



QUESTION TIME
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AUSTRALIAN CAPITAL TERRITORY

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Questions without notice

Canberra Hospital—cleaning

MR COE: My question is to the Minister for Health and Wellbeing. Minister, on 21 November the media reported that two workers employed by the Canberra Hospital's cleaning contractor had been sacked. Apparently they had fallen asleep during an unpaid break in their duties, having worked for five to six hours straight in the lead-up to that unpaid break. Minister, there are increasing complaints about the standard of cleaning at the Canberra Hospital. There are cases where wards were not cleaned for several days at a time. Doctors have told patients to get out of hospital as soon as they can for fear of contracting infections. Minister, what are you doing to enforce the terms of the contract with the cleaning company?

MS FITZHARRIS: I thank Mr Coe for the question. I know that ACT Health and Canberra Health Services ensure that contracts are actively managed. I would request that Mr Coe provide any evidence relating to the issues that he raised in his earlier comments, because a number of those matters have not been brought to my attention.

MR COE: Minister, why is it that under your watch you are allowing patients and visitors to the Canberra Hospital to endure dirty and unhygienic conditions and risk contracting infections as a result?

MS FITZHARRIS: I am not, and I think we are reaching new levels in seeing the Canberra Liberals continue to denigrate our public health services. The assumptions made in Mr Coe's question are fairly outrageous. We have seen all year constant political, negative attacks and I would request that the Canberra Liberals think very carefully about the way that they denigrate our public health services and our public healthcare workforce.

MRS DUNNE: Minister, what are you doing to support the two women who appear to have been sacked by the Canberra Hospital's health cleaning contractor?

MS FITZHARRIS: I asked Canberra Health Service to look into the matter.

Health—abortion

MS LE COUTEUR: My question is also to the health minister, and it is about the commencement of my abortion access legislation. Minister, have you notified the commencement date for this legislation? If not, could you please outline why, and do you have a commencement date in mind?

MS FITZHARRIS: I thank Ms Le Couteur for the question. No, I have not yet. I understand there are a couple of implementation issues that are being worked through. I will take the rest of the question on notice.

MS LE COUTEUR: What consultation and education work has been done with medical practitioners and pharmacists in the ACT?

MS FITZHARRIS: That is exactly the work that is being planned now.

MR COE: Minister, to the best of your knowledge, what are the implementation issues that you are working through?

MS FITZHARRIS: A number of issues, including, exactly as Ms Le Couteur's question implied, education and awareness-raising amongst GP practices—a number of whom have already expressed an interest in providing this service; some of whom I have met with—and also working with community pharmacies about the dispensing obligations under this new legislation which will allow more Canberra women to access safe abortion care right here in the territory.

Health portfolio—workplace culture

MRS DUNNE: My question is to the Minister for Health and Wellbeing. I refer to a report on staff incident reporting trends for the first quarter of 2018 for mental health, justice health and alcohol and drug services. It shows that there were 122 incidents of mental stress reported in the 12 months to March this year. Why is there such a high level of mental stress in the areas associated with mental health, justice health and drug and alcohol services?

MR RATTENBURY: Madam Speaker, I will take responsibility for this question. Obviously, the question Mrs Dunne has asked cuts across areas that both the minister for health and I are responsible for, because in respect of mental health, justice health and alcohol and drug services, I have the first two parts of that and Minister Fitzharris takes responsibility for alcohol and drug services.

Mrs Dunne has cited figures around staff incidences and levels of mental stress. I think that there are a number of reasons for that. One is that these are extremely difficult areas to work in. We have had significant discussion in this place particularly about the challenges of working in a mental health environment. Of course, justice health is dealing with forensic clients both in custody at the AMC and also at community facilities, particularly here in Moore Street in the city. Alcohol and drug services, of course, are dealing with people with significant addiction issues.

These are all stressful environments. Certainly in the mental health space, it has also been openly discussed in this place that we have had some staff shortages and there is no doubt that that has, at times, exacerbated the level of stress for staff.

I think that we have been successful in responding to that through our recruitment efforts through the creation of a retention agreement. We now have more permanent staff on our roster than we did earlier in the year. I think that is a testament to the recruitment efforts. It is creating greater stability, providing less reliance on locums and, I think, overall has been seen very positively in terms of morale amongst the staff.

MRS DUNNE: This supplementary question really is for the Minister for Health and Wellbeing. Minister, are there other areas of the hospital that are showing similarly high levels of mental stress?

MADAM SPEAKER: I remind you, Mrs Dunne, that the executive can determine

who is the most appropriate to answer a question.

MS FITZHARRIS: I will take the question on notice.

MR WALL: I daresay this will be taken on notice as well: minister, which areas of Canberra's health services have the highest incidence of staff suffering from mental stress?

MS FITZHARRIS: I will take the question on notice.

Health portfolio—staff safety

MS LAWDER: My question is to the minister for mental health and corrections. I refer to a document titled "Staff incident reporting trends for mental health, justice health, alcohol and drug services for the first quarter of 2018". It shows that there were 75 incidents of staff being hit by moving objects in the 12 months to March 2018. Minister, why were there so many reports of staff being hit by moving objects in the year between April 2017 and March 2018, and what is being done?

MR RATTENBURY: Without wanting to be flippant, that is because that is the number of incidents that were reported. I am happy to provide on notice, if Ms Lawder would like, the definition of that; I think that it goes to part of the question.

Staff are encouraged to report these incidents. The Riskman system is there to record these incidents. That enables management teams, right through from on the floor to senior management, to get data on these matters, to identify trends and to seek to remedy them. For example, this data will be used to inform the nurse safety strategy, which I have spoken about before in this place. That data is also informing work that is being done through the ACT Health work health and safety strategic plan being led by the CEO of Canberra Health Services. So that data is very important. I absolutely encourage staff to report incidents so that we do know what is happening in the workplace.

MS LAWDER: This may go to a different minister: which areas of ACT Health have the worst or highest number of problems of staff being hit by moving objects? I will repeat part of my earlier question: is there anything being done to reduce the incidence of staff being hit by moving objects?

MR RATTENBURY: In terms of the second part of Ms Lawder's question, I just addressed that specifically. We have two particular pieces of work going on: the nurse safety strategy—towards a safer culture project; and the ACT Health work health and safety strategic plan. These things are targeted more broadly at occupational violence, and the specific category that Ms Lawder is asking about will be part of that. They are two specific pieces of work that are happening at the moment.

There is other ongoing work: general training of staff around dealing with occupational violence, and the range of ongoing efforts that go into making the workplace as safe as possible, apart from the two specific pieces of work.

In terms of the first half of Ms Lawder's question, the Minister for Health and Wellbeing and I will take that on notice and provide that information.

MRS DUNNE: Minister, does the directorate keep separate statistics for clients or visitors being hit by moving objects?

MR RATTENBURY: I believe so. I will take that on notice and check and I am happy to provide that information later.

Centenary Hospital for Women and Children—maintenance

MRS JONES: My question is to the Minister for Health and Wellbeing. Minister, I refer to media reports on 18 November about problems in birthing suites at the Centenary Hospital for Women and Children. Extensive work has been done on the 15 delivery suites and bathrooms due to water leaking into the wall cavities.

Minister, why were prospective mothers not told about the problems with the birthing suites so that they could make an informed choice about where they would go to give birth? When was repair work done on the birthing suites at the Centenary Hospital for Women and Children?

MS FITZHARRIS: Women are given lots of information about their birthing options at both Centenary hospital and Calvary hospital. That would include, at Centenary hospital, the prospect of being involved in a home birth. Regarding the second part of Mrs Jones's question, which was quite unrelated, these matters were covered at annual reports but I will take the question on notice as to specific dates.

MRS JONES: Minister, was the repair work that was done on the birthing suites at the Centenary Hospital for Women and Children done under warranty?

MS FITZHARRIS: I believe I answered these questions in the last sitting and we also covered them during annual reports. The answer to that is: that is being investigated and if there is warranty available we will certainly pursue that. But those matters are being looked at right now.

MRS KIKKERT: Why has there been such a litany of maintenance issues at the Centenary Hospital for Women and Children, given that it is only six years old?

MS FITZHARRIS: I disagree that there has been a litany. It is, of course, a busy place, as are all the hospitals, which contain over 1,000 beds here in the ACT. They are certainly very busy buildings, and, of course, we need to make sure that we maintain them and upgrade them, and build new health facilities, just as we have done this year, particularly with opening a new walk-in centre and the University of Canberra Hospital. Of course, there will be things to fix, and we are getting on and doing exactly that.

Economy—performance

MS CHEYNE: My question is to the Chief Minister. Chief Minister, the Australian Bureau of Statistics recently released economic performance data for states and

territories for the 2017-18 financial year. What does this data show about the state of our local economy?

MR BARR: I thank Ms Cheyne for the question. Once again the ABS data shows what we can see and feel: that our city is growing, going from strength to strength. When it comes to economic growth we are at the top of the class around this nation. In the 2017-18 financial year, Canberra's economy experienced the strongest growth of any state or territory in the country. Our gross state product grew by four per cent. This is well above our 15-year average growth rate of 3.3 per cent. It represents an improvement on last year by a further 0.4 percentage points and reflects the ongoing growth of the territory's economy as we continue to diversify and grasp new economic opportunities.

Professional, scientific and technical services continued to be the stand-out sector of our economy, growing by 11.2 per cent and contributing 0.9 percentage points to our four per cent real GSP growth. Health care grew by 8.5 per cent, consistent with the ramp-up of the NDIS, while administrative and support services and the construction sector grew 19.9 per cent and 5.4 per cent respectively. Public administration showed no growth during the 2017-18 financial year. This diversification of the territory's economy is pleasing. We should be very proud of these results. It certainly has been a big year for our city, and the government is determined to keep working hard to see this economic growth continue.

MS CHEYNE: Chief Minister, what do these strong ABS figures mean for services right across Canberra?

MR BARR: As our city grows, the ACT government is ensuring that the benefits of this growth are shared by all Canberrans. A prosperous Canberra must also be an inclusive Canberra, and that is why we continue to invest in our public healthcare system, delivering better health care where and when Canberrans need it. We are hiring more doctors and nurses to help cut emergency department and elective surgery wait times. We are opening more walk-in centres and supporting more GPs to bulk-bill.

It is why we are investing in public education across the territory to make sure that every local school is a great school and it is why we are designing a new public transport system that will make catching the bus or light rail a real option for more Canberrans.

Our ability to make these important investments is because of the strength of our economy. But this does not come about by accident. It is the result of a long-term, considered and deliberate strategy by the government to deliver an inclusive, progressive and connected agenda for our city.

MS CODY: Chief Minister, what do the ABS figures mean for people living and working in Canberra?

MR BARR: This strong economic growth means more and better job opportunities for Canberrans. Importantly, the latest ABS data shows that in 2017-18, growth in real GSP per capita in the ACT was 1.8 per cent. That was the second highest rate in

Australia. That per capita growth is important. It demonstrates that not only is the economy growing because of increased population but also that our productivity is improving and, as is very clear, our GSP per capita is increasing.

Canberra continues to have the lowest unemployment rate of any state or territory in Australia according to the latest data and, at 3.7 per cent, is well below the national average. Youth unemployment over the year to October decreased and is well below the national average. This means that even though more and more people are choosing to make Canberra their home, living standards and employment opportunities continue to improve.

I am very proud of the work that we have undertaken to improve our city and to make a positive difference in the lives of people living here. But these consistently good economic results do not mean that our task is complete. We will continue to work every day to deliver on our vision for this great city into the new year and through the remainder of this parliamentary term.

Centenary Hospital for Women and Children—maintenance

MR WALL: My question is to the minister for health. Minister, I refer to a letter from nurses and midwives at the Centenary Hospital for Women and Children sent to you in April. This letter said:

Due to the lack of available beds, women and babies are discharged home inappropriately early with feeding, pain or health concerns.

On 19 November 2018, the *Canberra Times* reported that extensive work has had to be done on the 15 delivery suites and bathrooms at the Centenary hospital due to water leaking into the wall cavities. Was the lack of available beds earlier this year related to the extensive work that needed to be done in the 15 delivery suites and bathrooms in the Centenary hospital?

MS FITZHARRIS: It certainly had an impact on services. Yes, it did, of course, because at certain points there had to be birthing suites which were unavailable. But as I have indicated previously in extensive debate in this place on these matters, the letter that was received in April has subsequently and very comprehensively been worked through with staff of the Centenary Hospital for Women and Children. I note, of course, that there is a maternity services review underway by this Assembly as well as considerable work being done on a maternity model for the ACT to provide a truly territory-wide maternity service to ACT women.

MR WALL: Minister, when were you first briefed about the water issues in the delivery suites and bathrooms; also when were you likewise briefed about a strategy for remediation of the 15 delivery suites and bathrooms at the Centenary hospital?

MS FITZHARRIS: I believe that these issues were identified prior to my becoming the minister for health, and I have been briefed on a number of occasions on progress to remediate them.

MRS JONES: Minister, if the letter of complaint has been comprehensively

addressed, why did a nurse say to me in the Canberra Hospital this year, “They got one of the people who wrote this letter and she’s out, but they didn’t get the other one”?

MS FITZHARRIS: I do not believe that to be correct.

Canberra Hospital—asbestos

MR HANSON: My question is to the minister for health. Minister, is there asbestos in the Canberra Hospital that is currently being, or has recently been, renovated or remediated?

MS FITZHARRIS: I am sorry; could Mr Hanson repeat the question?

MR HANSON: Sure. Is there asbestos in the Canberra Hospital that is currently being, or recently has been, renovated or remediated?

MS FITZHARRIS: I am sorry; did Mr Hanson say “is there” or “is the” asbestos?

MR HANSON: Minister, is there asbestos in the Canberra Hospital that is currently being, or has recently been, renovated or remediated?

MS FITZHARRIS: I will take the question on notice.

MR HANSON: Minister, is there any asbestos anywhere in the hospital that you are aware of?

MS FITZHARRIS: I do not believe so but I will take the question on notice.

MRS DUNNE: Minister, have you had any briefings about asbestos in the Canberra Hospital or other health facilities run by ACT Health?

MS FITZHARRIS: I will check the records but I would note the prevalence of asbestos in buildings of a particular age throughout the ACT. I will assume that yes, there is asbestos in a facility operated by ACT Health or Canberra Health Services. I will also ensure, as I would assume, that it is being properly managed relevant to all handling of asbestos-related materials particularly when it comes to renovations or upgrades.

Domestic and family violence—family safety hub

MS CODY: My question is to the Minister for the Prevention of Domestic and Family Violence. Minister, you recently joined with Minister Fitzharris to launch the first family safety hub pilot service, which provides legal advice to pregnant women and new parents. Minister, why did the government decide that we needed this service, and how will it operate?

MS BERRY: I thank Ms Cody for her interest in domestic and family violence. It is timely to talk about this issue because, as members will know, the 16 days of activism against gender-based violence started on Sunday. I encourage everyone in this place

who cares about ending violence against women to participate in the campaign where they can. Minister Fitzharris and I jointly launched this new pilot program along with our community partners, the Women's Legal Service and Legal Aid ACT, and our health partners, Calvary Public Hospital, the Centenary Hospital for Women and Children and the Gungahlin Child and Family Centre.

There is a one-in-five risk of women experiencing violence from their partner during and after pregnancy. Of these women, a quarter experience violence for the first time when they are pregnant. These statistics are alarming. They are not acceptable. This is why the family safety hub took this matter up as its first challenge. The program has been co-designed through the work of the family safety hub, by stakeholders. It is designed to help pregnant women and new families who are experiencing or at risk of domestic and family violence to access free legal services.

As a result of the pilot, people who are accessing the health services at either of the hospitals or using the services of the Gungahlin Child and Family Centre will now have access to free, confidential legal services, which we envisage will make it easier for those who may feel that their movements or interactions are being restricted already because of their personal situation. We know that some women may be afraid or unable to access services because they may not want a police or legal response or are just not able to physically get to a service. This legal advice will help them to decide what options they may have according to their personal circumstances.

MS CODY: Minister, are there other similar services that are designed specifically for women who are experiencing violence in the ACT?

MS BERRY: I thank Ms Cody for the supplementary. There are other critical services in the ACT that provide legal support and advice for women who are experiencing violence, but they are not quite like this one. The concept of a health-justice partnership is not entirely new, and similar models have already been working very successfully in other jurisdictions. This provides us with an existing evidence base and an opportunity for support and engagement as our pilot progresses.

What is important for this pilot is that it is located at the source of the health service; so for those women or families who are looking for some advice but, perhaps due to their own circumstances would not be able to travel to a legal service, this service provides another available option from a trusted source.

In terms of other local services, the women's legal service domestic violence unit is a service that is primarily funded by the commonwealth government through the women's safety package which was announced in 2015. This unit provides women experiencing domestic and family violence with legal representation and holistic wraparound support, including post-crisis support to women to establish and formalise appropriate care arrangements, which limits exposure to the risk of re-victimisation from an ex-partner, as well as obtaining a just and equitable property settlement.

I am cautiously heartened that the federal minister last week announced a continuation of this funding for another period, to 2020. But states and territories are still anxiously awaiting some real new funding for domestic and family violence. This is not an isolated issue that states and territories alone can solve. It is expensive, it is hard and it

must be sustained with federal funding.

We eagerly await an announcement of what additional funding the commonwealth will commit to the delivery of the fourth action plan, which is due to roll out in 2019.

MR PETTERSSON: Minister, what are the next steps for the remainder of this family safety hub challenge?

MS BERRY: In terms of this particular pilot, we will always look for ways we can build future capability in our hospitals and child and family centres to make sure that we are supporting women and families at risk, and that we make support occur earlier. Indicators of the pilot's success will include service usage, referrals and the type of advice people want in this setting. This will be monitored to understand how well the pilot is operating. Depending on the outcomes, the service will end, be extended or scaled up.

The bulk of the family safety hub efforts remain focused on this trial as we learn what it takes to move from the idea stage of the challenge process to implementation. A second project to reduce the stigma around seeking help is the initial testing phase, with feedback indicating that the idea should shift from a top-down general campaign, to a bottom-up grassroots campaign. Further testing will be taking place in the coming months. Another project around the development of prevention activities—by engaging fathers in pregnancy—is at the research stage with early findings being completed.

Finally, a project looking at how to prevent or minimise reproductive coercion is currently in the research stage. Further research is required and there are a number of emerging elements to his area of focus. I also note that, over the weekend, Marie Stopes Australia released a policy white paper on this issue, which coincides with the 16 days of activism against gender-based violence.

ACT Health—catering expenditure

MISS C BURCH: My question is to the Minister for Health and Wellbeing. On 14 August ACT Health paid \$13,600 for ACT Health staff to attend a leadership forum at the National Museum at \$80 a head. ACT Health officials also enjoyed a choice of afternoon tea and morning tea. Why was this level of catering expenditure deemed appropriate and who approved it?

MS FITZHARRIS: I do not have the detail of who approved it. I will take it on notice.

MISS C BURCH: How does the expenditure per person for lunch, morning tea and afternoon tea compare to the expenditure per hospital patient for breakfast, lunch and dinner?

MS FITZHARRIS: I will see if I can answer that question.

MRS DUNNE: Minister, are there plans to hold future leadership meetings with a similar level of expenditure to what we saw for the event last August?

MS FITZHARRIS: I certainly hope that there continues to be ongoing and deep collaboration and engagement with staff. As any professional would understand, it is vitally important to work and engage with staff. It is particularly important in a period of change to enable staff to come together, particularly those staff who have leadership roles right across delivering our public health care here in the ACT. It is essential that they do this.

I will continue to support ACT Health, Canberra Health Services and, indeed, any organisation in supporting their staff to develop their leadership skills, to develop collaboration skills and to find an opportunity outside the day-to-day business of running our public healthcare system to collaborate further, to engage with one another, and to develop their leadership skills. This is good practice, recognised good practice, in developing a leadership team that is responsible for the delivery of our public health services to the ACT, public health services that this community highly values.

Canberra Hospital—HEPA filter maintenance

MR PARTON: My question is to the Minister for Health and Wellbeing. It refers to the draft accreditation report that noted:

At the time of survey, the most recent HEPA filter maintenance report—

and for the benefit of the Assembly, HEPA stands for high efficiency particulate air—

was reviewed and it was noted that in comparison to a 2016 report, not all Canberra Hospital HEPA filters in the theatre complex were listed as tested. The anomaly was reported to the health service and despite a 48 hour search no record or explanation could be given for the missing HEPA filters on the recent test record.

It was reported in the media on 19 November that theatre 14 was closed after mould was found in one of the HEPA filters. Have all the problems with the HEPA filters in the operating theatre complex been fixed?

MS FITZHARRIS: Matters in the draft accreditation report, again, are the subject of considerable debate. I remind members that subsequent to the first draft accreditation report, ACT Health received full and complete accreditation, including on matters related to HEPA filters and subsequently in July—

Mrs Dunne: On a point of order, Madam Speaker, the question, while mentioning the survey, was about the HEPA filters in the theatre complex, and what the survey pointed out was that not all the HEPA filters in the theatre complex had been tested. Mr Parton's question was directly: have all issues with HEPA filters been fixed?

The minister, according to the standing orders, needs to be directly relevant to the question.

MADAM SPEAKER: Whilst I notice that I managed not to stop the clock, I think the minister was less than 30 seconds into the answer. Minister you have time to

complete your answer and provide that information.

MS FITZHARRIS: Thank you, Madam Speaker. I believe it was about 20 seconds. What I would say is that I believe this was also covered in annual reports hearings last week, as there is an ongoing and required schedule of monitoring HEPA filters. That will continue. If there are issues identified in the HEPA filters they will be fixed with priority to make sure that clinical services can continue.

MR PARTON: Minister, has theatre 14 had any problems since June with its HEPA filters?

MS FITZHARRIS: Not that I am aware of.

MRS DUNNE: Minister, was theatre 14 one of the theatres that did not have a recorded test result in the accreditation survey? Have the missing HEPA filter records been found?

MS FITZHARRIS: I am not sure, in answer to the first question; and in relation to the second question, given that the accrediting team and the draft accreditation report indicated that that was something that they felt was not met, to the extent that they then gave Canberra Hospital and ACT Health full accreditation for three years I believe indicates that all the issues they raised had been satisfied.

Health—hydrotherapy

MS LEE: My question is to the Minister for Health and Wellbeing. On 21 June 2018, during estimates, you stated that “the Stromlo pool that the government is building will have a hydrotherapy pool in it”. The Minister for Sport and Recreation has since advised Mrs Dunne, in a letter dated 26 October 2018, that “the Stromlo leisure centre does not include a stand-alone hydrotherapy pool but will include the multi-purpose program pool that will cater for some types of aquatic therapy”. Minister, why did you advise the estimates committee that the Stromlo leisure centre would have a hydrotherapy pool in it?

MS FITZHARRIS: These matters were covered in annual reports hearings. I indicated that I had clarified that advice that hydrotherapy services would be available. There have since been, as was covered in the annual reports hearings, a number of different views around the temperature of the water. But it has been made clear now that there will not be a hydrotherapy pool in the definition of a pool that I believe, from memory, is heated to 33 degrees. That will not be provided at Stromlo.

MS LEE: Minister, what action will you take to ensure that all people living in the south of Canberra will have access to a hydrotherapy pool?

MS FITZHARRIS: We are working, again as was discussed at annual reports hearings, with a range of different organisations and individuals on providing access to warm water pools, to hydrotherapy pools and to hydrotherapy services wherever people live in the ACT.

MRS DUNNE: Minister, will you review the statement you made in estimates on

21 June, and will you correct the record and apologise to the Assembly and the committee for misleading the Assembly and the community in your statement of 21 June?

MADAM SPEAKER: Mrs Dunne, I caution you that the language ‘misleading’ needs to be in a substantive motion.

MS FITZHARRIS: I believe that the advice I gave in estimates was based on advice I had received. I subsequently clarified with the annual report committee last week that there was a difference of opinion on the definition. I made clear then, as I have made clear now and as Minister Berry has made clear, that there will not be a pool heated to a certain temperature at Stromlo park. But there will be a range of other hydrotherapy services, warm water pools and hydrotherapy pool services available to people right across the ACT.

Mrs Dunne: I think that the Chief Minister might have misled people on Chief Minister’s talkback.

MADAM SPEAKER: Mrs Dunne, that is enough from you.

Gungahlin—nurse-led walk-in centre

MR PETTERSSON: My question is also to the Minister for Health and Wellbeing. Minister, the Gungahlin nurse-led walk-in centre has been open for over two months now. How is the centre helping to address the health needs of the Gungahlin community?

MS FITZHARRIS: I thank Mr Pettersson for the question and also for joining us at the opening of the fantastic Gungahlin walk-in centre. As we know, Gungahlin is full of busy families and working people who want good access to public health care where and when they need it. It is a key priority of this Labor government to expand access to affordable health care right across the whole of our growing city.

Gungahlin is one of the fastest growing areas of Canberra. The Gungahlin walk-in centre demonstrates significant investment in Gungahlin’s healthcare needs now and into the future. The Gungahlin walk-in centre provides free treatment of minor injuries and illness for anyone over two years of age. Like our other walk-in centres in Tuggeranong and Belconnen, it is run by a team of highly skilled nurse practitioners and advanced practice nurses, and it is open from 7.30 am to 10 pm every day of the year.

More children are attending Gungahlin compared to our other walk-in centres, which reflects the number of families living in Gungahlin. The walk-in centre is also quite busy in the evenings, which means that we think Gungahlin residents are getting treatment at a time that suits them. Since it opened in early September, 3,674 people have used this service, which is an average of 48 people per day.

We believe that this is servicing a previously unmet need, as we have not seen a corresponding drop in the presentations at the other walk-in centres in Belconnen and Tuggeranong. This is a clear signal of the value that walk-in centres are bringing to

the community. They are popular and they are effective.

The most common presentations to the Gungahlin walk-in centre include colds, sore throats, musculoskeletal problems, wounds and lacerations, skin conditions, and ear, eye and gastrointestinal conditions. There have been no significant differences in the top presentations between the three walk-in centres since the Gungahlin walk-in centre has been opened.

MR PETTERSSON: Minister, how do walk-in centres work with other health services across the territory?

MS FITZHARRIS: Walk-in centres play an important role in Canberra's primary healthcare network. They play a valuable role particularly after hours and for those who want free, local, easily accessible health care.

Nurse practitioners and advanced practice nurses at walk-in centres regularly interact with other health services. Where required, they refer patients to the emergency department or to a local GP, and will provide reports to the patient's GP where the patient has consented to this.

Walk-in centres work closely with a range of services across Canberra to make sure that we provide easy pathways to effective health treatments. For example, walk-in centres have worked successfully with the fracture clinic, the ophthalmology clinic and both X-ray departments in ACT public hospitals. The Gungahlin walk-in centre has also been working hard, since opening and before, to develop relationships with GPs in the region.

The Canberra Sexual Health Centre recently piloted a successful program for sexual health screening in the evenings and will look for opportunities to provide more support with sexual health services and contact tracing. They are also currently developing a dental pain pathway so that patients can be assessed and provided with interim treatment.

An experienced and highly skilled physiotherapist is commencing a trial in the Belconnen walk-in centre this week to treat patients with musculoskeletal injuries. If this trial is successful, it may be considered for further rollout across all of our walk-in centres.

MS ORR: Minister, how have nurse-led walk-in centres been received by the community?

MS FITZHARRIS: We have had a very positive response to the walk-in centres and regularly receive compliments from the community on both the availability of the walk-in centres and also the care and professionalism of the staff. I certainly know that for Gungahlin the 3,674 people who have accessed the services in just two months are a demonstration of just how well received they are by our community.

Our research shows that 86 per cent of Canberrans were satisfied with the service they received at our walk-in centres. For example, in just the past week, a parent has written on social media: "Outstanding patient care! Can't speak highly enough of our

experience with my son.” Another said: “... we’ve used this service and cannot fault it. Staff are great with a caring attitude ... Don’t clog up the ED’s and opt for this service first.”

Madam Speaker, contrast this with the attitude of those opposite towards walk-in centres. The opposition have labelled them “a criminal waste of taxpayers’ money” and they have never supported them. It just shows how out of touch they are when it comes to the healthcare needs of Canberrans. Canberrans cannot trust that the Canberra Liberals would keep these centres open. It is time for the Liberals to admit that they were wrong and to support our walk-in centres that have been so clearly embraced by our community.

Canberra Hospital—radiology department

MRS KIKKERT: My question is to the Minister for Health and Wellbeing. In November 2017 and February 2018 a number of doctors in the Canberra Hospital radiology department made public interest disclosures about their department. The first disclosure was made on 3 November last year. ACT Health decided in October 2018 that four of the complaints might amount to disclosable conduct and would be investigated further. It is claimed that one of the public interest disclosures was incorrectly classified as spam and that was why the Deputy Director-General of ACT Health did not see it. Why did it take 11 months to acknowledge that four of the complaints in the public interest disclosures amounted to disclosable conduct?

MS FITZHARRIS: As members opposite are aware, while these matters are the subject of some media reporting and obviously questioning by the opposition, that does not mean that I am able to divulge details of those. In fact, as members will also be aware, a number of those matters would not be brought to my attention. So I cannot answer those questions.

MRS KIKKERT: Minister, why did it take so long for ACT Health to recognise the seriousness of the first public interest disclosures lodged by doctors in November last year?

MS FITZHARRIS: I do not believe that it did. They have subsequently been the subject of extensive investigation.

MRS DUNNE: Minister, what processes have ACT Health and the Canberra Hospital put in place to ensure that such important messages are not lost and are given more timely consideration in the future?

MS FITZHARRIS: The necessary processes.

Canberra Hospital—radiology department

MR MILLIGAN: My question is to the minister for health. I refer to claims in the media on 13 September that there is a backlog in processing CT scans for outpatients at the Canberra Hospital due to a shortage of radiologists. Is there still a backlog in processing CT scans for Canberra Hospital outpatient clinics and, if so, why?

MS FITZHARRIS: I do not believe so, no.

MR MILLIGAN: Minister, what impact did the backlog in processing CT scans for outpatients at the Canberra Hospital have on clinical care?

MS FITZHARRIS: I do not believe that there was any, but I will take the question on notice.

MRS DUNNE: Minister, you say that there is no longer a backlog. How long did it take to clear the backlog, and what processes have been put in place to ensure that a backlog does not arise again?

MS FITZHARRIS: There is high demand for diagnostic services. I will take Mrs Dunne's question on notice.

Bushfires—preparedness

MS ORR: My question is to the police and emergency services minister. What update can the minister provide about the upcoming ACT bushfire season?

MR GENTLEMAN: I thank Ms Orr for her interest in the safety of all Canberrans as the season gets closer. Madam Speaker, as you may be aware, the ACT is facing an increased risk from severe bushfire weather this coming summer in addition to increased risk from severe heatwaves and windstorms.

The predicted weather and ongoing drought across much of eastern Australia will continue to contribute to dry fuels, strong winds and predicted severe heatwaves. The ACT, along with surrounding regions of New South Wales, will face difficult conditions this summer.

After consulting with the ACT Bushfire Council at their meeting on 1 August this year, and discussing the risks presented to the ACT and the seasonal outlook, the Commissioner of the ACT Emergency Services Agency declared that the bushfire season for 2018-19 would commence early, on 1 September 2018.

The recent Pierces Creek fire was a strong reminder of the risks that Canberra faces as the bush capital. I note the warning of the ESA commissioner that, with the influence of climate change, our fire seasons are getting longer. In the past, incidents such as the Pierces Creek fire, which was in early November, would not normally have been seen until after the Christmas period. This reinforces the importance of the public messages that the ESA has been issuing to the community: "Canberra be bushfire ready."

Let me assure members that the ACT government, including the ESA, is better prepared for a bushfire emergency than ever before. The ACT's emergency plans and policies, warning systems and governance arrangements lead emergency management practice on a national level. The ACT community can be confident that they continue to live in one of the safest cities in the world, with well-funded, well-resourced and well-governed emergency services.

MS ORR: How has the government prepared and what should Canberrans be doing to

prepare for the bushfire season?

MR GENTLEMAN: The ACT's emergency framework is viewed as best practice in emergency management. The ESA commissioner must prepare a strategic bushfire management plan setting out the strategies through which the government and the community will reduce the risks of bushfire in the ACT.

Hazard reduction burns are one of many important activities undertaken and since the 2003 fires a comprehensive program of hazard reduction burns has been implemented across the ACT by the parks and conservation service. Other mitigation activities undertaken by PCS and other agencies include slashing, grazing, mowing, physical removal of vegetation and trail upgrades and maintenance. Overall, 97 per cent of the activities in the bushfire operational plan were completed for the 2017-18 year, and this year's plan is being implemented.

While the ESA and government directorates are well prepared for the risks that the ACT may face, preparation for bushfire, storms and heatwaves is everybody's responsibility. The ESA conducts a range of community education preparedness activities under the banner of the Canberra be ready campaign, providing practical ways in which every Canberra resident can prepare themselves, their families and their homes for the dangers of an Australian summer.

As we approach what is anticipated to be a hazardous bushfire season I would encourage the community to visit the ESA website and download the bushfire survival plan. This will take you through the four simple steps to be ready for a bushfire. They are: discuss what to do if a bushfire threatens your home; prepare your home and get ready for the bushfire season; know the bushfire level alerts; and keep all the bushfire information, numbers, websites and smartphone apps at hand.

MS CHEYNE: Minister, what contribution do our emergency services personnel and volunteers make in preparing and keeping our city safe from bushfires?

MR GENTLEMAN: I thank Ms Cheyne for her interest in our volunteers. Our city is kept safe because of the dedication and hard work of our front-line personnel, both paid staff and volunteers. This comprises the ESA team made up of about 450 ACT Rural Fire Service members, over 300 ACT Fire & Rescue firefighters, 13 ACT Fire & Rescue staff, and nearly 200 firefighters in the parks and conservation service.

In support of our crews, we have fire weather analysts, media liaison officers, mapping specialists, communications specialists and a wide logistical and support capability, which all help to support our emergency women and men in the field to protect our community. As we contemplate our summer break, these individuals will continue working hard to make our city safer and, of course, respond to any emergencies that may arise.

I am proud of the support and services that this government has delivered to help our emergency services personnel. In terms of equipment, the ACT has access to heavy and medium tankers, light units, a bulk water carrier, urban pumpers, helicopters, and heavy plant and support vehicles. The ESA and PCS also have contracts in place for

additional resources.

On my behalf and that of the government and all Canberrans, I want to wish all our front-line personnel, including our ACTAS staff and ACT Policing, best wishes for this festive season and I hope that it is a quiet and uneventful period.

Mr Barr: Madam Speaker, I ask that all further questions can be placed on the notice paper.