's Occupational Therapists have accepted 57 referrals and undertaken 112 home visits.

The Government is continuing to focus on incorporating high standards of accessibility and adaptability as public housing grows and renews as part of the Public Housing Renewal Program and then as part of the Public Housing Asset Management Strategy.

Housing ACT makes provisions within its budget to prioritise the construction of public housing accommodation to meet the Class C adaptable housing standards. Adaptable housing ensures people of all ages and abilities can live within the home and it can be easily adapted to meet changing household needs without substantial modifications.

Class C housing must include all essential features of the Australian Standard for Adaptable Housing (AS4299-1995) and be certified by an independent accessibility consultant.

The Affordable Housing Innovation Fund provides funding to support innovative projects that aim to increase the supply of affordable housing for low income households. The 2018-19 Budget provided \$500,000 for phase two projects under the Innovation Fund, of which \$125,000 will be made available for project/s supporting increased accommodation suitable for people with a disability who are also part of a low income household. This program responds to the community engagement on the development of the new ACT Housing Strategy, which identified the need for more dedicated affordable housing for rent or for purchase that incorporated the highest levels of accessibility.

The Innovation Fund will seek expressions of interest from private or community sector participants to come forward with innovative solutions that not only incorporate high levels of accessible design, but will also enable better social inclusion, particularly for persons who may be currently housed in inappropriate accommodation.

In the 2018-19 ACT Budget \$400,000 was set aside over two years for independent individual advocacy for people who require assistance to navigate the National Disability Insurance Scheme (NDIS). Through a single select tender process ACT Disability, Aged and Carer Advocacy Service (ADACAS) and Advocacy for Inclusion (AFI) were each successful in receiving \$200,000 over two years.

The ACT Government made an election commitment to create a new grants program to focus on greater inclusion of people with disability. The Disability Inclusion Grants program provides funding to the community to undertake activities and initiatives which enable greater inclusion.

Following the impressive response to the first round of Disability Inclusion Grants in 2017, the Government doubled the funding to \$100,000 a year in the 2018-19 Budget. Improvements made to service provider facilities, community-based amenities, green spaces and small businesses through the Disability Inclusion Grants Program benefit all members of the community, including people with disability.

The 2018-19 Budget allocated funds to develop a Disability Justice Strategy to recognise and respond to the disadvantage that people with disability face when



dealing with the justice system. Funding of \$390,000 was allocated for two staff, one based in the Community Services Directorate and one based in Justice and Community Safety, to develop the strategy. The 2018-19 ACT Budget also provided an ongoing allocation of \$60,000 in 2018-19 and 2019-20, increasing to \$65,000 in 2020-21 and 2021-22 to Canberra Community Law to provide ongoing support for its Socio-Legal Practice Clinic. The clinic services a large number of people with disability to have greater access to justice.

Ongoing budget allocation through the Flexible Transport Office in Transport Canberra and City Services manages a suite of ACT Government specialised transport services including the network design and operation of Special Needs School Transport (SNT), the Aboriginal and Torres Strait Islander Community Bus and the Flexible Bus Service.

The SNT fleet comprises 18 x 21 seat wheelchair accessible minibuses; and one x 12 seat wheelchair accessible minibus. Two mini buses are used for the Aboriginal and Torres Strait Islander Community program.

The SNT network provides transport to and from ACT public schools for 346 students with disabilities and 53 Introductory English Class students using 41 buses and eight taxis each school day. The service transports students to 45 specialised and mainstream schools Canberra wide. Transport Canberra operates 11 routes in the network, Keirs operates the remaining 30 routes.

The Flexible Bus Service (using the SNT fleet in the middle of the day) provides approximately 300 - 350 passenger movements per week and the Aboriginal and Torres Strait Islander Community Bus service provides approximately 150 - 200 passenger movements per week.

Through the 2018-19 Budget, The Environment, Planning and Sustainable Development Directorate (EPSDD) will be working with a National Disability Insurance Scheme provider to film and produce a series of virtual reality experiences of nature based activities which will be tailored for people with a disability and others who may not be able to access our parks and reserves directly. EPSDD is also undertaking a series of 'accessibility road tests' of our parks. Through these projects, the Directorate will bring together virtual reality and real experiences to people with a disability to ensure their maximum access to our parks and reserves in the ACT.

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### **ACTION bus service—MyWay card (Question No 1833)**

**Miss C Burch** asked the Minister for Transport, upon notice, on 21 September 2018:

- (1) What is the monthly breakdown of MyWay cards that have been in circulation since January 2017 in each of the following categories (a) standard, (b) tertiary, (c) concession and (d) student.
- (2) What is the monthly breakdown of MyWay cards that have been used at least once, in each of the card categories identified in part (1), since January 2017.
- (3) How many passengers using standard, tertiary and concession MyWay cards reached the monthly 40 paid trip cap in each month since January 2017.

- (4) How many passengers using student MyWay cards reached the monthly 30 paid trip cap in each month since January 2017.
- (5) What is the current number of MyWay cards registered online and what is that figure as a proportion of all MyWay cards in circulation.
- (6) What is the monthly breakdown of MyWay cards that have been purchased in the following ways since January 2017 (a) online, (b) at a recharge agent and (c) at an Access Canberra service centre.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) The monthly breakdown of MyWay cards that have been issued since January 2017 in each of the following categories (a) standard, (b) tertiary, (c) concession and (d) student as follows:

Month	In circulation			
	Standard	Tertiary	Concession	Student
2017-01	3561	891	492	2673
2017-02	4385	3195	682	3219
2017-03	3504	1743	641	2908
2017-04	5583	1121	533	1499
2017-05	3410	1064	647	2139
2017-06	3155	826	493	1738
2017-07	3548	2266	478	1847
2017-08	3258	1624	509	1941
2017-09	3086	1090	542	1537
2017-10	3224	1278	545	1999
2017-11	2937	1229	523	1643
2017-12	2671	709	390	1021
2018-01	4249	1185	540	1599
2018-02	5306	3543	629	4673
2018-03	3748	2049	505	2216
2018-04	5697	1503	514	2282
2018-05	3654	1422	510	2097
2018-06	3333	1168	540	1623
2018-07	4030	2634	532	1775
2018-08	3205	1661	532	1843

- (2) The monthly breakdown of MyWay cards that have been used at least once, in each of the card categories identified in part (1), since January 2017, is as follows:

Month	Used Once			
	Standard	Tertiary	Conc.	Student
2017-01	3389	857	468	2541
2017-02	4173	3088	657	2942
2017-03	3294	1662	603	2341
2017-04	5419	1091	498	1368
2017-05	3220	1015	608	1894
2017-06	2938	787	462	1532

<b>Month</b>	<b>Standard</b>	<b>Tertiary</b>	<b>Conc.</b>	<b>Student</b>
2017-07	3353	2203	448	1693
2017-08	3062	1550	482	1740
2017-09	2885	1042	508	1369
2017-10	3016	1219	517	1803
2017-11	2764	1188	489	1452
2017-12	2506	689	366	905
2018-01	4030	1140	510	1497
2018-02	5027	3388	597	4272
2018-03	3480	1955	477	1858
2018-04	5469	1428	496	1610
2018-05	3379	1348	468	1843
2018-06	3038	1104	511	1419
2018-07	3662	2506	492	1562
2018-08	2925	1608	499	1610

- (3) The number of passengers using standard, tertiary and concession MyWay cards that reached the monthly 40 paid trip cap in each month since January 2017 is as follows:

	<b>Monthly Fare Caps (Standard, tertiary and concession)</b>
<b>Jan-2017</b>	444
<b>Feb-2017</b>	527
<b>Mar-2017</b>	1,711
<b>Apr-2017</b>	203
<b>May-2017</b>	2,313
<b>Jun-2017</b>	1,024
<b>Jul-2017</b>	950
<b>Aug-2017</b>	2,093
<b>Sep-2017</b>	599
<b>Oct-2017</b>	1,019
<b>Nov-2017</b>	1,341
<b>Dec-2017</b>	224
<b>Jan-2018</b>	746
<b>Feb-2018</b>	598
<b>Mar-2018</b>	747
<b>Apr-2018</b>	455
<b>May-2018</b>	1,883
<b>Jun-2018</b>	635
<b>Jul-2018</b>	1,457
<b>Aug-2018</b>	2,344
<i>Total</i>	<i>21,313</i>

- (4) The number of passengers using student MyWay cards that reached the monthly 30 paid trip cap in each month since January 2017 is as follows:

	<b>Monthly Fare Caps (student)</b>
<b>Jan-2017</b>	20
<b>Feb-2017</b>	2,661

	<b>Monthly Fare Caps (student)</b>
<b>Mar-2017</b>	3,113
<b>Apr-2017</b>	20
<b>May-2017</b>	3,666
<b>Jun-2017</b>	1,672
<b>Jul-2017</b>	102
<b>Aug-2017</b>	3,123
<b>Sep-2017</b>	584
<b>Oct-2017</b>	1,076
<b>Nov-2017</b>	2,196
<b>Dec-2017</b>	22
<b>Jan-2018</b>	27
<b>Feb-2018</b>	1,377
<b>Mar-2018</b>	2,141
<b>Apr-2018</b>	60
<b>May-2018</b>	3,126
<b>Jun-2018</b>	1,807
<b>Jul-2018</b>	96
<b>Aug-2018</b>	3,135
<i>Total</i>	<i>30,024</i>

- (5) The current number of MyWay cards registered online and what is that figure as a proportion of all MyWay cards is as follows:

<b>Used since 2017-01-01</b>		
<b>Total</b>	<b>Registered</b>	<b>Percentage</b>
260155	138442	53.2

- (6) The monthly breakdown of MyWay cards that have been purchased in the following ways since January 2017 are as follows:

<b>Purchased since Jan 17</b>			
<b>Month</b>	<b>Online</b>	<b>Recharge Agent</b>	<b>Access Canberra</b>
Jan-17	558	5690	989
Feb-17	564	8292	885
Mar-17	288	5837	686
Apr-17	155	4618	425
May-17	191	5122	585
Jun-17	163	4533	413
Jul-17	241	6353	520
Aug-17	212	5547	583
Sep-17	156	4745	388
Oct-17	152	5498	471
Nov-17	160	5005	338
Dec-17	181	3711	257
Jan-18	440	5594	478
Feb-18	614	10424	767
Mar-18	253	6247	353

Month	Online	Recharge Agent	Access Canberra
Apr-18	200	5721	332
May-18	237	5652	445
Jun-18	152	5141	335
Jul-18	234	7207	373
Aug-18	202	5593	428

### Emergency services—assaults (Question No 1834)

Mr Coe asked the Minister for Police and Emergency Services, upon notice, on 21 September 2018:

- (1) What is the total number of assaults reported against on-duty employees or workers in the following fields for each financial year since 2007-08 (a) ACT Ambulance Service, (b) ACT Policing, (c) ACT Fire & Rescue, (d) Rural Fire Service and (e) ACT State Emergency Service.
- (2) What is the total number of assaults reported against on duty volunteers in the following fields for each financial year since 2007-08 (a) ACT Ambulance Service, (b) ACT Policing, (c) ACT Fire & Rescue, (d) Rural Fire Service and (e) ACT State Emergency Service.

Mr Gentleman: The answer to the member's question is as follows:

- (1)
  - a. ACT Emergency Services Agency records indicate the following number of incidents of assaults against ACT Ambulance Service staff, by financial year since 2007-2008:

Financial Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Assaults	3	3	8	4	8	13	4	6	11	17	14

- b. ACT Policing records indicate the following number of incidents of assaults against police, by financial year since 2007-2008:

Financial Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Assaults	66	60	56	48	30	56	40	13	41	73	51

- c. ACT Emergency Services Agency records indicate the following number of incidents of assaults against ACT Fire & Rescue staff, by financial year since 2007-2008:

Financial Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Assaults	0	0	1	0	0	0	0	0	1	0	0

- d. 0
        - e. 0

(2)

- a. 0
- b. ACT Policing records do not allow for a determination of the number of assaults against volunteers who provide assistance services to Police.
- c. 0
- d. ACT Emergency Services Agency records indicate the following number of incidents of assaults against ACT Rural Fire Service volunteers, by financial year since 2007-2008:

Financial Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Assaults	0	0	0	0	0	0	0	0	0	0	1

- e. ACT Emergency Services Agency records indicate the following number of incidents of assaults against ACT State Emergency Service volunteers, by financial year since 2007-2008:

Financial Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Assaults	0	0	0	0	0	0	0	1	0	0	0

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### Emergency services—fines (Question No 1835)

**Mr Coe** asked the Minister for Police and Emergency Services, upon notice, on 21 September 2018:

How many fines since 14 April to date have been issued to motorists who fail to slow to 40km/hour when passing or overtaking stationary or slow moving emergency vehicles that were flashing their blue and red lights; of these, (a) during what months did they occur and (b) in what location.

**Mr Gentleman:** The answer to the member's question is as follows:

- (1) Between 14 April 2018 and 24 September 2018, there have been no Traffic Infringement Notices (TINs) issued for the offence described.

As I advised the Assembly on 12 April 2018, through this initiative we hope to drive a culture change in our territory and, as the CPO said, help create a better working environment for our emergency service workers.

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### Alexander Maconochie Centre—detainees (Question No 1836)

**Mr Coe** asked the Minister for Corrections and Justice Health, upon notice, on 21 September 2018:

- (1) What is the highest number of inmates that have been held in custody the Alexander Maconochie Centre at any given time since the answer to Question on Notice No E18-462 of 9 July 2018, and how is this broken down by gender.

- (2) What is the total number of inmates currently in custody at the Alexander Maconochie Centre and how is this broken down by gender.

**Mr Rattenbury:** The answer to the member's question is as follows:

- (1) The highest number of detainees in custody at the Alexander Maconochie Centre since 9 July 2018 was 501, which comprised of 461 male detainees and 40 female detainees. This occurred on 10 July 2018.
- (2) On 23 September 2018 the detainee population at the Alexander Maconochie Centre was 488, which comprised of 445 male detainees and 43 female detainees.

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**Alexander Maconochie Centre—drugs  
(Question No 1837)**

**Mr Coe** asked the Minister for Corrections and Justice Health, upon notice, on 21 September 2018:

What is the total number of drug overdoses in the Alexander Maconochie Centre and what is the breakdown for each financial year since 2015-16 by (a) gender and (b) month.

**Mr Rattenbury:** The answer to the member's question is as follows:

All personal health information, including if a detainee has overdosed on medication or illicit substances, is maintained in their individual clinical record. Medical information is subject to privacy provisions and therefore is not available for release.

Canberra Health Services maintains clinical records for all patients, aggregated data on the number of drug overdoses at the Alexander Maconochie Centre is not separately collected. Further, "overdose" is difficult to quantify with significant variation related to such factors as:

- the significance of outcome from no impact to death,
- whether the action was intentional or unintentional,
- whether drug was prescribed or illicit.

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**Alexander Maconochie Centre—interstate transfers  
(Question No 1838)**

**Mr Coe** asked the Minister for Corrections and Justice Health, upon notice, on 21 September 2018:

- (1) How many inmates have been transferred to an interstate prison facility since the Alexander Maconochie Centre began operations, and (a) on what dates did this occur and (b) to which state were these inmates transferred.
- (2) What is the daily rate charged to the ACT Government for accommodating these inmates for each of these instances.

**Mr Rattenbury:** The answer to the member's question is as follows:

(1) Since the Alexander Maconochie Centre opened in 2009, two detainees have been transferred to the custody of a receiving jurisdiction in accordance with Section 26 of the *Crimes (Sentence Administration) Act 2005*.

a) 22 March 2014 and 29 June 2018.

b) New South Wales.

Further, two detainees have had their sentences transferred to other jurisdictions voluntarily for welfare and trial grounds, in accordance with Section 222 of the *Crimes (Sentence Administration) Act 2005*.

a) 18 May 2011 and 3 August 2011.

b) New South Wales and Queensland.

(2) The costs relating to response (1) is: \$586.36 per day.

### **Domestic and family violence—refuge funding (Question No 1839 and 1840)**

**Mr Coe** asked the Minister for the Prevention of Domestic and Family Violence and the Minister for Women, upon notice, on 21 September 2018 (*redirected to the Minister for Housing and Suburban Development*):

(1) What is the total amount of financial support during each financial year from 2015-16 to date that was provided to refuges catering to (a) single women or women without dependents, (b) women with babies, (c) women with dependent children, (d) families, including male children or relatives, (e) unaccompanied children or minors, (f) single men or men without dependents, (g) men with babies and (h) men with dependent children.

(2) In relation to part (1), was any other non-financial support provided to refuges during each financial year from 2015-16 to date; if so, what support was provided.

(3) In relation to parts (1) and (2), what funding for these initiatives came from the Safer Families Levy each financial year from 1 July 2016.

**Ms Berry:** The answer to the member's question is as follows:

(1) The total amount of funding provided to ACT Specialist Homelessness accommodation services in 2018-19 is \$14,345,928.98. The following tables provide specific details, as requested.

- Please note, all women's homelessness services in the ACT support women with or without accompanying children. All family homelessness services in the ACT support families in all their diversity

#### **a. Single women or women without dependents**

Two homelessness services are predominately accessed by women who are unaccompanied by children. Funding for these two services in 2018-19 totals \$1,513,542.96. Of this, \$100,000 was allocated to Toora in the 2018-19 ACT Government Budget (\$670,000 over four years) to support their work in supporting women and children experiencing domestic violence.



Service	2015-16	2016-17	2017-18	2018-19
Toora DV and Homelessness Service	\$991,231.38	\$1,002,936.87	\$1,016,177.08	\$1,141,073.42
Toora Women Coming Home Program	\$350,131.23	\$356,433.59	\$363,562.26	\$372,469.54

#### **b. Women with babies**

Karinya House specifically supports expectant mothers and women with babies. Funding in 2018-19 totals \$590,655.88. Of this, \$80,000 was allocated to Karinya in the 2018-19 ACT Government Budget (\$332,000 over four years) to support young women at risk of statutory intervention

Service	2015-16	2016-17	2017-18	2018-19
Karinya House	\$480,039.45	\$488,680.16	\$498,453.76	\$590,655.88

#### **c. Women with dependent children**

Five homelessness services are targeted at women with accompanying children. Funding for these five services in 2018-19 totals \$2,844,884.13. Of this, \$100,000 each was allocated to Beryl and Doris in the 2018-19 ACT Government Budget (\$1,340,000 over four years) to support their work with children experiencing domestic and family violence.

Service	2015-16	2016-17	2017-18	2018-19
Toora Women and Children's Program	\$511,295.00	\$412,540.71	\$561,055.37	\$574,801.22
Beryl	\$448,951.00	\$482,983.78	\$592,643.45	\$604,713.22
Doris	\$399,771.00	\$430,075.68	\$538,677.20	\$549,424.78
YWCA Housing Support Unit	\$656,502.00	\$693,780.16	\$720,393.56	\$738,043.20
Northside Women's Housing First Program	\$336,150	\$355,237.61	\$368,864.52	\$377,901.71

#### **d. Families including male children or relatives**

Six homelessness services are targeted families in all their diversity. This includes families with male children, single father families, and families accompanied with relatives. Funding for these six services in 2018-19 totals \$2,669,854.79.

Service	2015-16	2016-17	2017-18	2018-19
Toora Family Program	\$608,283	\$490,795.50	\$667,481.88	\$683,835.18
St Vincent de Paul Family Service	\$765,446	\$823,470.71	\$839,940.12	\$860,518.65
Communities@Work Reach Home Program	\$183,441	\$193,857.33	\$201,239.70	\$206,225.39
St Vincent de Paul – Young Parent Accommodation Support Program	\$191,013	\$201,859	\$209,602.61	\$214,737.88
EveryMan – Indigenous Boarding House Network	\$227,515	\$229,464.39	\$312,071.57	\$319,717.32
EveryMan – Indigenous Program	\$342,304	\$276,189.51	\$375,617.74	\$384,820.37

**e. Unaccompanied children or minors**

The ACT Specialist Homelessness Sector does not provide accommodation support to unaccompanied children or minors under the age of 16 years. Funding for the three services below (which are available to young people aged 16 years and over) totals \$3,493,595.53 in 2018-19.

Service	2015-16	2016-17	2017-18	2018-19
Barnardos Friendly Landlord Service	\$356,212.50	\$376,439.85	\$390,880.07	\$400,456.63
Barnardos Our Place	\$503,944.48	\$503,944.48	\$503,944.48	\$516,291.12
Salvation Army -Youth Emergency Accommodation Network	\$2,292,150	2,422,305.15	\$2,515,224.78	\$2,576,847.78

**f. Single men or men without dependents**

The ACT Specialist Homelessness Sector has four services that support single men or men without dependants. Funding for the four services below totals \$2,629,547.31 in 2018-19.

Service	2015-16	2016-17	2017-18	2018-19
EveryMan Early Intervention Program	\$708,685.02	\$721,441.35	\$735,870.18	\$753,899.00
EveryMan Managed Accommodation Program	\$509,749.10	\$516,282.17	\$524,749.00	\$537,605.35
St Vincent de Paul Samaritan House	\$664,505.58	\$682,447.21	\$708,625.88	\$725,987.22
Catholic Care – Minosa House	\$544,434.00	\$575,348.60	\$597,418.97	\$612,055.74

**g. Men with babies**

While there is no specific accommodation funding for men with babies, they can be supported by the services mentioned above at point (d)

**h. Men with dependent children**

In addition to support mentioned above at point (d), the following service/s support are provided to men with dependent children.

Service	2015-16	2016-17	2017-18	2018-19
Connections ACT-Dad's Place	\$587,477.71	Funding transferred to Room4Change (\$224,463)	-	-
Room 4 Change			\$589,407.89	\$603,848.38

- (2) In addition to Service Funding Agreements, Housing ACT provides properties to the ACT Specialist Homelessness Sector for crisis and transitional purposes. In 2018-19 there are 347 accommodation places available for use within the ACT Specialist Homelessness Sector.
- (3) Room4Change receives \$385,000 through the Safer Families Levy, with the balance being provided through the National Housing and Homelessness Agreement.

**Housing—rental  
(Question No 1841)**

**Mr Coe** asked the Treasurer, upon notice, on 21 September 2018:

- (1) What was the total number of residential rental properties in the ACT during each financial year from 2015-16 to date broken down by (a) unit and (b) house.
- (2) What was the total number during each financial year from 2015-16 to date, of individuals, investors, or entities that owned (a) one residential rental property, (b) two residential rental properties, (c) three residential rental properties, (d) four residential rental properties, (e) five or more residential rental properties.

**Mr Barr:** The answer to the member's question is as follows:

- (1) Since the abolition of land tax on commercial properties in 2012-13, the Revenue Office has not collected information related to the rental status of commercial properties. The number of residential properties for which land tax is paid is set out below.

	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Residential Units	25,888	26,520	27,860	25,662
Residential Houses	19,383	19,708	19,141	18,394

- (2) I have been advised by ACT Revenue Office that the information sought is not in an easily retrievable form, and that to collect and assemble the information for the purpose of answering the question would require a considerable diversion of resources.

**Business—commercial rental  
(Question No 1842)**

**Mr Coe** asked the Treasurer, upon notice, on 21 September 2018:

- (1) What was the total number of commercial rental properties in the ACT during each financial year from 2015-16 to date.
- (2) What was the total number of individuals, investors, or entities during each financial year from 2015-16 to date that owned (a) one commercial rental property, (b) two commercial rental properties, (c) three commercial rental properties, (d) four commercial rental properties and (e) five or more commercial rental properties.

**Mr Barr:** The answer to the member's question is as follows:

- (1) Refer to QoN 1348 of 11 May 2018 – breakdown of land tax payers by (a) suburb and (b) type of dwelling, such as houses, unit or commercial properties. It includes commercial properties to 2011-12 (land tax for commercial properties was abolished from 2012-13) otherwise the ACT Revenue Office does not record that data.

(2) See response to (1).

**Business—commercial rates  
(Question No 1843)**

**Mr Coe** asked the Treasurer, upon notice, on 21 September 2018:

- (1) What was the average commercial rates in Phillip for each financial year from 2007-08 to date.
- (2) What was the average unimproved value of commercial properties in Phillip for each financial year from 2007-08 to date.
- (3) What is the total value of revenue collected from commercial rates in Phillip for each financial year from 2007-08 to date.
- (4) What is the total value of revenue received from amended rates notices issued in Phillip for each financial year from 2007-08 to date.

**Mr Barr:** The answer to the member's question is as follows:

(1), (2) and (3) See Table below.

Financial Year	Average Commercial Rates	AUV	Revenue Collected
2007-2008	\$10,357	\$789,091	\$2,941,463
2008-2009	\$11,583	\$908,149	\$3,049,510
2009-2010	\$11,658	\$1,037,110	\$3,575,940
2010-2011	\$12,508	\$1,049,843	\$3,213,031
2011-2012	\$11,551	\$907,755	\$3,213,031
2012-2013	\$26,158	\$850,362	\$7,037,762
2013-2014	\$34,393	\$832,557	\$9,209,660
2014-2015	\$40,775	\$821,700	\$10,349,449
2015-2016	\$39,295	\$838,240	\$11,087,845
2016-2017	\$42,487	\$852,466	\$11,847,989
2017-2018	\$43,975	\$965,358	\$13,507,771
2018-2019 YTD	\$55,836	\$1,007,048	\$4,001,100

*The average commercial rates increase from 2011-12 to 2012-13 reflects that commercial land tax was abolished and incorporated in commercial rates as part of the Government's tax reforms.*

- (4) I have been advised by my directorate that the information sought is not in an easily retrievable form, and that to collect and assemble the information sought for the purpose of answering the question would require an unreasonable diversion of resources.

**Government—rates  
(Question No 1844)**

**Mr Coe** asked the Treasurer, upon notice, on 21 September 2018:

- (1) What is the breakdown by suburb of the (a) total number and (b) total value; of amended residential rates notices that have been issued for each financial year from 2007-08 to date.
- (2) What is the breakdown by suburb of the (a) total number and (b) total value; of amended commercial rates notices that have been issued for each financial year from 2007-08 to date.
- (3) What are the processes for (a) identifying instances where an amended rates notice needs to be issued and (b) issuing and amended rates notice for (i) residential and (ii) commercial properties.
- (4) What is the breakdown of (a) objections and appeals that have been received and (b) findings in relation to those objections and appeals regarding amended rates notices for each financial year since 2007-08 to date.
- (5) What is the average period of time an amended residential rates notice covered for each financial year from 2007-08 to date.
- (6) What is the average period of time an amended commercial rates notice covered for each financial year from 2007-08 to date.

**Mr Barr:** The answer to the member's question is as follows:

- (1) and (2) I have been advised by my directorate that the information sought is not in an easily retrievable form, and that to collect and assemble the information sought solely for the purpose of answering the question would involve an unreasonable diversion of resources.
- (3) The ACT Revenue Office (ACTRO) will identify instances where an amended notice is required. This can include receiving an updated valuation for a property from ACT Valuations Office, information from EPSDD regarding a change in the lease purpose clause or change of ownership. Once this information has been received, ACTRO updates its system and a new rates notices is issued.
- (4) to (6) See answer to (1) and (2).

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### **Roads—accident black spots (Question No 1845)**

**Mr Coe** asked the Minister for Justice, Consumer Affairs and Road Safety, upon notice, on 21 September 2018 (*redirected to the Minister for Roads*):

- (1) What is the breakdown of the total number of accidents by accident type that occurred on Tuggeranong Parkway during (a) 2015-16, (b) 2016-17, (c) 2017-18 and (d) 2018-19 to date.
- (2) What are the top 10 roads where the most accidents occurred broken down by number of accidents and accident type during (a) 2015-16, (b) 2016-17, (c) 2017-18 and (d) 2018-19 to date.

- (3) What are the top 10 suburbs where the most accidents occurred broken down by number of accidents and accident type during (a) 2015-16, (b) 2016-17, (c) 2017-18 and (d) 2018-19 to date.

**Mr Steel:** The answer to the member's question is as follows:

The crash types and corresponding ACT crash codes are presented below:

Crash type	ACT Crash Codes
<b>Vehicle to vehicle collisions</b>	
Right turn into oncoming vehicle	<b>1</b>
Right angle collision	<b>2</b>
Acute angle – same direction	<b>3</b>
Acute angle – opposite direction	<b>4</b>
Head on collision	<b>5</b>
Rear end collision	<b>6</b>
Collision with parked vehicle	<b>7</b>
Collision with one vehicle reversing	<b>8</b>
Other	<b>9</b>
<b>Single vehicle collision (on carriageway)</b>	
Struck pedestrian	<b>10</b>
Struck animal	<b>11</b>
Struck object	<b>12</b>
Overtaken	<b>13</b>
Fall from moving vehicle	<b>14</b>
Other	<b>15</b>
<b>Single vehicle collision (off carriageway)</b>	
Struck pedestrian	<b>16</b>
Struck vehicle	<b>17</b>
Struck animal	<b>18</b>
Struck object	<b>19</b>
Overtaken	<b>20</b>
No object struck	<b>21</b>
Other	<b>22</b>

- (1) Crashes on Tuggeranong Parkway between Glenloch Interchange and Drakeford Drive are presented below. This excludes crashes at the Tuggeranong Parkway/Drakeford Drive/Sulwood Drive intersection as these crashes are actually 'shared' among the three roads.

Year	Crashes per crash type										Total crashes
	3	6	7	9	11	12	13	15	19	21	
<b>2015</b>	12	76		2	10	3	1	9	10		123
<b>2016</b>	12	100		4	11	1		5	14		147
<b>2017</b>	26	81	1		8	1	3	4	10	1	135
<b>2018 Jan – June (preliminary data only)</b>	7	70		1	1			1	3		83

- (2) Crash data is reported, recorded and analysed as 'intersection crashes' or 'midblock crashes'. Ranking roads based on crashes on the whole road section will be

misleading and inaccurate as crashes at intersections are actually shared among multiple roads. In this context, the top 10 locations with the highest number of crashes per year are presented below:

2015											
Location	Crashes per crash type										Total crashes
	1	2	3	6	8	9	10	13	15	19	
Barton Highway/William Slim Drive/Gundaroo Drive intersection	6	25	16	49	1	1			2	1	101
Anzac Parade/Parkes Way intersection	2	2	3	64							71
Coranderrk Street/Parkes Way intersection		2	6	59	1						68
Hindmarsh Drive/Tuggeranong Parkway Ramp (east) intersection	1	1	55								57
Canberra Avenue/Sturt Avenue/Wentworth Avenue intersection	1	8	13	32				1	1	1	57
Athllon Drive / Drakeford Drive / Isabella Drive intersection	2	7	8	24	2					1	44
Barry Drive / Cooyong Street / Northbourne Avenue intersection	1	2	10	23			1			2	39
Canberra Avenue/Hindmarsh Drive/Newcastle Street intersection	2		1	31	2						36
Hindmarsh Drive/Yamba Drive intersection			4	29	2	1					36
Ashley Drive/Isabella Drive intersection		10	3	20						2	35

2016											
Location	Crashes per crash type										Total crashes
	1	2	3	6	8	9	12	13	19		
Anzac Parade/Parkes Way intersection	7	1	1	81							90
Coranderrk Street/Parkes Way intersection	1	8	6	67		2					84
Barton Highway/William Slim Drive/Gundaroo Drive intersection	3	22	10	27			1	1			64
Canberra Avenue/ Sturt Avenue/ Wentworth Avenue intersection		4	14	36						1	55

2016										
Location	Crashes per crash type									Total crashes
	1	2	3	6	8	9	12	13	19	
Athllon Drive/Drakeford Drive /Isabella Drive intersection	4	14	7	25				1	1	52
Hindmarsh Drive/ Melrose Drive intersection		2	7	27	2	1			1	40
Hindmarsh Drive/ Yamba Drive intersection	2	1	4	28	2	1				38
Ashley Drive/Isabella Drive intersection		11	1	24					1	37
Hindmarsh Drive/Tuggeranong Parkway Ramp (east) intersection		2		32				1		35
Baldwin Drive/Ginninderra Drive/Haydon Drive intersection	2	1		32						35

2017													
Location	Crashes per crash type												Total crashes
	1	2	3	6	7	8	9	11	12	13	15	19	
Coranderrk Street/Parkes Way intersection	1	3	6	74									84
Anzac Parade/Parkes Way intersection	2	1	1	69								3	76
Canberra Avenue/ Sturt Avenue/ Wentworth Avenue intersection	3	8	17	24					1			1	54
Barton Highway/William Slim Drive/Gundaroo Drive intersection	7	11	15	19									52
Barry Drive/Cooyong Street/Northbourne Avenue intersection	2	5	11	26		2	5			1			52
Athllon Drive/Drakeford Drive/Isabella Drive intersection	6	12	8	19			1						46
Baldwin Drive/Ginninderra Drive/Haydon Drive intersection	4	1		32		1				1		1	40
Tuggeranong Parkway midblock (Cotter Road to Tuggeranong Parkway southbound ramp - Tuggeranong Parkway to Hindmarsh Drive southbound ramp)			8	19	1			4		2	2	2	38



2017													
Location	Crashes per crash type												Total crashes
	1	2	3	6	7	8	9	11	12	13	15	19	
Ashley Drive/ Erindale Drive intersection	4	12	2	18		1							37
Athllon Drive/Drakeford Drive intersection	2	4		30									36
Gundaroo Drive midblock (Gungahlin Drive - Ginn Street)			3	33									36

Jan – Jun 2018 (*preliminary data and subject to changes)													
Location	Crashes per crash type											Total crashes	
	1	2	3	5	6	8	9	11	13	19	21		
Anzac Parade/Parkes Way intersection					38								38
Coranderrk Street/Parkes Way intersection	2	2	5		26								35
Athllon Drive/Drakeford Drive/Isabella Drive intersection	2	2	1		19					1			25
Tuggeranong Parkway midblock (Lady Denman Drive to Tuggeranong Parkway southbound ramp - Tuggeranong Parkway to Cotter Road southbound ramp)			1		22			1		1			25
Athllon Drive/Drakeford Drive intersection	2	2	2		17								23
Canberra Avenue/Hindmarsh Drive/Newcastle Street intersection			2		19								21
Gundaroo Drive/ Gungahlin Drive intersection	2		1		17	1							21
Canberra Avenue/ Sturt Avenue/ Wentworth Avenue intersection		1	5		12							2	20
Baldwin Drive/Ginninderra Drive/Haydon Drive intersection			3		17								20
Horse Park Drive midblock (Horse Park Drive to Federal Highway northbound ramp - Well Station Drive)			1	1	15			1		1	1		20

Jan – Jun 2018 (*preliminary data and subject to changes)												
Location	Crashes per crash type											Total crashes
	1	2	3	5	6	8	9	11	13	19	21	
Tuggeranong Parkway midblock (Cotter Road to Tuggeranong Parkway southbound ramp - Tuggeranong Parkway to Hindmarsh Drive southbound ramp)			4		14		1		1			20

- (3) Arterial and collector roads often run between suburbs defining the boundaries of the suburbs, and so the crashes are ‘shared’ between these suburbs. Intersections on these roads can have up to four suburbs associated with them. Hence, it will be inaccurate to rank suburbs by crashes as the majority of crashes occur on these major roads and are actually shared among adjacent suburbs.

### Access Canberra—numberplates (Question No 1846)

**Mr Coe** asked the Minister for Business and Regulatory Services, upon notice, on 21 September 2018:

Can the Minister provide a breakdown of total number of numberplates issued by the following categories in the financial years 2017-18 and 2018-19 to date (a) blue characters on a white background, (b) black characters on a white background, (c) white characters on a black background, (d) white characters on a brown background, (e) blue characters on a white and rainbow background, (f) white characters on a dark green background, (g) white characters on a maroon background, (h) white characters on a blue background, (i) white characters on a pink background, (j) white characters on a purple background, (k) white characters on a red background.

**Mr Ramsay:** The answer to the member’s question is as follows:

- (a)  
**2017-18:** 22  
**2018-19 (as at 26 September 2018):** 5
- (b)  
**2017-18:** 256  
**2018-19 (as at 26 September 2018):** 53
- (c)  
**2017-18:** 2096  
**2018-19 (as at 26 September 2018):** 463
- (d)  
**2017-18:** 4  
**2018-19 (as at 26 September 2018):** 3
- (e)  
**2017-18:** 124  
**2018-19(as at 26 September 2018):** 8

- (f)  
**2017-18: 11**  
**2018-19 (as at 26 September 2018): 3**
- (g)  
**2017-18: 26**  
**2018-19 (as at 26 September 2018): 6**
- (h)  
**2017-18: 28**  
**2018-19 (as at 26 September 2018): 7**
- (i)  
**2017-18: 31**  
**2018-19 (as at 26 September 2018): 7**
- (j)  
**2017-18: 30**  
**2018-19 (as at 26 September 2018): 15**
- (k)  
**2017-18: 57**  
**2018-19 (as at 26 September 2018): 12**

### **Access Canberra—certificates (Question No 1847)**

**Mr Coe** asked the Minister for Business and Regulatory Services, upon notice, on 21 September 2018:

- (1) What is the total number of certificates issued in relation to (a) births, (b) deaths, (c) marriages, (d) adoptions, (e) change of name, (f) recording a change of sex on the birth register, (g) civil partnerships, (h) civil unions and (i) change of recognised details during each financial year from 2015-16 to date.
- (2) In relation to part (1) how many marriage certificates have been issued to same sex couples since 15 December 2017 to date.

**Mr Ramsay:** The answer to the member's question is as follows:

(1)

	<b>Certificate Type</b>	<b>Number issued during 2015-16</b>	<b>Number issued during 2016-17</b>	<b>Number issued during 2017-18</b>	<b>Number issued during 2018-19 (as at 26/9/2018)</b>
(a)	<b>Birth Certificates</b>	12,931	12,413	13,051	3,168
(b)	<b>Death Certificates</b>	2,792	3,134	3,175	851
(c)	<b>Marriage Certificates</b>	2,917	2,801	2,969	641
(d)	<b>Adoptions Registered</b>	8	14	9	1

(e)	<b>Change of name Certificates</b>	664	649	318	144
(f)	<b>Recording of change of sex on the birth register</b>	24	22	24	5
(g)	<b>Civil Partnership Certificates</b>	234	292	385	108
(h)	<b>Civil Union Certificates</b>	8	11	3	0
(i)	<b>Change of recognised details</b>	0	8	9	0

(2) 82 certificates have been issued for marriages which are now permitted following the December 2017 amendments to the Marriage Act.

### **Rural fire services—vehicles (Question No 1848)**

**Mr Coe** asked the Minister for Police and Emergency Services, upon notice, on 21 September 2018:

- (1) What is the current count of Rural Fire Service (RFS) vehicles, by vehicle category.
- (2) Is the annual servicing undertaken on a calendar or financial year basis for each category of RFS vehicles.
- (3) What is the breakdown of the number of RFS vehicles by vehicle category that have undergone an annual service for each six month period from 1 July 2017 to date.
- (4) What is the breakdown of the number of RFS vehicles by vehicle category that are yet to undergo an annual service.
- (5) What is the average annual service cost for each RFS vehicle type during (a) 2017-18 and (b) 2018-19 to date.
- (6) What has been the total expenditure on the annual servicing of RFS vehicles for each six month period from 1 July 2017 to date.
- (7) When are all annual services of RFS vehicles scheduled to be completed.

**Mr Gentleman:** The answer to the member's question is as follows:

- (1) Currently there are 61 vehicles that fall within the ACT Rural Fire Service (ACTRFS) annual servicing program. Of these 61 vehicles, ACT Emergency Services Agency (ESA) owns 59 and two are owned by Parks and Conservation Services, Environment, Planning and Sustainable Development Directorate (PCS). Operational use of the vehicles is split, with ACTRFS using 51 vehicles and Parks (EPSDD) using 10 vehicles.

## Vehicle list:

- 1 x super-heavy tanker
- 19 x heavy tankers
- 15 x medium tankers
- 9 x light units
- 6 x Compressed Air Foam tankers (CAFS)
- 3 x group vehicles
- 8 x command vehicles
- 15 x Trailers
- 1 x Forklift
- 1 x Tractor

ACTRFS also own and operate 15 support trailers and two machinery (a forklift and a Tractor). The 15 trailers are part of the ACTRFS annual servicing program and the two machinery are serviced by the manufacturers.

- (2) The ACTRFS annual servicing program is carried out by ESA's workshop and is conducted as per the manufacturer's recommendation. The service also includes the pre-season checks on the specialist equipment including water pumps, foam systems, locker, safety systems and small gear including chainsaws etc.
- (3) In 2018 to date all vehicles have been serviced and are back in operation at their home stations.

## Completed service list:

- 1 x super-heavy tanker - serviced
- 19 x heavy tankers – serviced
- 15 x medium tankers – serviced
- 9 x light units – serviced
- 6 x Compressed Air Foam Tankers (CAFS) – serviced
- 3 x group vehicles –serviced
- 8 x Command vehicles serviced
- 15 x trailers

- (4) There are no further ACTRFS vehicles scheduled to undergo an annual service for the 2018/19 season.
- (5) The estimated service cost of each vehicle is based on a labour charged of \$80 per hour and the cost of standard parts needed to complete the service.

## Annual service cost per vehicle type:

- super-heavy tanker = \$1200 per vehicle
- heavy tankers = \$1200 per vehicle
- Medium tankers = \$865 per vehicle
- light units = \$862 per vehicle
- CAFS = \$3139 per vehicle
- group vehicles = \$933 per vehicle
- Command vehicles = \$933 per vehicle

These prices exclude any large mechanical repairs or tyres as these costs are vehicle dependant and are costed accordingly based on our standard labour charge and the costs of the relevant parts.

- (6) The total expected cost of only servicing the 61 vehicles based on the above average costs is estimated to be \$80,000. This excludes major repairs and tyres.
  - (7) The 2018 RFS annual servicing program commenced in July 2018 and was completed on 12 October 2018.
- 

**Bushfires—fire towers  
(Question No 1849)**

**Mr Coe** asked the Minister for Police and Emergency Services, upon notice, on 21 September 2018:

- (1) What is the current structural classification of each of the ACT's fire towers.
- (2) Have any of the ACT fire towers been deemed structurally unsafe in the previous 12 months; if yes, can the Minister advise (a) what tower was deemed structurally unsafe, (b) what date the tower was deemed structurally unsafe, (c) why was the tower deemed structurally unsafe, (d) what has been done to remedy the tower, (e) what date is the tower expected to be deemed structurally safe, (f) what is the total expenditure on remedying the tower to date and (g) what is the expected total expenditure needed to remedy the tower.

**Mr Gentleman:** The answer to the member's question is as follows:

I am advised:

- (1) 10a
  - (2) Yes
    - a. Kowen fire tower.
    - b. Access was restricted on 24 August 2018 based on preliminary email advice from the structural engineer. On 2 September 2018, the structural engineer provided formal written advice that Kowen fire tower was deemed to be structurally unsafe.  
  
Community safety was not compromised when the tower was taken offline. Towers are just one part of the early detection and monitoring of potential bushfire threats.
    - c. The structural engineer's report noted advanced timber decay of structural members and the loss of material to structural members and sectional properties.
    - d. ICT, Capital Works and Infrastructure, Justice and Community Safety Directorate, engaged with a building contractor to replace the decayed timber
    - e. The tower was assessed as structurally safe on 9 October 2018, following the completion and inspection of remedial works.
    - f. \$51,355 + GST.
    - g. \$51,355 + GST. This can be confirmed, once invoices are finalised.
-

**Land—Indigenous land use agreements  
(Question No 1850)**

**Mr Coe** asked the Minister for Planning and Land Management, upon notice, on 21 September 2018 (*redirected to the Minister for Environment and Heritage*):

- (1) Can the Minister advise in relation to Indigenous Land Use Agreements (Agreements) (a) how many Agreements are currently in place within the ACT, (b) what area or location does each Agreement cover, (c) what date each Agreement was entered into, (d) what are the conditions attached to each Agreement and (e) whether there are ongoing negotiations or discussions regarding the Agreements or conditions.
- (2) Has the ACT Government entered into negotiations or been approached to undertake any new Agreements; if yes, (a) what area or location does the Agreement cover, (b) what conditions are expected to be attached to the Agreement and (c) when the Agreement is expected to be finalised.

**Mr Gentleman:** The answer to the member's question is as follows:

- (1) There are no registered Indigenous Land Use Agreements (Agreements) in the ACT. No new applications have been lodged and there are no registered applications or determinations for an Agreement within the ACT
- (2) The Environment, Planning and Sustainable Development Directorate has not entered into any Agreement negotiations or been approached to undertake any new Agreements.

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**ACT Health—interstate recruitment  
(Question No 1851)**

**Mr Coe** asked the Minister for Mental Health, upon notice, on 21 September 2018:

- (1) For each financial year from 2007-08 to date, what is the (a) total number of new employees who received financial relocation assistance and (b) total value of relocation and other costs paid to accommodate new employees joining ACT Health from outside the ACT, broken down by (i) frontline service or health professional employees and (ii) ACT Public Service or administration employees.
- (2) For each financial year from 2007-08 to date, what is the total number of (a) frontline service or health professional employees and (b) ACT Public Service or administration employees that were recruited or came from (i) New South Wales, (ii) Victoria, (iii) Tasmania, (iv) South Australia, (v) Western Australia, (vi) Northern Territory, (vii) Queensland and (viii) overseas.

**Mr Rattenbury:** The answer to the member's question is as follows:

- (1) a) Data collected enables a summary of cost but does not provide specific employee numbers with not all employees relocating from interstate or overseas accessing their reimbursement for relocation. Not all those in table 2 (a) and (b) would have accessed this entitlement.

b) The relocation expense for frontline and administrative staff since 2008-09 is broken down as follows:

Row Labels	Administrative	Frontline	Grand Total
2008-2009		\$163,912.34	\$163,912.34
2009-2010	\$8,205.46	\$808,830.12	\$817,035.58
2010-2011	\$21,507.74	\$637,477.24	\$658,984.98
2011-2012	\$7,208.47	\$1,069,408.83	\$1,076,617.30
2012-2013	\$16,507.86	\$892,229.67	\$908,737.53
2013-2014	\$59,437.86	\$646,036.85	\$705,474.71
2014-2015	\$26,496.46	\$745,541.72	\$772,038.18
2015-2016	\$69,610.43	\$920,404.54	\$990,014.97
2016-2017	\$58,173.44	\$735,856.95	\$794,030.39
2017-2018	\$119,806.84	\$705,333.89	\$825,140.73
2018-2019	\$14,104.53	\$191,408.09	\$205,512.62
<b>Grand Total</b>	<b>\$401,059.09</b>	<b>\$7,516,440.24</b>	<b>\$7,917,499.33</b>

\* Note there is no transactional data available prior to 2008 in TM1.

(2) a)

Health Professional/Medical Staff								
FY	State							
	NSW	NT	QLD	SA	TAS	VIC	WA	O/S
2011/2012	50	1	2	5	1	4	0	2
2012/2013	58	1	16	8	5	16	7	148
2013/2014	76	0	6	0	1	6	1	4
2014/2015	97	0	9	2	0	10	1	8
2015/2016	59	2	4	1	0	6	22	10
2016/2017	146	1	4	2	0	5	1	8
2017/2018	104	2	6	3	2	15	6	10

Please note: The previous recruitment system Verve, is no longer accessible to obtain data prior to 2011. The new e-recruitment system Taleo, was implemented in 2011, and the above data is provided through this system.

b)

Administration Staff								
FY								
	NSW	NT	QLD	SA	TAS	VIC	WA	O/S
2011/2012	25	0	1	6	0	1	0	0
2012/2013	44	0	1	0	0	0	0	4
2013/2014	31	0	1	0	1	0	0	0
2014/2015	32	0	1	0	0	2	0	0
2015/2016	44	0	0	0	2	0	0	0
2016/2017	31	0	1	0	0	0	0	0
2017/2018	48	0	0	1	0	0	0	0



Please note: The previous recruitment system Verve, is no longer accessible to obtain data prior to 2011. The new e-recruitment system Taleo, was implemented in 2011, and the above data is provided through this system.

### **ACT Health—interstate recruitment (Question No 1852)**

**Mr Coe** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) For each financial year from 2007-08 to date, what is the (a) total number of new employees who received financial relocation assistance and (b) total value of relocation and other costs paid to accommodate new employees joining ACT Health from outside the ACT, broken down by (i) frontline service or health professional employees and (ii) ACT Public Service or administration employees.
- (2) For each financial year from 2007-08 to date, what is the total number of (a) frontline service or health professional employees and (b) ACT Public Service or administration employees that were recruited or came from (i) New South Wales, (ii) Victoria, (iii) Tasmania, (iv) South Australia, (v) Western Australia, (vi) Northern Territory, (vii) Queensland and (viii) overseas.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) a) Data collected enables a summary of cost but does not provide specific employee numbers with not all employees relocating from interstate or overseas accessing their reimbursement for relocation. Not all those in table 2 (a) and (b) would have accessed this entitlement.

b) The relocation expense for frontline and administrative staff since 2008-09 is broken down as follows:

<b>Row Labels</b>	<b>Administrative</b>	<b>Frontline</b>	<b>Grand Total</b>
2008-2009		\$163,912.34	\$163,912.34
2009-2010	\$8,205.46	\$808,830.12	\$817,035.58
2010-2011	\$21,507.74	\$637,477.24	\$658,984.98
2011-2012	\$7,208.47	\$1,069,408.83	\$1,076,617.30
2012-2013	\$16,507.86	\$892,229.67	\$908,737.53
2013-2014	\$59,437.86	\$646,036.85	\$705,474.71
2014-2015	\$26,496.46	\$745,541.72	\$772,038.18
2015-2016	\$69,610.43	\$920,404.54	\$990,014.97
2016-2017	\$58,173.44	\$735,856.95	\$794,030.39
2017-2018	\$119,806.84	\$705,333.89	\$825,140.73
2018-2019	\$14,104.53	\$191,408.09	\$205,512.62
<b>Grand Total</b>	<b>\$401,059.09</b>	<b>\$7,516,440.24</b>	<b>\$7,917,499.33</b>

\* Note there is no transactional data available prior to 2008 in TM1.

(2) a)

Health Professional/Medical Staff								
FY	State							
	NSW	NT	QLD	SA	TAS	VIC	WA	O/S
2011/2012	50	1	2	5	1	4	0	2
2012/2013	58	1	16	8	5	16	7	148
2013/2014	76	0	6	0	1	6	1	4
2014/2015	97	0	9	2	0	10	1	8
2015/2016	59	2	4	1	0	6	22	10
2016/2017	146	1	4	2	0	5	1	8
2017/2018	104	2	6	3	2	15	6	10

Please note: The previous recruitment system Verve, is no longer accessible to obtain data prior to 2011. The new e-recruitment system Taleo, was implemented in 2011, and the above data is provided through this system.

b)

Administration Staff								
FY	NSW	NT	QLD	SA	TAS	VIC	WA	O/S
2011/2012	25	0	1	6	0	1	0	0
2012/2013	44	0	1	0	0	0	0	4
2013/2014	31	0	1	0	1	0	0	0
2014/2015	32	0	1	0	0	2	0	0
2015/2016	44	0	0	0	2	0	0	0
2016/2017	31	0	1	0	0	0	0	0
2017/2018	48	0	0	1	0	0	0	0

Please note: The previous recruitment system Verve, is no longer accessible to obtain data prior to 2011. The new e-recruitment system Taleo, was implemented in 2011, and the above data is provided through this system.

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### **ACT Health—staff remuneration (Question No 1853)**

**Mr Coe** asked the Minister for Mental Health, upon notice, on 21 September 2018:

- (1) How does the ACT Health calculate lost opportunity costs in relation to staff attraction and retention.
- (2) What was the lost opportunity costs for ACT Health during (a) 2015-16, (b) 2016-17, (c) 2017-18 and (d) 2018-19 to date.

**Mr Rattenbury:** The answer to the member's question is as follows:

1. ACT Health does not calculate lost opportunity costs in relation to staff attraction and retention.
  2. Refer to response to question 1.
- 

**ACT Health—staff remuneration  
(Question No 1854)**

**Mr Coe** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) How does the ACT Health calculate lost opportunity costs in relation to staff attraction and retention.
- (2) What was the lost opportunity costs for ACT Health during (a) 2015-16, (b) 2016-17, (c) 2017-18 and (d) 2018-19 to date.

**Ms Fitzharris:** The answer to the member's question is as follows:

1. ACT Health does not calculate lost opportunity costs in relation to staff attraction and retention.
  2. Refer to response to question 1.
- 

**ACT Health—staff agreements  
(Question No 1855)**

**Mr Coe** asked the Minister for Mental Health, upon notice, on 21 September 2018:

- (1) What is the total number of ACT Health employees who were asked to sign confidentiality or non-disclosure agreements during each financial year from 2007-08 to date.
- (2) In relation to part (1), for each financial year how many confidentiality or non-disclosure agreements were signed when staff were terminated or left ACT Health.
- (3) Is it common practice to request employees to sign confidentiality or non-disclosure agreements; if no, can the Minister advise in what circumstances are employees asked to sign confidentiality or non-disclosure agreements upon leaving ACT Health.

**Mr Rattenbury:** The answer to the member's question is as follows:

- (1) Under the terms of engagement, ACT Health does not require staff to sign a confidentiality agreement.

In accordance with section 9 of the *Public Sector Management Act 1994*, a public servant must not without lawful authority disclose confidential information gained through the public servant's job.

When an employee resigns from ACT Health they are not required to sign a non-disclosure agreement. Under section 153 (2) of the *Crimes Act 1990*, an officer must not disclose without lawful authority, any fact or document which came into his or her knowledge by virtue of the person having been an officer of the Territory.

ACT Health recommends that all staff complete the Privacy and Confidentiality eLearning course.

(2) See above.

(3) No. If the employee separates employment through a settlement process, with the approval of the Solicitor-General, the terms of settlement may be subject to confidentiality provisions and cannot be disclosed where this is necessary to protect the Territory's interests.

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### **ACT Health—staff agreements (Question No 1856)**

**Mr Coe** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) What is the total number of ACT Health employees who were asked to sign confidentiality or non-disclosure agreements during each financial year from 2007-08 to date.
- (2) In relation to part (1), for each financial year how many confidentiality or non-disclosure agreements were signed when staff were terminated or left ACT Health.
- (3) Is it common practice to request employees to sign confidentiality or non-disclosure agreements; if no, can the Minister advise in what circumstances are employees asked to sign confidentiality or non-disclosure agreements upon leaving ACT Health.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) Under the terms of engagement, ACT Health does not require staff to sign a confidentiality agreement.

In accordance with section 9 of the *Public Sector Management Act 1994*, a public servant must not without lawful authority disclose confidential information gained through the servant's job.

When an employee resigns from ACT Health they are not required to sign a non-disclosure agreement. Under section 153 (2) of the *Crimes Act 1990*, an officer must not disclose without lawful authority, any fact or document which came into his or her knowledge by virtue of the person having been an officer of the Territory.

ACT Health recommends that all staff complete the Privacy and Confidentiality eLearning course.

- (2) See above.
- (3) No. If the employee separates employment through a settlement process, with the approval of the Solicitor-General, the terms of settlement may be subject to confidentiality provisions and cannot be disclosed where this is necessary to protect the Territory's interests.

### **ACT Health—staffing (Question No 1857)**

**Mr Coe** asked the Minister for Mental Health, upon notice, on 21 September 2018:

In relation to recruitment of (a) frontline service or health professional roles, and (b) ACT Public Service, administrative or bureaucratic roles during each financial year from 2015-16 to date, what was the (a) total number of roles or positions advertised broken down by job category or type, (b) total number of applicants for roles or positions advertised broken down by job category or type, (c) total number of applicants from (i) interstate and (ii) overseas for roles or positions advertised broken down by job category or type, (d) average length of time each type of role or position was advertised broken down by job category or type, (e) average number of applicants for each type of role or position advertised broken down by job category or type, (f) number of (i) overseas, (ii) interstate and (iii) ACT based successful applicants broken down by job category or type.

**Mr Rattenbury:** The answer to the member's question is as follows:

Please note the data provided below contains information relevant for the whole of ACT Health as it is not possible to single out information specifically for Mental Health.

#### **2015/16**

#### **Total Applicants**

<b>Job Category</b>	<b>No. roles advertised</b>	<b>ACT</b>	<b>Interstate</b>	<b>Overseas</b>	<b>Total No. of Applicants</b>	<b>Average number of applicants for each role</b>
<b>Administrative</b>	346	3269	706	125	4100	11.8
<b>Nurses</b>	231	1156	639	149	1944	8.41
<b>Doctors</b>	87	187	344	154	685	7.87
<b>Health Professionals</b>	272	964	607	181	1752	6.44
<b>TOTAL</b>	<b>936</b>	<b>5576</b>	<b>2296</b>	<b>609</b>	<b>8481</b>	<b>9.06</b>

- Average length of time positions advertised is two weeks

**Successful Applicants**

Job Category	Successful ACT	Successful Interstate	Successful Overseas	Total No. of Successful applicants
Administrative	271	44	0	315
Nurses	256	42	35	333
Doctors	33	11	3	47
Health Professionals	211	22	1	234
<b>TOTAL</b>	<b>771</b>	<b>119</b>	<b>39</b>	<b>929</b>

**2016/17****Total Applicants**

Job Category	No. roles advertised	ACT	Interstate	Overseas	Total No. of Applicants	Average number of applicants for each role
Administrative	376	3402	653	154	4209	11.19
Nurses	311	2106	1489	341	3936	12.65
Doctors	51	315	448	255	1018	19.96
Health Professionals	330	1187	661	184	2032	6.15
<b>TOTAL</b>	<b>1068</b>	<b>7010</b>	<b>3251</b>	<b>934</b>	<b>11195</b>	<b>10.48</b>

- Average length of time positions advertised is two weeks

**Successful Applicants**

Job Category	Successful ACT	Successful Interstate	Successful Overseas	Total No. of Successful applicants
Administrative	285	32	3	320
Nurses	344	112	15	471
Doctors	24	11	2	37
Health Professionals	251	35	1	287
<b>TOTAL</b>	<b>904</b>	<b>190</b>	<b>21</b>	<b>1115</b>

**2017/18****Total Applicants**

Job Category	No. roles advertised	ACT	Interstate	Overseas	Total No. of Applicants	Average number of applicants for each role
Administrative	487	4637	799	142	5578	11.45
Nurses	319	2619	1826	463	4908	15.38
Doctors	60	705	1041	465	2211	3.62
Health Professionals	341	1283	590	102	1975	5.79
<b>TOTAL</b>	<b>1757</b>	<b>9244</b>	<b>4256</b>	<b>1172</b>	<b>14672</b>	<b>8.35</b>

- Average length of time positions advertised for is two weeks

### Successful Applicants

Job Category	Successful ACT	Successful Interstate	Successful Overseas	Total No. of Successful applicants
Administrative	356	50	2	408
Nurses	322	86	47	455
Doctors	25	7	2	34
Health Professionals	217	43	2	262
<b>TOTAL</b>	<b>920</b>	<b>186</b>	<b>53</b>	<b>1159</b>

### ACT Health—staffing (Question No 1858)

Mr Coe asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

In relation to recruitment of (a) frontline service or health professional roles, and (b) ACT Public Service, administrative or bureaucratic roles during each financial year from 2015-16 to date, what was the (a) total number of roles or positions advertised broken down by job category or type, (b) total number of applicants for roles or positions advertised broken down by job category or type, (c) total number of applicants from (i) interstate and (ii) overseas for roles or positions advertised broken down by job category or type, (d) average length of time each type of role or position was advertised broken down by job category or type, (e) average number of applicants for each type of role or position advertised broken down by job category or type, (f) number of (i) overseas, (ii) interstate and (iii) ACT based successful applicants broken down by job category or type.

Ms Fitzharris: The answer to the member's question is as follows:

Please note the data provided below contains information relevant for the whole of ACT Health as it is not possible to single out information specifically for Mental Health.

#### 2015/16

#### Total Applicants

Job Category	No. roles advertised	ACT	Interstate	Overseas	Total No. of Applicants	Average number of applicants for each role
Administrative	346	3269	706	125	4100	11.8
Nurses	231	1156	639	149	1944	8.41
Doctors	87	187	344	154	685	7.87
Health Professionals	272	964	607	181	1752	6.44
<b>TOTAL</b>	<b>936</b>	<b>5576</b>	<b>2296</b>	<b>609</b>	<b>8481</b>	<b>9.06</b>

- Average length of time positions advertised is two weeks

**Successful Applicants**

Job Category	Successful ACT	Successful Interstate	Successful Overseas	Total No. of Successful applicants
Administrative	271	44	0	315
Nurses	256	42	35	333
Doctors	33	11	3	47
Health Professionals	211	22	1	234
<b>TOTAL</b>	<b>771</b>	<b>119</b>	<b>39</b>	<b>929</b>

**2016/17****Total Applicants**

Job Category	No. roles advertised	ACT	Interstate	Overseas	Total No. of Applicants	Average number of applicants for each role
Administrative	376	3402	653	154	4209	11.19
Nurses	311	2106	1489	341	3936	12.65
Doctors	51	315	448	255	1018	19.96
Health Professionals	330	1187	661	184	2032	6.15
<b>TOTAL</b>	<b>1068</b>	<b>7010</b>	<b>3251</b>	<b>934</b>	<b>11195</b>	<b>10.48</b>

- Average length of time positions advertised is two weeks

**Successful Applicants**

Job Category	Successful ACT	Successful Interstate	Successful Overseas	Total No. of Successful applicants
Administrative	285	32	3	320
Nurses	344	112	15	471
Doctors	24	11	2	37
Health Professionals	251	35	1	287
<b>TOTAL</b>	<b>904</b>	<b>190</b>	<b>21</b>	<b>1115</b>

**2017/18****Total Applicants**

Job Category	No. roles advertised	ACT	Interstate	Overseas	Total No. of Applicants	Average number of applicants for each role
Administrative	487	4637	799	142	5578	11.45
Nurses	319	2619	1826	463	4908	15.38
Doctors	60	705	1041	465	2211	3.62
Health Professionals	341	1283	590	102	1975	5.79
<b>TOTAL</b>	<b>1757</b>	<b>9244</b>	<b>4256</b>	<b>1172</b>	<b>14672</b>	<b>8.35</b>

- Average length of time positions advertised for is two weeks



**Successful Applicants**

Job Category	Successful ACT	Successful Interstate	Successful Overseas	Total No. of Successful applicants
Administrative	356	50	2	408
Nurses	322	86	47	455
Doctors	25	7	2	34
Health Professionals	217	43	2	262
<b>TOTAL</b>	<b>920</b>	<b>186</b>	<b>53</b>	<b>1159</b>

**ACT Health—staff remuneration  
(Question No 1859)**

Mr Coe asked the Minister for Mental Health, upon notice, on 21 September 2018:

- (1) What was the total number of Attraction and Retention Initiatives broken down by (a) FTE, (b) headcount and (c) classification during (i) 2015-16, (ii) 2016-17, (iii) 2017-18 and (iv) 2018-19 to date.
- (2) What was the average remuneration rates for each classification identified in part (1).

Mr Rattenbury: The answer to the member's question is as follows:

- (1) (a) and (c)

**Staff covered by ARIns - FTE By Classification Group**

Classification Group	2015-16	2016-17	2017-18	2018-19
Clinical Coders	0.00	0.00	9.60	9.83
Career Medical Officers 2	0.15	0.15	0.15	0.52
Dental Officers 1/2	11.52	11.13	10.09	11.30
Dental Officers 3	1.80	2.94	2.74	2.74
Facilities Service Officers 7/8	0.00	9.00	8.00	6.00
Health Professional Officers 2	26.83	13.54	14.44	12.20
Health Professional Officers 3	35.20	40.64	40.22	39.42
Health Professional Officers 4	33.96	28.47	33.49	31.72
Health Professional Officers 5	1.80	6.80	3.00	2.00
Health Professional Officers 6	4.00	3.80	3.80	2.90
Registered Nurse RN 5.6	1.00	1.00	1.00	1.00
Registrars	1.00	1.00	1.00	1.00
Senior Career Medical Officers	0.84	0.84	0.84	1.68
Senior Info Tech Officers A/B/C	2.00	1.00	1.00	1.00
Senior Officers A	5.00	4.00	1.00	0.00
Senior Officers B	2.00	1.00	2.00	2.00
Senior Officers C	3.00	3.00	1.00	1.00
Specialists	41.67	45.90	52.63	67.73
Senior Specialists	74.71	72.58	68.48	77.98
Transitional Career Medical Officers	2.00	2.00	2.00	2.00
<b>Grand Total</b>	<b>248</b>	<b>249</b>	<b>256</b>	<b>274</b>

(1) (b) and (c)

**Staff Covered by ARIn - Headcount by Classification Group**

<b>Classification Group</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Clinical Coders	0.00	0.00	11.00	10.00
Career Medical Officers 2	3.00	3.00	3.00	3.00
Dental Officers 1/2	14.00	14.00	13.00	15.00
Dental Officers 3	2.00	3.00	3.00	3.00
Facilities Service Officers 7/8	0.00	9.00	8.00	6.00
Health Professional Officers 2	29.00	15.00	17.00	14.00
Health Professional Officers 3	44.0	50.0	50.0	47.0
Health Professional Officers 4	38.0	32.0	37.0	35.0
Health Professional Officers 5	2.0	7.0	3.0	2.0
Health Professional Officers 6	4.0	4.0	4.0	3.0
Registered Nurse RN 5.6	1.0	1.0	1.0	1.0
Registrars	1.0	1.0	1.0	1.0
Senior Career Medical Officers	1.0	1.0	1.0	2.0
Senior Info Tech Officers A/B/C	2.0	1.0	1.0	1.0
Senior Officers A	5.0	4.0	1.0	0.0
Senior Officers B	2.0	1.0	2.0	2.0
Senior Officers C	3.0	3.0	1.0	1.0
Specialists	52.0	55.0	65.0	85.0
Senior Specialists	81.0	79.0	76.0	88.0
Transitional Career Medical Officers	2.0	2.0	2.0	2.0
<b>Grand Total</b>	<b>286</b>	<b>285</b>	<b>300</b>	<b>321</b>

(2)

**All Staff - Average Remuneration (Salary plus ARIn and applicable allowances)**

<b>Classification Group</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Clinical Coders	\$85,958	\$83,225	\$97,211	\$92,160
Career Medical Officers 2	\$373,126	\$252,257	\$237,207	\$245,507
Dental Officers 1/2	\$140,435	\$135,765	\$139,962	\$140,573
Dental Officers 3	\$182,978	\$160,848	\$166,190	\$165,882
Facilities Service Officers 7/8	\$61,486	\$67,514	\$84,762	\$74,744
Health Professional Officers 2	\$80,355	\$82,667	\$83,522	\$82,245
Health Professional Officers 3	\$93,100	\$94,987	\$95,423	\$96,342
Health Professional Officers 4	\$107,854	\$109,888	\$109,062	\$109,637
Health Professional Officers 5	\$124,933	\$128,823	\$128,270	\$126,786
Health Professional Officers 6	\$133,260	\$135,175	\$142,343	\$142,020
Registered Nurse RN 5.6	\$168,008	\$175,656	\$175,763	\$175,763
Registrars	\$119,919	\$118,691	\$119,368	\$120,373
Senior Career Medical Officers	\$220,408	\$235,977	\$227,022	\$226,933
Senior Info Tech Officers A/B/C	\$104,967	\$140,219	\$137,603	\$141,030
Senior Officers A	\$136,043	\$136,963	\$142,508	\$136,918
Senior Officers B	\$122,223	\$128,699	\$124,226	\$124,528
Senior Officers C	\$102,286	\$105,360	\$105,108	\$105,234
Specialists	\$344,111	\$348,516	\$349,447	\$350,000
Senior Specialists	\$430,988	\$436,599	\$417,229	\$420,000
Transitional Career Medical Officers	\$223,478	\$238,758	\$238,698	\$238,853

- 2018/19 dollar amounts for Specialists and Senior Specialists are estimates to date, as final amounts will depend on Private Practice earnings.
- Clinical Coders and Facilities Service Officers received a large amount of back pay in 2017/18.

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**ACT Health—staff remuneration  
(Question No 1860)**

**Mr Coe** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) What was the total number of Attraction and Retention Initiatives broken down by (a) FTE, (b) headcount and (c) classification during (i) 2015-16, (ii) 2016-17, (iii) 2017-18 and (iv) 2018-19 to date.
- (2) What was the average remuneration rates for each classification identified in part (1).

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) (a) and (c)

**Staff covered by ARIns - FTE By Classification Group**

<b>Classification Group</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Clinical Coders	0.00	0.00	9.60	9.83
Career Medical Officers 2	0.15	0.15	0.15	0.52
Dental Officers 1/2	11.52	11.13	10.09	11.30
Dental Officers 3	1.80	2.94	2.74	2.74
Facilities Service Officers 7/8	0.00	9.00	8.00	6.00
Health Professional Officers 2	26.83	13.54	14.44	12.20
Health Professional Officers 3	35.20	40.64	40.22	39.42
Health Professional Officers 4	33.96	28.47	33.49	31.72
Health Professional Officers 5	1.80	6.80	3.00	2.00
Health Professional Officers 6	4.00	3.80	3.80	2.90
Registered Nurse RN 5.6	1.00	1.00	1.00	1.00
Registrars	1.00	1.00	1.00	1.00
Senior Career Medical Officers	0.84	0.84	0.84	1.68
Senior Info Tech Officers A/B/C	2.00	1.00	1.00	1.00
Senior Officers A	5.00	4.00	1.00	0.00
Senior Officers B	2.00	1.00	2.00	2.00
Senior Officers C	3.00	3.00	1.00	1.00
Specialists	41.67	45.90	52.63	67.73
Senior Specialists	74.71	72.58	68.48	77.98
Transitional Career Medical Officers	2.00	2.00	2.00	2.00
<b>Grand Total</b>	<b>248</b>	<b>249</b>	<b>256</b>	<b>274</b>

(1) (b) and (c)

**Staff Covered by ARInS - Headcount by Classification Group**

<b>Classification Group</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Clinical Coders	0.00	0.00	11.00	10.00
Career Medical Officers 2	3.00	3.00	3.00	3.00
Dental Officers 1/2	14.00	14.00	13.00	15.00
Dental Officers 3	2.00	3.00	3.00	3.00
Facilities Service Officers 7/8	0.00	9.00	8.00	6.00
Health Professional Officers 2	29.00	15.00	17.00	14.00
Health Professional Officers 3	44.0	50.0	50.0	47.0
Health Professional Officers 4	38.0	32.0	37.0	35.0
Health Professional Officers 5	2.0	7.0	3.0	2.0
Health Professional Officers 6	4.0	4.0	4.0	3.0
Registered Nurse RN 5.6	1.0	1.0	1.0	1.0
Registrars	1.0	1.0	1.0	1.0
Senior Career Medical Officers	1.0	1.0	1.0	2.0
Senior Info Tech Officers A/B/C	2.0	1.0	1.0	1.0
Senior Officers A	5.0	4.0	1.0	0.0
Senior Officers B	2.0	1.0	2.0	2.0
Senior Officers C	3.0	3.0	1.0	1.0
Specialists	52.0	55.0	65.0	85.0
Senior Specialists	81.0	79.0	76.0	88.0
Transitional Career Medical Officers	2.0	2.0	2.0	2.0
<b>Grand Total</b>	<b>286</b>	<b>285</b>	<b>300</b>	<b>321</b>

(2)

**All Staff - Average Remuneration (Salary plus ARIn and applicable allowances)**

<b>Classification Group</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Clinical Coders	\$85,958	\$83,225	\$97,211	\$92,160
Career Medical Officers 2	\$373,126	\$252,257	\$237,207	\$245,507
Dental Officers 1/2	\$140,435	\$135,765	\$139,962	\$140,573
Dental Officers 3	\$182,978	\$160,848	\$166,190	\$165,882
Facilities Service Officers 7/8	\$61,486	\$67,514	\$84,762	\$74,744
Health Professional Officers 2	\$80,355	\$82,667	\$83,522	\$82,245
Health Professional Officers 3	\$93,100	\$94,987	\$95,423	\$96,342
Health Professional Officers 4	\$107,854	\$109,888	\$109,062	\$109,637
Health Professional Officers 5	\$124,933	\$128,823	\$128,270	\$126,786
Health Professional Officers 6	\$133,260	\$135,175	\$142,343	\$142,020
Registered Nurse RN 5.6	\$168,008	\$175,656	\$175,763	\$175,763
Registrars	\$119,919	\$118,691	\$119,368	\$120,373
Senior Career Medical Officers	\$220,408	\$235,977	\$227,022	\$226,933
Senior Info Tech Officers A/B/C	\$104,967	\$140,219	\$137,603	\$141,030
Senior Officers A	\$136,043	\$136,963	\$142,508	\$136,918
Senior Officers B	\$122,223	\$128,699	\$124,226	\$124,528
Senior Officers C	\$102,286	\$105,360	\$105,108	\$105,234
Specialists	\$344,111	\$348,516	\$349,447	\$350,000
Senior Specialists	\$430,988	\$436,599	\$417,229	\$420,000
Transitional Career Medical Officers	\$223,478	\$238,758	\$238,698	\$238,853

- 2018/19 dollar amounts for Specialists and Senior Specialists are estimates to date, as final amounts will depend on Private Practice earnings.
- Clinical Coders and Facilities Service Officers received a large amount of back pay in 2017/18.

### **ACT Health—staffing (Question No 1861)**

**Mr Coe** asked the Minister for Mental Health, upon notice, on 21 September 2018:

What was the average tenure or number of years staff worked in roles at ACT Health broken down by (a) job category and (b) specialty or field during (i) 2015-16, (ii) 2016-17, (iii) 2017-18 and (iv) 2018-19 to date.

**Mr Rattenbury:** The answer to the member's question is as follows:

The average tenure for an employee of the Health Directorate is 7.6 years.

<b>Row Labels</b>	<b>29-Jun-16</b>	<b>28-Jun-17</b>	<b>27-Jun-18</b>	<b>19-Sep-18</b>
Administrative Officers	7.6	7.6	7.7	7.7
Dental	10.1	8.2	7.3	6.5
Executive Officers	9.0	8.9	9.5	10.2
General Service Officers and Equivalent	8.3	8.8	8.9	9.3
Health Assistants	5.7	6.5	6.6	6.1
Health Professional Officers	7.4	7.5	7.8	7.8
Information Technology Officers	15.2	16.2	24.7	24.9
Legal Officers	14.0	15.0	16.0	16.3
Medical Officers	4.4	4.6	4.7	4.8
Nursing Staff	8.0	7.9	8.0	7.8
Professional Officers	4.5	3.8	3.9	4.4
Senior Officers	10.4	10.2	10.0	9.8
Technical Officers	8.6	8.7	9.1	8.6
Trainees and Apprentices	1.0	1.4	2.8	2.4
<b>Grand Total</b>	<b>7.5</b>	<b>7.6</b>	<b>7.7</b>	<b>7.6</b>

#### **Disclaimer:**

- (1) Information provided in the dataset reports the employee's category when they resign from the Directorate.
- (2) If any employee resigns from one position to accept a new position within the same directorate, and without a break in service, it is not counted in the statistics above.
- (3) If the employee is recruited as a nurse and later transition into an administrative role without a break in service, their tenure is recorded as an administrative officer and not a nurse.

### **ACT Health—staffing (Question No 1862)**

**Mr Coe** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

What was the average tenure or number of years staff worked in roles at ACT Health broken down by (a) job category and (b) specialty or field during (i) 2015-16, (ii) 2016-17, (iii) 2017-18 and (iv) 2018-19 to date.

**Ms Fitzharris:** The answer to the member's question is as follows:

The average tenure for an employee of the Health Directorate is 7.6 years.

Row Labels	29-Jun-16	28-Jun-17	27-Jun-18	19-Sep-18
Administrative Officers	7.6	7.6	7.7	7.7
Dental	10.1	8.2	7.3	6.5
Executive Officers	9.0	8.9	9.5	10.2
General Service Officers and Equivalent	8.3	8.8	8.9	9.3
Health Assistants	5.7	6.5	6.6	6.1
Health Professional Officers	7.4	7.5	7.8	7.8
Information Technology Officers	15.2	16.2	24.7	24.9
Legal Officers	14.0	15.0	16.0	16.3
Medical Officers	4.4	4.6	4.7	4.8
Nursing Staff	8.0	7.9	8.0	7.8
Professional Officers	4.5	3.8	3.9	4.4
Senior Officers	10.4	10.2	10.0	9.8
Technical Officers	8.6	8.7	9.1	8.6
Trainees and Apprentices	1.0	1.4	2.8	2.4
<b>Grand Total</b>	<b>7.5</b>	<b>7.6</b>	<b>7.7</b>	<b>7.6</b>

**Disclaimer:**

- (1) Information provided in the dataset reports the employee's category when they resign from the Directorate.
- (2) If any employee resigns from one position to accept a new position within the same directorate, and without a break in service, it is not counted in the statistics above.
- (3) If the employee is recruited as a nurse and later transition into an administrative role without a break in service, their tenure is recorded as an administrative officer and not a nurse.

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**Schools—asbestos  
(Question No 1863)**

**Mr Coe** asked the Minister for Education and Early Childhood Development, upon notice, on 21 September 2018:

Has the contractor or subcontractor responsible for the asbestos at Harrison Schools been engaged for any other work by the ACT Government; if yes, (a) what work has the contractor or subcontractor undertaken, (b) what is the contract number or numbers, (c) what is the value for work or works, (d) have any further tests, assessments or evaluations been undertaken of those works since the asbestos was found at Harrison Schools; if so, what were the results or findings of the tests and assessments

**Ms Berry:** The answer to the member's question is as follows:

The contractor or subcontractor responsible for the asbestos at Harrison School has not been identified at this time. WorkSafe ACT is leading the investigation into the source of the material.

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**Schools—asbestos  
(Question No 1864)**

**Mr Coe** asked the Minister for Education and Early Childhood Development, upon notice, on 21 September 2018:

Has the ACT Government sought legal advice in relation to the asbestos found at Harrison Schools; if so, what date was the advice (a) sought and (b) received.

**Ms Berry:** The answer to the member's question is as follows:

The Directorate has not sought legal advice in relation to the asbestos found at Harrison School.

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**Schools—asbestos  
(Question No 1865)**

**Mr Coe** asked the Minister for Education and Early Childhood Development, upon notice, on 21 September 2018:

- (1) In relation to the asbestos found in Harrison Schools, what is the (a) budget of the removal operation and (b) total spend to date.
- (2) How will the asbestos be removed from Harrison Schools and what safety risks are involved for students, parents, school faculty, and asbestos removalists.
- (3) What date is the asbestos removal operation at Harrison expected to be complete.
- (4) What arrangements have been made for external entities or community groups to access and use school facilities, such as school halls, during the asbestos removal operation.

**Ms Berry:** The answer to the member's question is as follows:

- (1)(a) The total costs are yet to be determined.
- (b) The total costs to date are \$78,801.
- (2) The asbestos at Harrison School will be removed by licenced and experienced asbestos removalists to an agreed methodology under the superintendency of an independent licenced asbestos assessor. The removal methodology ensures risks to students, parents, school faculty and asbestos removalists are kept to a minimum. The procedure includes air monitoring, the establishment of exclusion zones, decontamination areas, clearance sampling and full control of the site by the managing contractor. No unauthorised persons will be permitted onto the site while works are being carried out.

- (3) The removal of asbestos at Harrison School was completed by Sunday 14 October 2018.
  - (4) Alternative arrangements have been made for staff and users who would have otherwise been on site during this period.
- 

**Municipal services—drinking water stations  
(Question No 1866)**

**Ms Lee** asked the Minister for City Services, upon notice, on 21 September 2018:

- (1) Which local shops have drinking water stations in (a) Belconnen, (b) Gungahlin, (c) Inner North, (d) Inner South, (e) Molonglo Valley, (f) Woden, (g) Weston Creek and (h) Tuggeranong.
- (2) When was each drinking water station installed.
- (3) What was the cost per water station for installation.
- (4) Can the Minister provide the criteria used to select these local shops to have a drinking water station installed.

**Mr Steel:** The answer to the member's question is as follows:

- (1) As stated in the response to Question on Notice 1632, the local shops (which include town centres) in the following areas have access to drinking water stations (and drinking fountains) within 20 metres:
  - a. Belconnen – 8
  - b. Gungahlin – 2
  - c. Inner North – 3
  - d. Inner South – 6
  - e. Molonglo Valley – 0
  - f. Woden / Weston Creek - 12
  - g. As above
  - h. Tuggeranong – 1

Looking only at only local suburban shops where water stations are within 50 metres, not including larger town centres, the following figures apply:

- a. Belconnen, 1 water station at the Cook shops was installed in 2016
- b. Gungahlin = 0
- c. Inner North = 0
- d. Inner South = 0
- e. Molonglo Valley = 0
- f. Woden, 1 water station at the Hughes shops installed in 2016
- g. Weston, 1 water station at the Chapman shops installed in 2015
- h. Tuggeranong, 1 water station at the Kambah shops on Mannheim St installed in 2016.



- (2) Approximately 30 drinking fountains in total were installed between 2013-14 and 2014-15 as part of the 'Healthy Weight Action Plan'. This program prioritised installations in key public locations such as town centres, sporting fields, and schools to replace existing infrastructure that was impaired and to install new infrastructure based on public survey. This program also provided improvements to the drinking refill stations for public events. Final locations were based on public consultation and internal modelling.
  - (3) The cost per water station was approximately \$5,560 while the installation cost for each station ranged between \$7,000 and \$11,000 depending on the distance to a water main, the costs of tapping into a water main and whether a water meter and other infrastructure was required.
  - (4) This was an initiative driven by ACT Health while TCCS provided potential locations for placement and arranged installation. Considerations given to the placement of the drinking stations included:
    - a. If the shopping centre had an existing water fountain;
    - b. If the area to be considered was a high use shopping centre;
    - c. Access to water mains and other infrastructure; and
    - d. Public consultation.
- 

**Centenary Hospital for Women and Children—upgrade program  
(Question No 1867)**

**Mrs Dunne** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) What specific works were undertaken in the birthing suite refurbishment project at the Centenary Hospital for Women and Children.
- (2) Were any of these works related to building defects; if yes, (a) what were they, (b) how much did they cost and (c) why were they not covered under building defects warranty provisions in the relevant construction contracts.
- (3) Were any of these works required to rectify damage caused by faults or breakdowns in other building components; if yes, (a) what were the relevant building components, (b) what were the faults or breakdowns, (c) what damage did they cause and how much did the repairs cost.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) This project involved works to replace existing spindle extensions with mixing valves and associated works. These works are required to address identified issues within the suite. Both the works and investigation to determine their cause are ongoing.
  - (2) See (1)
  - (3) See (1)
-

## ACT Health—proposed organisational changes (Question No 1868)

**Mrs Dunne** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) How many workshops have been scheduled to discuss, consult on, or otherwise consider the restructure since the Chief Minister's decision to restructure the Health Directorate.
- (2) Have all the scheduled workshops been held; if not, why not, how many were cancelled and what costs were incurred for cancelled workshops.
- (3) For each workshop held (a) when was it held, (b) where was it held, (c) who facilitated it, (d) if there was a keynote speaker, who was it, (e) how many people attended by (i) senior executive staff, (ii) executive level staff and (iii) other staff and (f) what were the costs for (i) venue hire, (ii) catering and (iii) other costs (specify any individually that cost \$1000 or more).
- (4) For each workshop yet to be held (a) when will it be held it held, (b) where will it be held, (c) who will facilitate it, (d) if there is to be a keynote speaker, who is it, (e) how many people are anticipated to attend by (i) senior executive staff, (ii) executive level staff and (iii) other staff and (f) what are the budgeted costs for (i) venue hire, (ii) catering and (iii) other costs (specify any individually that cost \$1000 or more).

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) The process to transition involved both, one-on-one and team meetings. The Transition Office has also undertaken over 240 one-on-one meetings, 58 presentations and group forums and 11 external stakeholder meetings, as well as responding to many direct staff submissions.

A number of workshops were also held as part of the transition phase: seven leadership workshops (two collaborative leadership events and five executive workshops), seven consultation sessions with Nous Group, four all staff forums and one corporate services workshop.

- (2) Yes.
- (3) Please refer to the following table.
- (4) Any future workshops are yet to be confirmed.

Workshop	Date held	Venue	Facilitator / Keynote speaker	Attendees	Costs
<b>Form and function</b>					
All staff forum	14 June (1 hour)	Canberra Hospital Auditorium	Michael De'Ath, Interim Director-General	150 various levels	
All staff forum	14 June (1 hour)	ACT Health Bowes Street Woden	Michael De'Ath, Interim Director-General	231 various levels	Audio visual equipment: \$1190.20 (including GST)  Chair hire - \$820.20 (incl GST)

Workshop	Date held	Venue	Facilitator / Keynote speaker	Attendees	Costs
<b>Executive and corporate workshops</b>					
Executive workshop 1	10 July (3.5 hours)	ACT Health Bowes St Woden	Catherina O'Leary, Transition Office (internal)	43 executive level	Catering - \$664.50 including GST
Executive workshop 2	18 July (4 hours)	ACT Health Bowes St Woden	Catherina O'Leary, Transition Office & Organisation Development Unit (internal)	40 executive level	Catering - \$450.00 including GST
Executive workshop 3	8 August (4 hours)	ACT Health Bowes St Woden	Catherina O'Leary, Transition Office & Organisation Development Unit (internal)  Jennifer Bennett (Spring Green Consulting)	38 executive level	nil
Corporate support functions	24 August (3 hours)	ACT Health Bowes St Woden	Catherina O'Leary, Transition Office (internal)  Jennifer Bennett (Spring Green Consulting)	18 executive level  14 other	nil
Executive workshop 4	28 August (2 hours)	ACT Health Bowes St Woden	Catherina O'Leary, Transition Office (internal)	42 executive level	nil
Executive workshop 5	25 September (1 hour)	ACT Health Bowes St Woden	Michael De'Ath, Director-General	43 executive level	nil
<b>Governance consultations</b>					
Professional Leaders	2 July (90 min)	Canberra Hospital	Robert Griew (Nous) & Catherina O'Leary, Transition Office	4 executive level	nil
Clinical Executive Directors	2 July (90 min)	Canberra Hospital	Robert Griew (Nous) & Catherina O'Leary, Transition Office	13 executive level	nil
Corporate Executive Directors	6 July (90 min)	ACT Health Bowes St Woden	Robert Griew (Nous) & Catherina O'Leary, Transition Office	9 executive level	nil
NGO sector	17 July (90 min)	ACT Health Bowes St Woden	Robert Griew (Nous) & Catherina O'Leary, Transition Office	External	nil
All staff	17 July (90 min)	Canberra Hospital Auditorium	Robert Griew (Nous) & Catherina O'Leary, Transition Office	64 all levels	nil
Medical Colleges	17 July (90 min)	ACT Health Bowes St Woden	Robert Griew (Nous) & Catherina O'Leary, Transition Office	External	nil
All staff	18 July (90 min)	ACT Health Bowes St Woden	Robert Griew (Nous) & Catherina O'Leary, Transition Office	117 all levels	nil
Medical associations and unions	18 July (90 min)	ACT Health Bowes St Woden	Robert Griew (Nous) & Catherina O'Leary, Transition Office	External	nil
Academic Partners	6 August (90 min)	ACT Health Bowes St Woden	Robert Griew (Nous) & Catherina O'Leary, Transition Office	External	nil

Workshop	Date held	Venue	Facilitator / Keynote speaker	Attendees	Costs
<b>Collaborative Leadership</b>					
Event 1	14 August (full day)	National Museum	Organisation Development Unit Transition Office  Bruce McCabe (keynote)	5 senior executive 28 executive level 106 other	Venue hire: \$850 Catering: \$13,600 Keynote speaker: \$9,500 (excl GST).
Event 2	13 September (full day)	National Museum	Organisation Development Unit Transition Office  Abby Rees (keynote)	5 senior executive  15 executive level 108 other	Venue hire: \$850 Catering: \$12,160 Keynote speaker: \$3,300 (excl GST).
<b>Staff forums</b>					
All staff	6 September	ACT Health Bowes St Woden	Michael De'Ath, Director-General	277 all levels	Audio visual: \$2263.81 (including GST)  Chair hire: \$778.80 (including GST)
All staff	6 September	Canberra Hospital Auditorium	Michael De'Ath, Director-General	150 all levels	nil

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### Canberra Hospital—radiology department (Question No 1869)

**Mrs Dunne** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

Is the Government considering, in any way either formally or informally, privatisation of (a) its medical imaging services or (b) any element of its medical imaging services at The Canberra Hospital; if yes, (a) is the Government complying fully with the privatisation provisions of relevant enterprise bargaining agreements and (b) what procedures are in place to ensure full compliance with relevant enterprise bargaining agreements.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) a) No
- b) No

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### Canberra Hospital—radiology department (Question No 1870)

**Mrs Dunne** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) For each month during 2018, up to the date on which this question was placed on the questions on notice paper (a) how many CT scans taken at the Canberra Hospital were sent off-site for analysis and reporting and (b) why were CT scans sent off-site for analysis and reporting.
- (2) Does ACT Health or Canberra Hospital and Health Services have contracts with external providers to analyse and report on CT scans; if yes (a) who are the contractors, (b) what is the value of each contract, (c) what are the contract numbers, (d) what indemnities are in place for the government and (e) what indemnities are in place for each contractor.
- (3) If there is no contract, what governance, including, but not limited to, indemnities, are in place for off-site analysis and reporting of CT scans.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1)
  - a) Between 1 Jan 2018 to 21 September 2018, there have been 833 studies reported by the offsite reporter.
  - b) Medical imaging is a critical tool for clinicians to ensure timely outcomes for patients. Using an offsite provider provides timely access to results to ensure appropriate continuity of care. This is a strategy that has the support of senior radiologists and is used in hospitals across the country. This strategy will continue to be used to manage unplanned leave, and is not planned to be long term.
- (2)
  - a) Canberra Health Services (CHS) has one offsite provider (Everlight) to report studies.
  - b) For computerised tomography (CT) scans in the period 1 January 2018 to 21 September 2018, the value is approximately \$100, 000.
  - c) CHS has confirmed that all procurement processes were followed for the original service agreement, however we are advised that the contract was not loaded onto the register at the time. Canberra Hospital Services can confirm that following a recent procurement process, we are currently finalising a new contract and this will be published on the contract register. Once completed, we expect this to be finalised by the end of November 2018.
  - d) Medical indemnity insurance is provided by the contractor for all reporting radiologists.
  - e) Public liability insurance, professional indemnity insurance and workers compensation
- (3) Not applicable

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**Government—meetings  
(Question No 1871)**

**Mrs Dunne** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) In relation to the answer to question on notice No 1574, what are the terms of reference for the Building Health Services Program strategy steering committee.
- (2) Did Ms Gallagher make a declaration to the committee of any perceived or actual conflicts of interest; if yes, what were those conflicts; if not, why not.
- (3) What measures did the ACT Government have in place to manage any actual or perceived conflict of interests, whether declared or not.
- (4) By what date is the committee to report to the ACT Government.

**Ms Fitzharris:** The answer to the member's question is as follows:

1. The Terms of Reference for the Building Health Services Program (BHSP) Strategy Steering Committee are at Attachment A.
2. Ms Gallagher was a non-member attendee of the Committee rather than a member. Non-members of the Committee are not required to disclose interests.
3. The Committee actively manages conflict of interest issues through a requirement for open disclosure by members of potential or perceived conflict of interest issues.
4. The outcomes of the BHSP Strategy Steering Committee will inform submissions to Government intended to occur prior to the end of the year.

*(A copy of the attachment is available at the Chamber Support Office).*

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### **ACT Health—workplace culture (Question No 1872)**

**Mrs Dunne** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) How many inquiries have been held into issues of organisational culture, bullying and harassment in ACT Health since 2008.
- (2) When were these inquiries held.
- (3) Who conducted them.
- (4) What powers did these inquiries have.
- (5) What protections were in place for witnesses giving evidence before them.
- (6) What were the (a) findings and (b) recommendations.
- (7) What were the Government's responses.
- (8) Which recommendations were implemented.
- (9) Which recommendations were not implemented.

- (10) Why were they not implemented.
- (11) What on-going and sustainable improvements did the implemented recommendations yield.
- (12) Which inquiry (a) reports and (b) Government responses were made public.
- (13) For any that were not made public, why.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) There have been no inquiries as defined by the *Inquiries Act*.
- (2) Not applicable.
- (3) Not applicable.
- (4) Not applicable.
- (5) Not applicable.
- (6) (a) and (b) Not applicable.
- (7) Not applicable.
- (8) Not applicable.
- (9) Not applicable.
- (10) Not applicable.
- (11) Not applicable.
- (12) (a) and (b) Not applicable.
- (13) Not applicable.

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**Health—palliative care  
(Question No 1873)**

**Mrs Kikkert** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) How many staff at ACT aged-care facilities have been trained in palliative care and how many staff were trained in the years (a) 2017 and (b) 2018 to date.
- (2) When did palliative care training for ACT aged-care facilities staff commence.
- (3) How long does training last and how often are staff trained.
- (4) How long is each training session.

- (5) How many staff from each aged-care facility in the ACT are trained in palliative care.
- (6) How many staff from each aged-cared facility are not trained in palliative care.
- (7) How much does provision of such training cost (including paying staff who undertake the training as part of their work) and how much of this cost is supported by the ACT Government.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) Calvary, through the Specialist Palliative Care Service operating from Clare Holland House, is a provider of the Commonwealth Government funded national Program of Experience in the Palliative Approach (PEPA) training. PEPA is relevant to and provided to people working in a range of settings, including Residential Aged Care Facilities (RACF).

Calvary's data is not maintained according to these reporting periods. In the period 1 January 2015 to 30 June 2017, 258 RACF staff undertook PEPA training, from 1 November 2017 to date, 66 RACF staff completed PEPA training.

- (2) PEPA commenced in 2003. Calvary has provided ongoing formal and informal palliative and end of life care education, training and assistance to other health services and workers since it began operating the ACT Hospice in 1995.
- (3) In the ACT the training lasts for an indefinite period. RACF staff who seek additional training may gain that from workshops (see detail below) or by contacting Calvary's Palliative Care Nurse Practitioners and the Clare Holland House Nurse Educator if they need general assistance or guidance around the aspects of care for a single resident.
- (4) In the ACT the following PEPA education and training programs are available:
  - Aged Care Workshops – four hours duration;
  - Palliative Approach Workshop – eight hours duration;
  - Clinical Placements at ACT Specialist Palliative Care Service – three to five days; and
  - Reverse PEPA Clinical Training – a Calvary Specialist Palliative Care Service Team member spends three days embedded in a Residential Aged Care Facility working alongside staff.
- (5) Calvary cannot provide numbers for specific facilities, but since 1 January 2015, 324 staff from RACFs have undertaken PEPA training, 76 of whom participated in clinical placements or reverse placements. RACFs may provide other training for staff using other methods including approved training organisations and other Commonwealth Department of Health initiatives.
- (6) Calvary is not able to respond to this question.
- (7) PEPA program funding for the past four financial years was:

FY14/15	\$114,925
FY15/16	\$118,127
FY16/17	\$202,174
FY17/18	\$116,212



It is not possible to calculate the proportion of time Calvary's Palliative Care Nurse Practitioners and the Clare Holland House Nurse Educator devote to consultative palliative care training, education and skills based training to RACFs. This aspect of palliative care training is funded by the ACT Government.

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**Municipal services—fitness circuits  
(Question No 1874)**

**Mrs Kikkert** asked the Minister for City Services, upon notice, on 21 September 2018:

- (1) What was the cost of installing the most recent two fitness circuits of the three fitness circuits located in the area between the Rainbow Serpent Playground and the University of Canberra Senior Secondary College Lake Ginninderra (along Aikman Drive).
- (2) Who made the decision to install each piece of equipment and what considerations were taken into account as part of the decision-making process.
- (3) Why were the two new fitness circuits installed in this area, rather than in other parks with a demand for fitness equipment, such as Birrell Street playground in Page.

**Mr Steel:** The answer to the member's question is as follows:

- (1) Of the three fitness areas two were constructed in 2009 at a cost \$34,500 and the more recent fitness area was constructed in 2015 at a cost of \$40,000.
- (2) The selection of types of equipment for the 2009 installation was made by the design consultants engaged for delivery of the project and based on a range of requirements, including allowance for a variety of tasks and skill levels.

The selection of the types of equipment for the 2015 installation was based on consultations with key stakeholder groups, including the ACT chapter of the Heart Foundation, the Council of the Aging (COTA) and with the YMCA as well as feedback from the community gathered during public consultation from 20 October to 1 December 2014.

The consultation called for preferences from a selection of various types of equipment that provide exercise in the key fitness areas of cardio, flexibility and strength. Other considerations were that fitness equipment would accommodate the broadest set of users with regards to age, ability and interest; as well as exercises involving bar work and body resistance, which was one of the most frequent requests made during the community consultation.

- (3) The rationale for fitness circuits to be installed in John Knight District Park rather than a local playground, such as Birrell Street in Page, was to achieve best usage levels in order to realise the greatest health benefits for as many people as possible. The district park location was selected for Belconnen as an area near a well-used shared path and highly visited recreational park.
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**ACT Health—cultural training  
(Question No 1875)**

**Mrs Kikkert** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) Do ACT Health staff receive ongoing training in cultural competency; if so (a) how many training sessions were held in the year 2018 to date and (b) what staff, and how many staff attended each session.
- (2) Is cultural competency training part of essential staff education as ACT Health staff use a learning management system called “Capabiliti”; if so, what is the nature of the training; if not, why not.
- (3) How many ACT Health staff are currently not compliant in their essential training, as reported on the Performance Information Portal.

**Ms Fitzharris:** The answer to the member’s question is as follows:

- (1) ACT Health provides all staff access to Aboriginal and Torres Strait Islander training and Diversity training.
    - a) Aboriginal and Torres Strait Islander training is an e-Learning course therefore is available to all staff at any time.

Diversity training is provided in face to face sessions and is also available on e-Learning. There has been six face to face sessions in 2018.
    - b) Aboriginal and Torres Strait Islander training is available to all ACT Health staff. Currently, 6819 staff (89.30 per cent of all staff) have completed this training.

Diversity training is available to all ACT Health staff. Fifty Seven (57) staff have attended face to face training sessions, and 276 have completed the e-Learning since January 2018.
  - (2) Aboriginal and Torres Strait Islander training is identified as essential education in Capabiliti and in Directorate policy. While Diversity training is not identified as essential education, it is a highly recommended training for all ACT Health staff. Refer to the response to question (1) a) for the nature of the training courses.
  - (3) As of 12 September 2018 for ACT Health, there are currently 817 staff not compliant. A plan is place to ensure these staff complete this training as soon as practicable.
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**Energy—efficiency  
(Question No 1876)**

**Mrs Kikkert** asked the Minister for Climate Change and Sustainability, upon notice, on 21 September 2018:

- (1) How many workshop presentations on energy efficiency have been delivered to culturally and linguistically diverse (CALD) groups in 2017 and 2018 to date.
- (2) Which CALD groups received workshop presentations, and on what dates in the year 2017 and 2018 were the workshops delivered.

- (3) How were language barrier issues addressed to ensure that members of CALD groups clearly understood the information being presented.
- (4) What were the major concerns raised by the forum during the Q&A session in April 2018 when the Minister presented to the Canberra Multicultural Forum on climate and energy issues and how are these concerns being addressed.

**Mr Rattenbury:** The answer to the member's question is as follows:

- (1) The *Actsmart Programs* delivered workshops to 664 individuals in 2017-18 and 89 individuals in 2018-19 to date, through targeted workshops for CALD community members.
- (2) In 2017-18 targeted workshops were delivered to Chinese, Italian, Spanish and Arabic language groups as well as a series of workshops through the Adult Migrant Education Program in partnership with the Canberra Institute of Technology (CIT).
- (3) Workshops included the use of a translator and resources were tailored in the language of participants.
- (4) Canberra Multicultural Forum members raised two main concerns:
  - Creating a narrative and specific actions around an individual's contribution to reducing emissions to help create a sense of ownership and encourage friendly competition within the community.
  - Support for organisations that engage with those from diverse cultural backgrounds and are new to the community to raise awareness on climate change issues and the work the ACT Government is doing.

Both these issues are to be considered in the development of future climate change policy.

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### **Community Services Directorate—data collection (Question No 1877)**

**Mrs Kikkert** asked the Minister for Community Services and Facilities, upon notice, on 21 September 2018:

- (1) Which Community Service Directorate (CSD) data collection areas have implemented the Common Dataset that the CSD has developed and implemented which provides instruction and guidance on the collecting of data about service users, including the mandatory collection of culturally and linguistically diverse (CALD) backgrounds.
- (2) Which CSD data collection areas have not yet implemented the Common Dataset.
- (3) What is the difference between the data collected currently by these areas and data collection guided by the Common Dataset.
- (4) When was the Common Dataset first implemented, and how long did it take to develop.

- (5) What individuals and groups were consulted as part of the development process for the Common Dataset.
- (6) Who are the key stakeholders that make up the Common Dataset Working Group, and why were they selected to be part of the group.
- (7) When were data quality processes undertaken throughout the year 2018 to date, and what was the nature of each process.
- (8) What issues were identified during these processes, and how are they being addressed.
- (9) Can the Minister provide a copy of the Common Dataset as an attachment; if not, why not.

**Mr Steel:** The answer to the member's question is as follows:

- (1) The Common Dataset provides a guide for the collection of relevant client data. The Common Dataset is not intended to provide an exhaustive list of data required across all service delivery programs, but rather to provide a consistent approach to commonly collected data. It is therefore, anticipated that services will continue to collect additional information specific to their service delivery needs.

Some areas are implementing different parts of the Common Dataset dependent on the service they offer or the limitations of their data collection system. Areas collecting information relating to cultural and linguistic diversity include:

- Child Development Service
- Child Protection services
- Youth Justice
- Housing ACT

All services that will transition to the new Client Management System will be collecting their data using the Common Dataset as a guide. Culturally and linguistically diverse (CALD) backgrounds is a mandatory collection requirement within the Common Dataset.

- (2) The Common Dataset is being implemented across the Directorate through an iterative process. For some business areas the whole of the Common Dataset is not relevant to the service they offer.

All data collecting areas within the Community Services Directorate are implementing relevant items within the Common Dataset.

Full implementation will continue to be undertaken in an iterative way, at natural points of review. This process will take time, but will ensure the Common Dataset is embedded in the most meaningful and effective way. For example, the new client management system will ensure all services using the system are collecting comparable data items.

- (3) The purpose of the Common Dataset is to create a consistent approach to data collection, enabling comparability of client information across services. Differences in data collection relate specifically to the structure and/or format of the data, and the way in which it is collected.

- (4) Early planning for the development of a Common Dataset commenced in December 2015. Consultants were procured to progress the initial drafting of the Common Dataset and conduct co-design workshops with key stakeholders from across the human services system. These stakeholders were internal and external to government.

The Common Dataset continued to evolve throughout 2016 and 2017 and experienced many iterations. Implementation of the Common Dataset commenced in 2017.

The Common Dataset will continue to change as national data standards shift and improve.

- (5) Consultations and co-design processes were conducted in the format of workshops with key stakeholders and data collectors from government and the community sector.

Attendees included staff from CSD, Corrective Services, Access Canberra, Education and Training Directorate, ACT Health, Chief Minister, Treasury and Economic Development Directorate, Justice and Community Safety Directorate, Barnardos, Belconnen Community Services, the Capital Health Network, Connections ACT, Red Cross, UnitingCare Kippax, Woden Community Service and the YWCA.

- (6) The Community Services Directorate Digital and Data Governance Board was established in May 2018 to oversee and improve matters relating to digital and data improvements across the directorate. Regular meetings of the Board ensure ongoing oversight of the Common Dataset and also other dependent data collection processes.

The Digital and Data Governance Board includes senior and executive staff from the Community Services Directorate. Members were selected based on their expertise and authority of digital and data collection processes.

Initial implementation discussions and small pilot tests for the Common Dataset were started in December 2017, guided by the Common Dataset Working Group

- (7) Data Quality Assurance is an ongoing activity within the Community Services Directorate. Operational data quality processes are undertaken across the Directorate on a weekly basis.

Internal auditors also review the directorate's data collection and maintenance processes. The auditor's periodic reviews are considered a critical and necessary accountability measure within the directorate.

- (8) The weekly report on data quality provides operational areas with the opportunity to amend data entry errors.

The Common Dataset will support data quality assurance across the Directorate by providing guidance on what format data should be collected, creating consistent data that can more easily be compared.

- (9) The Common Dataset is available publically on the Community Services Directorate website. <http://www.communityservices.act.gov.au/home/publications/common-dataset>

**Government—respect, equity and diversity training  
(Question No 1878)**

**Mrs Kikkert** asked the Chief Minister, upon notice, on 21 September 2018  
(redirected to the Acting Chief Minister):

- (1) When has staff training on the Respect, Equity and Diversity (RED) Framework been undertaken each year for the past three years and for which staff on each occasion.
- (2) How often are staff expected to undertake RED training.
- (3) Are there any staff who do not undertake RED training; if so, why not.
- (4) How long is each training session and what is the nature of the training.
- (5) Is feedback collected on RED training sessions; if so, what aspects of the training have been successful and what improvements have been suggested; if not, why not.

**Ms Berry:** The answer to the member's question is as follows:

The following response relates to all staff in the Chief Minister, Treasury and Economic Development Directorate (CMTEDD), including Shared Services.

- (1) CMTEDD regularly conducts Respect Equity and Diversity (RED) training for managers and staff. Twice a year, CMTEDD dedicates one week for the promotion of the RED Framework and offers multiple training sessions during these weeks. A summary, by financial year, of training sessions and staff participation is:

<b>Financial Year</b>	<b>RED General Training</b>	<b>Number of Participants</b>	<b>RED Manager Training</b>	<b>Number of Participants</b>
<b>2015-16</b>	16 July 2015 4 August 2015 2 May 2016 6 May 2016 25 May 2016 30 May 2016	149 staff – 6 sessions	7 July 2015 27 May 2016 10 June 2016	44 staff – 3 sessions
<b>2016-17</b>	5 August 2016 15 August 2016 15 May 2017 17 May 2017 18 May 2017	115 staff – 5 sessions	24 August 2016 16 May 2017 18 May 2017	46 staff – 3 sessions
<b>2017-18</b>	11 September 2017 12 September 2017 13 September 2017 23 November 2017 1 March 2018 5 March 2018 6 March 2018 23 March 2018 4 April 2018 2 May 2018 3 May 2018 8 May 2018 10 May 2018 11 May 2018	202 staff – 14 sessions	9 June 2017 13 September 2017 14 September 2017 15 September 2017 17 November 2017 15 February 2018 27 March 2018 4 May 2018 14 May 2018	111 staff – 9 session

Introductory RED Contact Officer training is delivered through the Whole of Government ACT Public Service (ACTPS) Training Calendar. RED Contact Officer training delivered to CMTEDD employees for the last three financial years is:

	2015-16	2016-17	2017-18
<b>RED Contact Officer</b>	12 staff	5 staff	6 staff

- (2) RED training forms part of the ACTPS Core Learning Policy and is now mandatory training for all employees. The policy is being implemented across ACTPS Directorates and is being supported by the development of e-learning modules.

As outlined in the Core Learning Policy, refresher training will be undertaken when employees return to the workplace after an extended period of leave (12 months or more). Employees may also be directed by their managers or supervisors to undertake or refresh the training, at any time.

Staff who nominate to become RED Contact Officers are required to complete initial mandatory RED Contact Officer training. Annual refresher training sessions are also provided.

New employees receive an introduction to the RED Framework through both the Whole of Government and CMTEDD Induction programs.

- (3) All staff are required to undertake RED Training.
- (4) Sessions are delivered face to face for four hours. The training adheres to the ACTPS Core Learning Policy and includes promoting a positive workplace culture; practical interpretation of respect, equity and diversity; responsibilities under the RED Framework; and how to identify and respond to unacceptable behaviour. Participants are engaged in discussions and scenarios and are also provided with a RED Framework resource manual.

The ACTPS Training Calendar courses are delivered by two training providers, as part of the Whole of Government Training Panel. The courses are either three and half or four hours in a face to face setting.

- (5) Feedback from individual participants has been collected at all training sessions and indicates the programs are successful. The feedback has been used to improve course content.

The courses conducted through the ACTPS Training Calendar have received a satisfaction rating of 93 per cent.

### **ACT Health—cultural diversity (Question No 1879)**

**Mrs Kikkert** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) When will the new Diversity Framework for 2019 be published.

- (2) Is the implementation report against *Towards Culturally Appropriate and Inclusive Services, a Co-ordinating Framework (2014-2018)* now completed; if so, can the Minister include the report as an attachment; if not, when will the report be completed.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) ACT Health Directorate is in the early stages of developing a new Diversity Framework. This work will progress during 2019.
- (2) ACT Health Directorate is currently drafting an implementation report, which will reflect activity across both the Directorate and Canberra Health Services. The report will be provided to Government in late 2018.

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**ACT Health—cultural diversity  
(Question No 1880)**

**Mrs Kikkert** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) Who will be responsible for providing to the Executive Council a six monthly qualitative report on progress towards implementation of the Multicultural Health Policy Unit under *Towards Culturally Appropriate and Inclusive Services: a Co-ordinating Framework*.
- (2) What is the current status of the development of reporting mechanisms on the progress of culturally and linguistically diverse related initiatives identified in the Framework documents; if it's completed, what are the reporting mechanisms; if not, what is the expected completion date.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) This work will be coordinated by Health Systems, Policy and Research Division with input from other Divisions within the ACT Health Directorate and Canberra Health Services.
- (2) ACT Health Directorate is seeking information from across the Directorate and Canberra Health Services on implementation and outcomes of culturally and linguistically diverse related initiatives identified in the Framework. A report will be provided to Government in late 2018.

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**ACT Health—cultural diversity  
(Question No 1881)**

**Mrs Kikkert** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) What data collection and reporting systems have been implemented between the years 2014 to present for identifying health issues that may be prevalent in particular



culturally and linguistically diverse (CALD) communities; if an updated system has not been implemented yet, who is responsible for exploring and implementation of such systems.

- (2) Who now monitors national and international research, disseminating evidence for effective multicultural health care.
- (3) What is the current status of developing cultural profiles of ACT CALD communities for the use of staff; if the development is still ongoing, who is now responsible for completing and maintaining these profiles and what information is provided in each cultural profile.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) At the national level, only a small amount of data is available on the health determinants (eg behaviours such as smoking and social determinants of health such as education), access to health services (eg primary health care), and health outcomes (eg life expectancy) of people from CALD backgrounds. Identifying health issues that may be prevalent in particular CALD communities is limited by:
  - a. The national data specification and collections that separately identify the impact on different CALD communities;
  - b. The data collections in the ACT which, like national data collections, do not collect CALD information in many cases; and
  - c. The number of ACT residents from CALD backgrounds with certain health conditions; sample size needs to be considered in the publication of data to ensure confidentiality is not compromised.

While some data is available on people who are born overseas or who speak a language other than English at home, this is often not broken down by different countries/regions or languages, which makes it difficult to analyse for policy and planning purposes. Information on how health behaviours, service use or outcomes differ by length of residence in Australia, country of birth of parents, religious affiliation, or immigration status (especially for asylum seekers and people of refugee background), is therefore limited.

- (2) Monitoring research and disseminating the findings on multicultural health care is not specifically tasked to any one area of ACT Health Directorate or Canberra Health Services. However, national and international research will be considered in the context of developing a new Diversity Framework, which will be managed by the Health Policy Unit in Health Systems, Policy and Research.
- (3) Community Cultural Profiles, including migration history, communication issues, cultural health beliefs and practices are available to ACT Health staff on the intranet. There are currently 13 profiles available.

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### **Sport—indoor sports feasibility study (Question No 1882)**

**Mr Milligan** asked the Minister for Sport and Recreation, upon notice, on 21 September 2018:

Did the Minister report in the Assembly on 22 February 2018 that the Feasibility Study for Indoor Sports in Gungahlin, Woden and Belconnen would be released very soon; if so, when can the residents of these areas and the various sporting stakeholders expect to see this report.

**Ms Berry:** The answer to the member's question is as follows:

The Future Indoor Sports Facility Provision Feasibility Study is currently being finalised. It is expected that this report will be released by the end of 2018.

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### **Aboriginals and Torres Strait Islanders—Ngunnawal Bush Healing Farm (Question No 1883)**

**Mr Milligan** asked the Minister for Health and Wellbeing, upon notice, on 21 September 2018:

- (1) In relation to a question without notice on 22 March 2018, did the Minister state that a second intake of clients at the Ngunnawal Bush Healing Farm would be occurring in April; if so can the Minister provide detail on the number of clients and type of programs that have been delivered to date at this facility.
- (2) How does the Ngunnawal Bush Healing Farm reflect the principles of self-determination.
- (3) What is the review process for determining the effectiveness of the Ngunnawal Bush Healing Farm from an economic, social and cultural perspective.
- (4) Has the model of care for the Ngunnawal Bush Healing Farm been finalized and will the Minister make it publically available.
- (5) Can the Minister provide detail on what other community groups have been accessing the Ngunnawal Bush Healing Farm to conduct workshops, retreats or camps.
- (6) Has there been any fees or charges for community groups to use the Ngunnawal Bush Healing Farm and what is the eligibility criteria and booking process to secure access to the facility.

**Ms Fitzharris:** The answer to the member's question is as follows:

- (1) In relation to my answer regarding a second intake of clients at the Ngunnawal Bush Healing Farm (NBHF), I did not indicate a specific date for this second intake. I can, however, confirm that a second program intake commenced on 4 June 2018 with a full complement of 12 clients.
  - The type of programs delivered included:
    - Nutritional and food preparation;
    - Horticulture and bush tucker;
    - Blacksmithing and toolmaking;
    - Physical fitness and wellbeing;
    - Music therapy;
    - Cultural walks and talks;
    - Horse therapy;

- Relapse prevention;
- Leadership and self-empowerment training;
- Outdoor education; and
- Cartoon therapy.

- (2) It is the intention of the ACT Government that the NBHF will be governed and managed by the ACT Aboriginal and Torres Strait Islander Community. ACT Health will continue to manage the NBHF as it works towards transitioning the service to a community controlled organisation.
- (3) ACT Health has recently contracted with Burbangana Consulting to conduct a review of the NBHF.

The Review will be informed by the principles of cultural competency and will focus on key areas including governance, service delivery, planning and operations, and policy. The review will focus on the following six aspects of the NBHF program:

- review of governance arrangements for NBHF and recommendations regarding appropriate governance arrangements into the future.
  - the range of programs currently delivered and potential future additions or improvements best suited to governance model.
  - research and consultation in relation to delivery of appropriate and effective programs including processes for client identification and selection, effectiveness of completed programs, and the sustainability of program outcomes following completion.
  - effectiveness and relevance of governing policies for the NBHF.
  - staffing levels, training, and supervision procedures.
  - current infrastructure and best use of the facility to align with program aims, the NBHF governance model, and the needs of the Community.
- (4) ACT Health has been progressing towards the full implementation of the detailed service model first developed in 2012. A copy of this model is attached.

As noted in my statement to the assembly on 12 September 2017, ACT Health has been implementing this service model in a phased approach since the opening of the facility.

- (5) Many Aboriginal and Torres Strait Islander and other community groups have been invited to attend the NBHF since the official opening on 4 September 2017.

Guests to the NBHF have included;

- ACT Aboriginal and Torres Strait Islander Nannies group
- A Social and Emotional Wellbeing Women's group from Wellington NSW
- Bulungs Bootcamp
- Cultural art groups through Arts ACT
- The Healing Foundation
- Aboriginal Legal Service
- Marathon Health
- The Growing Healthy Families Program
- Members of the steering committee, Our Booris our way
- ACT Human Rights

- Domestic Violence Crisis Service
  - ACTCOSS
  - JACS Staff from ACT Corrections and Probation and Parole
  - Galambany Magistrate, Dr Bernadette Boss
- (6) No fees are charged to community groups. All requests for visits to the NBHF are booked at the discretion of the Service Manager, subject to the operational needs of the NBHF.

*(A copy of the attachment is available at the Chamber Support Office).*

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### **Sport—ground maintenance (Question No 1884)**

**Mr Milligan** asked the Minister for Sport and Recreation, upon notice, on 21 September 2018:

- (1) Can the Minister provide the exact number of sportsgrounds managed by the ACT Government for (a) irrigated sportsgrounds (b) non-irrigated sportsground, (c) hectares of irrigated sportsgrounds and (d) hectares of non-irrigated sportsgrounds.
- (2) Can the Minister provide a list of each of the sportsgrounds referenced in part (1) and outline any routine maintenance schedules or planned upgrades for these facilities over the next 12 months.
- (3) Can the Minister provide further details on the schedule of maintenance followed on the sportsgrounds referenced in part (1) for the two periods of programmed maintenance on natural turf sportsgrounds that occurs between 18-31 March and 17-30 September each year.
- (4) Can the Minister provide detail on the number of requests received for sportsground use during the maintenance periods, which clubs or groups made the request and what the response was to each from Active Canberra.
- (5) What are the criteria and policy guidelines to grant exemptions to sporting clubs to access sportsgrounds during the maintenance periods.

**Ms Berry:** The answer to the member's question is as follows:

- (1) (a) and (c) 884 irrigated individual playing fields for hire over 126 sites covering 280 hectares  
(b) and (d) 29 non-irrigated neighbourhood ovals covering 160 hectares
- (2) Please see attached a list of each individual sportsground referenced in part (1). Routine maintenance includes: mowing as required to maintain specified grass height; watering as required to maintain grass condition; aerating to elevate compaction; fertilising; preventative insecticide program; sportsground floodlighting maintenance program; sports field surveying and line marking.

Upgrades planned in 2018-19 include irrigation at Hawker District Playing Fields, pavilion upgrades at Waramanga and Yarralumla and lighting upgrades at Phillip and Nicholls.

- (3) Renovations are undertaken over a 2 week period twice a year. Specific renovation actions are dictated by local conditions but generally include:
- removal/erection of goalposts using large equipment
  - mechanical aerating to reduce compaction and to promote the transfer of water and nutrients up and down the soil profile;
  - mechanical dethatching to remove dead grass build up from the soil surface;
  - fertilising using mechanised equipment and requiring watering-in;
  - top dressing fill in divots and uneven surfaces from seasonal wear with turf-specific soil, especially around goal mouths;
  - reseeding and/or turfing - Couch based ovals are over sown with rye seed prior to the winter season. Over sowing takes time to germinate and establish. Some bare areas require turfing which also requires time to establish before use;
  - allowing sport on newly germinated grass damages the young plants and defeat the purpose of over sowing; and
  - watering is required at regular intervals during the day and night to germinate grass seed and commence establishment.
- (4) Sportsground bookings are managed by the Transport Canberra and City Services Directorate.

During the pre-winter shut down from 18- 31 March 2018, the following requests were granted access to ovals during the shutdown period:

Name	Activity
FE=HR Holden Owners Club ACT Inc	Sundry
Gungahlin College	Rugby League
Little Athletics ACT	Athletics
Last Man Stands	Cricket
Masters AFL ACT	AFL
Capital Football - FFA Cup Match	Football

The following requests were unable to be granted for operational reasons:

Name	Activity
Sunday Social	Cricket
Canberra Ndunas Association	Football

During the pre-summer shut down from 17- 30 September 2018 period the following requests were granted access to ovals during the shutdown period:

Name	Activity
ACT AFL Masters	AFL
Newgate communications	Sundry
Various cricket clubs	Cricket training
Molonglo Juggernauts	AFL training

- (5) Every effort is made to inform users of planned shutdown periods well in advance and to assist in making alternative arrangements. Approval for use of sporting fields during the renovation period are negotiated on a case-by-case basis noting the nature of the request and the operational requirements to ensure ovals are properly maintained.

Approval is routinely provided for gridiron due to the timing of this sport's season that extends through the pre-summer shutdown period. Arrangements are also made for special tournaments of significance, finals or games that have postponed due to wet weather.

*(A copy of the attachment is available at the Chamber Support Office).*

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### **Aboriginals and Torres Strait Islanders—Boomanulla Oval (Question No 1886)**

**Mr Milligan** asked the Minister for Sport and Recreation, upon notice, on 21 September 2018:

- (1) What benefit to the Boomanulla Oval is community consultation and tender processes if a decision takes 18 months counter to the community want.
- (2) What assurances can the Minister give the local community that Boomanulla Oval will not be mismanaged.
- (3) Given the \$958 000 spent to restore the Bommanulla Oval, why is the facility not available for sport or community use.
- (4) What plans are there for Boomanulla Oval in the long term in terms of the Indigenous community in the ACT, local residents and sport recreation users across Canberra.

**Ms Berry:** The answer to the member's question is as follows:

1. The tender process that commenced in 2016 to return Boomanulla Oval to Indigenous management was entered into in good faith with the community. Given the complexity of the process, and the importance of the outcome, a considerable effort went into analysing the proposal and looking at ways to make the proposal work. Unfortunately this took time.

The outcomes of the community consultation that accompanied the process will not be lost. This piece of work remains available to inform the future direction for the oval and its return to sustainable indigenous management.

2. The ACT Government is committed to working with the Aboriginal and Torres Strait Islander community on the long term future of Boomanulla Oval.
  3. Following the completion of the interim restoration works in mid-October, Boomanulla Oval will re-open for recreation and community activities. The ACT Government is currently looking at options for the future upgrade of the oval to enable formal sporting use, in consultation with the Elected Body.
  4. Refer to response to Q3.
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