



**QUESTION TIME**  
OF THE  
LEGISLATIVE ASSEMBLY  
FOR THE  
AUSTRALIAN CAPITAL TERRITORY

**HANSARD**

Edited proof transcript

Tuesday, 20 August 2019

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## **Questions without notice**

### **Canberra Hospital—emergency department bypass**

**MR COE:** I have a question for the Minister for Health. During the Canberra Hospital emergency department bypass on 14 August, patients were discharged late at night in order to reduce pressure on the hospital. Minister, how is it clinically appropriate to discharge patients after 10 o'clock at night?

**MS STEPHEN-SMITH:** I thank Mr Coe for the question. First, I would like to assure the Assembly that no patient would be discharged in a situation where that was not clinically appropriate. My understanding is that there was a lot of work done to identify patients who could be discharged, potentially at night but particularly in the morning. There was a lot of work done across the different wards and areas of the hospital; executive directors worked with staff in those wards to identify patients who could be discharged early in the morning. The work was done to prepare those patients for discharge. There would, of course, have been no patients discharged where that was not clinically appropriate.

**MR COE:** Minister, were normal discharge procedures carried out? If so, why isn't this activity happening every night?

**MS STEPHEN-SMITH:** As I said, my understanding—and I had a conversation about this with the CEO of Canberra Health Services on Friday—is that primarily the discharge arrangements were that there was work done within each of the areas of the Canberra Hospital to identify patients who could be discharged early in the morning. Doctors did come in earlier than usual to work through that discharge process. But that was the primary process they used to discharge patients who were clinically appropriate for discharge. Again, I can assure the Assembly that patients would not have been discharged that were not clinically appropriate.

**MRS DUNNE:** Minister, how many patients were discharged late at night on 14 August?

**MS STEPHEN-SMITH:** Thank you. Madam Speaker, I will take that question on notice.

### **Planning—development**

**MS LE COUTEUR:** My question is to the Chief Minister and relates to the apartment development sector, noting the recent failure of several apartment developers interstate. With infill running at around 70 per cent of new dwellings and the largest developers each controlling up to around 25 per cent of the apartment development market, does the government consider the potential failure of a large developer as one of the ACT's economic risks?

**MR BARR:** It would be one of the risks but I would not want to overstate that any one commercial or residential property developer entering into difficulty would in and of itself create an economic crisis. It would not.

**MS LE COUTEUR:** Does the government consider the risks of allowing a developer to become too big to fail when assessing tenders for the purchase of renewal sites?

**MR BARR:** The government, in assessing tenders, will assess the financial capacity of a tenderer to perform work, but most commercial and residential building activity is outside government procurement and would, in fact, be private sector related activity.

### **Building—surveyors code of practice**

**MS ORR:** My question is to the Minister for Building Quality Improvement. Can the minister update the Assembly on the implementation of the government's certifiers code of practice?

**MR RAMSAY:** I thank Ms Orr for her question and her interest in building quality matters. This government has committed to an aggressive series of building reforms to change the building industry for the better. I am pleased to say that we are continuing to meet these commitments. The code of practice for certifiers, or building surveyors as they are sometimes known, was one of 28 reforms that I committed to complete by 30 June and it has been implemented.

The certifiers code of practice is a truly significant piece of reform for the building industry. One thing that we have heard from consumers in the ACT is that there can be confusion as to the role of a certifier and what they are required to do. The code clearly sets out what we expect a certifier to do when they are discharging the statutory duties that they take on themselves when they undertake this kind of work.

This is a vital reform. As many in the chamber would be aware, certifiers have seen their insurance premiums rise lately. One of the reforms that the insurance industry has been asking for is a clear level of professional standards set across all certifiers which is then enforceable. This reform does just that. It provides certainty to insurers as to what we expect of certifiers and it ties this to their licence.

This also helps support our good quality certifiers. It helps prevent a race to the bottom on pricing of services and it makes it clear what all certifiers must do. This reform is about supporting the industry and it is about making it clear what we expect of a certifier so that they are empowered to undertake their statutory responsibilities well.

**MS ORR:** Can the minister please explain what this code of practice will do?

**MR RAMSAY:** I thank Ms Orr for the supplementary question. The code prescribes the minimum standards of practice for licensed building certifiers and informs landowners engaging the services of a building certifier, and also the community, about the standards of practice that are expected from a building certifier. It sets out the minimum practice requirements for all licensed building certifiers in the ACT and it will complement the builders code of practice which is currently under development.

As many people do not understand the role of a building certifier in relation to the inspections that they carry out for the property owner, it was important for the code of

practice to provide clarity around the general obligations for building certifiers when they are performing licensable services and functions. These obligations include to act in the public interest, to comply with relevant laws, to ensure that their decisions are fair and reasonable and to take appropriate enforcement action. These obligations are similar to those in place in other jurisdictions and for public officials in the ACT.

The code of practice also provides general and specific requirements for undertaking particular roles such as that of an appointed building certifier, including the various stage inspection requirements and guidelines.

Contrary to what some have said in this place, the code does not expand the role of the statutory building certifier, and it does not create new approval processes, mandate additional inspection stages, or make building certifiers responsible for complaints against builders. It simply makes clear what we see as the minimum required due diligence that we expect of them when they are discharging their duty.

**MR PETTERSSON:** Can the minister explain the impact that this code of practice will have on the industry?

**MR RAMSAY:** I thank Mr Pettersson for the supplementary question. This change is designed to ensure that everyone has a common understanding of the role of a certifier. It makes clear to those undertaking this important statutory function what is required of them and it links these requirements to their licence so that they are enforceable.

This will have a very positive impact on the industry. It will hold dodgy certifiers to account by clearly outlining what we expect. It gives the regulator an even more precise tool to remove from the industry those certifiers who are doing the wrong thing.

It will work in tandem with the builders code of practice that we are currently finalising, to ensure that all parties are aware of their duties and what we require of them. It links to the minimum documentation requirements that we have introduced, ensuring that certifiers are checking that the technical details are adequately canvassed in the documentation regarding buildings.

This is nation-leading reform. Other jurisdictions have asked to come to speak with our directorates on this to see how it can be replicated in their jurisdictions. It meets the recommendation of the Shergold Weir report regarding certifiers codes of conduct.

This code of practice is enforceable, it is prescriptive and it will be an important tool for holding those in the building industry to account. It is an important step forward in lifting the quality of buildings in this city by ensuring that only those of the highest integrity are permitted to work in this industry.

### **Canberra Hospital—emergency department bypass**

**MRS DUNNE:** My question is to the Minister for Health. Minister, on 16 August this year, the president of the AMA, Dr Di Dio, told the media, and I quote: ‘When Canberra Hospital is on ambulance bypass, regardless of the time of year, we’re justified in asking what is going on and why aren’t we able to cope.’ The Canberra

Hospital has been on bypass three times—so we have been told—this year: on 20 May, 1 July and 14 August. Minister, on 20 May, 1 July and 14 August, what was going on at the Canberra Hospital that warranted a decision to put the hospital onto ambulance bypass?

**MS STEPHEN-SMITH:** I thank Mrs Dunne for the question. It is an important question in relation to why a hospital would go on bypass occasionally. I will take the question on notice in relation to whether there was any obvious reason for a surge in demand or other reasons in relation to 20 May or the 1 July. I already stated last week in the chamber that there was no obvious cause for the surge in admissions last week other than seasonal fluctuations. Following further conversations with Canberra Health Services last week, it appears that some delays in discharge from previous days may also have contributed to the capacity issues at the Canberra Hospital.

I emphasise that it is not uncommon for health systems across the nation to face periods of increased demand. This is why Canberra Health Services has clear processes in place to ensure the best possible ongoing care for all consumers in those circumstances. On occasion that will involve an ambulance bypass. As I have previously stated, only stable patients who meet clinically appropriate criteria are diverted. Paediatric patients, those with life-threatening emergencies and trauma patients are always taken directly to Canberra Hospital.

It is also not true, as the opposition claimed last week, that an ambulance bypass is the same thing as emergency being closed. People can turn up at emergency under their own steam and they will be seen. The emergency department was not closed, is not closed and does not close, as those opposite claimed.

**MRS DUNNE:** Minister, why wasn't there, as a matter of course, a public announcement that the hospital was on bypass on 20 May, 1 July and 14 August?

**MS STEPHEN-SMITH:** This is an internal arrangement with the ambulance service. As I have stated, the public can turn up to the emergency department because it was not closed, is not closed and does not close to people who turn up under their own steam.

**Mrs Dunne:** A point of order.

**MADAM SPEAKER:** Resume your seat, minister. A point of order?

**Mrs Dunne:** It is on relevance. The question was direct: why wasn't there, as a matter of course, an announcement? I would ask you to ask the minister to be directly relevant to the question.

**MADAM SPEAKER:** In the time you have left, you may come to that.

**MS STEPHEN-SMITH:** I believe that I answered the question, Madam Speaker, but I would also note that Canberra Health Services did make an announcement on its Facebook page that overnight the hospital experienced a large increase in demand through the emergency department. They thanked all staff for working extremely hard to ensure that patients were cared for in the most clinically appropriate place, and

asked people to remember that the emergency department is for genuine emergencies. They also provided information for people who required non-urgent medical help: that there are a range of other accessible services near them that do not involve a trip to hospital.

**MR COE:** Minister, on how many days between 1 May and today have patients been accommodated on trolleys in corridors at the hospital and how many corridor trolleys are there?

**MS STEPHEN-SMITH:** Obviously I will have to take that question on notice.

### **Canberra Hospital—emergency department bypass**

**MR HANSON:** My question is to the Minister for Health. Minister, who is responsible for deciding to place a public hospital onto ambulance bypass and who is responsible for deciding to lift the bypass status?

**MS STEPHEN-SMITH:** I thank Mr Hanson for the question. My understanding is that it would be the CEO of Canberra Health Services. I will confirm that but, as I have stated before and I will repeat for the benefit of the Assembly, it is not uncommon for health systems across the nation to experience periods of increased demand. Ambulance bypass is one of the strategies used to ensure that there can be a small amount of pressure taken off the emergency department when there is a surge in demand. As it was explained to me on Friday, it is as much about sending a signal to the staff of the emergency department that something is being done to ease the pressure: you do not have to worry about an ambulance turning up unless it is a paediatric or critical patient. My understanding is that, on that particular night, only three patients were, in fact, diverted from the Canberra Hospital emergency department to Calvary. I will obviously correct that if that number subsequently has to be corrected. While it is a rare occurrence in the ACT, it is part of Canberra Hospital's system to ensure that all patients can be managed clinically appropriately when there is an increase in demand for services.

**MR HANSON:** Minister, with regard to the bypass on 14 August, when were you notified of that event? Was it prior to or subsequent and what action did you take?

**MS STEPHEN-SMITH:** I was called by the CEO of Canberra Health Services at 11 on that evening. I had a conversation with her about what ambulance bypass meant and what was happening to resolve the situation, the relationship with Calvary and the work that they were doing to use private hospital services. I considered whether it would be helpful for me to get out of bed and go into the Canberra Hospital but I thought that probably I would not be particularly helpful in the situation. Frankly, I went back to sleep, trusting that the CEO of Canberra Health Services had it all under control.

**MS CHEYNE:** Minister, do you have confidence in the management making a decision on whether a bypass is appropriate?

**MS STEPHEN-SMITH:** I thank Ms Cheyne for the supplementary. Yes, I absolutely have confidence in the CEO of Canberra Health Services and her staff to make those

decisions about what is clinically appropriate and what is appropriate in the management of the hospital. The CEO of Canberra Health Services is a very experienced person with respect to working in hospitals—as you know, a former nurse, Madam Speaker—and has been and is doing an excellent job in Canberra Hospital and Canberra Health Services.

**Canberra Hospital—emergency department bypass**

**MISS C BURCH:** My question is to the Minister for Health. Minister, during the Canberra Hospital emergency department bypass on 14 August 2019, patients were discharged late at night to the National Capital Private Hospital to ease pressure on the hospital. Minister, how many patients were transferred late at night on 14 August to the National Capital Private Hospital and, of those, how many were transferred back to the Canberra Hospital?

**MS STEPHEN-SMITH:** I thank Miss Burch for the question. I would note that “discharged” is not the same as being transferred to the National Capital Private Hospital. That is not a discharge; that is a transfer to a different hospital that can provide the service that that patient needs. I was assured by the CEO—

*Mr Coe interjecting—*

**MS STEPHEN-SMITH:** I was assured by the CEO of Canberra Health Services—

*Mr Coe interjecting—*

**MS STEPHEN-SMITH:** If Mr Coe does not want to hear the answer to the question, that is fine, but for other members of the Assembly, let me say that I was assured by the CEO of Canberra Health Services that patients who were transferred to the National Capital Private Hospital as part of the arrangements that exist with the private hospitals across our health system were not going to be transferred back to Canberra Hospital, and were not transferred back to Canberra Hospital, but would receive their treatment fully in the National Capital Private Hospital.

**Mr Coe:** Point of order.

**MADAM SPEAKER:** Mr Coe, point of order.

**Mr Coe:** On being directly relevant, the question was: how many were transferred back to the Canberra Hospital—

**MS STEPHEN-SMITH:** I think you will find that the question was: how many were discharged?

**Miss C Burch:** How many were transferred.

**MADAM SPEAKER:** Ms Stephen-Smith.

**Mr Coe:** The question, which I can help you out with, was: how many patients were transferred late at night on 14 August to National Capital Private Hospital and, of

those, how many were transferred back to the Canberra Hospital? She has not yet answered that question.

**MADAM SPEAKER:** Yes, but the word “discharged” was used.

**Mr Coe:** Only in the preamble.

**MS STEPHEN-SMITH:** Sorry, in the preamble; yes, you are right. I will take the question on notice in relation to how many patients were transferred to National Capital Private Hospital. As I have said, my understanding is that none was transferred back.

**MISS C BURCH:** Minister, does Canberra Health Services have a standing arrangement to buy beds from the National Capital Private Hospital? If so, what are these general terms?

**MS STEPHEN-SMITH:** I thank Miss Burch for the supplementary. As I have said, Canberra Health Services does have arrangements with private hospitals across the territory. Mostly, that is for elective surgery. I will take on notice the terms in relation to what happens in these kinds of situations.

**MRS DUNNE:** Minister, what did it cost to transfer patients to and accommodate them at National Capital Private Hospital on 14 August and subsequently?

**MS STEPHEN-SMITH:** I thank Mrs Dunne for the supplementary. I will take that question on notice but I want to emphasise for the benefit of the Assembly that all of these arrangements are part of the Canberra Hospital’s plan in managing surges in demand for its services. It is, as I have said repeatedly, not uncommon for hospitals across the nation to face periods of increased demand, and that is why Canberra Health Services has clear processes in place to ensure the best possible ongoing care for all consumers.

I said last week and I will say again that of course the team at Canberra Health Services eases pressure across the hospital by creating internal capacity, discharging appropriate patients and transferring suitable patients to private hospitals. These are all totally legitimate strategies for managing an increase in demand on the Canberra Hospital, and I fail to understand what the opposition thinks they are seeking to achieve by pointing out to everybody that the Canberra Hospital has multiple strategies in place to manage an increase in demand.

### **Government—online community engagement panel**

**MR PETTERSSON:** My question is to the Chief Minister. Chief Minister, can you provide an update on the government’s election commitment to introduce an online community engagement panel?

**MR BARR:** I thank Mr Pettersson for the question. I can advise members that around 2,200 Canberrans have now joined the panel. It has reached a point of statistical significance. It is both demographically and geographically representative of our city,

with Canberrans from Tuggeranong, Gungahlin, Belconnen, Woden, Weston Creek, the inner north, the inner south and the Molonglo Valley all participating in the panel.

Input from the panel will help shape policies, programs and services for the future and allow the government to engage with a statistically significant and representative group of Canberrans. We will continue to seek to grow the panel and, each time it features in the media or in the government newsletter or in social media, membership grows.

**MR PETERSSON:** Chief Minister, what data has the online panel already contributed to government policy?

**MR BARR:** The initial engagements have particularly focused on ACT government events. We have some useful information from the panel in regard to attendance and types of activities that people would like to see at events like Floriade, Nightfest and Enlighten, and the Wintervention festival that is the subject of current engagement from the panel. We look forward to utilising the feedback from the panel to help build and shape future ACT government events.

**MS CHEYNE:** Minister, why is it important that a broad range of Canberrans have the opportunity to have their say on government policy?

**MR BARR:** There certainly is a risk that the overwhelming majority of Canberrans can have their voices crowded out by the loudest voices or the usual suspects. So it is important for the government to consult widely and to seek input from as many Canberrans as possible. This will give us a clearer sense of community priorities.

For example, we know through that broader community engagement that the majority of Canberrans want to see the ACT government continue to advocate for a repeal of the commonwealth's legislative bar on the territories legislating on voluntary assisted dying—overturning the Andrews bill. We know that an overwhelming majority of Canberrans supported marriage equality. We know that an overwhelming majority of Canberrans support the government's decision to ban greyhound racing in the territory. We know that an overwhelming majority of Canberrans want to see the ACT continue to show leadership in combating climate change. We know that a majority of Canberrans support the government's delivery of the first stage of the light rail network.

So we know through this deeper engagement how Canberrans feel about important issues in our community and we know that we can continue with confidence to pursue the issues that the majority of Canberrans want us to continue to pursue. This provides valuable information in between our four-yearly democratic cycle.

### **Hospitals—emergency department performance**

**MR PARTON:** My question is to the Minister for Health. Minister, how did the Canberra Hospital and Calvary hospital public emergency departments perform against their targets in the fourth quarter of 2018-19?

**MS STEPHEN-SMITH:** I thank Mr Parton for the question. I will take that one on

notice.

**MR PARTON:** Minister, how are our emergency departments tracking against their targets in the first quarter of 2019-20?

**MS STEPHEN-SMITH:** Today is 20 August. The first quarter of 2019-20 is not yet complete.

**MRS DUNNE:** Minister, are you satisfied that enough is being done to ensure that the ACT will not continue to have the worst performance in emergency department waiting times?

**MS STEPHEN-SMITH:** I thank Mrs Dunne for the supplementary question. It is clear that in a number of triage categories the emergency department does not have the performance that we would like to see. As I have spoken about a number of times in this place, we are making significant investments in capacity. Of course, we have recently expanded the Canberra Hospital emergency department. We have invested in expansion of the Calvary hospital emergency department. We have made additional expansions in capacity across the hospitals.

Canberra Health Services is also implementing the timely care strategy, on which, in my first week as health minister in this place, I offered Mrs Dunne a briefing. When she finally gets around to attending that briefing in October, she will hear that Canberra Health Services continues to work on its timely care strategy. Several initiatives have already been implemented, including daily multidisciplinary staff ward huddles, hospital-wide flow management meetings, strategies to reduce barriers to discharge, and identifying and discharging appropriate patients early. Working groups are continuing to refresh and refocus systems and processes by using a whole-of-government approach, including looking more and more closely at the data that is available, and at how those processes are managed. I look forward to Mrs Dunne having that briefing.

### **University of Canberra Hospital—hydrotherapy pool**

**MRS JONES:** My question is to the Minister for Health. Minister, how much time exactly, and at what times of the day, is the hydrotherapy pool at the University of Canberra Public Hospital made available for use by clients of organisations such as Arthritis ACT?

**MS STEPHEN-SMITH:** I thank Mrs Jones for the question. I will take the detail of that question on notice but I know, from my visit to the University of Canberra Hospital recently and visiting the pool and talking to managers, that there have been conversations with Arthritis ACT about extending the hours at which that pool is available into the evening.

**MRS JONES:** Minister, has the Canberra Health Services discussed with Arthritis ACT whether the availability of the pool at the University of Canberra public hospital meets their needs? If so, what were the agreed outcomes?

**MS STEPHEN-SMITH:** I will be getting another update on hydrotherapy later this

week. There were a number of conversations about it last week. I will take the detail of that question on notice but I do know that there is an ongoing conversation between Canberra Health Services and Arthritis ACT.

**Mrs Jones:** Point of order.

**Ms Stephen-Smith:** I have taken the question on notice Mrs Dunne.

**Mrs Jones:** I am Mrs Jones. The point of order goes to relevance.

**Ms Stephen-Smith:** I don't see how you can have relevance when I've taken the question on notice.

**Mrs Jones:** If I could make my point of order, you might be able to have an opinion about it.

**MADAM SPEAKER:** Mrs Jones: straight to the point of order please.

**Mrs Jones:** I am working on it, but I keep getting interrupted. The question was whether there was an agreed outcome between you, the Canberra Health Services and Canberra—

**MADAM SPEAKER:** Mrs Jones, can you resume your seat. The minister took the question on notice and said that she would bring back more information.

**MRS DUNNE:** Minister, does the University of Canberra public hospital refer rehabilitation patients to Arthritis ACT for hydrotherapy after they are discharged from the hospital? If so, how many have been referred during 2018-19?

**MS STEPHEN-SMITH:** I thank Mrs Dunne for the question and apologise for the mistaken identity earlier. I will take that question on notice.

### **Schools—Miles Franklin**

**MRS KIKKERT:** My question is to the Minister for Education and Early Childhood Development. Minister, the government is proposing to erect a fence around Miles Franklin school. This will include fencing the adjoining south-west Evatt oval and limiting access to a shared path running along the eastern boundary of the oval. At a recent P&C meeting, officials from both the school and the directorate told the meeting that they would not be consulting with the local community. They said it was up to the school community to inform—not consult with—their neighbours. Minister, why are you expecting the school community to do your job for you?

**MS BERRY:** I thank Mrs Kikkert for the question. I can provide some information on fencing around schools. The decisions that are made about fencing around schools are made by the school community and the P&C. When the P&C at Miles Franklin said that they were considering putting a fence around their school and the adjoining oval, the process is that they have to—they must—show that they have support within the school community and with the broader community for the fence. That is the process so far. There has been no decision by the government, the Education Directorate or

the school at this point in time to construct a fence—

**Mrs Dunne:** That is not what the P&C was told.

**MS BERRY:** It was the P&C's decision to have this conversation. That is where it came from. The P&C first have to show that they have support for a fence around the school. That is the process that is in train right now. There is consultation occurring. That is the process for every school. Regardless of whether a fence is there or not, if there is a fence put around the school, it must comply with the government's policies of being accessible to the broader community.

**MRS KIKKERT:** Minister, why are you willing to deprive the local community of access to a public space without a proper and effective consultation process?

**MS BERRY:** I think, Madam Speaker, that Mrs Kikkert might not have heard what I said earlier—

*Mrs Dunne interjecting—*

**MS BERRY:** but I can also provide for the Assembly's information a flyer that was distributed to the community last week—

*Mrs Dunne interjecting—*

**MADAM SPEAKER:** Mrs Dunne, your colleague pointed out how difficult it was to talk when people are interjecting, so I remind you to behave.

**MS BERRY:** Thank you, Madam Speaker. I understand that there are some people who have been agitated about this proposal, but there is no decision. The consultation is continuing. I table a copy of this flyer for the information of members of this place and note that there are lots of reasons why P&Cs and school communities make decisions about having their schools fenced. Some of that is because our schools accept everybody regardless of how they arrive at our schools or the different kinds of challenges that they might experience in getting there; some of it is also for keeping their school premises safe. But it is very early in the conversation.

I understand the community has been agitated about it. I have ensured that that flyer goes out to explain the process. There is no decision from the government at this stage—or the directorate or the school—because that consultation is continuing.

**MS LE COUTEUR:** What impact will the proposed fence have on the current users of the oval and the open space around it?

**MS BERRY:** There is no decision about the proposed fence. It is a proposal, exactly as Ms Le Couteur has suggested. So there is no fence at the moment. There is no agreement for a fence. The school community is having consultations with the broader community about the fence. They must show that there is broad agreement for a fence around the school before any agreement for a fence to be built will be made, and it must comply with the government's policy of allowing open access to the broader community even if there is a fence.

**Schools—public school upgrades**

**MS CHEYNE:** My question is also to the Minister for Education and Early Childhood Development. Minister, why has the ACT government committed over \$100 million to public school upgrades?

**MS BERRY:** I thank Ms Cheyne for the question. The ACT government is focused on providing healthy and comfortable teaching and learning spaces to maximise learning outcomes for all children and young people. As student needs change over time, physical environments should be flexible enough to respond and adapt to the future needs of students and families in an evolving education system.

Infrastructure upgrades are one important way of ensuring that public schools are places where students feel safe, welcome and ready to learn. In 2017 the ACT government allocated \$85 million for the public school infrastructure upgrade program. This delivered on a key government election commitment. The government extended its commitment to public school infrastructure with a further \$17.96 million delivered in the 2018 budget for the roof replacement program, and \$15.96 million in 2019 for energy efficient heating upgrades, bringing the ACT government's investment in school upgrades to well over \$100 million.

Through these investments Canberra's public schools are being renewed with new learning spaces, toilets and change rooms, car parks and bicycle parking facilities, garden and horticultural facilities. There is also a range of upgraded outdoor learning and teaching environments being delivered through this investment, including sensory gardens, cultural spaces and playgrounds.

To assist schools to be more efficient in their energy use and improve the comfort of students and staff, a program of targeted efficiency upgrades and building audits is being undertaken annually. The program is improving maintenance of internal temperatures, efficiency of building heating and cooling systems, and reducing gas and electricity usage. Solar panel expansions and an annual tree planting program are also part of the infrastructure upgrades being delivered in schools.

**MS CHEYNE:** Minister, what school upgrades has the ACT government delivered in 2019?

**MS BERRY:** The ACT government has committed to a number of school administration area upgrades and these have been completed at Neville Bonner Primary School, Malkara School and Lanyon High School as well as Dickson College where upgrades have been completed on student toilets. The cafe at the Woden school has also been upgraded and a new disability hoist and specialist play equipment have been installed at Black Mountain School, including an in-ground trampoline, Roman rings, squeeze tubes, climbing structures and mirrors, a water misting arch, storage shed and rubber soft fall.

I am also pleased to advise that the Erindale College Active Leisure Centre has also been reopened following extensive repairs. Turner Primary School has also had upgrades to the glazing of the hydrotherapy pool area as well as their change rooms.

Car park upgrades have been completed at Theodore Primary School and Wanniasa Hills Primary School, with works nearing completion at Amaroo School and at Fraser Primary School. Secure bicycle parking facilities have also been installed at Calwell Primary School and Latham Primary School.

Outdoor learning upgrades have been completed at Hughes Preschool and Kaleen and Latham primary schools. In addition, Fadden, Hawker, Wanniasa Hills, Monash, Garran, Bonython and Wanniasa schools and Caroline Chisholm Junior School were all part of the tree planting program in 2019. Sensory gardens have been constructed at Garran and Evatt primary schools and a cultural space has also been constructed at the Narrabundah Early Childhood School.

**MRS DUNNE:** Minister, in relation to upgrades of fencing, will you guarantee that all Evatt residents are letterboxed in relation to the proposed fence at Miles Franklin Primary School?

**MS BERRY:** Yes, I can do that.

### **Sport—ice sports facility**

**MR MILLIGAN:** My question is to the Minister for Sport and Recreation. On 19 December 2018 you stated:

The government will open an Expression of Interest (EOI) process in early 2019 seeking interest from suitably qualified and experienced parties to design, construct, operate and maintain a new ice sports facility in the ACT.

In May of this year it was reported that the expression of interest was imminent. It is now August and no expression of interest has been seen. Minister, when will the ice sports facility expression of interest be released?

**MS BERRY:** I see that Mr Milligan has noted the social media activity over the weekend regarding the ice sports facility in the ACT. I thank him for his question in acknowledgement of that activity. There were some issues that needed to be resolved with the Government Solicitor's office in developing the expression of interest, which will be released very soon. I know that it has been frustrating for the ice sports community and they want to get on with finding out what sort of interest there is out there and within the community regarding an ice sports facility. I will be meeting with sport and rec tomorrow to find a final date and time and an appropriate place to make that announcement.

**MR MILLIGAN:** Minister, given the lengthy delay in releasing the expression of interest, how long can the community expect to wait for the outcome?

**MS BERRY:** I might have misunderstood; the outcome of the expression of interest?

**Mr Milligan:** Yes.

**MS BERRY:** That is a bit of a hypothetical question. I could not say.

**MRS DUNNE:** Minister, is the expression of interest document ready now? Are you just waiting for a media opportunity?

**MS BERRY:** No. I know that Mrs Dunne has a personal interest in the ice sports facility. I can assure you that I am not interested in a media opportunity; I am interested in making sure that the ice sports community is engaged.

**Mrs Dunne:** I think they've been engaged for a long time before you.

**MADAM SPEAKER:** Mrs Dunne: enough thank you.

**MR GUPTA:** My question is to the Minister for Transport and City Services. Minister, can you please update the Assembly on the progress of light rail stage 2.

**MR STEEL:** I thank Mr Gupta for his question and his interest in light rail. I know he is a regular light rail commuter up in Gungahlin and he also helped me recently to launch the light rail safety week.

The ACT government is doing the work necessary to bring light rail to Woden as soon as possible. The first step has been that the ACT government has sought formal environmental approvals from the commonwealth through the commonwealth Environment Protection and Biodiversity Conservation Act.

We are currently progressing the planning approvals for light rail for the city to Woden corridor in two components: 2A from the city to Commonwealth Park and 2B from Commonwealth Park to Woden. This approach will allow any complexities arising in the 2B component to be addressed without holding up the start of development of light rail from the city to Woden, and by making two environmental planning approvals we hope that this will enable works to progress earlier on the light rail route to Woden sooner rather than later.

Light rail to Woden is vital to establish a north-south spine for our transport network, and the ACT government is committed to getting light rail to Woden as quickly as possible.

**MR GUPTA:** Minister, why did the government decide to lodge its submission under the commonwealth's Environment Protection and Biodiversity Conservation Act in two stages?

**MR STEEL:** I thank Mr Gupta for his supplementary. The commonwealth's Environment Protection and Biodiversity Conservation Act applies throughout the country for major projects and requires a rigorous analysis of the environment and heritage considerations in constructing a project like light rail. Indeed we made a referral under the first stage of light rail. This year in July the ACT lodged two referrals under the act to progress planning approval for light rail to Woden.

The first submission, as I said, is for the extension from the city to Commonwealth Park. This stage will get light rail through city west on London Circuit through to the edge of the lake. This will involve relatively simpler issues than the second component, from Commonwealth Park through to Woden.

We acknowledge that that segment requires more complex consideration by the commonwealth, the National Capital Authority and the commonwealth parliament, and may take more time to approve. We want to allow time for the heritage and environmental issues to be worked through properly and for Canberrans to understand them, without holding up the construction of the first stage, 2A, from the city to Commonwealth Park.

That is why I have decided to split the project into two. The two-stage EPBC referral that we have lodged is the fastest way to get light rail to Woden. With the skills and expertise we have learnt and built up from constructing the Gungahlin to the city route, we will be getting on with the construction of the first stage of the Woden line as soon as it is approved.

**MS ORR:** Minister, how is the government engaging with the local businesses and community along the light rail stage 2 route?

**MR STEEL:** I thank Ms Orr for her question. We have certainly learned from light rail stage 1 route and the feedback we received from business owners along that corridor, particularly during construction. Only a few weeks I spoke about how that has informed our planning and communication strategies for future infrastructure projects, including stage 2 of light rail. Constructing light rail to Woden needs significant communication with businesses along the route. We are committed to taking a proactive and consultative approach to engagement.

In May this year we commenced a preliminary business impact assessment process. Earlier this month the city to Woden light rail team commenced consultation with businesses in city west to gauge awareness of light rail; establish communication; learn about trading hours and peak times of those businesses; start the communication and discussion around signage, marketing, access and logistics for those businesses; and together build a communication strategy going forward.

Businesses will be able to provide feedback on an ongoing basis through online and hard copy surveys, face-to-face conversations with the light rail team visiting their businesses on a regular basis, and a light rail coffee date this coming Thursday. In just the first week of the engagement, over 350 businesses in city west had already engaged in face-to-face discussions with the city to Woden light rail team. This early engagement with businesses will help us to design a program of support, advice and activation that will keep city west vibrant during construction and ready for operations.

**MR BARR:** I ask that all further questions be placed on the notice paper.