



Debates

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Legislative Assembly for the ACT

TENTH ASSEMBLY

23 March 2023

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Thursday, 23 March 2023

MR ACTING SPEAKER (Mr Parton) (10.00): Members:

Dhawura nguna, dhawura Ngunnawal.
Yanggu ngalawiri dhunimanyin Ngunnawalwari dhawurawari.
Nginggada Dindi wanggiraldjinyin.

The words I have just spoken are in the language of the traditional custodians and they translate to:

This is Ngunnawal Country.
Today we are all meeting on Ngunnawal country.
We always pay respect to Elders, female and male.

Members, I ask you to stand in silence and pray or reflect on our responsibilities to the people of the Australian Capital Territory.

Leave of absence

Motion (by **Mr Braddock**) agreed to:

That leave of absence be granted to Ms Clay for this sitting due to personal reasons.

Motion (by **Ms Lawder**) agreed to:

That leave of absence be granted to Mr Cain for this sitting due to personal reasons.

Canberra Health Services—data security Statement by minister

MS DAVIDSON (Murrumbidgee—Assistant Minister for Families and Community Services, Minister for Disability, Minister for Justice Health, Minister for Mental Health, Minister for Veterans and Seniors) (10.02), by leave: When a breach of patient privacy occurs, it is important that the patients involved are foremost in our minds in how we respond. It is also important that external investigations are able to be conducted in the proper way. This means that, until late yesterday, I was not in a position to share some of the facts and dates about what happened and when in relation to the recent breach of patient privacy within a mental health team at Canberra Health Services. Now that the families of patients involved have received more of these details, I am able to provide an update to the Assembly.

In early February, Canberra Health Services discovered a potential breach of patient privacy through the sharing of personal health information outside the organisation without consent. I was notified on 8 February verbally, and further details were provided in regular updates in the weeks following as more information came to light about the extent and nature of the information that had been shared. An audit was undertaken to determine the breadth of the breach which uncovered significant and

sustained breaches of the Health Records (Privacy and Access) Act 1997 and the Privacy Act 1988. This took some time, but by 27 February we had a pretty clear understanding of the number of patients and staff involved.

The breach identified that the personal health information of 13 CHS patients had been shared with an industrial partner and other private email accounts. That industrial partner was the ANMF ACT Branch. CHS immediately notified and referred the breach to relevant authorities, including ACT police, the ACT Integrity Commission, the Human Rights Commission through the ACT Health Services Commissioner, the Australian Information Commissioner and the Australian Health Practitioner Regulation Agency—AHPRA. In line with guidance from the Australian Information Commissioner, CHS formally advised the industrial partner, the Australian Nursing and Midwifery Federation ACT Branch, of the breach as soon as its extent was determined.

On 28 February, I emailed the CEO of CHS and the ANMF ACT Branch Secretary to express my concerns about the impact on patients and on staff, who are trying to create a safe workplace with high quality care. I asked if we could make a time to meet. I particularly wanted to better understand what their organisations were doing to comply with legal obligations. I also wanted to address the distrust that this privacy breach creates. Within hours I received a reply from the CEO of CHS suggesting times that would suit for a meeting. On 1 March, I received a letter from a lawyer engaged by ANMF requesting that all future correspondence be directed to them instead of to ANMF and declining my request for a meeting.

The CEO of Canberra Health Services advised all health service team members of the breach through an email on 6 March 2023. This email reminded teams of the training that is available to them should they need to refresh their understanding on patient privacy. It also acknowledged the importance of complying with relevant obligations and the trust that our community and patients place in the health service when sharing sensitive personal information.

The open disclosure process with patients and their families commenced on 6 March 2023 to advise the affected patients. This process is supported by very experienced CHS team members from the senior leadership team and clinicians. It is an intricate process, and it will take some time; however, affected patients have been notified. Supports are provided to the affected patients and their families and/or carers throughout the process, and in some circumstances the Public Advocate also participates in the process.

As a result of the breach, one staff member has been terminated and two staff members have been suspended and referred to the Public Sector Standards Commissioner for independent investigation. CHS continues to work closely with regulatory bodies, our patients and other staff members who may be affected. As the matter is being considered by external regulatory bodies, I cannot provide any further information. I have been reassured that CHS will provide me with updates or other information as it comes to hand.

As part of industry registration, nurses, doctors and allied health professionals undertake compulsory training on the handling of personal health information,

which includes: when it can be accessed; who can access it; how it can be disseminated; how to securely store it and/or destroy it; and the privacy principles that underpin these decisions. This training is compulsory for health professionals registered with AHPRA and other recognised industry regulators, such as the Health Information Management Association of Australia. All CHS team members also complete mandatory training modules as part of their induction when commencing employment with the service.

In mid to late 2022, in preparation for the implementation of the Digital Health Record, more than 11,000 health staff across the ACT undertook training in the DHR. Part of the training included a reminder on patient privacy and obligations when handling and accessing personal health information. The DHR system has in-built proactive reporting programs and additional levels of security for different types of medical records.

This is all of the information I am able to share at this point in time. I will provide further updates when I can. As you can see from the information I have shared with you today about training and support provided to staff, staff are very clear about their responsibilities in relation to patient privacy.

Leave of absence

Motion (by **Ms Lawder**) agreed to:

That leave of absence be granted to Ms Lee (Leader of the Opposition) for this sitting due to personal reasons.

Health services—workplace culture review—update Ministerial statement

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Families and Community Services and Minister for Health) (10.08): I rise today to provide the Assembly with the final biannual update on the implementation of the recommendations of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services*.

In 2019, the ACT government accepted all 20 of the recommendations of the final report and committed \$12 million over the three-year Culture Review Implementation program. Ninety-two discrete actions were identified to respond to the 20 recommendations for culture reform at a system-wide level. From an early stage, the then culture review oversight group recognised that building a system-wide framework to understand the cultural challenges in our health system was vital to enable ongoing evaluation and monitoring.

Over the three years of the Culture Review Implementation program, an extraordinary amount of work has been done across the ACT public health system and within the ACT Health Directorate, Canberra Health Services and Calvary Public Hospital, Bruce. There have been countless staff involved in developing actions and implementing programs within individual teams—from our nurses, midwives, doctors and allied health staff to our support services teams and policy officers. This is a

program that has engaged thousands of our health workforce to make important cultural change in our health services.

At the end of June 2022, the culture review implementation steering group determined that the intent of each recommendation has been, or is, sufficiently embedded into business-as-usual processes across the public health system. In February 2023, the culture reform oversight group met to consider the third and final annual review and agreed to transition culture review activities to business as usual.

We now have the structural foundations in place and can continue to build on this through ongoing workplace culture improvement activities. The ACT government's commitment now is to ensure that a positive and progressive workplace culture is embedded and sustained across the ACT public health system—a system that enables innovation, teaching and learning and, above all, one that values its workforce.

The third and final annual review was completed by Ms Glenys Beauchamp AO PSM in late January 2023. Ms Beauchamp met with key stakeholders and conducted focus groups with staff from across the ACT public health system. Ms Beauchamp presented her report to the culture reform oversight group on 13 February 2023, and I committed to tabling the third and final annual review report in the Assembly, as I did with Mr Reid's inaugural annual review report in 2020 and Ms Leon's second annual review report in 2021.

Ms Beauchamp's key messages from the review highlighted that substantial effort has been made to progress actions and close recommendations in the final stage of the three-year implementation program. Important foundations are in place, including: cross-agency training and development; data collection and reporting; and more visible leaders committed to a collaborative and cooperative approach to system-wide improvements. Foundations exist for the development and sustainment of a strong system-wide governance framework and there have been steady improvements in culture over what has been an exceptional period of challenges and pressure for all health systems.

Ms Beauchamp also highlighted that there are further improvements to be made to measure system-wide impacts and trends, and some areas of poor workplace behaviours remain as hotspots that will continue to need commitment to embed culture change.

I was particularly pleased that Ms Beauchamp had seen the incredible amount of work that has occurred over the three-year program and to finalise the 20 recommendations. It is also clear in the review that we have strong foundational elements in the workplace culture framework, organisational culture improvement model, workforce effectiveness indicators model and regular culture surveys. These are important system-wide structures that provide the ACT government and the leaders in each organisation with the key elements to fully embed a positive culture.

While the third annual review demonstrates that substantial progress has been made to improve workplace culture, it has been very valuable to have this independent review highlight areas for continued focus. As part of these areas of focus, there are

recommendations to sustain and embed cultural reform into business-as-usual arrangements and to strengthen a system-wide approach.

Seven recommendations have been made in the review to move the culture reform program into business-as-usual arrangements and to strengthen a system-wide approach. The seven recommendations in the third and final annual review are:

Recommendation 1. Formalise ongoing governance arrangements for the ACT health system to address strategy, planning, performance and evaluation incorporating the oversight of workplace cultural improvements.

Recommendation 2. Further develop and streamline existing performance reporting for which the head of each of the three ACT public health organisations has ongoing accountability. Develop system-wide information to measure the overall impacts of cultural improvement initiatives.

Recommendation 3. Clarify roles, responsibilities and performance requirements, particularly to strengthen outcomes expected for cultural improvement for the head of each of the three ACT public health organisations through existing performance agreements and/or contracts.

Recommendation 4. Consider and define the requirements to sustain system-wide leadership, management and human resources training and development programs including the allocation of resourcing and effort from the three organisations.

Recommendation 5. Each of the three ACT public health service organisations allocate resourcing and effort to sustain the foundational processes and systems, governance and other programs now in place to improve workplace culture and productivity across the ACT public health system.

Recommendation 6. Develop a system-wide strategy for workforce planning to develop and attract high performing talent, address emerging challenges such as workforce shortages and sustain a positive workplace culture across the ACT public health system.

Recommendation 7. Improve transparency through more effective engagement and communication with staff, patients/clients and the community on initiatives to improve performance and workplace culture across the ACT public health system.

At the final culture reform oversight group meeting in February, all members discussed the transition of the committee's functions to new governance arrangements. The new governance arrangements will include establishing a new council to provide advice on health system performance, with oversight of cultural improvement as a key element of performance.

The focus of the work to be undertaken by ACT public health services is moving to a sustainable model of culture improvement that acknowledges this is an ongoing process. Culture improvement must be embedded in core business, using the tools and reporting mechanisms that have been setup as part of the formal culture improvement program.

The recommendations have been considered, and actions to complete appropriate recommendations are being finalised. These include: formalising governance and reporting arrangements for the continued oversight of workplace culture improvements; aligning ongoing publicly available system-wide dashboard reporting to new governance structures to ensure measurement of progress and system-wide information is released on a regular basis; and using the organisational culture improvement model as business as usual to measure progress of culture improvement within the organisations on a regular basis and to ensure work aligns with the workplace culture improvement framework. Actions to complete appropriate recommendations being finalised also include ongoing employment of staff surveys and pulse surveys where applicable; continuation of leadership programs and collaboration across the public health services and more broadly across the health system; and finalising the system-wide workforce strategy and renewing a workforce planning committee as part of the new governance structure.

To ensure culture reform continues to be embedded and sustained in the ACT public health system, new governance arrangements will be established. At the final meeting of the culture reform oversight group, members discussed the transition of the committee's functions to these new governance arrangements, and their feedback is being taken on board as we finalise the arrangements.

The review reinforced that substantial progress has been made and that through the adoption of the recommendations outlined in the review, in concert with the continued investment in strengthening our fit for purpose governance arrangements, the transition to a business-as-usual working model will have an enduring focus on culture.

In 2021, the culture reform oversight group established three working groups to work collaboratively and constructively to identify and deliver initiatives to reinforce sustainable change and drive system-wide cultural reform. These working groups were: the system-wide HR matters working group, the early intervention working group and the professional transition to work working group.

The three original streams of work have since been consolidated into two working groups, with the system-wide HR matters working group and the early intervention working group merging to become one group. This will ensure that the gains made by these working groups to support our current and prospective workforce will continue.

A work health and safety, or WHS, community of practice has also been established as an outcome of the system-wide HR matters working group. Its purpose is to support cooperation and consultation on WHS issues between the three organisations. Areas of current focus include: strengthening safety culture and the management of psychosocial risks.

Three health system innovation workshops were undertaken throughout 2022, focusing on establishing a collective understanding of consultation and improving RiskMan incident data and reporting. The workshops were attended by WHS community of practice members, human resources representatives, management and union representatives.

Mr Acting Speaker, a system-wide leadership development program has been running since December 2021. The program focusses on how leaders create a shared understanding of leadership, the role of values-driven leadership and the importance of creating effective and safe team environments while encouraging participants to set personal goals for change. More than 400 senior managers from across the health system have participated in the program. An evaluation of the program found it to be well received by participants, with consistent feedback being provided about the significant benefits gained from networking and collaborating with colleagues across the system.

There has been an ongoing emphasis on establishing clear expectations of behaviour to build trust through consistency in our organisations—recognising that this increases psychological safety within teams, decreases workplace incivility, increases team productivity, and encourages learning and innovation.

The organisational culture improvement model is being used annually by the three health organisations to assess progress toward implementing the required strategy, policy, systems, processes and evaluation measures required to build and sustain positive workplace cultures. Results from assessments undertaken by the ACT Health Directorate and Canberra Health Services in late 2022 demonstrate that there has been an upward trend across all five priority areas since the first assessment was undertaken in 2019.

A workforce dashboard has been developed to provide consistent indicators, definitions and data for the health system. The dashboard and analysis are used to demonstrate and report on trends across a range of areas that, in totality, provide a picture of organisational performance. Areas reported on include commencements, separations, diversity, length of service, overtime, exit surveys, preliminary assessments and occupational violence. Additional system-wide workforce data indicators are being agreed by the three health organisations for inclusion in the dashboard to improve the analysis and reporting of organisational performance and culture across the system.

The ACT Health Directorate has also commenced the mapping of data to operationalise the workplace culture framework. This includes linking the five culture priority areas identified in the framework with the workforce dashboard, organisational culture improvement model attributes, climate and pulse survey questions and data from training impact evaluations. This will provide a more comprehensive suite of measures that may be reported and used to monitor culture trends, impacts and changes over time.

The Health Directorate has expanded its human resourcing functions to now include people analytics, operational workforce planning and system-wide industrial relations. This is a fit-for-purpose structure that will allow it to meet business demands. The ACT public service employee survey is currently in its third week of taking responses—to ensure staff at the Health Directorate have the chance to share their thoughts about the workplace in a confidential and constructive way. So far, the completion rate for the Health Directorate is 39 per cent, and this continues to grow each week. I encourage Health Directorate staff, if you are watching, to complete the survey.

New culture initiatives have commenced since Ms Beauchamp undertook her consultations, and these include: proactive divisional health checks to understand engagement sentiment within a division and how divisions can continue to strengthen a collaborative and connected workforce; a comprehensive induction program for new staff that is linked to the values and culture priorities of the organisation; and a refreshed investment in the performance development process, including a training investment aimed at giving and receiving feedback to build capability in having quality conversations.

A “wellbeing at work” strategy has been launched to create a supportive work environment that enhances wellbeing. This is complemented by a refreshed intranet page to promote wellbeing initiatives. Wellbeing initiatives to date include training on trauma informed care to encourage thinking on how the organisation may consider approaching people matters, policy thinking and stakeholder engagement through the lens of trauma informed thinking.

Further wellbeing work has included: a desktop review of all people-related policies to ensure they are underpinned by trauma informed thinking; refreshed training to ensure respect, equity and diversity officers have the knowledge and capability required to support our workforce; psychological first aid training; and planning for the establishment of peer support networks. All initiatives have the workforce as a central focus, with the objective being to support positive workplace wellbeing and culture while also striving to shape the directorate’s role as health system leaders for the ACT.

In Canberra Health Services, the Speaking Up for Safety program continues to be delivered throughout the organisation. The program focuses on promoting a healthier workplace culture, reducing inappropriate behaviour, and building a culture of safety and quality by empowering staff to better support each other while raising concerns early. An interim evaluation of the program has found positive results from the rollout to date. The evaluation found 89 per cent of participants agree that the training increased their confidence to speak up about safety concerns. This was further echoed among ACT medical trainees in the 2022 national medical training survey. The survey achieved its highest scores: rating the quality of training on patient safety concerns as “excellent” or “good”; agreeing there is a culture of proactively dealing with patient safety concerns when raised; and having confidence as trainees to raise patient safety concerns.

Implementation of the second stage of the program, Promoting Professional Accountability, has now commenced. This program will enable the organisation to identify and respectfully engage staff in a non-punitive manner about reported unsafe and unprofessional behaviours.

The workplace resolution and support service continues to provide direct support for staff experiencing personal issues that impact the workplace. This service has been extended to staff undergoing preliminary assessments, probation processes and performance management. The Strengthening a Culture of Respect and Engagement, program, or SCORE, has been piloted in Canberra Health Services. The evidence-based, award-winning civility program aims to support value-aligned behaviours to improve workplace culture.

In 2022, two additional units identified from the 2021 workplace culture survey participated in the SCORE program. At the conclusion of the pilot program in December 2021, significant positive change had been observed and maintained by individuals and teams in these business areas. Pre and post program survey analysis showed an overall improvement in the workgroup culture, with supervisor social encounters markedly improved, and increases in civility and decreases in incivility.

Focus groups were conducted in July 2022 with the areas that performed best in the workplace culture survey to seek from them what they believe contributes to their positive workplace culture. The findings of these top performers were shared with staff across Canberra Health Services. Canberra Health Services has also continued to invest in staff surveys to seek feedback from staff to understand sentiment and engagement. Survey results continue to reflect improvement, with results largely consistent with other public hospitals and the broader healthcare services sector.

The HR advisory and business partnership team has expanded to provide direct and focused support to managers addressing allegations of inappropriate behaviours. This expansion has resulted in one HR business partner for each clinical division, which allows the business partner greater time to coach and mentor managers through early intervention and to expedite complaints handling.

At Calvary Public Hospital Bruce they have continued to implement the “values in action” framework, which underpins people-related initiatives and articulates the behaviours expected of all employees. Recruitment and selection training has been refreshed, as have the performance development templates and associated processes to enable performance development throughout the organisation. Staff surveys are undertaken at regular frequency, with the most recent one being in September 2022. This will continue in order to seek employee sentiment and gain an understanding of staff engagement levels to identify the strengths and opportunities for intentional action. Survey results and proposed action will continue to be communicated to staff.

Calvary has continued to provide occupational violence and Speaking Up for Safety training for employees and continues to participate in the ACT public health system WHS communities of practice. Calvary has previously participated in the mapping and analysis of the application of the respect, equity and diversity contact officer framework, and has continued to invest in this program with a view to develop the program further. This has been further complemented within Calvary by providing training to staff on preliminary assessments to effectively manage complaints and grievances, and on managing sensitive conversations.

A comprehensive review of the executive and senior management structure was undertaken to facilitate a responsive and accountable leadership team to enable enhanced capacity to support service and future strategic growth. A key goal from the review was to develop a structure that supports clinical engagement. A medical advisory committee has been established, with medical leadership representation from all of the core clinical specialities.

In closing, I would like to thank everyone across the ACT public health system for their ongoing commitment to culture reform. I particularly want to thank the members

of the oversight group, steering group and working groups who have led this work, and the professional colleges, non-government organisations, clinical leaders and consumer and carer representatives who have been closely engaged in the process and outcomes.

Our focus across the public health system is now on sustaining the positive changes, maintaining the momentum and continuing to embed culture reform into our core business. Our goal continues to be creating environments where our workforce feels supported, valued and empowered to deliver excellent care, and to enhance patient and consumer outcomes and experiences.

I present the following papers:

ACT Public Health System—Workplace Culture—Third and Final Annual Review, dated January 2023.

Workplace Culture within ACT Public Health Services—Biannual update on the implementation of the recommendations of final report of the independent review—Ministerial statement, 23 March 2023.

I move:

That the Assembly take note of the ministerial statement.

MS CASTLEY (Yerrabi) (10.29): I have a few brief remarks. The minister has been saying in the media and estimates that talk about negative culture in the media is harmful for new frontline health staff and does not help improve the culture at the hospital, despite this being a gross request! This is just a way to keep people quiet. It sounds like something out of *Nineteen Eighty-Four*! I could not disagree more.

As members would be aware, I have been speaking about the spin from the minister over health issues. Another example of this is the positive media article that CHS and the minister released about the “great” December 2022 pulse survey results. The pulse survey in December had the worst response rate for any culture survey that CHS have ever supplied to staff.

The minister tried to claim that this survey returned some of the best survey results and that the culture was improving, but I believe this is disingenuous. An all-staff memo to CHS said that CHS needed to reach a 40 per cent response rate in the December pulse survey for the results to be statistically valid. The government then came out in their default, damage control mode and said that they had done an audit and the data was fine, which is in stark contradiction to what they told staff. It is spin like this that causes distrust in management.

In the December pulse survey, in the division of service, only 24 per cent of respondents agreed that they had a “high trust” in the executive management team of CHS. On the other hand, 34 per cent disagreed with the question. Forty-two per cent of CHS employees disagreed that CHS is a truly great place to work. If you look at frontline health divisions, such as the division of surgery, the majority of employees disagreed with the statement that “CHS is truly a great a place to work”.

The minister also noted that the ACT public service survey is open, noted we are in the 30 per cent area for completion and encouraged the directorate to fill out the survey. I would like to ask frontline health workers, if they have the time, to also fill out this survey. I think it is equally important to get a good, broad response.

The minister's self-congratulatory, pat on the back statements are damaging for the culture of CHS. All they do is build a divide between frontline health workers and executives. The minister talked about how negative statements make it more difficult to recruit, but unfortunately the damage is done. Cardiologists are rescinding their offers for jobs. The minister has not been able to fill positions in the fetal maternal medicine unit since June. We have not heard any update on whether CHS has finally hired enough nurses to meet ratios or has enough staff to staff the hospital.

The government needs to stop the spin on culture and wellbeing projects that have been heavily criticised by stakeholders. Do not be fooled by optimistic statements. There are many areas of culture that are neglected and below where they need to be.

Question resolved in the affirmative.

Aboriginals and Torres Strait Islanders—Aboriginal and Torres Strait Islander Agreement 2019-2028 Ministerial statement

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Families and Community Services and Minister for Health) (10.32): I rise today to table the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 phase 2 focus area action plans.

I am pleased to present all 10 focus area action plans, which provide clear visibility of the actions to be progressed by the ACT government during the phase 2 implementation of the ACT Aboriginal and Torres Strait Islander Agreement. The action plans support our efforts to strengthen the alignment between the National Agreement on Closing the Gap and the ACT agreement. They are targeted and achievable—providing a strong foundation for collaboration across ACT government directorates, and with the ACT Aboriginal and Torres Strait Islander community and stakeholders, to deliver outcomes in each focus area.

Key updates include updated national targets and indicators, and alignment of the ACT focus areas with the four national priority reform areas; introduction of phase-based qualitative statements to reflect what has happened in the previous phase and what the community can expect in the coming phase; and community priorities identified by the ACT Aboriginal and Torres Strait Islander Elected Body.

While we are enthusiastic and committed to the delivery of these new actions for phase 2, there will be continuing work on the remaining elements of the priority actions from phase 1. These actions will continue to be implemented throughout the life of the ACT agreement and are reflected in the refreshed phase 2 focus area action plans. The completed priority actions, and those still in progress from phase 1, will be published separately on the Community Services Directorate website.

I would like to share some highlights of the work achieved under phase 1 of the agreement, which covered the period February 2019 to June 2022. Our progress to date shows the ACT Aboriginal and Torres Strait Islander community experiencing continued higher levels of preschool enrolments for children in the year prior to their first year of schooling; steady growth in the enrolment of three-year-olds in preschool programs; and signs of improved readiness for children entering school reflected in the ACT kindergarten health checks. Our progress shows a reduction in recidivism and reincarceration rates of Aboriginal and Torres Strait Islander peoples in the ACT; more students achieving year 12 certificates; and an increase in the number of Aboriginal and Torres Strait Islander businesses, with many of these businesses having entered into contracted funding agreements with various ACT government directorates.

For this next phase, we are integrating our commitments under the ACT and national agreements, as I have mentioned. We have aligned the ACT focus areas with the national priority reform areas. National priority reform area 1, “formal partnerships and shared decision-making” is aligned with the ACT focus area of “community leadership”. In this focus area, the ACT government is committed to exploring, in conjunction with traditional custodians, the feasibility and potential models for a co-managed agreement for lands and waters relating to Namadgi National Park.

National priority reform area 2, “building the community-controlled sector”, aligns with the ACT focus area of “connecting the community”. In this focus area, the ACT government is committed to establishing a cross-directorate framework that will guide the development of the Aboriginal and Torres Strait Islander community-controlled organisations, or ACCOs, within the ACT. The framework will further demonstrate our commitment to genuinely partnering with the Aboriginal and Torres Strait Islander community to develop the capacity of current, emerging and future ACCOs. This complements the work now underway in the new Aboriginal services development unit in the Community Services Directorate and builds on our significant investments in new and existing ACCOs, including: the new facilities for Winnunga Nimmityjah Aboriginal Health and Community Services and Gugan Gulwan Youth Aboriginal Corporation, and the continued development of an Aboriginal and Torres Strait Islander alcohol and other drug residential rehabilitation service in partnership with Winnunga.

National priority reform area 3, “transforming government organisations”, aligns with the ACT focus area of “cultural integrity”. In this focus area, the government is committed to developing and implementing an ACT public service cultural integrity framework and guidelines on identifying and addressing systemic racism in systems and processes. We know that systemic racism continues to contribute to the gap in outcomes between Aboriginal and Torres Strait Islander people and the broader population, and we must all continue to commit ourselves at every level to addressing racism—towards zero.

National priority reform area 4, “shared access to data and information at a regional level”, aligns with the ACT focus area of “inclusive community”. Under this focus area, the government is committed to co-designing Aboriginal and Torres Strait Islander data sovereignty principles, with the community and implementation guidance for use across directorates. We will also increase opportunities across the

ACT government to promote the public use and visibility of Aboriginal languages in the Canberra region.

These are just some examples of the work that will be advanced by the phase 2 action plans. These new action plans sit in the context of a significant reform agenda, underpinned by the ACT Aboriginal and Torres Strait Islander Agreement, the National Agreement on Closing the Gap and other identified priorities of the ACT Aboriginal and Torres Strait Islander community. The ACT government will continue to work in partnership with the Aboriginal and Torres Strait Islander Elected Body, and the broader Aboriginal community, to implement these action plans and close the gap.

I present the following papers:

ACT Aboriginal and Torres Strait Islander Agreement 2019-2028—Delivering equitable outcomes for Aboriginal and Torres Strait Islander peoples—Phase 2 focus area action plan—July 2022 to December 2024.

Action Plan.

Ministerial statement, 23 March 2023.

I move:

That the Assembly take note of the ministerial statement.

Question resolved in the affirmative.

Environment—wood heaters

Ministerial statement

MS VASSAROTTI (Kurrajong—Minister for the Environment, Minister for Heritage, Minister for Homelessness and Housing Services and Minister for Sustainable Building and Construction) (10.39): I rise today to table the Commissioner for Sustainability and the Environment's investigation into wood heater policy in the ACT. Clean air is a foundational priority for us all, and I thank the commissioner for her comprehensive and detailed investigation and associated recommendations that seek to reduce the impacts on the environment and our community from wood heaters.

The commissioner's report has eight recommendations: phase out wood heaters in ACT suburbs, excluding rural areas, and replace them with electric alternatives, supported by financial assistance for lower income households; ban the installation of new wood heaters in all ACT suburbs, excluding rural areas; establish a register of wood heaters in the ACT to determine their number and age; mandate the removal of wood heaters before a property can be sold in any ACT suburb, excluding rural areas; introduce mandatory labelling explaining the health risks associated with wood heater usage at point of sale for both wood fires and firewood in the ACT; include explicit messaging about the health risks associated with wood heater usage in ACT government education and communication activities; develop and apply empirical criteria for determining environmental harm or nuisance from wood heater smoke,

as part of EPA investigations; and reconsider responses to the 2019 State of the Environment Report's recommendations 21 and 22, which were to increase the number of ambient air quality compliance monitoring stations and undertake an assessment of air pollutant emissions from diffuse sources to update the National Pollutant Inventory data.

The commissioner's report provides compelling evidence that the current approach to managing the air quality impacts from wood heaters in the ACT is insufficient to protect human health and the environment of the ACT from issues arising from wood heaters. It also highlights the changing global science about what is considered safe airborne fine particulate levels for human health as part of air quality standards. The report, on top of the numerous letters that I receive regularly from impacted Canberrans, demonstrates that we do need to do more to ensure our policy and regulation of wood heaters properly addresses their negative impacts and is contemporary with recommended human health standards for air quality, because all Canberrans should be able to breathe freely, and we must ensure we protect the most vulnerable in our community.

While the government will formally respond to the commissioner's recommendations later this year, I would like to offer an initial statement about the work we are building on and reflect on some of the opportunities and decisions ahead of us in a changing city.

First, I would like to talk about progress under the Bushfire Smoke and Air Quality Strategy 2021-25. This whole of government strategy was released in November 2021 following a motion in the Legislative Assembly regarding the 2019-2020 summer bushfires and the associated health impacts on the community. Progress has been made against several actions. WorkSafe ACT has developed a smoke, pollen and dust webpage that sets out the duties of persons conducting a business in regard to ensuring the air quality in the workplace is safe. This webpage provides practical information on how employers can manage the risks of poor air quality caused by dust storms, pollen and smoke and provides links for useful resources to assist businesses in assessing air quality and the air quality index for the ACT. In January 2022, WorkSafe ACT launched its Strategy for Preventing Occupational Lung Diseases 2021-2023. Part of this strategy involves raising awareness of exposures that cause occupational lung diseases through general and targeted awareness campaigns.

The Environment, Planning and Sustainable Development Division has established a five-year \$5 million Building Energy Efficiency Upgrade Fund to be accessed by community clubs. The program provides rebates of up to \$75,000 per club to upgrade to more energy efficient appliances and energy systems. As part of the registration process for the program, clubs also complete an Extreme Weather Plan which outlines the measures clubs will implement to become an extreme refuge site, including incidents of pervasive bushfire smoke.

The Wood Heater Replacement Program provides eligible households with a rebate for removing or replacing wood heaters with an efficient electrical heating system. This has led to the removal of over 1,250 old wood heaters that do not meet the current national emissions standards. Encouragingly there has been an increased

uptake in electric home heating over recent years and a transition away from wood heating as the main heating source. This has been supported by the significant uptake of solar power and the ACT governments initiatives such as the Wood Heater Replacement Program and the Sustainable Household Scheme. I would continue to encourage Canberrans to consider alternative forms of heating to wood heaters. The ACT government's Burn Right Tonight campaign recognises that even with stricter emission standards for wood heaters, how they are used, is just, if not more important, as improper use can lead to significant emissions. The public education tool has run every winter since 2011 to remind ACT residents on the correct storage of firewood and the use of wood heaters to reduce emissions and was recently evaluated and improved.

While this progress outlined represents important steps towards ensuring cleaner air for all, we need, as a growing and consolidating city, to transition away from expensive, polluting wood and gas heating and towards comfortable, well insulated homes heated by clean electricity. And as this report shows we need to do more.

I am proud of being part of a progressive Greens-Labor government that is leading the nation in electrifying the city by 2045 and also leading the way in introducing the right to a healthy environment to our Human Rights Act. For me, these processes cannot be looked at in isolation to what the commissioner has recommended in her report. We need an integrated and courageous response to ensure our wood heater policy settings are fit for future purpose.

As a city that prides itself on clean air and environment, this report is a critical trigger to have conversations about how we heat our homes and how these choices impact on the most vulnerable in our neighbourhoods. Based on community panels, only a small number of Canberrans use wood heaters as their primary heating source. We need to balance this fact against changing global scientific guidelines related to wood heater emissions and the health impacts wood heaters have on members of our community in our future policy.

I thank the commissioner for her investigation into wood heater policy in the ACT, which the government will now consider and respond to. The report's recommendations will also inform the government's subsequent development of policy and the second Action Plan for 2023-2025 under the Bushfire Smoke and Air Quality Strategy. This will be released later this year following public consultation and community engagement. I look forward to listening further to the ACT community as we build on and shape the second Action Plan under the Air Quality Strategy.

I present the following papers:

An investigation into wood heater policy in the ACT—Ministerial statement, 23 March 2023.

Commissioner for Sustainability and the Environment Act, pursuant to section 22—Can Canberra 'Burn Right Tonight' or is there 'no safe level of air pollution'?—An investigation into wood heater policy in the ACT, dated January 2023.

I move:

That the Assembly take note of the ministerial statement.

MR DAVIS (Brindabella) (10.48): I thank Minister Vassarotti for tabling the report from the Commissioner for Sustainability and the Environment. And I thank Minister Rattenbury for the work we continue to do together responding to the progress on the implementation of a new wood heater replacement scheme trial, as requested in my private members business motion on this issue last year. I have been, and will continue to be, a champion for a clean environment and the health of our communities, particularly for those in my electorate of Tuggeranong. I will always put the health of my constituents and my community first.

Just yesterday, Minister Rattenbury released the latest Catchment Health Indicator Program Report showing water quality, as one example, across the ACT region has improved, making 2022 the best year in the reports history. I have been advocating for improving water quality in Lake Tuggeranong for years. Algal blooms have prevented locals from swimming in our lakes for nearly 100 days each year. I pride myself on making sure water quality is one example of our lake that is never forgotten. I thank Minister Rattenbury for his tireless work on this issue, as well as Minister Vassarotti for her work on this.

Since I first ran as a candidate for the ACT Greens in 2012, I have heard concerns from people in my community about air quality in Tuggeranong. It was actually the very first issue that somebody spoke to me about at my first shopping centre stall as a 20-year-old candidate, outside the Lanyon Shops back in 2012. And now for more than a decade I have been working hard to deliver improvements on air quality in Tuggeranong. Since being elected I have regularly been contacted by my constituents about this issue. This issue matters to people because clean air is, and should be, a fundamental human right. This has been affirmed by the United Nations Special Rapporteur on human rights and the environment.

Our health is intrinsically connected with our environment. A healthy environment supports healthy ecosystems, which our communities are a part of. This week we heard yet again that the world is not doing enough to address this climate crisis. We do not often enough draw connections between the climate crisis and how we locally interact with the water, soil and the air that supports us and enables us to live happy, healthy lives. I want to help my communities make that connection. Let us take care of our local environment so that we can take care of our health, so that we can take care of our planet and so that our planet can take care of us.

It is estimated that smoke from the Black Summer bushfire season in 2019-20 resulted in 31 premature deaths, 82 cardiovascular hospital admissions, 147 respiratory admissions and 89 emergency department visits. This breaks my heart. It should break all of our hearts. While the health implications of those fires might seem obvious to many, the health impacts of smoke from wood heaters is much more sinister, in that many people still do not understand these health risks. Smoke from residential wood heaters is the largest source of air pollution in Canberra during the winter months and unfortunately the natural factors that make our beautiful Tuggeranong Valley so beautiful also make it most susceptible to poor air quality from wood heater smoke.

My constituents and I have experienced this firsthand. Some winter days in the valley, you could not be blamed for noting a particularly foggy day as anything other than normal weather affecting the whole of Canberra. That is, until you reach the Tuggeranong Parkway and realise that all that fog might not be so natural and the rest of the city is completely clear. There is no safe level of the main air pollutant caused by woodfire heaters, particulate matter 2.5. Exposure to particulate matter 2.5 has been linked to asthma, cardiovascular disease, stroke, dementia, premature birth and premature death. The best health policy should be one that keeps people healthy and out of our hospitals. We spend so much of our time in this place talking about health service delivery, including waitlists and striving for equitable access to service. Would it not be better if we could reduce demand on those services in the first place by supporting healthy, thriving communities who can be free from the stress of an emergency room? That is why this issue is so critical.

The commissioner's report highlights that air quality standards are regularly exceeded in the Tuggeranong Valley; 78 per cent of exceedances from 2015 to 2020 were caused by wood heaters. In this light, I would like to thank the commissioner again for this incredibly strong report and the recommendations that Minister Vassarotti has mentioned. I will use the commissioner's evidence-based recommendations to continue engaging with my community and working with the ACT government to improve air quality in the valley.

I particularly note the recommendations targeted at ensuring Canberrans know and understand the risk of wood heaters and the reasons for transitioning to electrified heating. We cannot expect all Canberrans to be enthusiastic about getting rid of something that they have grown quite fond of; if they do not understand the health risks they pose, who could blame them? The commissioner's report raises concerns that the Burn Right Tonight public education campaign program has not improved air quality to safe levels in winter and may even have legitimised the use of wood heaters as safe if they operated under those guidelines. This program has been run every winter since 2011. We cannot stand by while education programs fail to deliver the required outcomes and put the health of our communities at risk.

Everyone should be supported to make a choice that is best for their health and the health of their community. In June last year, I called on the ACT government to step up its efforts in addressing air quality issues caused by wood fire heaters. I called on the government to trial a program and reform the Wood Heater Replacement Program to make it easier for people to make a choice that best suits their needs. I have said it before in this chamber, but it bears repeating. The current Wood Heater Replacement Program still involves upfront costs to people. Not everybody can afford those upfront costs. The trial program I proposed in June last year would support Canberrans to replace their old wood heater with more efficient heating systems, importantly at no upfront cost. I made it clear that I wanted this new trial to be as accessible to as many people as possible, but most importantly, targeted towards those low income households in Tuggeranong that I have spoken to.

Mr Acting Speaker, I want to give you one particular example that should send chills up the spine of everybody in this chamber. It was late last year that I was doorknocking my electorate in Richardson. I spoke to a young mum with three young

kids under the age of five about issues affecting her and her community. Given I have been an advocate of the issue of wood heating in this place, I could not help but notice the wood heater burning in the background in the lounge room. I asked my constituent if she had installed it herself. She said to me, “No, I rent. Landlords left that here and I prefer to use it because it is cheaper.” I asked out of curiosity, “Where did you get the wood?” because we hear so often from enthusiastic proponents of wood heaters that wood is ethically sourced. She said enthusiastically, “My neighbours actually did me a favour, Johnathan. When they ripped out their old kitchen when they were renovating, they gave me all of the old pieces of kitchen equipment.” That is chipboard, covered in plastic, wrapped in oil-based paint. And she would burn that while her and her three young children slept in the lounge room during Canberra’s winter months. It is anecdotal, yes, but it is one example that continues to motivate me to work hard on this issue and to eliminate the scourge of wood heat smoke on some of the most vulnerable Canberrans, in this instance particularly children.

Nobody blames people doing the best they can within their means, but we talk a lot in this place about the cost of living crisis and the impact on low-income households. We have a real opportunity with a reform and tailor-made redesign of the Wood Heater Replacement Program to specifically target interventions to low income households and ensure people have choice in the way that they heat their homes, that they have choice to move to electrification, that they have the choice to move away from wood heaters, because at the moment so many Canberra families, some most marginalised and disadvantaged Canberra families, some of those families in my own electorate, are being left behind.

I look forward to continuing to work with my ACT Greens colleagues, the Minister for the Environment, Minister Vassarotti and Minister for Energy and Emissions Reduction, Minister Rattenbury, who has carriage of this program. To work through the commissioner’s recommendations and connect them to our nation-leading plans to electrify our city by 2045; to introduce the right to a healthy environment into our Human Rights Act and to do exactly what people expect when they elect Greens to parliament. That is to protect our health and our environment, protect our air, protect our soil, protect our water and protect our planet.

Question resolved in the affirmative.

Estimates 2023-2024—Select Committee Establishment

MS LAWDER (Brindabella) (10.57): I move:

That:

- (1) a Select Committee on Estimates 2023-2024 be appointed to examine the expenditure proposals contained in the Appropriation Bill 2023-2024, the Appropriation (Office of the Legislative Assembly) Bill 2023-2024 and any revenue estimates proposed by the Government in the 2023-2024 Budget and prepare a report to the Assembly;
- (2) the Committee be composed of:
 - (a) one Member to be nominated by the Labor Party;

- (b) one Member to be nominated by the Liberal Party; and
 - (c) one Member to be nominated by the Greens; and
- to be notified in writing to the Speaker within two hours of this motion passing;
- (3) a Liberal Party member shall be elected chair of the Committee by the Committee;
 - (4) funds be provided by the Assembly to permit the engagement of external expertise to work with the Committee to facilitate the analysis of the Budget and the preparation of the report of the Committee;
 - (5) the Committee shall be established from 1 May 2023;
 - (6) the Committee is to report by Friday, 18 August 2023;
 - (7) if the Assembly is not sitting when the Committee has completed its inquiry, the Committee may send its report to the Speaker or, in the absence of the Speaker, to the Deputy Speaker, who is authorised to give directions for its printing, publishing and circulation; and
 - (8) the foregoing provisions of this resolution, so far as they are inconsistent with the standing orders, have effect notwithstanding anything contained in the standing orders.

This is a standard motion that gets brought forward most years to establish a select committee. It comes after we had a 246A statement in the Assembly earlier this week regarding the admin and procedure committee inquiry into whether the budget would be referred to a select committee or to standing committees. The decision of admin and procedure was to proceed with a select committee; hence, we are seeking to have the motion approved today by the Assembly to establish this year's committee. The committee would comprise three members: one from the opposition, one from Labor and one from the Greens. I commend the motion to the Assembly.

MR BRADDOCK (Yerrabi) (10.59): I would like to thank Ms Lawder for bringing forward this motion. I am a member of admin and procedure and was involved in the process to decide whether a select committee or a standing committee should review estimates. I support the direction that has been taken. I do, however, have one amendment that I wish to move to Ms Lawder's motion, regarding the start date of the proposed committee. I move:

In paragraph (5), omit "1 May 2023", substitute "15 May 2023".

The reason I have moved this is simply that the committee will not have a lot to do between the start date and the actual budget being landed. We have tweaked that by a few weeks to basically stop them twiddling their fingers during that time. Thank you.

MS LAWDER (Brindabella) (11.00): Very briefly, in closing, I would like to thank Mr Braddock for his amendment. We have no issue with the change in date. I do not think it makes much material difference. Once again, I commend the motion, with the amendment, to the Assembly.

Amendment agreed to.

Original question, as amended, resolved in the affirmative.

Education and Community Inclusion—Standing Committee Reference

MR HANSON (Murrumbidgee) (11.00): I move:

That:

- (1) this Assembly notes that:
 - (a) the Australian Catholic University (ACU) published a report that shows:
 - (i) 75.6 percent of ACT principals faced threats of violence, the highest rate in Australia and 73.2 percent faced actual violence, the highest in Australia;
 - (ii) almost 60 percent of ACT principals are at risk of serious mental health concerns, the highest in Australia;
 - (iii) ACU investigator and former principal, Dr Paul Kidson, has stated “the ACT is significantly out of step with the rest of the nation and strong intervention was needed”; and
 - (iv) Dr Kidson further stated, “in no other environment should we expect these things to be acceptable and we don’t and shouldn’t expect them to be acceptable within schools”;
 - (b) a paper by the Australian Education Union reports that ACT public school principals carry a “crushing workload” at the expense of their health and do not have time to provide educational leadership. The report further states:
 - (i) almost all principals (94 percent) say the directorate lacks the resources to meet the necessary demands;
 - (ii) the gap between resources and outcomes is made up primarily by principals and teachers working excessive hours;
 - (iii) principals reported they “do not have the level of resourcing needed”; and
 - (iv) the Australian Education Union issued a public statement that said “The ACT Government must take real action to address principal workloads, or we risk losing the leaders of our profession.”;
- (2) this Assembly refers this to the Standing Committee on Education and Community Inclusion, to address the principal workloads in ACT schools, including but not limited to, real hours worked by principals, violence, and threats of violence in schools and prevention methods and the administrative responsibilities laid on principals that should be conducted by the directorate; and
- (3) the Committee report to the Assembly no later than 29 June 2023.

This is an issue that is urgent and has been litigated this week in question time and extensively in the media. It is, frankly, unacceptable. Recently, the Australian Catholic University published their *Australian Principal Occupational Health, Safety and Wellbeing Survey 2022 Data*. It certainly makes for alarming reading. Nationwide, but particularly in the ACT, it shows that there is an unacceptable situation occurring in schools.

For context, the report from the ACU is the biggest and best resource we have to assess the challenges issued by school principals. I make the point that this is across all school systems, not just the public system or the Catholic system; it is all school principals. The survey includes principals, assistant principals and deputy principals from every school type and sector, across all the states and territories. It has been running for over a decade. Each year, since 2011, about 2,500 school leaders respond, and over 7,000 individual school leaders have completed the survey at least once. It is worth listening to and reading and understanding what is being said.

It is grim reading. It is grim across the country. These are, in part, national issues, but what is not a national issue is the impact in the ACT, which is significantly disproportionate to what is happening across the rest of Australia. I can quote some of these very alarming statistics. In the ACT, 75.6 per cent of school leaders face threats of violence, against the national average of 48.8 per cent. In the ACT, 73 per cent faced actual physical violence—against places like Victoria, on 31 per cent. Of these, 80 per cent said the violence was from students.

They are alarming statistics. We heard from the minister and the Chief Minister this week that their answer was: “These are societal problems.” I do not dispute that there are societal problems at play here. Nationally, we can see that violence against principals is 11 times higher than in the general population. But what has not been explained and what has not been answered in this place is why the ACT is so much worse in this national, longitudinal study. Why is the ACT suffering so much more than others?

This is not isolated to the Australian Catholic University review. The Australian Education Union has completed a survey. That was released before this other one I just talked about. It shows a number of alarming statistics on the workload of principals, which is excessive. It says that almost all principals—that is, 94 per cent of principals—say that the directorate lacks the resources to meet the necessary demands. We hear in this place, from the Chief Minister and from ministers: “No. It is okay. We can do it all; we can run a good health system and have a tram.” That has been debunked. You say that you can run a good education system and have a tram, but 94 per cent of principals say that the directorate lacks the resources. Are the principals lying about that? Are the principals wrong about that? I do not think so.

It is that gap between resources and outcome that is causing many of these problems, particularly in terms of principal workload. The union has said that school principals carry a crushing workload, at the expense of their health, and do not have time to provide educational leadership. That is shameful. They cannot be educational leaders because they have incredible administrative and compliance requirements and often have to teach because there are not enough teachers. That is outrageous. It is outrageous that the minister and the rest of the Labor Party and the Greens will come in here and say that we have billions of dollars to spend on a tram while school principals are crying out that they do not have enough resources, they do not have enough teachers and, as a result, all these problems are occurring.

This has been reported in the media, including the statistic that three-quarters of ACT principals report threats of violence at work:

The data paints a grim picture of how escalating threats of violence, punishing workloads and chronic staff shortages have hit school principals hard.

ACU investigator and former principal Dr Paul Kidson said the ACT was significantly out of step with the rest of the nation and a strong intervention was needed.

Let me say that again. He said that the ACT was significantly out of step with the rest of the nation and that strong intervention was needed. This mob has been in power for 20 years, and that is what independent reviewers, looking at this as a national problem, find about the ACT.

Dr Kidson said:

Can you imagine the outrage if that sort of data was being experienced by those who work in the public service, by those who work in private industry, by those who work in the hospitality industry?

In no other environment should we expect these things to be acceptable, and we don't and shouldn't expect them to be acceptable within schools.

That is a very valid point. Mr Gentleman, Ms Berry and others come in here and often talk about unacceptable behaviour in the workplace, but this is in their workplace. This is the Labor Party; this is the minister, the champion of so-called workers rights. When they are her workers, a very different standard is being applied, and it is not fair on those teachers and principals.

Dr Kidson goes on:

What it does say is that those who are policy-makers and those who are responsible for the governance of education in the ACT have got some really worrying evidence that they need to take very seriously. And that's a major shift in what we've been saying for the last few years ...

What an abject failure. What a disgrace. What an absolute disgrace! He goes on:

Policy-makers need to act urgently. The ACT Government must take real action to address principal workloads, or we risk losing the leaders of our profession.

Since this motion was put on the notice paper on Monday, the Education Union locally has put out a media release. It says:

Union calls on Government to take immediate action to address principal wellbeing and safety concerns.

I could not agree more. I will go through some of what they said:

Today's release of the 2022 Australian Principal Occupational Health, Safety and Wellbeing Survey shows that ACT school leaders face the highest rates across Australia of physical violence and threats of violence.

“Sadly, this result does not come as a surprise,” said AEU ACT Branch President Angela Burroughs. “What it reveals is a lack of effective action by the ACT Government.”

“A lack of effective action by the ACT government.” How shameful. She goes on:

In April 2022, the AEU presented the ACT Government with the results of the ‘People at Work’ survey that was completed by a majority of AEU Principal members. People At Work is a survey designed by the Australian work safety regulators and run by Safe Work Australia.

They called on the government to do a number of things at that point: conduct focus groups, communicate results for school leaders, create an action plan, and conduct ongoing monitoring and review. Ms Burroughs said:

It is clear that these measures have not been effectively implemented. We know what the problems are. It is time to stop talking, and start acting.

They provided a 10-point plan. I will go through it:

1. Regularly conduct the Safe Work Australia validated People at Work survey for all staff and implement its recommendations.
2. Commit to direct consultation with all staff, including through their relevant unions, rather than the current practice of engaging work safety consultants.
3. Treat Principals as a work group for WHS Act purposes and enable them to elect their own health and safety representatives.
4. Commit to fully and centrally funding measures identified in occupational violence risk assessments, rather than requiring that Principals find space within limited school budgets to make their schools safe.
5. Provide clear guidance to schools on suspensions, including clear policy settings for when suspensions should generally occur.
6. Implement immediate improvements to the suspensions process, including ICT systems, which are causing excessive workload for Principals.
7. Ensure that work safety processes, including occupational violence risk assessments, are appropriately tailored to the needs of all staff including those in leadership positions.
8. Provide clear advice to the community that violence towards front-line workers in our schools will not be tolerated.
9. Ban parents who have been violent or abusive from attending school sites.
10. Clearly communicate reasonable expectations of schools to the ACT community.

Ms Burrows goes on:

The ACT Government is big on reassurance and commitments to supporting Principals in their safety and wellbeing, but light on action. We cannot wait any longer.

The Canberra Liberals support that 10-point plan in principle. We have had some discussions. I advised the union that we support that plan, because action is needed.

My motion today is calling for an inquiry to report back pretty quickly on this, to be frank—by 29 June. I ask that those 10 points form the basis of what that committee looks at.

As I said, we think they are good. We think they are good ideas. If the government is prepared to come in here and say, “We accept them, we will move on them and implement them,” that is good. I cannot see an amendment, but if there were an amendment to that effect, that would be good news. You cannot simply keep saying, “This is society’s problem.”

You have a plan in front of you. I still think it is worthy of going to the committee to have look at, because then we, as an Assembly, can understand the full implications. We can see how it can be best implemented. It gives an opportunity for the Education Union to articulate their plan. To be frank, it gives a chance for the minister and the directorate to respond. If they have any issues or concerns, we can hear from them about how that might happen. It would be a useful process. Now that that is on the table, it would be a useful exercise.

No doubt the Labor Party and the Greens will speak on this motion. I expect they will vote it down and say, “It’s all happening. We will do it.” The problem is that, as we have heard from the union, that is not true. As the union said, they get these continual reassurances from the government that it is going to happen, and nothing happens. Perhaps that is what is going to happen today. We are going to see some confected outrage from Mr Davis, demanding that this all be done. We will see some reassurances from the minister: “Oh, yes; we will do that. We are going to implement it.” The same has been happening for years.

The union are saying that they get these reassurances, they get these promises from the minister and the government but nothing actually happens. When the government, the Chief Minister and the minister are asked, “What is the cause of this?” it is dismissed as just a societal problem. They say, “This is just something that is happening in society.” There is no explanation for why it is so high in the ACT and no articulation of what is going to be done to address this in schools.

We have a map before us. I think it would be worth it going to committee, because that then that can be looked at, evaluated and extrapolated. We can all get a better understanding. We can then seek some reassurances and see what the minister’s response and the directorate’s response is. We can make sure that it is happening. That report is due by 29 June. If the committee can do it quicker, good on them—bring it back. It should not take long, because we have got a bit of an action plan in front of us, which I hope all parties in this place will be able to support, at the very least in principle.

I commend this motion to the Assembly, but, more importantly, I call for action. We must have zero tolerance of violence towards our teachers and principals in our schools, and we must see from this government tangible actions being put in place to address this. It cannot be dismissed as just a societal problem; nor can there be just more reassurances that things are happening, when the union is telling us that they are not. I commend this motion to the Assembly.

MS BERRY (Ginninderra—Deputy Chief Minister, Minister for Early Childhood Development, Minister for Education and Youth Affairs, Minister for Housing and Suburban Development, Minister for the Prevention of Domestic and Family Violence, Minister for Sport and Recreation and Minister for Women) (11.16): I thank Mr Hanson for bringing this motion to the Assembly today, because it is important to talk about violence in our schools and to note that it is not tolerated. All of us need to take action against violence wherever it occurs, including within our schools, within our community and, indeed, in this place.

We all need to take continued action and not do another inquiry into this issue, which is why, last night, I responded to the 10-point action plan that was received on Monday from the ACT branch of the Australian Education Union. I welcome their 10-point plan. The AEU ACT branch has responded to the ACT government and has welcomed the ACT government's response. The ACT government is committed to working hand in hand with the AEU ACT branch and their members to achieve our shared goal of staff safety across all ACT public schools.

Every school worker, leader and student should be free from bullying, harassment and violence. We do not tolerate violence in any of our schools. We take all incidents seriously and foster a reporting culture in which staff and students feel supported to come forward, so that then we can respond. If Mr Hanson had been listening and talking to stakeholders like the AEU, he would know that the ACT government has been working on these issues for some time and will continue to meet the needs of our school principals and school staff. He says that the best data is the ACU survey. I reckon that the best data for ACT schools is to actually listen to the school principals directly, hear their experiences and then respond immediately.

Violence in our schools is a complex social problem, and we are not immune to the issues around bullying and violence that existence within our community. It is not a matter that can be fixed overnight. If Mr Hanson had been talking to stakeholders like the AEU he would understand that a significant body of work has been undertaken, is continuing and is in the pipeline, developed hand in hand with principals and their representatives. In my meetings with ACT school principals last week, this work was acknowledged.

The government has already made a \$1.14 million investment to establish the Safe@School Taskforce, which is leading a system-wide transformation to improve the safety and wellbeing of our students and staff. This work is ongoing. Work health and safety is now a standing agenda item for principals' advisory groups and at ACT Principals' Association meetings. If Mr Hanson had been paying attention to the work currently underway, he would realise that we do not need another inquiry to tell us what the problem is. We already have the mechanisms in place to talk with and listen to our stakeholders, to understand the issues that they are seeing playing out in our schools, and to take immediate action to respond, which is what I have done this week.

Principal health and wellbeing is an important factor. In fact, it is a vital factor to retaining and developing high quality school leadership in our schools. It is distressing to hear the stories of public school principals like Andy, who shared his experience on the radio. That is why I have written to federal minister Jason Clare, asking for him to put on the agenda for the next meeting of education ministers the issue of safety of

our students and staff across education settings around Australia and to have a discussion with education ministers on this national issue which has been identified, as Mr Hanson rightly points out, through the ACU survey.

I look forward to that national conversation. I also want to include in that conversation community expectations of schools and ensuring that Australian school systems have appropriate wellbeing and early intervention supports in place. I look forward to that discussion at the next education ministers' meeting. I table a copy of that letter for the Assembly:

Community expectation of schools and the safety of school staff—Proposed agenda item for the next Education Ministers' Meeting—Copy of letter to the Commonwealth Minister for Education from the ACT Minister for Education and Youth Affairs, dated 22 March 2023.

While Mr Hanson has been faffing around, reading the paper and writing motions for this place, I have been taking action. I have written a letter to the federal education minister, calling on education ministers to discuss this matter as a national issue. I responded immediately to the AEU's 10-point plan. I am taking action to make sure that school principals' voices are heard and that we can continue to work with them to ensure that their workplaces are as safe and as healthy as possible. This is why the Education Directorate has already undertaken work to respond to the recommendations of the Australian Principal Occupational Health and Safety Wellbeing Survey report by Philip Riley and the ACT Principals' Association principal wellbeing in ACT public schools report.

The government is responding to these reports through the principal health and wellbeing plan and the Empowered Learning Professionals Leadership Plan. Actions in these plans include principal coaching and mentoring, principal induction and an aspiring senior leaders program. So I say to Mr Hanson that, whilst I welcome his concern for school principals and for the health and wellbeing of our principals and teachers within our schools, the time for talk is now over. No more faffing about. Let's get on-the-job action. The government will not be supporting this motion today.

MR DAVIS (Brindabella) (11.22): I rise to speak to the motion presented by Mr Hanson, and I thank Mr Hanson for putting the motion on the notice paper. The ACT Greens will not support the motion. However, I do express my deep concern about the workplace health and safety issues raised by principals and teachers, not just here in the ACT but around Australia.

The *Canberra Times* and other media reported extensively this week on the Australian Principal Occupational Health, Safety and Wellbeing Survey 2022, conducted by the Australian Catholic University, which shows that rates of violence and intimidation towards principals are at the highest level since the survey began in 2011.

The reported level of violence, punishing workloads, staff shortages and red flag alerts noted in the recent research are inexcusable. It is particularly saddening to hear that the survey results for ACT principals are the worst in the country. The results are devastating, with 75 per cent of our principals having faced violence or abuse. Of this, 81 per cent said the violence was from students and 39 per cent said it was from parents.

Australian Catholic University investigator and former principal Dr Paul Kidson correctly noted in the *Canberra Times* on 20 March 2023:

In no other environments should we expect these things to be acceptable and we don't and shouldn't expect them to be acceptable within schools.

I wholeheartedly agree with this statement. But let us also be clear that the experts are saying this is a national issue. The circumstances that have generated these awful statistics for ACT principals are not separated from circumstances in the rest of Australia, so conversations with other jurisdictions and, indeed, the commonwealth, as Ms Berry has indicated, are so important here.

One suggestion for why our results are worse than for the rest of the country is that the ACT has a high reporting culture. I cannot say if that is true, but if it is then we should have faith in what our principals are telling us and make sure that their concerns are taken seriously.

The last few years during the COVID-19 pandemic have been particularly difficult for everybody involved in our school system, particularly students and school staff. Social and economic challenges, made rife by years of neoliberal policy systemically degrading our education system, have made this even worse.

The secretary of the Australian Education Union, Mr Patrick Judge, said to a standing committee inquiry into teaching quality last year:

Public schools ... are stepping in where our social welfare systems fail and attempting to provide social welfare support to both parents and to students.

That burden is becoming much too great for our schools.

This brings me to some bigger questions that I would like to note. What is the primary role that principals play in our schools? What tasks should fill their day? Are they administrative roles or leadership roles that we expect to be filled by people with expertise that is fundamental to the optimal functioning of our education system? If we do not take care of our principals, how can we expect our principals to take care of our teachers, who are taking care of our children and young people, and ensuring that they get the best educational opportunities to serve them, and our broader society, into the future?

Principals play a critical role in the delivery of high-quality education for children and young people. The Australian Institute for Teaching and School Leadership says:

Principals are the leading educational professionals in the school ... They inspire students, staff and members of the community to continuously enhance the learning of all and they continually strive to understand and improve their impact.

Despite this, there are significant barriers to principals fulfilling the educational leadership roles that we envisage for them. The Australian Education Union ACT branch investigated these challenges and reported in December last year. The report explains the difficult role that principals have in this way:

Principals exist at the intersection between school and system, and this is the source of the pressure they experience. They are responsible for their own school to the systems (in terms of compliance and accountability) but are also responsible for school-based implementation of system requirements. They are the highest managers at a school site but subject to policy decisions from the Directorate. They therefore have limited power but shoulder the high pressure of constantly adhering to compliance and accountability measures.

Issues that the report identified include too much accountability for implementing decisions with too little power to determine them, such as whether a program is appropriate for their school or whether the funds they are distributing are adequate to achieve a certain outcome. Many principals reported that they do not have enough resources to implement key components of the teaching staff enterprise agreement without compromising other parts of the school budget. Principals are also overwhelmed by tasks and responsibilities that are not related to education, which goes to my earlier point. Principals fill the role of human resources and risk managers in our schools.

It is not surprising that, with the number of things falling on their desks, principals are being overworked, undervalued and overexposed to criticism from both students and parents. The ACT government must take responsibility for the role it plays in giving rise to these circumstances.

I note the *Canberra Times* reporting this month that school principals are dissatisfied with their proposed pay and conditions offer, which I understand is a real-terms pay cut when compared to the rising cost of living. I call on the ACT government to continue to negotiate in good faith with these employees.

Deteriorating mental health and escalating threats and violence are issues that cannot be ignored. Unfortunately, the results from the Australian Catholic University survey closely mirror results of a different study conducted by the Australian Education Union and presented to the ACT government last year—their People at Work survey also reflected the grim situation facing our principals, finding that 37 per cent of principals reported being bullied in the previous six months, primarily by parents and community members. It also reported that 69 per cent of surveyed principals experienced work-related violence in the previous six months, including being sexually assaulted, physically assaulted and intimidated.

Violence is unacceptable. It is unacceptable in our homes, it is unacceptable in our hospitals and it is unacceptable in our schools. It is unacceptable everywhere. It is accurate to say that the circumstances behind these concerning statistics are complex. However, the solutions being put to the ACT government by the Australian Education Union to address principal wellbeing and safety concerns are not complex. They are tangible, practical solutions, developed by people with firsthand experience of these problems, and we need to listen to them.

The Australian Education Union presented their survey to the ACT government last year, along with their 10-point plan. For the benefit of members, I will read their 10-point plan:

1. Regularly conduct the Safe Work Australia validated People at Work survey for all staff and implement its recommendations.
2. Commit to direct consultation with all staff, including through their relevant unions, rather than the current practice of engaging work safety consultants.
3. Treat Principals as a work group for WHS Act purposes and enable them to elect their own health and safety representatives.
4. Commit to fully and centrally funding measures identified in occupational violence risk assessments, rather than requiring that Principals find space within limited school budgets to make their schools safe.
5. Provide clear guidance to schools on suspensions, including clear policy settings for when suspensions should generally occur.
6. Implement immediate improvements to the suspensions process, including ICT systems, which are causing excessive workload for Principals.
7. Ensure that work safety processes, including occupational violence risk assessments, are appropriately tailored to the needs of all staff including those in leadership positions.
8. Provide clear advice to the community that violence towards front-line workers in our schools will not be tolerated.
9. Ban parents who have been violent or abusive from attending school sites.
10. Clearly communicate reasonable expectations of schools to the ACT community.

I welcome Minister Berry's announcement yesterday that the ACT government is committed to working with the Australian Education Union, as well as the government's response to two important points in the union's 10-point plan. However, the ACT Greens support and endorse the Education Union's 10-point plan in its entirety and call on the ACT government to implement all proposed solutions.

I want to stress that the ACT's schools, particularly our public schools, are good schools—indeed great schools. These critiques and these proposed interventions do not mean to detract from the great things that happen in our ACT public schools every day, the high quality and committed workforce, wonderful students, and engaged parents and community.

I am a proud product of the ACT public education system. I believe it to be one of the best in the country and even in the world. It is precisely because it is so good that I am committed to defending it at all costs. That means listening to the people who are instrumental in their operation and making sure that they are supported to do their jobs as best they possibly can. When they tell us that there is a problem, we must act.

I will be voting against Mr Hanson's motion today because, in all honesty, I cannot support kicking this can down the road any longer. We do not need a committee

inquiry to tell us what the problems are and how we should fix them. We have the answers to those problems. They have been presented by our union comrades. Now is the time for the ACT government to implement all 10 recommendations in full. The government knows it, teachers and principals know it, and the community knows it. I call on the government to act.

MR HANSON (Murrumbidgee) (11.32), in reply: I must say I am very disappointed in the response from the government, and particularly the Greens. In his speech, the Greens spokesperson actually raised a whole series of questions he would like answered about what principals do and what their responsibilities are. He raised the issue of why it is worse in the ACT, and whether it is related to resourcing.

There are a lot of questions that remain unanswered, and one of those questions is: what is the government's actual implementation plan regarding what the unions have proposed? The minister said she has responded to it. In the press release that she put out, she said that she supports two of the points. Does she support only those two? Does she support three of them or six of them? How many points does she support?

My understanding is that there are a number of items in that 10-point plan that she does not support, but we do not know. The minister has not made that clear today. I think it would be a very useful exercise, in a committee hearing, to identify which points this government support and how they will implement those 10 points. If there are points within that plan that they do not support, why is that the case, and what can they do about it? That is all useful work.

Mr Davis was saying, "The time for talk's over; we've got to act today." It would be wonderful if the minister had come in here and said, "These are the 10 points; this is how we're going to respond, and we are doing that now." If that had happened, I would agree with him, to be frank. I would say, "Yes, that's great." But that is not what has happened. The minister has come in and said, "I've responded, and here are a couple of points that I support. But I'm going to be vague and non-committal about the others." There is no detail about how that will be implemented in terms of time frame or resources.

I say to Mr Davis: why not understand that? Why not answer these questions? Why not find out that information? That can happen independent of a committee. It is not as though the government cannot do anything while a committee is looking at this; it can. It can start to respond, and the government can come to the inquiry and say: "These are the 10 points. We agree with six of them. We've implemented two. This is how we're doing the others." That would be very useful.

Ms Berry, in her response, said, "Mr Hanson doesn't understand that this is all happening, anyway. He hasn't been talking to the experts. He doesn't know what's going on." But when you listen to what the experts are saying, that is simply not true. Dr Kidson, who did the review, said:

The ACT government must take real action to address Principal workloads, or we risk losing the leaders of our profession.

Ms Burroughs, the president of the Australian Education Union, said:

It is clear that these measures have not been effectively implemented.

The minister is saying, “This is all happening. Mr Hanson just doesn’t know about it.” But Dr Kidson, the independent expert who has done the review, says it is not happening. The union says it is not happening. So who do we believe? Are we meant to believe the reassurances of the minister, who says: “Mr Hanson doesn’t understand. This is all happening. Everybody knows that.” When we read the public statements and have a chat to the union, we find that that is not true. They have made it very clear that that is not true. “It is clear that these measures have not been effectively implemented.” She said:

The ACT Government is big on reassurance and commitment to supporting Principals in their safety and wellbeing, but light on action.

Have we not seen that again today, Mr Assistant Speaker? The minister is saying: “No, everybody’s happy. It’s all happening. I’ve written a letter. I’m taking real action; I’ve written a letter.” That was her response: “I’ve written a letter to the federal minister.” But she has not committed to the 10-point plan. She said that there are two points that she supports. We do not know about the others. The union said:

We cannot wait any longer. Our members deserve respect—
they do deserve respect—
and they have a right to be safe in their workplace.

They do, and they are not. The union continued:

We have not seen a plan from the ACT Government ...

The minister said, “We’ve got a plan, and we’re implementing that plan,” and the union has said, “We have not seen a plan from the ACT government that addresses principal safety and wellbeing concerns.” Who is right? Who do you trust? Who do you believe here? Is it the people on the front line, who said, “We haven’t seen a plan”?

Mrs Kikkert: It is a ghost plan.

MR HANSON: It is, and that is why the union has put forward a plan. The minister is saying that they have a plan; the union is saying that they do not have a plan. Which one is it? Dr Kidson, who did the independent review from the university, said, “They need to act. There isn’t a plan.” The union said:

Today’s release of the ... Principal Occupational Health, Safety and Wellbeing Survey shows that ACT school leaders face the highest rates across Australia of physical violence and threats of violence.

Why is it the highest? Does Mr Davis know? He does not think that this needs to go to a committee. He does not think that we need to answer that question. He is confident

that we have all of the answers because he has taken the reassurances from the minister. Remember when the Greens used to stand up for things? Now, the minister says: “Don’t worry, Johnno; I’ve got this, Johnno. You don’t need to worry. It’s all in hand. Don’t worry, the union has got it wrong. The experts have got it wrong. It’s all society’s problem. We don’t need a review.”

If Mr Davis knows that everything is happening, can he explain to me why it is so bad in the ACT? Does he know that? I did not hear that explanation when he was speaking. Wouldn’t it be useful to unpick that data, to unpick that report and understand why that is the case? Does Mr Davis know so much or is he so in the pocket of the minister that he does not need an answer to that? How weak!

He used to pretend—remember?—that he was a crossbencher. Remember those days? It is pretty obvious now that he is just running the lines of interference for the minister. What is happening here with the Greens? It is probably a supplementary question. I note that the Chief Minister has arrived. Good on him! As the union said:

Sadly, this result does not come as a surprise.

The Australian Education Union ACT Branch President, Angela Burroughs, said:

What it reveals is a lack of effective action by the ACT Government.

What we will see is the Labor Party and the Greens combining and platitudes and reassurances will be given by the minister. We will see a bit of stamping of feet and banging of hands by Mr Davis; but, ultimately, when it comes to it, he will support the minister in shutting this down as much as he can while the union, principals and experts are screaming out. What they are saying in unison is that this government does not have a plan, it is not addressing the issues and, as has been reported in the paper today, “Strike possible in ACT unless principal pay offer improved by ACT government”.

Frankly, what has happened to our school principals is shameful. And it is shameful the way this government, the Labor Party and the Greens, have responded. They simply say that this is a societal problem. When there is an opportunity to examine these issues, to talk to the union, to talk to the experts from the Australian Catholic University, to talk to principals and understand why it is so much worse in the ACT than elsewhere, to understand what can be done about it and implement a plan, this government have gone to water.

It is very disappointing, but, to be frank, it is not surprising. I have no doubt that we will be back here in the months and years to come. Yet again we will have principals saying, “Yes, we got that reassurance, the same as the last reassurance, and nothing is being done.”

Question put:

That the motion be agreed to.

The Assembly voted—

Ayes 7

Noes 14

Ms Castley	Mr Barr	Dr Paterson
Mr Cocks	Ms Berry	Mr Pettersson
Mr Hanson	Mr Braddock	Mr Rattenbury
Mrs Kikkert	Ms Cheyne	Mr Steel
Ms Lawder	Ms Davidson	Ms Stephen-Smith
Mr Milligan	Mr Davis	Ms Vassarotti
Mr Parton	Mr Gentleman	
	Ms Orr	

Question resolved in the negative.

Public Accounts—Standing Committee Statement by chair

MRS KIKKERT (Ginninderra) (11.45): Pursuant to standing order 246A, I wish to make a statement on behalf of the Standing Committee on Public Accounts relating to statutory appointments in accordance with continuing resolution 5A. I wish to inform the Assembly that, during the period 1 July 2022 to 31 December 2022, the standing committee considered three statutory appointments. In accordance with continuing resolution 5A, I present the following paper:

Public Accounts—Standing Committee—Schedule of Statutory Appointments—
10th Assembly—Period 1 July to 31 December 2022.

Discrimination Amendment Bill 2022

Debate resumed from 30 November 2022, on motion by **Ms Cheyne**:

That this bill be agreed to in principle.

MR HANSON (Murrumbidgee) (11.46): Ms Lee is absent; I think we all understand that she is not able to be here today. From the outset I would like to say that we will be supporting this bill. We have a number of minor but important amendments that we will be moving. It is, indeed, a significant piece of legislation that will impact the lives of each and every Canberra.

Canberra is a diverse, multicultural city and, whilst we are not perfect, I am very proud of our community and how we celebrate our differences. Of course, discrimination does exist. Discrimination of any kind can have a devastating impact on a person's wellbeing, their mental health, and their capacity to participate in and contribute to their community.

Ms Lee has spoken in this place many times about her own experiences with racism and discrimination. She has spoken about the devastating impact this has had on her life, how it can bring into question your belief in humanity and the hurt that it causes to feel that you are in some way rejected by your fellow humans.

The Canberra Liberals agree that it is essential that our discrimination laws protect the right to equality for all Australians and all Canberrans. In that regard we also believe that we have a duty to ensure that any legislation strikes the right balance between protecting all rights and one right not being valued more than another, resulting in unintended consequences. We need to ensure that, in enhancing our protections against discrimination, we do not unnecessarily enhance discrimination against others.

Over the past number of years, there has been a great deal of discussion about religious freedoms in this country. It is important to understand that, at the core of this debate around religious freedom, it is about how we can all live together with our differences, how we can respect people of faith and respect people with no faith. In the same way that we must protect people from discrimination on the basis of race, age, disability, sexual orientation and gender, we need to protect people from discrimination on the basis of their faith. Surely, we should be able to do both; and, surely, as a society, we can do both.

In considering this bill, the Canberra Liberals have undertaken an extensive consultation process. We acknowledge that the government released a discussion paper and an exposure draft of the legislation for public comment. Speaking to stakeholders, the general feedback was that, while they appreciated the opportunity to participate in the government's consultation process in the development of the bill, they were, in some cases, disappointed that the listening reports produced by the government failed to provide any real analysis of the significant issues that were raised during the consultation process.

It is the case that, in our consultations, we have heard from a number of faith groups who remain nervous about this legislation. They are uncertain about it and are worried about unintended consequences. As a result, we have asked for an extension to the amount of time to enact this legislation so that some of those matters can be understood by the groups. We will also continue to monitor this legislation and consult with those groups once this legislation has been enacted, to make sure that they are not unintentionally affected. If it is the case that there are unintended consequences that were not intended by this government or not understood by this government, we will need to revisit this legislation at that time.

It is important to note that the final bill presented to the Assembly is different in many aspects to the exposure draft that was released for public consultation. I acknowledge that work has been undertaken by the directorate to take on board feedback that was provided by stakeholders on the exposure draft, much of which has been captured by the changes that were made to the bill that we are debating today, and I welcome that.

The Canberra Liberals do, however, have a number of amendments to this bill, as I foreshadowed, that have been developed following our own extensive consultation with stakeholders. I will go into those amendments in more detail at the detail stage. I urge all members to consider those amendments on their merits. As I said, they are minor but they are important, and they were developed in consultation with the stakeholders.

There are a number of practical amendments aimed at ensuring that there is adequate time to train and educate staff, and ensure that people, organisations and businesses

have sufficient time to adjust to the changes that will be brought in by this bill. As we all appreciate, they may be necessary and they may be important, but they are also complicated. A number of organisations, particularly smaller organisations, will take a fair bit of time to understand the consequences and make sure that they comply.

There is also an amendment to ensure the very important principle that all rights are held with equal importance and that one right is not prioritised over another. That is an important principle that we should all adhere to.

One of our great strengths as Canberrans is our capacity to come together to support and accept each other and to celebrate our differences. The Canberra Liberals certainly celebrate this, and we will continue to work hard to ensure that all Canberrans are treated with dignity and respect.

As I said, the Canberra Liberals do support this legislation. I have a couple of amendments, that the minister is aware of, that have been worked up following some detailed consultation. I am not quite sure where we have ended up in terms of support for my amendments; we will find out. I understand that the government has an amendment, and we will be supporting that. There has been a lot of discussion in good faith about this piece of legislation between Ms Lee's office and Ms Cheyne's office. I commend my amendments to the bill, which I think improve what is a necessary piece of work.

MR BARR (Kurrajong—Chief Minister, Treasurer, Minister for Climate Action, Minister for Economic Development and Minister for Tourism) (11.53): I am very pleased to support this bill. The bill makes a range of improvements to our discrimination laws by expanding areas of coverage to include a broader range of government activity and introducing positive duties to eliminate discrimination and sexual harassment.

It will require reasonable adjustments to be made for all protected attributes. It will refine and narrow numerous exceptions, including exceptions relating to superannuation and insurance, domestic workers and employment more broadly.

The bill also delivers on an important commitment that the government made in the second action plan under our Capital of Equality strategy to review the Discrimination Act and to consult on the forms to exceptions, to better protect equality rights of the LGBTIQ+ community. I would like to reflect further on those changes this morning.

In 2018, following the leaked recommendations of the Ruddock review into religious freedom, the government took swift and decisive action to amend our Discrimination Act. We took action to ensure that exceptions could not be used by religious schools to discriminate against students or teachers on the grounds of their sexuality, gender, identity or any other protected attribute, other than religious conviction, and that no discrimination was permitted against a student once enrolled. We introduced a requirement for religious schools to have public policies explaining their approach where they discriminated against students in enrolment or staff in employment on the grounds of religious conviction.

At the time, we acknowledged there were other broad exceptions for religious organisations in our Discrimination Act that also needed to be carefully looked at to see how we could better protect our LGBTIQ+ community from discrimination. Following a detailed and, indeed, robust consultation process, we have identified a range of areas where the Discrimination Act needs to be better targeted to ensure that all in our community, our diverse community, can be better protected.

The ACT is, of course, a proud human rights jurisdiction where we protect and respect a range of international human rights, including the right to equality and, of course, the right of freedom of religion. Our Human Rights Act gives us a principled framework to consider the impact of our laws on human rights and for ensuring that any limitations on rights are reasonable, necessary and proportionate. This framework was our touchstone when ensuring that the changes to exceptions provided the broadest possible protections for LGBTIQ+ Canberrans and other vulnerable groups, while not unreasonably limiting the right to freedom of religion.

The changes in this bill will considerably narrow exceptions for religious bodies, with greater restrictions on discrimination where they are providing goods or services to the public or employing staff, while leaving a greater scope of freedom for religious observances in areas like training and ordination of clergy, which are at the heart of the right to religious freedom.

This focus recognises that, increasingly, religious organisations are providing a range of services to the public, often with public funding, including health care, aged care and social services. The discrimination in the provision of these services to the public, using public funding, can have significant impacts on vulnerable individuals.

So, where a religious body is providing goods or services to the public or employing staff, they will now be able to discriminate against a person receiving these services or seeking employment only on the grounds of the person's religious conviction and not on any other protected attribute, such as their sexuality, their gender identity or, indeed, their marital status. The discrimination must be necessary to avoid injury to religious susceptibilities of adherence of the religion and conform with the doctrines, tenets or beliefs of the religion. The religious body must also have a publicly accessible policy that explains how they discriminate on the grounds of religious conviction.

This approach mirrors the amendments made for religious schools, which have been operating in the ACT for several years. It would allow, for example, a Catholic organisation employing healthcare workers to preference workers of the Catholic faith where this is considered necessary for religious reasons and where they are up-front about this discrimination in their public policies. However, it would not allow them to discriminate against a person applying for a role because they are gay or transgender, or unmarried or on the basis of any other protected attribute.

In our well-informed and progressive community, the requirement to publish policies allows the public and the government to understand the approach of different religious organisations and to choose whether or not to use their services or, indeed, to work with them.

I recognise that there are many religious organisations and lobby groups, including many from outside Canberra, who feel that this goes too far in regulating their activities. Equally, there will be others in the community who feel that these reforms do not go far enough in eliminating all instances of discrimination. However, I am confident that we have given very careful consideration to competing human rights and that these amendments represent a vital step forward in better protecting equality rights.

This is, of course, an evolving area, and I note that these issues are being considered at a national level by the Australian Law Reform Council in the context of discrimination in religious schools—the same issues we considered and addressed several years ago. We will continue to monitor developments nationally and in other jurisdictions to ensure that our laws in the ACT represent the best practice in human rights and equal opportunity in our nation.

These laws are vital so that Canberra continues to be the place that we know and love—the most inclusive and progressive community in Australia, particularly for LGBTIQ+ people, but, most importantly, a place that values and celebrates all of our rich diversity. I commend the bill to the Assembly.

MR RATTENBURY (Kurrajong—Attorney-General, Minister for Consumer Affairs, Minister for Gaming and Minister for Water, Energy and Emissions Reduction) (12.01): I take this opportunity to stand today and offer my support for this bill and to thank Minister Cheyne for bringing it forward and for the work she and her office, as well as the staff in the Justice and Community Safety Directorate, have done on these important reforms. The pathway of work that has led to these reforms goes back several years and stems from work done from the former Law Reform Advisory Council in 2015. It is great to see that this long-term and complex piece of work is being implemented.

It is, in my view, very timely that we are passing these reforms. Issues of discrimination and vilification never seem to go away. They are always bubbling up in society, and we need to do all that we can to support and promote harmony, acceptance, understanding and compassion, whether that is through the behaviour we model, through education or through our laws.

On this issue, I would just like to make a few broad comments about some topical issues in this space. While we are being kept very busy in this Assembly on the local work we are doing, it is important that we look at broader trends in Australia and around the world. In the area of discrimination, there is a good reason for a good deal of concern.

For historical, cultural and linguistic reasons, we consider Australia to have much in common with the United States and the United Kingdom; yet, at the same time that we in this place are striving to make Canberra a more inclusive, progressive and equal community—as Ms Cheyne said when she first introduced this bill last November—both Britain and the United States seem to be moving in the opposite direction, particularly with regard to transgender people.

Two years ago, in March 2021, Florida's governor and likely future presidential contender, Ron DeSantis, signed into law a ban on transgender girls competing on girls sporting teams from middle school through to college. That is starting from around 10 years of age. At least seven more states that year also passed bills limiting the participation of trans youth in sports. Some limited to trans girls, others applying to any trans young person.

The idea being pushed by anti-trans agitators back then was that this was simply an issue of fairness to other athletes. In recent months, however, it has become much clearer that trans kids in sports was just a convenient thin end of the wedge, and that their long-term agenda is much more extreme and much darker.

There is a growing movement in the United States whose goal is to eliminate transgender people entirely from public visibility and public life, in large part through legislation that purports to address concerns over parents' rights or protecting children, but then, in fact, ignores a great deal of rigorous medical evidence, pushes disproven methods of treatment, such as conversion therapy, and depends on discredited statistics, studies or anecdotes to make its case.

American trans-right activist Erin Reed estimates that, last week alone, over 22 bills targeting trans people, both under and over 18, were heard in state legislatures across the United States, with hundreds more in various stages of planning or already enacted.

Two years ago, the state of Arkansas passed the first ban in the United States on providing gender-affirming care for trans youth. The ban includes the threat of revoking the medical licence of any doctor who provides such care. The Arkansas legislation has since provided a blueprint for legislation in other states, some of which is even more extreme and some of which has already been passed.

Currently, British anti-trans agitator Kellie-Jay Keen, also known as Posie Parker, is on a tour of Australia, and is in fact speaking in Canberra today. This time last week, I suspect many in this place had never even heard of Ms Keen; but in the last few days she has become notorious for the ugly scenes in Melbourne over the weekend, with co-ordinated Nazi salutes on display and known members of far-right movements allying themselves with her cause.

As a side note—although maybe not so much of a side note—transgender people in Germany were amongst the first to experience persecution at the hands of the Nazis. One of the first organised book-burning events took place on 6 May 1933, less than four months after Hitler came to power, at Magnus Hirschfeld's Institute for Sexual Research, a place that effectively served as the world's first transgender medical clinic.

The words of Martin Niemöller have been quoted increasingly in recent years, and I think they bear repeating in our own context as well. As is well known, he said:

First they came for the socialists, and I did not speak out—because I was not a socialist.

Then they came for the trade unionists, and I did not speak out—because I was not a trade unionist.

Then they came for the Jews, and I did not speak out—because I was not a Jew.

Then they came for me—and there was no one left to speak for me.

We need to make certain that we do not ignore the warning in these words. We need to make sure that any protection of religious sensibilities that the Discrimination Amendment Bill puts in place does not create risk for marginalised groups, either through the way an amendment is written or through it being used as a thin end of the wedge, in the way questions around trans athletes in sports have been.

I do not think it is a stretch to say that what we are seeing in these American anti-trans bills, and the kind of rhetoric delivered by Ms Keen and others, are what some organisations identify as the ‘first several stages of genocide’. The UK’s Holocaust Memorial Day Trust, for example, explains the stages that lead up to genocide. We are already seeing stage 3, discrimination; stage 4, dehumanisation; stage 5, organisation; and stage 6, polarisation.

In extreme cases, we have seen some voices already go beyond these stages. The United States Holocaust Memorial Museum describes the early efforts by the Nazi dictatorship to legislate away the rights of Jews in Germany:

In the first six years of Adolf Hitler’s dictatorship, Jews felt the effects of more than 400 decrees and regulations on all aspects of their lives. The regulations gradually but systematically took away their rights and property, transforming them from citizens into outcasts. Many of the laws were national ones issued by the German administration, affecting all Jews. State, regional, and municipal officials also issued many decrees in their own communities.

This description could fit many of the pieces of anti-transgender legislation being drafted in the United States. Some of them are too extreme to get through now, but any watered down versions that do succeed in becoming law will lay the groundwork for further attempts at more radical legislation later on. Of course, it would be naive to assume that trans people are the only target. Other marginalised groups could equally be targeted.

I am pleased and proud that, in the ACT, we are moving in the opposite direction, towards greater inclusivity and tolerance. I was heartened, too, to see that the turnout for Ms Keen’s event in Hobart was miniscule, as I hope it will be in Canberra.

Victorian Premier Dan Andrews’s response was to fly the transgender pride flag in front of the Victorian parliament building and announce planned legislation to ban the Nazi salute. In the ACT, we have already tabled legislation to ban the display of Nazi symbols. We will be monitoring if and how we should expand that legislation.

Despite our generally very harmonious and tolerant attitudes in the ACT, we cannot be complacent and we cannot assume that we are immune to the kind of radical repression of people who are different in some way that we are seeing attempted elsewhere.

While we do not want to give oxygen to the harmful voices in our midst, ignoring them may not be enough. Encoding the progressive values held by most Canberrans into our legislation will strengthen those values, ahead of a potential onslaught against them in years to come.

The introduction into the Discrimination Bill of a positive duty to take reasonable, proportionate and justifiable steps to eliminate discrimination, sexual harassment and unlawful vilification is, indeed, welcome. I suspect we will want to revisit our discrimination and human rights legislation more regularly in the future, to make sure that it is keeping pace with societal change as well as staying ahead of the increasingly fanatical attempt to turn back the clock that we see elsewhere.

In his 2017 book *On Tyranny: 20 Lessons from the 20th Century*, which is basically an instruction manual on resisting fascism and authoritarianism, noted American historian Timothy Snyder reserves his No 1 spot for the following instruction. He says:

Do not obey in advance. Most of the power of authoritarianism is freely given. In times like these, individuals think ahead about what a more repressive government will want, and then offer themselves without being asked. A citizen who adapts in this way is teaching power what it can do.

Here in the ACT, we are a small jurisdiction with a certain amount of autonomy in enacting what our citizens want. Yet, at the same time, we are inevitably caught up in much broader and deeper currents of politics and history. The outwardly minor changes to our legislation against discrimination, to my mind, represent an important form of resistance against damaging trends that we do not want to see blossoming inside our borders. In the ACT I am determined that we will never ‘obey in advance’.

That is why I support Ms Cheyne’s proposed amendments to the discrimination bill. They provide a welcome development in the ACT’s laws that do look to the future and create that buffer against the sorts of matters that I have described in my remarks today. I am pleased to support and vote for these amendments today.

MR BRADDOCK (Yerrabi) (12.12): Discrimination in any form is unacceptable. It excludes people from our community, corroding social cohesion, and it can have significant impacts on a person’s psychological health and wellbeing. I would like to thank Minister Cheyne for introducing these amendments to the Discrimination Act. They are well designed, are measured and are a strong reminder of how much work we need to do to fight racism and all other forms of discrimination in our society.

The bill achieves three key areas of reform: expanding the coverage of the Discrimination Act; refining the exceptions; and introducing positive duties. The expansion of coverage to sporting competitions is welcome. My office has heard much feedback on discrimination and inappropriate behaviour on and off the sporting field. This should have no place in an activity that should bring communities together, not divide them.

Secondly, I applaud the refinement of the exceptions. The Discrimination Act currently has over 50 exceptions, and many of them have not been reviewed since the act commenced in 1991. Many exceptions will now require the consideration

of whether the discrimination is reasonable, proportionate and justifiable in the circumstances.

What exactly are reasonable, proportionate and justifiable is worthy of further and, in fact, ongoing debate, reminding us of the work we need to do in addition to this act. For example, the exceptions for insurance purposes remind us of how people with a disability struggle to get affordable insurance simply due to the characteristics they carry with them. There are exceptions for superannuation for when women and immigrants can expect to accrue smaller superannuation balances throughout their careers.

Our welfare system is largely predicated on the assumptions of ability and a freedom of opportunity. Therefore, discrimination can cause a more expensive life for those affected, from the day they are born right up until the day they pass away, presenting a significant barrier to equality.

I am particularly glad to see the introduction of a new section to the act, creating an active duty for the organisations to weed out any discrimination that exists in their organisations. No longer will it be possible for large organisations to claim plausible deniability of the discrimination that happens under their watch. And those with a legacy of discrimination will be forced to confront it.

As the Children and Young People Commissioner made abundantly clear this week in their excellent report, which makes very sober reading, “Canberra most definitely participates in this legacy of racial discrimination and there are significant amounts of works to do.”

Organisations will need to be able to demonstrate that they are actively taking steps to weed out discrimination within places of worship, school sporting activities and other activities, which will significantly help to ensure that there is no repeat of the experiences that led to the Commonwealth’s Royal Commission into the Institutional Responses to Child Sex Abuse. They will maintain reasonable exceptions for the purposes of their demographic-relevant activities but only for those specific activities and only where they can justify it as supporting people in a positive way.

I will speak briefly to the amendments proposed by the Leader of the Opposition. The general extension of a further six months before the commencement of the bill is something that the Greens can live with. But further extensions to the commencement of the positive duties on reasonable adjustments we cannot live with.

On Ms Lee’s proposed amendments to the objects of the act, I have some sympathy. The Greens agree that human rights are universal, interdependent and indivisible. However, the Discrimination Act already contains in section 4 substantial and good information on the objective of achieving equality, and section 4AA already requires that interpretations be consistent with the Human Rights Act. The Greens would be happy to explore amendments to the Human Rights Act to incorporate language on universality, interdependency and indivisibility of human rights, but these amendments may not be the best way to achieve this.

Sadly, and most concerning, is the proposed amendment to section 31, which would effectively restore a blanket exemption for clubs to discriminate on any basis for any activity, including where it is of no relevance to their club's purpose and objectives. It goes against the purpose and intent of the bill. As a party that seeks to end harmful discrimination, the Greens will oppose this amendment.

The reforms to this act proposed by the minister are a useful and helpful step in the right direction. They position us to chip away at the institutional power structures that maintain the supremacy of able-bodied, heterosexual white men, which suppresses the opportunities for those othered by our systems of power.

Our next steps will be to further strike down barriers to self-determination for discriminated groups whilst also celebrating the people of diverse backgrounds, to help them feel welcome in our society. I look forward to working further with Minister Cheyne on these priorities.

MS CHEYNE (Ginninderra—Assistant Minister for Economic Development, Minister for the Arts, Minister for Business and Better Regulation, Minister for Human Rights and Minister for Multicultural Affairs) (12.17): In closing, I thank all colleagues for their contribution to the debate today and the constructive way that they have worked with us in getting to this position, particularly the Leader of the Opposition's office.

This bill is very much a reflection of our community's expectations, needs and views, and it is a long time coming. Indeed, it is an action in the Capital of Equality Strategy Second Action Plan, particularly as it relates to the reform of exceptions, and is drawn from the ALRAC work of 2015.

Over a 13-month period, we conducted two public consultation processes. We heard from many community members about how our laws could be amended to promote equal opportunity, respect for diversity, and social inclusion. This feedback has been central in refining the reforms contained in this bill to ensure that they both strengthen antidiscrimination protections for our most vulnerable Canberrans and allow people to exercise their human rights in a manner which respects the rights of others.

I would like to thank all participants for their ongoing engagement with these reforms. Your voices and your stories have made an important contribution in shaping these changes and furthering positive social change for all Canberrans.

One of the key reforms in the bill is to expand the coverage of the act to protect people in more places. Currently, it is against the law to discriminate against a person at work; in education; when allowing access to premises; when providing goods, services and facilities; when providing accommodation; or in the activities of clubs holding liquor licences.

This bill makes it clear that the act includes formally organised sports, formally organised competitions, and the administration of territory laws and ACT government programs and policies in areas of public life where discrimination and sexual harassment is unlawful.

Secondly, the bill amends exceptions to unlawful discrimination to better align with the Human Rights Act 2004 and ensures that the right to equality and other human rights are protected as far as possible. Notably, the bill amends the exceptions to unlawful discrimination for domestic duties, insurance and superannuation, clubs and voluntary bodies, genuine occupational qualifications, inherent requirements for a position, and sport.

These exceptions require that the discrimination also be reasonable, proportionate and justifiable in the circumstances. This test is an important measure for safeguarding against unfair limitations on the right to equality and non-discrimination. It requires the duty holder to consider a range of factors, including whether an action is harsh or unjust, the consequences for both parties and the availability of any reasonable adjustments.

Amendments have also been made to narrow the exceptions for religious bodies, to ensure that they strike a better balance between the right to equality and the right to freedom of thought, conscience, religion and belief. These provisions have been very carefully considered and drafted, taking into account all of the feedback received through the consultation process, to ensure that they respect the role of religious bodies while protecting individuals from unfair discrimination.

To go to some of Mr Hanson's comments, I understand that there have been some concerns about the effect of the government's proposed reforms to the clubs and voluntary bodies exceptions. In relation to voluntary bodies such as prayer groups and parents and citizens associations, the government's changes would tighten exceptions relating to voluntary bodies and unlicensed clubs to provide better protection against discrimination of individuals in our community, so as to stop them being unfairly excluded from community clubs and organisations because of their protected attributes.

However, they would still allow a voluntary body to discriminate against a person in relation to membership, benefits, facilities or services, where the body is established to benefit a class of people sharing a protected attribute and the person does not have that protected attribute. The ability for voluntary bodies to discriminate in these circumstances is subject to the condition that the discrimination is reasonable, proportionate and justifiable in the circumstances.

In relation to a prayer group, for example, such a group would be considered to be established for the benefit of people sharing a particular religious conviction, and it would likely be reasonable, proportionate and justifiable to exclude people from participation if they did not share that religious conviction.

While other clubs and associations, such as a P&C association, may not fall within this particular exception, they would remain free to select members based on criteria relevant to the association, provided that these criteria do not discriminate against people based on a protected attribute. A P&C group could still require that members be parents of children enrolled at the school. However, it may be discriminatory to exclude a parent from a P&C association due to their race or sexuality, for example.

In noting the expansion of the act to cover formally organised competitions, we have also introduced a new exception to permit discrimination on the grounds of age for

these matters. This is intended to ensure that organisations are able to restrict competitions to certain age groups where appropriate—for example, restrict a film competition to people aged 18 years and above due to the competition being focused on violent or sensitive matters.

Relying solely on a complaints based framework means that we risk failing to adequately address all types of discrimination. To respond to these broader dimensions of discrimination, the bill also includes a positive duty which requires organisations to take reasonable and proportionate steps to eliminate discrimination, sexual harassment and unlawful vilification. This positive duty will help shift the burden away from individual complainants and help tackle systemic discrimination before it happens.

The size of the duty is intended to be scaled to reflect the circumstances of each organisation. The bill includes a range of non-exhaustive factors to be considered when determining whether steps are reasonable and proportionate. In practice, it is expected that larger organisations with greater resources and capacity will have a greater duty and be expected to undertake more extensive actions than small organisations.

For example, a larger entity may need to audit their current practices to identify areas in which discrimination may occur and then conduct regular training for staff to address these areas, whereas a small community organisation might just need to review their policies and procedures to make sure they are consistent with antidiscrimination law.

This bill provides a delayed commencement of one year for government entities and three years for businesses and community organisations, to make sure that they have time to understand and implement these new obligations.

The ACT Human Rights Commission and ACAT will be empowered to consider whether an organisation has met its duties when considering a complaint of discrimination, sexual harassment or vilification.

To further address some of the limitations of a reactive, complaints based discrimination framework, the bill also provides a positive duty to make reasonable adjustments to accommodate a person's particular need arising from a protected attribute. These measures will collectively encourage people and organisations with responsibility under the act to reflect on how they engage with people with a protected attribute and to consider options for encouraging greater social inclusion and participation.

Finally, I would like to foreshadow that I will be moving a minor and technical amendment to the bill to clarify a drafting error in new section 32, which concerns exceptions to unlawful discrimination for religious bodies. The bill permits a religious body to discriminate on any grounds in the conduct of religious observances and the ordination training and education of clergy. This exception reflects that these activities are internal matters for religious bodies that go to the core of religious freedom.

The bill also disapplies the general exceptions for religious bodies in relation to the employment of a person or the admission, treatment or continued enrolment of a student in an educational institution. The intention of this provision is to ensure that religious schools are required to rely on the more detailed exceptions in section 46 and are not able to circumvent these requirements by accessing a broader exception.

However, the provision, as currently drafted, may inadvertently capture religious bodies that provide education or training for clergy and religious members, which would be counter to the policy intent of the reforms. This minor government amendment is introduced to ensure that religious bodies are not subject to restrictions in relation to the training and education of clergy and religious members.

With regard to the opposition's amendments, we will be supporting the first amendment regarding the commencement date of the act, being 12 months after the notification date rather than six, but we will not be supporting the other amendments proposed.

In closing, this bill will provide the ACT with modern and fit-for-purpose antidiscrimination laws that support all Canberrans to exercise their human rights in a way that also respects the rights of others.

In addition to all those who have engaged with us on the bill, I want to express my sincere thanks to the team at the Justice and Community Safety Directorate. This has been a considerable undertaking. The changes we are making today are significant, powerful and comprehensive. This team has been delivering on a significant human rights agenda in the past two and a half years, with much to come, and this was no exception. I thank them for their considered, iterative engagement; the many briefings they have provided to me and to other members; and their sheer hard work.

I would also like to thank the Human Rights Commission, particularly the Discrimination Commissioner, Karen Toohey, for their consistently sage advice and collaboration to deliver these significant reforms, and thanks especially to my team, especially Jemma Cavanagh, who has been engaged on this for years. I commend the bill to the Assembly.

Question resolved in the affirmative.

Bill agreed to in principle.

Detail stage

Clause 1 agreed to.

Clause 2.

MR HANSON (Murrumbidgee) (12.28), by leave: On behalf of Ms Lee, I move amendment No 1 circulated in Ms Lee's name, which has not been considered by the scrutiny committee, and table a supplementary explanatory statement [*see schedule 1 at page 693*].

At the outset, I would like to actually thank Kelly in Ms Lee's office who has got me up to speed very quickly on this this morning, so if I am a bit clunky it is certainly not the fault of Ms Lee's staff, who have prepared me very well. It has come up on rather short notice.

This amendment to clause 2 will change the commencement date from six months to 12 months, with the exception of the commencement date for positive duty sections. I think we will get to that later. This amendment will provide a safeguard to ensure that people, businesses, organisations and individuals with management responsibilities have adequate time to educate staff and be adequately prepared to implement the new requirements.

In discussions with stakeholders, there was some uncertainty around how the amendments would practically work and what impact it would have on them. Many expressed concern that staff were already working at capacity and any additional requirements placed on them could have a detrimental impact. The minister herself has acknowledged that these are extensive reforms.

This amendment would allow an additional six months for groups, individuals, businesses and organisations to be educated, to train staff and to make any necessary adjustments that may be required. The Canberra Liberals consider this to be a reasonable amendment and urge members to support this amendment, which I believe they do. I commend it to the Assembly.

I table the supplementary explanatory statement to Ms Lee's amendment.

MS CHEYNE (Ginninderra—Assistant Minister for Economic Development, Minister for the Arts, Minister for Business and Better Regulation, Minister for Human Rights and Minister for Multicultural Affairs) (12.31): The government supports this amendment. It extends the commencement date for all reforms in this bill, other than the positive duty to eliminate discrimination and sexual harassment for entities other than government agencies, from the proposed six months to 12 months. The government agrees that the extension of commencement of time to 12 months would allow more time for the preparation and implementation of these important changes.

Amendment agreed to.

Clause 2, as amended, agreed to.

Clause 3 agreed to.

Proposed new clause 3A.

MR HANSON (Murrumbidgee) (12.32), by leave: On behalf of Ms Lee, I move amendment No 2 circulated in Ms Lee's name, which has not been considered by the scrutiny committee [*see schedule 1 at page 693*].

This amendment will insert a new section 4(2) to the objects of the bill. The amendment reflects the well-established and foundational rule of international

human rights law that all rights must be treated with equal importance. This amendment, as I mentioned in my speech, in principle is about striking the right balance.

Importantly, this proposed new section in the objects clause does not impact the specific measures in the bill but, rather, articulates the fundamental rule of law that no right should be prioritised at the expense of any other. I commend the amendment to the Assembly.

MS CHEYNE (Ginninderra—Assistant Minister for Economic Development, Minister for the Arts, Minister for Business and Better Regulation, Minister for Human Rights and Minister for Multicultural Affairs) (12.33): The government opposes this amendment. This clause would insert an additional subsection into the objects of the Discrimination Act, requiring consideration of the principles of indivisibility and universality of human rights and the freedom and equality of every person in interpreting the objects of the act.

While we agree that it is a fundamental principle of human rights law that all human rights are universal and indivisible and that everyone is free and equal in dignity and human rights, in saying that we note that our Human Rights Act includes a sophisticated framework for the protection and enforcement of a broad range of human rights and sets out clear principles to ensure that human rights are not subject to unreasonable limitations.

That Human Rights Act also provides a clear mechanism for the consideration of human rights in interpreting other laws. Section 30 of the Human Rights Act provides that, so far as it is possible to do so, consistent with its purpose, the territory law must be interpreted in a way that is compatible with human rights.

While we do support the principles of universality and indivisibility, it is important to understand that the objects clause of an act is intended to set out the particular purpose of that legislation. The overarching purpose of the Discrimination Act, as currently set out in the objects clause, is to eliminate discrimination as far as possible and to promote the right to equality.

The act is intended to protect the equality rights of people who have historically been disadvantaged and continue to face discrimination due to their protected attributes, such as their race, sex, disability, sexuality, gender identity or religious conviction. We have some concerns that the amendment, as proposed, to the objects clause could unsettle the existing understanding of the purpose of the Discrimination Act and have the potential to affect the interpretation of its provisions in ways that we have not yet fully considered.

The government has conducted extensive consultation with the community on these reforms and it has not canvassed changes to the objects of the act during that consultation. As I have noted, those principles of indivisibility and universality of human rights are already protected in a systematic way in our Human Rights Act, which guides the interpretation of all our laws. Introducing this particular change to the objects clause of the Discrimination Act without time to fully consider the possible implications is not something that we can support.

Question put:

That proposed new clause 3A be agreed to.

The Assembly voted—

Ayes 7

Noes 14

Ms Castley

Mr Cocks

Mr Hanson

Mrs Kikkert

Ms Lawder

Mr Milligan

Mr Parton

Mr Barr

Ms Berry

Mr Braddock

Ms Cheyne

Ms Davidson

Mr Davis

Mr Gentleman

Ms Orr

Dr Paterson

Mr Pettersson

Mr Rattenbury

Mr Steel

Ms Stephen-Smith

Ms Vassarotti

Question resolved in the negative.

Proposed new clause 3A negatived.

Clauses 4 to 8, by leave, taken together and agreed to.

Clause 9.

MR HANSON (Murrumbidgee) (12.40): We were going to move an amendment to clause 9. This matter has been addressed, I think, between Ms Lee's office and Ms Cheyne's. She mentioned in her speech that the intention of the amendment perhaps would not play out as we had envisaged, so the amendment will not be moved.

MS CHEYNE (Ginninderra—Assistant Minister for Economic Development, Minister for the Arts, Minister for Business and Better Regulation, Minister for Human Rights and Minister for Multicultural Affairs) (12.41), by leave: I move amendment No 1 circulated in my name, which has not been considered by the scrutiny committee, and table a supplementary explanatory statement to the government amendment [*see schedule 2 at page 694*].

The government is moving this minor and technical amendment to the bill, inserting a new section 32 that provides for the exceptions to unlawful discrimination. Subsections (1)(a) to (c) permit a religious body to discriminate on any grounds in the ordination, training and education of clergy. These exceptions recognise that these activities are internal matters for a religious body, and they are at the centre of religious freedom. Subsections (2)(a) and (b) apply the general exceptions for religious bodies in relation to the employment of a person or admission, treatment or continued enrolment of a student in an educational institution.

The intention of this dis-application is to ensure that religious educational institutions are required to rely on the existing exceptions in section 46 and are not able to circumvent these requirements by accessing a broader exception. As "educational institution" is broadly defined to mean a school, college, university or other institution

at which educational training is provided, it is noted that a seminary or other institution where clergy or religious leaders are trained could fall within this definition and consequently prevent religious bodies from being able to rely on subsections (1)(a) to (c) as intended.

To ensure that the bill does give appropriate effect to the policy intention, these amendments clarify that the exceptions to unlawful discrimination for a religious body in the provision of goods, services and facilities to the public, employment and any other act or practice do not apply to discrimination in relation to the employment of a person or enrolment, treatment or continued enrolment of a person as a student at an educational institution. The government amendment also makes it clear that a religious body whose sole or main purpose is a commercial purpose cannot access any exceptions under section 32(1).

Amendment agreed to.

Clause 9, as amended, agreed to.

Clauses 10 to 29, by leave, taken together and agreed to.

Clause 30.

MR HANSON (Murrumbidgee) (12.43), by leave: On behalf of Ms Lee, I move amendment No 4 circulated in Ms Lee's name [*see schedule 1 at page 693*].

This amendment aligns the commencement dates for the new positive duty requirements. In the current bill, under proposed section 75, the positive duty provision for organisations and businesses to take reasonable and proportionate steps to eliminate discrimination, sexual harassment and unlawful vilification does not commence until after 12 months for government bodies and after three years for other duty holders, including businesses. The government has done this as it recognises that this is a significant shift for organisations and businesses. However, there has been no such provision for the other positive duty clause. Proposed section 74 inserts a new requirement for persons to make reasonable adjustments to accommodate a person's protected attribute.

In discussions we have had with stakeholders, there remains some uncertainty about how this new requirement will work and what will be considered reasonable adjustments. This amendment will align the commencement date of both positive duty clauses to allow sufficient time for individuals, including those with management responsibilities, to comply with and put in place any adjustments required. I commend the amendment to the Assembly.

MS CHEYNE (Ginninderra—Assistant Minister for Economic Development, Minister for the Arts, Minister for Business and Better Regulation, Minister for Human Rights and Minister for Multicultural Affairs) (12.45): The government opposes this amendment. It would delay the time for commencement of the positive duty to make reasonable adjustments for all protected attributes for entities that are not government agencies for a period of three years. Given that we have already agreed to that first amendment, which extends the time frame for the implementation

of the positive duty to make reasonable adjustments from six months to 12 months, we do not consider that a further extension is required for the implementation of this reform.

Question put:

That **Ms Lee's** amendment No 4 be agreed to.

The Assembly voted—

Ayes 7

Noes 14

Ms Castley

Mr Cocks

Mr Hanson

Mrs Kikkert

Ms Lawder

Mr Milligan

Mr Parton

Mr Barr

Ms Berry

Mr Braddock

Ms Cheyne

Ms Davidson

Mr Davis

Mr Gentleman

Ms Orr

Dr Paterson

Mr Pettersson

Mr Rattenbury

Mr Steel

Ms Stephen-Smith

Ms Vassarotti

Question resolved in the negative.

Amendment No 4 negatived.

Clause 30 agreed to.

Remainder of bill, by leave, taken as a whole and agreed to.

Bill, as amended, agreed to.

Estimates 2023-2024—Select Committee Membership

MR ACTING SPEAKER: I have been notified in writing of the following nominations for membership of the Select Committee on Estimates 2023-2024. The membership of the committee will be Ms Clay, Mr Parton and Mr Pettersson.

Motion (by **Mr Gentleman**) agreed to:

That the Members so nominated be appointed as members of the Select Committee on Estimates 2023-2024.

Sitting suspended from 12.49 to 2.00 pm.

Questions without notice Canberra Health Services—data security

MR HANSON: My question is to the Minister for Mental Health. In your statement this morning about the breach of patient privacy you said:

The breach identified that the personal health information of 13 CHS patients had been shared with an industrial partner and other private email accounts.

Minister, whose are the other private email accounts? You are able to tell us that the industrial partner is a union. Are you able to tell us to whom and to what entity these private accounts belong to?

MS DAVIDSON: Thank you for the question. If you were listening to my statement this morning, you would have noted that the industrial partner I referred to was the ACT branch of the ANMF. I cannot provide the details of the private email accounts without also disclosing the names of individuals for whom there is a current police investigation and external investigations ongoing.

MR HANSON: Are the 13, or the other email addresses, connected to an entity or are they private individuals?

MS DAVIDSON: Just to be clear, the number 13 that I referred to in my statement this morning was the number of patient records, not the number of email addresses—just in case anyone was not clear on that. Sorry—the question was about email?

MR HANSON: I want to know if these particular email addresses are connected to a particular organisation, they are representative of an organisation—

Ms Stephen-Smith interjecting—

MR ACTING SPEAKER: If you could repeat the question, Mr Hanson.

MR HANSON: Can you provide information as to whether these individuals are connected to any particular organisation?

MS DAVIDSON: As I said this morning, the records were shared with an industrial partner, and I named what that organisation was, and with personal email addresses.

MR COCKS: Minister, how many private accounts were included in the privacy breach. Was it the same email addresses for all 13 victims?

MS DAVIDSON: Thank you for the question. As I was saying this morning, I have provided as much information as I am able to provide in detail without interfering with the ongoing external investigations and police investigation. To provide more details about the individual email addresses that they were sent to would be—

Mr Hanson: On a point of order of relevance. I would have thought that saying how many email addresses it was provided to would be relevant to the question—not sub judice or in any way interfering with any investigation. If you cannot provide the detail of who it was, that is understandable, but surely the number of emails is reasonable.

MR ACTING SPEAKER: Thank you, Mr Hanson. Is it possible for you to be more relevant to the question, Minister?

MS DAVIDSON: As I have already said in the statement this morning, and as you would have seen in the previous news reports, these breaches of patients' privacy relating to their records happened a number of times over a period of more than a year. So there would have been multiple emails sent over that period of time. I am not sure whether you are asking for the total number of addresses across all emails or for particular records. All of those details are part of external investigations, and the investigators need to be able to do their work.

Canberra Health Services—data security

MR COCKS: My question is to the Minister for Mental Health. Minister, in your statement this morning you stated that you were informed of the privacy breach on 8 February. You outlined in your statement that your first instinct was then to meet personally with the ANMF. Minister, why did you think it appropriate that the first step you should take when advised of a serious and potentially criminal breach was to meet with the organisation allegedly involved?

MS DAVIDSON: Thank you for the question. As I stated this morning, I was first notified a breach had occurred verbally on 8 February. It took some time to audit records and determine the extent and nature of the breach. By 27 February, we had an understanding of how many records were involved and where they had been sent to. On 28 February, I contacted both the CEO of CHS and the branch secretary of the ANMF ACT. I expressed my concerns about the impact this has on patients and on staff who are trying to create a safe workplace with high-quality care. I asked if we could make a time to meet. In doing that, I wanted to particularly better understand what their organisations were doing to comply with their legal obligations and I also wanted to address the distrust issue that this breach has created. There was a period between 8 and 28 February where the breach was being further understood and audited so that we knew exactly what we were dealing with. So it was not my first instinct. It was a decision I made once we knew the extent of what happened.

MR COCKS: Have you in a private or personal capacity had any meeting with any members of the ANMF since you became aware of the breach?

MS DAVIDSON: No, I have not.

MS CASTLEY: Minister, why did it take a response from the union that such a meeting was inappropriate to realise this was an improper course of action?

MS DAVIDSON: I believe that it is entirely appropriate when a breach of this nature has occurred to be asking people how they are going to comply with their legal obligations and cooperate with any external investigations that might be ongoing. Within hours of making that request to the CEO of CHS and the ACT branch of the ANMF, I received a reply from the CEO of CHS suggesting potential times for a meeting and assuring me they are complying with all of their legal obligations. On 1 March I received a letter from lawyers engaged by the ANMF declining that request.

Government—LGBTIQA+ community

MR DAVIS: My question is to the Chief Minister. Chief Minister, over the lunch break my ACT Greens colleagues Minister Vassarotti, Minister Davidson, Mr Braddock and I attended the counter protest on the lawns of Parliament House, in solidarity with transgender, gender diverse and non-binary Canberrans. This counter protest was in opposition to the far-right extremists seeking to stoke hate and division in our progressive and inclusive community. What message do you have for those rallying on the side of trans rights?

MR BARR: I thank Mr Davis for the question. There is a clear and important message that I think has been expressed ahead of today's rally by me and most Canberrans, frankly: that that sort of divisive activity is not welcome here and that we stand in support of our broader LGBTIQA+ community but in this instance particularly with our transgender Canberrans, who were really the target of this particular activity.

I will make a couple of observations. The first is that I think Canberra would be the last place you would come to try and seek support for an anti-trans agenda in this country. I think that speaks volumes for the sort of community that we are. From what I have seen in the media reports, 30 people turned up for the rally, more than 10 per cent of those being One Nation or Palmer party senators. That tells you something about how little support there is for this sort of divisive activity.

The contrast with what we have been able to achieve in this place in the last two days, with Australian-first legislation on intersex rights and the passage of the discrimination bill amendments just before question time, reflects what politicians really should be doing. That is making our city more inclusive and making this a better place, rather than playing divisive, fringe, activist games.

MR DAVIS: Chief Minister, what do the nation-leading anti-discrimination laws passed by this Assembly this morning mean for Canberra's transgender, gender diverse and non-binary people?

MR BARR: Again, thank you, Mr Davis, for the question. We have taken an important step forward in modernising our Discrimination Act. We have taken an important step forward in seeking to respect the contributions of all of our citizens and to remove areas where, clearly, there was either discrimination or the potential for discrimination against certain people because of who they are. That may be in employment, in participation in social clubs, in sporting activities and a range of other areas.

The legislation that we have passed today marks an important step forward. It is another milestone in a very long list of achievements for this parliament. It is worth reflecting that there can be a lot of—how can I put this?—focus and attention on and conflict sought to be created around these issues. Some people make a political career out of seeking to stoke division and that sort of activity. What we are able to achieve in this place, and what we have achieved over two decades, speaks volumes for what can be done to counter those sorts of political stunts.

MR BRADDOCK: Chief Minister, with the impending closure of Hobart Place General Practice, which provides inclusive health care to transgender, gender diverse and non-binary Canberrans, what can the ACT government do to help this community?

MR BARR: Clearly, this is a distressing situation for the doctors associated with that practice. I heard Dr Clara Tuck Meng Soo talk about the reasons behind this decision. They were pretty clear that it stems from 10 years of neglect of primary health care, of freezing Medicare rebates, of making general practice non-viable. The implications of that are that practices close, that primary healthcare services are diminished and even more pressure is placed, for example, on the public hospital system.

Minister Stephen-Smith has been undertaking an important piece of work around LGBTIQ+ health, looking at a scoping study on needs. We look forward to making some further announcements and investments in this area, building on what we have announced, particularly around our intersex law reforms.

Planning—ACT Planning System Review and Reform Project

MR PETTERSSON: My question is to the minister for planning. Minister, can you please provide an update on the Planning System Review and Reform Project?

MR GENTLEMAN: I thank Mr Pettersson for his interest in planning across the ACT. The Planning System Review and Reform Project is one of the biggest reforms of this term of government. It is a major legislative and social reform that will change the way we do planning in our city. It will shape the growth of our city into the future and will ensure that this growth is sustainable.

The Planning Bill is currently before the Assembly, and the government is considering the recommendations of the planning, transport and city services committee inquiry into the bill. The project has recently reached a huge milestone, with the end of public consultation on the draft new Territory Plan and the draft district strategies. This was a massive engagement program over more than 17 weeks. Representatives visited every district of Canberra to provide information and to gather as much feedback as we could. I am very pleased with the involvement that we have seen from our community. That is why we are putting the community at the centre of the reform project. Our community is highly engaged in planning because it affects how we live, how we work and how we spend our time.

Throughout this consultation, we have seen people providing their feedback at every opportunity they could. The consultation process included 36 pop-ups across all districts, and nine community workshops. There were also four days of listening spaces, presentations to community councils and an online Q&A session. This is in addition to the YourSay page, which had over 3,300 pieces of feedback for our planners to now consider while they finalise the documents.

MR PETTERSSON: Minister, what have you heard from the community during the consultation?

MR GENTLEMAN: This was one of the largest ever YourSay engagements, which is a credit to the excellent work of the EPSDD communications team, as well as the

Canberra community. It also shows us the scale of these reforms. Between 1 November and 3 March, there were over 70,000 views of the YourSay page and over 1,000 contributions to the page. There were over 80,000 downloads of documents, with the most popular documents being the Territory Plan and the Territory Plan snapshots, as well as the technical specifications and the district strategy summary.

Feedback is being coordinated within the directorate, as we work through the next steps of the project. Generally speaking, what we have heard so far centres on interest in the planning for possible change areas, the protection of environment as a key consideration in planning, the importance of having shops, parks and services close to where people live, and providing housing diversity and housing affordability.

We have also heard some really good feedback from the community about the introduction of district-level planning through the district strategies. I want to thank the Canberra community for their interest and engagement in this process. I am looking forward to delivering the new system later in the year.

DR PATERSON: Minister, what are the next steps in the planning review project?

MR GENTLEMAN: I thank Dr Paterson for her question. We are working through the hundreds of substantive submissions on the draft new Territory Plan and draft district strategies that were received in the consultation period. This week submissions on the Territory Plan have been uploaded to the project's YourSay web page. More submissions will be uploaded as they are processed. There will also be a listening report released which will summarise and respond in general terms to the feedback and consultation report. Once the consultation report and revised documents are prepared, these will be considered further by government.

The government response to the Standing Committee on Planning, Transport and City Services report on the inquiry into the Planning Bill 2022 will be tabled in the Assembly by 22 April this year, as is required. It is the government's intention, pending feedback on the draft district strategies and the Territory Plan, and consequent amendments to the Planning Bill, to finalise debate on the bill in the middle of this year. The new planning system will come into effect after this.

Mr Acting Speaker, I have previously provided much of this information to the committee as well, which I know that you have seen. I am pleased also to be able to provide it to the Assembly today. This is a mammoth project, and it is one that the government is proud of. We are making our planning system easier to use and ensuring that it is focused on sustainability and the growth of our city.

Canberra Health Services—data security

MS CASTLEY: My question is to the Minister for Mental Health. I refer to reports in Today's *Canberra Times* entitled, "Data Abuse victim's outrage turned to fury after privacy breach". In it, a victim of a previous privacy breach bravely speaks up and says that she is "outraged" and that, in her view, "the right lessons have not been learnt". The current breach is in the same area of mental health as previous ones, and she said:

And when I heard it was the mental health records—the records of the most vulnerable patients—my outrage turned to fury.

Minister, given this is the same area as previous breaches—to quote one victim—why have these lessons not been learnt?

MS DAVIDSON: Thank you for the question. It is very important to know that we are talking about records of people within our mental health services. I have not specified exactly where within mental health that is, but it is a mental health team.

People have every right to feel very, very concerned when they hear news of this kind of thing happening. That is why we have gone to such great lengths to make sure that we are talking to the families involved before we are providing that kind of detail publicly, and it is why I was not able to provide that level of detail until this morning.

It was not until around 5 pm yesterday that I had confirmation that some of the details that I talked about this morning had been provided to those families. It is their needs that need to come first. We also need to make sure that the external investigations can continue.

There have been lessons learnt from past incidents. We now have systems like the Digital Health Record that provide us with a much greater ability to control who sees what information and when and to know what has happened there.

It is also incredibly important that individual staff members working across all of our healthcare systems understand their responsibilities. That is why they go through this training as part of their induction and it is why, when we have the opportunity to repeat that training and provide more reminders and refresh it, we take the opportunity to do so.

During the rollout of the Digital Health Record, more than 11,000 staff across our health services were able to receive updates of their training and reminders about just how important patient privacy is and what the correct procedures are when handling patient information. I know that staff that work across our health services understand this and understand how important it is.

MS CASTLEY: Minister, how can current victims have any faith in current assurances when you have failed to uphold previous assurances to previous victims?

MS DAVIDSON: There is an external investigation going on at the moment, but I can assure you that the information we had is that this breach occurred within one mental health team, with a small number of staff involved. One staff member has already been terminated and two more have been stood down. Those staff do not have access to confidential records.

There are more than 11,000 staff across our health services who have had updated training and reminders of how important patient privacy is and how to correctly handle patient data, as part of the rollout of the Digital Health Record. I know that those staff are working very hard to provide the best possible care to people and to make sure that they are doing the right thing to maintain people's trust.

MR COCKS: Minister, why did you not have stronger protocols in place, given there had been a previous breach in the same area?

MS DAVIDSON: What Mr Cocks is going to there is the individual circumstances of how it was possible for this information to be shared by a staff members within a mental health team. That is the subject of ongoing police and external investigations. I have explained to Mr Cocks previously how important it is that the police—

Mr Cocks: A point of order, Mr Acting Speaker, on relevance. The question was not at all to do with the current scenario. The question was about why the minister has not put in place stronger protocols already.

MR ACTING SPEAKER: Thank you, Mr Cocks. Mr Cocks has a point. If we could try to get you to be relevant to the question.

MS DAVIDSON: We do have strong processes and procedures in place to protect patient data and to make sure that all staff involved understand their obligations and how to comply with their obligations and protect patient privacy. Staff have been reminded regularly of what the procedures are, and it is possible for them to go and refresh their knowledge at any time using the material that is accessible on their intranet.

Canberra Health Services—data security

MS CASTLEY: Mr Assistant Speaker, my question is to the Minister for Health. Minister, if private, personal information has been provided to a union in one area of the health system over a number of years, what evidence can you provide to show that this has not occurred in other areas across the health system?

MS STEPHEN-SMITH: I thank Ms Castley for the question. There is absolutely no evidence that this has occurred in any other area of the health system. I would encourage the opposition to not engage in these scare tactics which will only create concern for people who are accessing our health services. What I can say as well to Ms Castley is that the recent implementation of the Digital Health Record has resulted in a step change in the security of health records and the traceability of any access to those records and any downloading or sharing of those records. So data export capabilities in this system, which has replaced 40 other electronic and paper based systems, are tied to the role-based model to control and the strict reporting capabilities out of the Digital Health Record. That is a step change in ensuring that patient data is protected and that if anyone were to be trying to use, download or share patient data in an inappropriate way, that would be much more easily identified and tracked.

MS CASTLEY: Have you asked CHS to investigate whether there have been privacy breaches before DHR, since this has been going on for years?

MS STEPHEN-SMITH: I have had a number of conversations with Canberra Health Services about the wider implications of this particular issue. As Ms Davidson has already talked about, it is a very specific issue that is isolated to a small number of staff accessing and sharing the records of a number of consumers in a particular area. There is absolutely no indication, and no reason to believe—and nothing in any other

interactions would give us reason to believe at this point—that there are wider implications of this issue.

As Ms Davidson has made very clear, staff across our health services—but in this case particularly in Canberra Health Services—are very well aware of their responsibilities around patient records, their responsibilities under the Health Records (Privacy and Access) Act and the commonwealth Privacy Act. Indeed—well, I am probably about to go to something that I probably cannot talk about. But, as Ms Davidson has said, their training in the rollout of the Digital Health Record has only reinforced those messages.

MR COCKS: Minister, how long have you known this breach of trust and potentially criminal action involved the ANMF?

MS STEPHEN-SMITH: I thank Mr Cocks for the question. To the best of our records, I was specifically advised about this matter on 13 February. I understand that my office was, a few days earlier, given some advice that there was something that the CEO would need to discuss with me before or after my regular meeting on the 13th.

Canberra Health Services—data security

MR COCKS: My question is to the Minister for Mental Health. Minister, regarding the privacy breach of patient records, did you brief the Chief Minister and when?

MS DAVIDSON: I will take on notice when exactly information was provided to the Chief Minister's office.

MR COCKS: Minister, did you brief the health minister and when?

MS DAVIDSON: Yes, I am aware that information was provided to the health minister shortly after the information was provided to my office, and I am aware that updates were also provided as necessary.

Mr Cocks: Point of order. The question was very clearly about the minister's actions and whether she briefed the health minister, not whether information was provided.

MR ACTING SPEAKER: Minister?

MS DAVIDSON: I can understand why he is asking me the question, but the more appropriate person to be providing that advice to the Minister for Health is the CEO of Canberra Health Services.

Mr Hanson: Point of order on relevance. The question is not: who is the most appropriate person to do it? The question is: did she do it?

Mr Rattenbury: On the point of order, Mr Acting Speaker. Mr Cocks and Mr Hanson are welcome to ask their questions; they are not welcome to dictate how the minister answers them.

MR ACTING SPEAKER: Minister, do you have any more to add?

MS DAVIDSON: Yes, I do actually. Thank you for the question, information was provided to the Minister for Health. I know that information was provided by the CEO of Canberra Health Services and by Canberra Health Services officials. They were the most appropriate people to provide that detail to the Minister for Health and to be able to answer any further questions that she may have had. It was therefore most appropriate for them to be having those conversations, and I knew that they were happening. I am very thankful to everyone at CHS for ensuring that we were all well informed and updated.

MS CASTLEY: Minister, did you personally brief the cabinet and when?

MS DAVIDSON: Thank you for the question. Information about something of this nature is provided to the ministers who have relevant responsibilities for the nature of what is happening with individuals within Canberra Health Services. That information was provided, and it is not necessary to be discussing matters relating to individual patients with every minister of cabinet.

Molonglo River—bridge

DR PATERSON: My question is to the Minister for Transport and City Services. Minister, can you please update the Assembly on the status of the Molonglo River Bridge project?

MR STEEL: I thank Dr Paterson for her question and note her interest in the Molonglo River Bridge and road approach project. I was very excited recently to announce that a safer, faster and more reliable crossing of the Molonglo River is one step closer with a contract issued for the construction of the Molonglo River Bridge. The Australian and the ACT governments are working together to build one of Canberra's largest ever bridge projects, which will transform the Molonglo Valley and better connect Denman Prospect, Coombs, Wright and Whitlam as well as the future subdivisions in Molonglo 3, with Belconnen, Woden and the rest of Canberra. I was delighted to join the Federal Minister for Infrastructure, Transport, Regional Development and Local Government, Catherine King in Whitlam last month to announce the detailed design and construction contract has been awarded to a tier 1 company, BMD Construction for \$172.7 million. The project is jointly funded with the Australian government and I thanked Minister King and the Australian government for their continued support for the ACT's infrastructure projects and priorities.

Detailed design has commenced and is expected to be completed by the end of the year. Construction will then start on the bridge and road approaches which are expected to open to traffic around the end of 2025. The ACT government is committed to building the infrastructure that our growing city needs to ensure Canberra remains one of the most liveable cities in the world.

DR PATERSON: Minister, why is this project so critical for people on Canberra's southside, including the residents of the Molonglo Valley?

MR STEEL: I thank Dr Paterson for her supplementary. I agree this project is a critical project to transform the region and better connect the growing suburbs of the Molonglo Valley and also West Belconnen to the rest of Canberra. This project includes a 227-metre long bridge spanning the Molonglo River but also importantly, 1.7 kilometres of new arterial roads leading to the bridge and five new intersections, providing access to the Molonglo Group Centre from Whitlam and future northern suburbs as well. We are also working closely to ensure the new bridge and the development of the group centre are closely aligned to deliver the infrastructure that our growing city needs. Molonglo residents have been very vocal in their support of this project and with heavy rainfall over the last few years repeatedly flooding Coppins Crossing, we understand why. We will work with the contractor to ensure the crossing remains open as much as possible while the construction is underway. We are working together with the contractor as well to deliver jobs for the Canberra region, 560 during the detailed design and construction phases are expected. Projects like this are important, not only to keep Canberrans employed and businesses running but also to provide the community with better infrastructure and safer roads into the future.

MS ORR: Minister, how will this project improve public transport and active travel connections in the Molonglo Valley?

MR STEEL: I thank Ms Orr for her question. Improving public transport and active travel connections in the Molonglo Valley remains a priority for this government and are a core component of the project. The new bridge will be capable of supporting a future light rail connection in the Molonglo Valley, enabling the government to also investigate expanded rapid bus routes once the project is completed. The project also includes important active travel links with off-road shared paths on both sides of the bridge and new approach roads and on-road cycle lanes. These inclusions will encourage more Canberrans to jump on the bike to get to their destination. We are also excited to make sure Canberra can continue to remain one of the most liveable cities in the world by delivering these infrastructure projects. They will come with some disruption while under construction, but unlike the opposition, we are determined to get on and build the infrastructure projects that Canberrans need, to deliver those long-term benefits despite the short-term interruptions caused by the construction of these projects.

Canberra Health Services—data security

MR COCKS: My question is to the Minister for Mental Health. Minister, in your statement this morning you said:

In early February Canberra Health Services discovered a potential breach of patient privacy through the sharing of personal health information without consent outside the organisation.

You later stated:

On 28 February I emailed the CEO of CHS and the ANMF ACT branch secretary to express my concerns about the impact on patients and on staff who are trying to create a safe workplace with high quality care.

That is a statement I believe you have repeated this afternoon. I ask that you table those emails sent by you on 28 February to both the CEO of CHS and the ANMF ACT branch secretary.

MS DAVIDSON: It is probably best, given that there are external investigations ongoing, and police investigations—and given that I have not given you a line-by-line readout of the email—that that goes through the proper FOI processes so that the experts involved can ensure that the information that is released does not contain anything that might include details of who might have been involved in some of those things.

MR COCKS: Minister, what communications did you have with the union between hearing about this breach verbally and getting the letter on the 1st through their lawyer?

MS DAVIDSON: As I said, on 28 February I contacted the ANMF ACT branch secretary to request a meeting and stated specifically what it was that I wanted to ask about. I received a letter back from a lawyer engaged by the ANMF on 1 March. There has been no other correspondence that I am aware of.

MS CASTLEY: Minister, why did it take until 6 March to start informing patients of the breach, given that you stated that on 27 February you had a pretty clear understanding of the number of patients and staff involved?

Mr Rattenbury: Point of order, Mr Acting Speaker. I am wondering how the supplementary question relates to the very specific questions that Mr Cocks was asking. He was specifically asking about correspondence between the minister and the union. Ms Castley has asked an entirely different question. I seek your guidance on whether it is actually a supplementary question.

Mr Hanson: On the point of order, the original question, in the preamble, says:

In early February Canberra Health Services discovered a potential breach of patient privacy through the sharing of personal health information without consent outside the organisation.

I think that the supplementary question being asked, which is about the timing of informing patients about that breach, is entirely relevant to the first question.

MR ACTING SPEAKER: Thank you, Mr Hanson and Mr Rattenbury. I think there is sufficient linkage between the supplementary and the original question for it to stand. Given that it was asked some time ago, Minister, would you like the question asked again?

MS DAVIDSON: I am fine.

MR ACTING SPEAKER: Thank you. Minister.

MS DAVIDSON: Thank you. It takes some time to prepare for a patient disclosure process of this nature, to make sure that all of the right things are in place to be able to

answer any questions that people might have and to make sure that the appropriate supports are there for them. It is really important that, when something like this happens to a patient's private, confidential data, they feel supported through that process.

Supports were provided to the affected patients and their families and carers throughout the process. In some circumstances the Public Advocate also participated in the process. It takes a little bit of time to get all of those things organised. That is why the email to all staff did not go out until 6 March, which was when patient disclosures had commenced.

Canberra Health Services—data security

MR COCKS: My question is to the Minister for Mental Health. Minister, in your statement today you stated that you were made aware on 8 February this year of this breach. You also stated that you have been unable to make a statement until all patients had been briefed, which was “late yesterday”. Minister, why did it take from 8 February until late yesterday to adequately inform the victims and their families of this situation?

MS DAVIDSON: Thank you for the question. As I said in my statement this morning, I was notified on 8 February verbally, and I did receive further updates in the weeks following as more information came to light about the extent and nature of the information that had been shared. An audit needed to be undertaken to determine the breadth of the breach, and that uncovered quite a bit of information and took some time, and it was not until 27 February that we had a really clear understanding of the number of patients and staff involved.

The patient disclosure process cannot commence until we know what it is that needs to be disclosed, and we understand who information may have been shared with. It was not confirmed to me until late yesterday afternoon that some of the details that were in my statement had actually been shared with the families. It is very important that they hear those kinds of details from CHS before they hear about it in the media. This is what respect and dignity are about. It is about making sure that they hear that information from someone from whom they can ask for further details if they need them, and that support is provided to them in those conversations as well.

MR COCKS: Minister, why was an email then sent to 8,000 staff on 6 March, and the CEO was in the media throughout the week, if victims had not been briefed until late yesterday?

MS DAVIDSON: The information that was shared in the email that went to all staff was information that we knew we could safely provide at that time. Some of the details in the statement that I made this morning had not been shared with people on 6 March, but has been since.

MS CASTLEY: Minister, why were you the last to make a statement on the issue?

MS DAVIDSON: We are talking here about a breach of privacy for individual patients within Canberra Health Services. The first people who should be hearing

about what has happened are the patients themselves, not people inside this Assembly chamber, and not people reading the newspaper. If these were your records, you would want to hear about it first from the health service from which you are receiving care. We needed to make sure that that happened.

Government—territory-owned corporations

MR BRADDOCK: My question is to the Chief Minister. Chief Minister, the Parliamentary and Governing Agreement appendix 2, Agreed Executive Reform No 3, requires employee and consumer representation on the board of major ACT territory owned corporations or government businesses. Chief Minister, can you please provide an update on how the government is going at implementing this item?

MR BARR: I thank Mr Braddock for the question. Representation is in place in accordance with that agreed executive reform for current large ACT government business agencies. ACT cemeteries and CIT are examples there.

In relation to the territory-owned corporations, this cannot occur because of a conflict with the Corporations Act 2001, which requires that directors of corporations must act solely in the interests of the company and not in the interests of any other entity. So the essence of that particular challenge is that you cannot have a representative position on a corporation that is covered by the Corporations Act.

The government has instead worked with the territory-owned corporation that is also covered by the Corporations Act on a range of processes and protocols to give effect to the desired intent of the agreed executive reform.

MR BRADDOCK: Chief Minister, how many employee and consumer representatives have you appointed to boards this term?

MR BARR: I do not appoint in large part. So for questions directed to me within my portfolios, clearly cabinet makes most appointments of these kinds. So I would need to take on notice across whole of government. But the composition of the relevant boards would also be available in the annual reports. So I suspect the next reporting period would be the time for further follow-up in relation to that matter.

So, in fact, I will not take it on notice, because the information will be updated in the annual report. I think that would be the next most appropriate time for that information to be provided.

MR DAVIS: Chief Minister, how does the ACT government support the voice of employees and consumers in decision-making for these entities?

MR BARR: Sorry; could you repeat the question?

MR DAVIS: How does the ACT government support, or seek out, the voices of employees and consumers when making decisions for these entities?

MR BARR: So how do we go about recruiting for these boards? Certainly there is an expression-of-interest process. Through a number of areas of government, we also

have a particular focus on diversity. There is a gender lens, a First Nations people lens, an LGBTI lens and a people with disability lens. There are a range of ways that seek to ensure that government boards reflect the community that they serve.

Canberra Hospital—acute medical unit

MS ORR: My question is to the Minister for Health. Minister, you recently announced the expansion of the acute medical unit at Canberra Hospital can you update the Assembly on the use of this model and the expansion of the AMU?

MS STEPHEN-SMITH: I thank Ms Orr for the question. The acute medical unit is designed for patients who are assessed as needing admission after presentation to the emergency department, including where it is clear that the person will need a range of tests and care early, but it is not clear which subspecialty will be most appropriate to take primary carriage.

In the 2021-22 budget, \$128 million was invested overall to expand critical public hospital services, including nearly \$23 million additional for the Canberra Hospital ED. This funding for the Canberra Hospital emergency department was invested in expanding the capacity of the emergency department to respond to service demand pressures and to support contemporary models of care. The recurrent funding through this initiative provided expansion of the current emergency medical unit; increased medical and nursing workforce to provide clinical oversight, clear leadership and direction; and the development of the acute medical unit. So it was part of a suite of measures.

Initially, a 12-bed AMU commenced as a time-limited pilot to inform the design and rollout of the larger unit, which has now expanded to a 24-bed unit. To facilitate the expansion, a review of the inpatient bed footprint was completed, with consideration of the needs of nursing and medical staff across the division of medicine and staff from other divisions that provide in-reach services.

The AMU opened in its new location with 24 beds on 16 February, with dedicated staffing, including more senior doctors after hours to facilitate enhanced patient flow across the hospital and enhanced experiences of patients needing acute medical care. This is a seven day a week, 24-hour service, with nursing, medical, allied health and support services. The service is already seeing success in flowing patients through the unit quickly and commencing care faster. I thank the staff in the unit for inviting me in to have a chat with them recently. It was a great pleasure to see the service underway.

MS ORR: Minister, what benefits have been seen to date with the setup of the AMU model?

MS STEPHEN-SMITH: The key feature of the acute medical unit model of care is the early initial multidisciplinary team assessments to ensure patients are established on the right care plan from the beginning of their admission. Beneficial examples of this include: early medication reconciliation, making sure that the person is taking the right medications, including those that they might normally take and whether any adjustments need to be made because of their illness or a new medication; early assessment and prioritisation of allied health input by allied health clinical leads;

appropriate detailed medical admission that includes the patient goals for their admission, care documentation and commencement of discharge planning, really helping that flow issue; early commencement of standardised care pathways for common conditions; establishment of targets for criteria-led discharges; and timely access to pathology and radiology tests with early morning phlebotomy rounds.

The AMU has dedicated medical, nursing and allied health professionals, including pharmacy, seven days a week. Pharmacy and allied health also provide services into the evening, which facilitates faster and safer admissions from the emergency department. In addition, the ratio of nursing staff in the AMU is also higher than regular inpatient wards, due to the patient acuity, the fast flow of patients through the unit and the intensity of further work applications that are required to bring medical patients from the ED more quickly.

An initial analysis of data of AMU performance over the first four weeks of operation of the 24-bed model is demonstrating promising trends in relation to reduced emergency department length of stay for patients who require inpatient care. As the AMU continues to embed and further data becomes available it is expected there will be overall reductions in the time in hospital and better use of programs like Hospital in the Home and community care.

MR PETTERSSON: Minister, can you provide an update on the work being undertaken to improve ED wait times and patient flow across the health system?

MS STEPHEN-SMITH: I thank Mr Pettersson for the supplementary. As I said earlier, the ACT government has made significant investments in critical public hospital services as part of the record investments in our health services across multiple budgets. A number of initiatives to improve ED wait times and patient flows across CHS have been ongoing. This work is looking across the spectrum of care to ensure that changes in one part of the system do not have a downstream impact on another part of the system.

In terms of specific hospital patient flow changes that are being embedded across the services to ensure there is a focus on patient flow by everyone, 24-hours a day, particularly in Canberra Hospital, actions currently in place include: ensuring efficient transfer time between acute areas such as ED, the new AMU and ICU to inpatient beds; confirming appropriate and timely discharge are in place, including early discharges to support patients returning home earlier in the day; confirming day of discharge on admission or within 48 hours so patients and families can plan as far ahead as possible to return home; using criteria-led discharge where appropriate rather than waiting for doctors to see patients where that is not actually necessary; improving connections with vital services such as Hospital in the Home to transfer patients as soon as possible, and again it was a great pleasure to go and visit the HITH team the other day; benchmarking with peers and using care pathways or guidelines to identify areas for improvement; implementation of three emergency department huddles throughout the day to assist with flow through the emergency department; and weekly taskforce meetings with emergency department and division of medicine leadership. The expansion of the AMU ensures we are continuing to support enhanced patient flow through Canberra Hospital, along with all these other measures, which support decreased waiting times in ED and better patient outcomes for the community.

Mr Barr: Mr Acting Speaker, further questions can be placed on the notice paper. I commend you for your steely glare that seems to silence Mr Hanson!

Supplementary answer to question without notice Canberra Hospital—Fetal Medicine Unit accreditation

MS STEPHEN-SMITH: Yesterday, Ms Castley asked me some questions about the Fetal Medicine Unit, and I took one question on notice in relation to staffing. I want to emphasise that the Fetal Medicine Unit is safe, and there are locum doctors who are covering these services as we build the FMU team. We have recently had additional obstetricians join the team at Centenary Hospital for Women and Children, and there is lots of interest in these roles.

In relation to changes in staffing for the FMU—people who left or reduced their hours—I am advised that this includes one stenographer. One stenographer left in February 2023, and one subspecialist was supported to go from one full-time equivalent position to a 0.6 full-time equivalent position as part of flexible work arrangements. If there is anything to add, I will come back to the Assembly on notice; otherwise that is the response.

MR ACTING SPEAKER: Members, thank you for being so relatively well behaved in my stint as Acting Speaker for the week, and I look forward to Madam Speaker returning to sit in this chair on Tuesday of next week for the next instalment of question time.

Papers

Mr Gentleman presented the following papers:

Freedom of Information Act, pursuant to section 39—Copy of notice provided to the Ombudsman—Freedom of Information request—Decision not made in time—Community Services Directorate (FOI-CSD-22/20), dated 18 November 2022.

National Education and Care Services Freedom of Information Commissioner, Privacy Commissioner, Privacy Commissioners & Ombudsman—Annual Report 2021-22.

Canberra Hospital—cardiology services

MS CASTLEY (Yerrabi) (2.54): I move:

That this Assembly:

- (1) notes the letter sent on 6 March to the Minister for Health from five private sector cardiologists, cataloguing their complaints about the dangerous deterioration in cardiology services at the Canberra Hospital, specifically that:
 - (a) referrals, which in the past could be done by writing to the Cardiology Department, must now be accepted by a specific staff specialist;

- (b) the practice of Cardiology Department administrative staff advising which specialists had the shortest waiting lists has been discontinued;
- (c) referrals need not be acknowledged by specific specialists and that no estimate of waiting time is given, even for urgent patients;
- (d) inquiries or complaints of inaction on referrals must now be referred to the specialist concerned;
- (e) as a result, referrals effectively “disappear” and there is no functional central waiting list system for patients requiring cardiology services;
- (f) the Cardiology Department’s inability to action referrals in a timely manner delays transfer of patients from Calvary Hospital for urgent cardiac procedures, increasing their length of stay at Calvary Hospital;
- (g) in the last 12 months, the waiting time for electrophysiological procedures has become critical, causing many patients to travel interstate for treatment;
- (h) in the last 12 months, waiting times for outpatient cardiac investigations (stress testing, echocardiography and holter monitoring) have become markedly worse;
- (i) accident and emergency staff at the Canberra Hospital routinely refer patients requiring specific cardiac tests, who present with chest pain / breathlessness / palpitations but are not admitted, back to their general practitioner (GP) or a private cardiologist, thus avoiding organising or paying for the test;
- (j) inpatient requests for these cardiac investigations at the Canberra Hospital are ignored; patients admitted with myocardial infarction who develop secondary heart failure are discharged without an echocardiogram (to evaluate the extent of the damage); patients are diagnosed and treated for heart failure without echocardiographic proof of diagnosis; patients admitted overnight at high risk of an acute coronary event are often discharged without a screening stress test;
- (k) non-cardiac inpatients needing an echocardiogram for optimal management are now referred to a private cardiologist post-discharge, after their requested test was not performed during their admission;
- (l) the Canberra Hospital previously had a Chest Pain Evaluation Unit which has now been closed;
- (m) beds which were specifically allocated to cardiac patients who did not require acute coronary care in Ward 6A have been re-allocated to the Acute Care Medical Unit;
- (n) a Transcatheter Aortic Valve Implantation (TAVI) service, to have aortic valve replacements performed via the groin rather than by open-heart surgery, was promised for the Canberra Hospital but has not commenced;
- (o) a specialised valve disease assessment clinic was planned but has not progressed;
- (p) a suitably qualified cardiologist was willing to relocate and contracted to establish this service but did not proceed;

- (q) in the last 12 months, concerns have been raised by Advanced Trainee Supervisors about the quality of training provided to Advanced Physician Trainees in cardiology in the ACT;
 - (r) representatives of the Royal Australian College of Physicians visited the Canberra Hospital in late 2022 because of concerns about the welfare and education of local trainees;
 - (s) more than half of the cardiologists working in the Cardiology Department in January 2022 are no longer there, and a new arrival has resigned before being offered a permanent position; and
 - (t) during the same period, large numbers of allied health and nursing staff, many with specialised skill sets, have also left, including five of six cardiac scientists, catheterisation lab nurses, sonographers, and coronary care nurses;
- (2) further notes the cardiologists' view that:
- (a) these problems are largely the result of poor managerial decisions made by senior members of the ACT Health Directorate or Canberra Health Services, compounded by inadequate leadership within the hospital executive and the Cardiology Department;
 - (b) in the last 12 months, the availability of cardiology services at the Canberra Hospital has deteriorated to standards far below national and international guidelines; and
 - (c) uninsured patients are suffering both poor health care with significant potential for avoidable adverse outcomes, plus considerable emotional distress, as a result of inability to obtain adequate hospital-based cardiac services;
- (3) calls on the ACT Government to make a statement to the Assembly outlining the Government's response to this crisis by 30 March 2023; and
- (4) calls on the ACT Government to table answers to the questions below by 30 March 2023:
- (a) with reference to referrals to the Canberra Hospital from private sector cardiologists, could referrals in the past be done by writing to the Cardiology Department;
 - (b) must they now be accepted by a specific staff specialist; if so, when and why was this change made;
 - (c) could Cardiology Department administrative staff still advise which specialists had the shortest waiting lists prior to this practice being discontinued; if so, when and why was it discontinued;
 - (d) is it the case that referrals (i) are not acknowledged and (ii) need not be acknowledged, by specific specialists and that no estimate of waiting time is given, even for urgent patients;
 - (e) must inquiries or complaints of inaction on referrals now be referred to the specialist concerned;
 - (f) is it the case that as a result of the above, (i) staff specialists are overwhelmed, (ii) referrals effectively disappear and (iii) there is no functional central waiting list system for patients requiring cardiology services;

- (g) for each specialty at the Canberra Hospital, (i) are referrals directed to and/or managed by administrative staff or individual staff specialists, (ii) are referrals acknowledged and (iii) is an estimate of waiting time given; if not, why not;
- (h) have lengths of stays for cardiac inpatients at Calvary Hospital increased in the last 12 months; if so, (i) why and (ii) what has been the average length of stay, dissected by patient category, at the beginning and end of the most recent 12 month or near period;
- (i) can the Minister provide a table showing (i) the number of patients and (ii) their average waiting time for electrophysiological procedures at the Canberra Hospital at various intervals over the last three years;
- (j) can the Minister provide figures on the number of patients reimbursed for interstate electrophysiological treatment for each of the last three years;
- (k) can the Minister provide a table showing the number of patients and their average waiting time for outpatient cardiac investigations (stress testing, echocardiography and holter monitoring) at the Canberra Hospital at various intervals over the last three years.
- (l) do accident and emergency staff at the Canberra Hospital refer patients, presenting with chest pain / breathlessness / palpitations, who require specific cardiac tests but who are not admitted, either back to their GP or to a cardiologist in the private sector; if so, (i) is this hospital policy and (ii) what is the extent of this practice;
- (m) are requests for inpatient cardiac investigations (stress testing, echocardiography and holter monitoring) at the Canberra Hospital ever ignored; if so, (i) how often and (ii) why does this occur;
- (n) are patients admitted with myocardial infarction who develop secondary heart failure discharged without an echocardiogram; if so, (i) how often and (ii) why does this occur;
- (o) have patients been diagnosed and treated for heart failure without echocardiographic proof of diagnosis; if so, (i) how often and (ii) why does this occur;
- (p) have patients admitted overnight at high risk of an acute coronary event often been discharged without a screening stress test; if so, (i) how often and (ii) why does this occur;
- (q) are non-cardiac inpatients needing an echocardiogram for optimal management now referred to a private cardiologist post-discharge, after their requested test was not performed during their admission; if so, (i) how often and (ii) why does this occur;
- (r) did the Canberra Hospital previously have a Chest Pain Evaluation Unit; if so, (i) when was it established, (ii) how many and what type of beds did it have, (iii) what was the purpose of this unit and (iv) has this unit been closed; if so, why and when;
- (s) have beds which were specifically allocated to cardiac patients who did not require acute coronary care in Ward 6A been re-allocated to the Acute Care Medical Unit; if so, (i) why, (ii) when and (iii) what measures are in place to ensure cardiac patients receive the attention of nursing staff skilled in managing cardiac failure;

- (t) was a TAVI service to have aortic valve replacements performed via the groin rather than by open-heart surgery promised for the Canberra Hospital; if so, when and by whom;
- (u) has this service commenced; if not, why not;
- (v) was a specialised valve disease assessment clinic planned; if so, (i) what is its current status and (ii) why has it not proceeded;
- (w) was a suitably qualified cardiologist willing to relocate and contracted to establish this service; if so, did this proceed and if it didn't proceed, why not;
- (x) when is the Canberra Hospital due for accreditation for Advanced Physician Trainees in Cardiology;
- (y) did representatives of the Royal Australian College of Physicians visit the Canberra Hospital in late 2022 because of concerns about the welfare and education of local trainees; and
- (z) can the Minister provide details of the baseline staffing as at 1 January 2022 and the turnover since then in cardiologists and allied and nursing staff, with specialised skill sets, including cardiac scientists, sonographers, catheterisation lab nurses and coronary care nurses at the Canberra Hospital.

Today we will find out whether this government is serious about addressing complaints about the grave deterioration of cardiology services at the Canberra Hospital or whether this minister and her government are just in damage control mode.

Two weeks ago, five private sector cardiologists wrote a seven-page letter to the Minister for Health, Ms Stephen-Smith, cataloguing in detail their concerns about a dangerous deterioration in cardiology services at the Canberra Hospital. I seek leave to table that letter.

Leave granted.

MS CASTLEY: I present the following paper:

Cardiology care in the ACT—Copy of letter from 5 cardiologists in the ACT to the ACT Minister for Health, dated 6 March 2023.

This followed the suspension of four staff specialist cardiologists. I will summarise the private cardiologists' letter and their concerns. In the past 12 months the availability of cardiology services at the Canberra Hospital has deteriorated to standards far below national and international guidelines. Uninsured patients are suffering both poor health care, with significant potential for avoidable adverse outcomes, and considerable emotional distress, as a result of an inability to obtain adequate hospital-based cardiac services. These problems are largely the result of poor managerial decisions made by senior members of the ACT Health Directorate or Canberra Health Services.

These are very serious statements from professional private cardiologists, backed by detailed chapter and verse on deficiencies in the provision of cardiology services at the Canberra Hospital. As the *Canberra Times* editorialised:

It is highly unlikely, given the years of effort it takes to qualify in their profession, that Drs Libby Anderson, Darryl McGill, Chris Hii, Ben Jacobson and Siang Soh, would make such a claim lightly.

It is also highly unlikely they would have written to the Health Minister, Rachel Stephen-Smith, with these concerns unless they were absolutely sure they were valid. The risk to their own professional standing would be too great.

That is very true. The *Canberra Times* concluded its editorial by stating this:

Cardiology is core business for every health service. No excuse is going to console a family because the help they needed wasn't available. If, as the private cardiologists have said, there are serious problems at the Canberra Hospital then they need to be fixed. It's a matter of life and death.

Minister, it is a matter of life and death—and indeed it is. I should point out that the five cardiologists were not critical of the frontline clinicians and support staff in the cardiology department. In fact, their letter was accompanied by testimonies from specialists and allied staff expressing their total frustration and dismay at the dysfunction of cardiology services at the Canberra Hospital.

Some of the deficiencies outlined by these cardiologists are that there is no functional central waiting list system. Admin staff no longer receive referrals or advise who has the shortest lists. Referrals must now be accepted by a specific staff specialist and need not be acknowledged. No estimate of waiting time is given and inquiries about inaction must be referred to the specialist concerned. As a result, referrals effectively disappear. The waiting time for electrophysiological procedures has become critical, causing many patients to travel interstate. Waiting times for outpatient cardiac investigations, like stress testing, echocardiography and Holter monitoring, have become markedly worse.

Emergency department staff routinely refer patients who present with chest pain, breathlessness or palpitations back to their GP or a private cardiologist, rather than admit them, thereby avoiding organising or paying for cardiac tests. Of course, we are not blaming individuals here; this is a systemic issue.

Inpatient requests for cardiac investigations are ignored. Patients admitted with myocardial infarction who develop secondary heart failure are discharged without an echocardiogram to evaluate the extent of the damage. Patients are diagnosed and treated for heart failure without echocardiographic proof of diagnosis. Patients admitted overnight at high risk of an acute coronary event are often discharged without a screening stress test.

Canberra Hospital's chest pain evaluation unit has been closed. The beds allocated to patients who did not require acute coronary care in ward 6A have been reallocated to the acute care medical unit. A promised transcatheter aortic valve implantation service, to have aortic valve replacements performed via the groin rather than by open-heart surgery, and a planned specialised valve disease assessment clinic have not proceeded.

Concerns have been raised by advanced trainee supervisors about the quality of training provided to advanced physician trainees. In late 2022, representatives of the Royal Australasian College of Physicians visited Canberra Hospital because of their concerns about the welfare and education of local trainees.

Since January 2022, more than half of the cardiologists have gone. A new arrival resigned before being offered a permanent position. Large numbers of allied health and nursing staff, many with specialised skill sets, have also left, including five of six cardiac scientists, cath lab nurses, sonographers, and coronary care nurses. Needless to say, all of the above concerns can have life and death consequences.

How has the ACT government responded so far? The first cab off the rank was Dr Ashwin Swaminathan, the Canberra Health Services Clinical Director of Medicine, who echoed the government's frequent assertion that Canberra is no worse than other hospitals. According to Dr Swaminathan:

... the waitlist has not blown out since, you know, the suspensions occurred. In fact, in many areas it's improved a bit.

This totally fails to grasp the cardiologists' concerns about referrals being lost and about patients going interstate or going private. As the *Canberra Times* editorialised:

While Ms Rachel Stephen-Smith has indicated she and health authorities are willing to meet with the doctors 'at the earliest possible opportunity' ACT Health appears to be running with its usual line of "nothing to see here".

Dr Swaminathan denied point blank that there has been an unacceptable and dangerous deterioration in cardiology services. Apparently, it is all a communication problem. Dr Swaminathan said:

One thing that I think we probably haven't been as good at in doing is communicating all the changes that have occurred within the department to our external colleagues and our stakeholders ... And that should really be our focus.

I feel that there might be a rebranding exercise coming on. The health minister then ran the same patronising line, in that these five cardiologists just do not understand all that the government is doing. She said:

There may have been other factors at play in some of these decisions that they're not fully understanding and that's why it's so important that we sit down and meet with them to talk through exactly why decisions have been made when they have been.

There is definitely another rebranding exercise coming on. When former ACT independent health minister Dr Michael Moore was asked whether the health minister's response was adequate, he said:

Well, we hear this similar response time and again. Oh, we are going to look at it. Oh, we have problem with culture. Oh, we are doing something about it. We will explain the steps we are taking. And yet it comes back again and again. And at the same time, as Jon Stanhope has written in the *City News*, money has been taken out of health and out of hospitals and used for the tram.

That is dead right. Last week Dr Betty Ge, Chair of the AMA ACT Council of Doctors in Training, hit the nail on the head, saying:

I think from AMA and CDC perspective, we really want the Canberra Health Services to come to the table and first and foremost accept there is a problem with their cardiology service. I think that's the first point I really want to raise because I feel this is a fundamental step before we can even propose any further measures to address issues because being an ostrich, putting our head in the sand does not help anyone.

What was the minister's response? On breakfast radio the next morning, the minister maintained that CHS actions following the Johns review, Deegan report and various culture reviews had led to improvements. She said:

... feedback now, including the feedback through the most recent culture survey in December last year, where there was a strong response from cardiology, you know a good response in terms of the conversation we were previously having about response rate, was a significant improvement in culture.

That "culture survey" would be the statistically invalid pulse survey, which we have discussed, which tested employees' engagement or satisfaction with CHS, not the actual workplace culture survey that is planned for this month. Ms Stephen-Smith went on to say:

Sure, because anecdotes are one thing, data is another, and our data is just not aligning. And the feedback from our junior medical officers and our nursing staff is that actually they're seeing a significant improvement in the cardiology department, in the culture in the way of working.

How does that claim stand up? According to the recently released 2022 Medical Training Survey, the ACT had the lowest rating of all jurisdictions on whether doctors in training would recommend their current training; recommend their workplace; and how they would rate the quality of their current supervision, orientation, teaching sessions, and training to raise patient safety concerns—the lowest on all high-level measures. Again, according to the minister, it is all a communications problem. She said:

One of the things I think we've learnt out of this is when these things happen, we really need to communicate very clearly to both our general practice partners and our private specialist partners so that they understand what's going on and what is being done about it.

Asked in the same interview how open she was to changing strategy if these cardiologists told her of serious concerns that needed improving, the minister responded, "Oh yeah, absolutely open". Well, we will see. The first step to fix these issues is to acknowledge the problem. So far all we have seen is a minister and a government in damage control or ostrich mode.

This motion is designed to test the government's integrity. It lists the five cardiologists' concerns and calls on the government to answer 26 factual—and I repeat factual—questions which will establish if these concerns are well founded.

The government has a week to answer these questions. If it is serious about addressing these issues, it will do so.

The motion also calls on the minister to make a statement to the Assembly outlining the government's response to this crisis. The government must have the courage to admit to the problems with cardiology at the Canberra Hospital and it must have the willingness to respond to them. Indeed, we will see whether this government is serious or not.

Sadly, the picture emerging is of a minister in ostrich mode, fronting a fluff campaign of supposed government achievements that bear no resemblance to Canberrans' lived experience of a system in crisis. Her credibility is wearing thin.

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Families and Community Services and Minister for Health) (3.07): I thank Ms Castley for the opportunity to respond to the letter from the cardiologists publicly, as we have been doing for a little while, and to address some of the issues that Ms Castley has raised.

We will not, however, be supporting Ms Castley's motion. She knows full well that there is a process for putting questions on notice. If you want to ask 27 questions, put them on notice. That is what everyone does. She normally does that. She is very good at putting multiple questions on notice, but not very good at using the answers.

Today, however, this motion seeks to perpetuate misinformation and scaremongering in the community—again, a usual thing. I want to be very clear that this does impact patient safety in our health services. As I have repeatedly stated when Ms Castley has raised issues such as this, where there is an opportunity to get a briefing, I would encourage her to both seek and attend a briefing on these matters, if she is so concerned.

It is not appropriate to make comments that effectively scare people away from lifesaving interventions—and this is not just rhetoric. Again, this is not any reflection on the cardiologists, who were genuinely concerned. I have met with them and we have talked through their genuine concerns. People were calling the cardiology department and asking if it was safe to attend their appointments at the cardiology department, and the administration staff were having to reassure them that it is, indeed, a safe service—and, absolutely, the data shows that it is.

I also want to address the other political rhetoric and the rhetoric that is coming through around 'nothing to see here'. I have never said that, and I challenge Ms Castley to find a single transcript of anything I have ever said where I have ever said that there is not a problem. This is convenient political rhetoric.

I do not say that. I have said that there have been some challenges in the cardiology department. There have been challenges over a number of years—and the cardiologists themselves acknowledge that there have been challenges for over a decade in the cardiology department—and some tough decisions have been taken to address the root causes of some of those challenges.

I support Canberra Health Services taking those tough decisions. What we said at the time, and we have said repeatedly as information has come up—both the Johns review and the Deegan review have been released under freedom of information—is, “These are difficult decisions and they are going to be disruptive, but this is what we are doing about it.” It is part of my job to tell Canberrans what we are doing to address the challenges that we face.

Throughout the time that the cardiology department has been rebuilding, the government has been upfront about the problems, the reviews that had occurred and the work that was being undertaken. Questions have been answered and freedom of information documents with briefings and documents about this work have been available for months now.

I will, however, provide some further background for those who have not been following closely. In 2020, a review of the cardiology department at Canberra Hospital, known as the Johns review, was completed. This was the first step in understanding the state of the cardiology department and the actions needed to ensure the safety and continuous improvement of cardiology services.

As a result of the Johns review and following concerning reports from staff within the cardiology department through the work of the culture review, a preliminary assessment was performed. The preliminary assessment occurred in 2022 and was performed by Ms Barbara Deegan. As a result, Canberra Health Services suspended four cardiologists due to allegations raised as part of this preliminary assessment conducted and provided by Ms Barbara Deegan. An external legal firm has been engaged to conduct the investigation into the alleged misconduct issues in relation to each cardiologist.

The suspension of the cardiologists has been challenging for the cardiology department at Canberra Hospital, particularly with the added demands of operating a department during a global pandemic. The ACT government has acknowledged and continues to acknowledge that this is a time of rebuilding that has required ongoing focus to support the staff in the department.

Canberra Health Services has taken a strong stand against behaviours that existed within the cardiology service, and some of those behaviours have been going on for years—indeed, decades. This is a situation that simply could not be allowed to continue.

The number of people who have subsequently spoken to me about the appropriateness of this decision also lets me know how important it was to support Canberra Health Services in this matter. It was not a decision that was taken lightly, but the responsibility to improve culture in our health service is something that I and the CEO and the senior leadership of Canberra Health Services take very seriously. As I have said, and I will say it again, I support Canberra Health Services in taking this decision, difficult though it was.

I acknowledge, as they have, that the process itself and the uncertainty about the outcome has been a significant and ongoing stressor for the team. When a department goes through significant changes in its senior workforce, it understandably does take

time to rebuild. Throughout this change, staff and patients have always been at the centre of any decision-making. In my briefings with Canberra Health Services, I have held them to a high standard in ensuring that they were prioritising safety through this time, and I have continued to monitor this throughout the period.

Responding to 32 recommendations made as part of the Johns review, a transformation lead was appointed to project manage the actions to ensure that the recommendations were completed.

The Canberra Health Services senior executive and cardiology leadership team continue to work on strengthening communication within the cardiology department through regular formal and informal team and departmental meetings. Extensive work has been undertaken to transform organisation and governance structures in the department, including two new deputy unit director roles to improve inclusion and communication.

Multidisciplinary working groups have been supporting the development of cardiology services, with chairs of working groups selected through an expression of interest process. Terms of reference for the working groups have all been established and endorsed, with a report on action items and issues provided to the cardiology business meeting each month.

Work across the department and the Division of Medicine has included training and education, with a particular focus on the education of cardiology sonographers; additional nurse-led services; outpatient clinic structures; development of a micro-credentialling framework for subspecialties; a new cardiology on-call roster in consultation with cardiologists and registrars; closer working relationships with the emergency department and the intensive care unit; preparations for the move to the Critical Services Building in 2024; and continuing to embed the Digital Health Record.

This is by no means an exhaustive list of the work that has been going on, but it provides a sense of that significant work that the staff have been doing and they should be commended for working diligently to transform this service.

As part of the work to rebuild the service, the team selected a clearly defined team purpose. Quote:

Our cardiology team delivers an exceptional and caring service for our community and each other. Improving culture has been a team effort in the department and I am pleased to report that, encouragingly, many cardiology staff have reported that the environment has improved. This is because the team has been working collaboratively and collegiately over the past few months.

On the Canberra Health Services Pulse survey of December 2022—which Ms Castley will belittle—I was talking to an official from another jurisdiction recently at the health ministers meeting, and they said that if they got a 35 per cent response to one of their hospital culture surveys they would be dancing a jig; they would be over the moon. It is a very high response rate for such a service. While I am on that, Ms Castley, the current survey that is underway—as was very clear in my statement this morning—is the Health Directorate, not Canberra Health Services. So you can

encourage frontline staff all you like to fill it in, but it is not actually their survey in Canberra Health Services. It is the directorate at the moment doing their survey.

In the Pulse survey of December 2022, cardiology had the best results ever seen in terms of staff satisfaction and did in fact have a response rate that was well above 40 per cent. Although I point out again that quality assurance in the Pulse survey clearly demonstrated that, overall, the Pulse survey results are statistically valid—as was confirmed by our external provider of the survey—for an organisation of the size of CHS. This is something Ms Castley would rather say is spin than actually take the time to understand, or again, get any briefing on.

Canberra Health Services are currently running a recruitment round for specialist cardiologists, and I was really, really pleased to hear that they had received 50 applications. Roughly half of the 50 applications are based here in Australia already, which shows that Canberra Health Services are creating an environment that applicants want to be a part of. The first round of interviews for the short-listed 13 high-calibre candidates for specialist positions occurred this morning, with more interviews occurring next week. Canberra Health Services are moving quickly to establish these specialists in the service.

Again, we recognise that there has been a period of uncertainty, whereby it has been difficult to fill positions while processes were underway and people were still substantively holding those positions. But cardiology services at Canberra Hospital have been maintained through a number of rolling contracts for locum cardiologists while these HR processes have been going.

Nursing and allied health teams within the service are also recruiting, with some areas now staffed to the highest levels they have ever been. Of course, there are still challenges, as with all jurisdictions, and Canberra Health Services are continuing to identify candidates, support talent acquisition and recruitment campaigns to bring in a high-quality—and maintain a sustainable—workforce.

The letter I received from the small group of private cardiologists is something that I followed up with Canberra Health Services. As I said the other day, I met with this group on Monday evening, along with the CEO of Canberra Health Services, the Executive Director of Medical Services, and the Director-General of the ACT Health Directorate, because they said they wanted to talk a bigger picture of policy across the territory.

We met for two hours on Monday evening. As a result of the meeting on Monday, all parties committed to working together to share feedback, ideas and information that will help to improve patient care and strengthen the connection between Canberra Health Services and private cardiologists. I really thank them for taking the time to sit down and talk to us about their experiences and how we could work together. This includes working to ensure that private healthcare providers have clearer information about the referral pathways into the cardiology department and its triage processes, as well as sharing relevant data and information.

I will be responding formally to the group of cardiologists with some further information, and I am confident that Canberra Health Services will continue to engage

positively with them as the team continues to improve processes and services within the cardiology department.

In relation to some of the specific assertions put forward by the cardiologists, who reiterated in their letter that they are not practising in Canberra Hospital and have limited knowledge of all the internal workings, I emphasise again—and Ms Castley seems to just not believe it when I say this—that the data is not reflecting the deterioration that has been claimed.

Outcome data for 2022 is in fact excellent for acute infarcts, or blockages of the heart, and better than the past few years in terms of door-to-balloon time or the time taken to open a blocked artery. That is a peer hospital comparison that is checked regularly. Waitlists are improving in many areas over the past 12 months, including for echoes, exercise stress tests, stress echo, initial medical appointments and follow-up medical appointments.

The waiting list for electrophysiology procedures has been an issue for several years, and we absolutely recognise that. Canberra Health Services is working on targeted strategies to manage this by primarily reviewing patients inappropriately referred for such procedures who no longer require the test. Where clinically appropriate, patients may be referred to Sydney, with each referral to Sydney agreed upon in advance with the patient. Unfortunately, what is also being seen is that even these centres have extensive waiting lists for electrophysiology procedures.

Canberra Health Services data also shows that they continue to provide an excellent cross-territory service, including the service to Calvary Hospital. The assertion regarding an increasing length of stay for Calvary patients is not actually supported by the data. Again, I encourage the private cardiologists, if they have additional information, to provide it to us, but the data is not showing this.

The Calvary Treat and Return System has been providing an efficient same-day and next-day service, with no significant difference in wait times noted in the data compared to previous years. Several delays were encountered due to issues with referrals from Calvary to Canberra Hospital in the Digital Health Record system, but those are specific issues that have been resolved.

So, overall, health roundtable peer benchmarking data for the cardiology department has shown that these services remain at or above their peers across safety and quality indicators.

In relation to referrals and waiting lists, there is a centralised waiting list for cardiology services and no evidence of referrals disappearing, which previously was, in fact, a larger issue when using a decentralised referral approach. It is acknowledged, however, that the Digital Health Record is a new system and referrers may find it initially difficult to adapt to this process. However, we would encourage people to contact the department. One of the things that we have committed to is providing these cardiologists with some very clear information about referral processes and also triage processes, which are something they specifically asked about to better understand how referrals are triaged. (*Extension of time granted.*)

In relation to referrals, referrals for cardiology are entered into a list that all cardiologists have access to for triaging purposes. Canberra Health Services have advised that they are not aware of administrative staff providing information to external stakeholders about waitlist numbers or waiting times; and, in fact, it is the case that patients are often transferred to other lists, between lists, where there are shorter waiting times, if it is determined to be clinically urgent. Although I am also aware that there are specialists who self-refer into Canberra Health Services and then want to treat their own patients in terms of procedure. That can result in a longer waiting time because they may have a longer waitlist.

With the new Digital Health Record there is going to be much more clarity and visibility over the referral system. Canberra Health Services are working with the Digital Health Record team to provide immediate feedback to clinicians once a referral has been triaged, to alleviate many of the concerns that have been raised.

Patients are triaged into three categories depending on urgency, and this information is available to clinicians and patients. Canberra Health Services are working with the Digital Health Record team to develop a means for acknowledging receipt of referral. One of the specific things I discussed with the five private cardiologists was how we can improve that process.

Patients with non-urgent presentations, of course, should not be admitted to hospital unnecessarily. CHS assure me that there is no evidence of patients being admitted with acute coronary events and then being discharged without appropriate testing. But, again, I have encouraged the cardiologists who I met with that, if they have specific examples that they want followed up, we are very happy to look into that.

Audit data confirmed that the Chest Pain Evaluation Unit model was inefficient and delayed discharges. That is the previous model that was in place. The cardiology department is now working towards trialling an alternative model called a Chest Pain Clinic, which permits a rapid assessment, triage and outpatient follow-up for patients presenting to the emergency department with low to moderate risk chest pain.

In relation to the TAVI service, which Ms Castley has talked about, establishing a TAVI service is being considered, particularly in the context of the Critical Services Building model of care for cardiology, to include the establishment of TAVI capabilities. I am pleased to say that the current recruitment round looks like it may identify an appropriate specialist with these skills to join the team.

Previously—and this is what the five cardiologists have referred to—a specialist was recruited as an interventional cardiologist for six months, but they were recruited with the understanding that there was no TAVI service and they were fully aware that the position that they were recruited to did not involve TAVI. Significant efforts were made to support this specialist to relocate to Canberra; however, unfortunately, they were offered a lucrative position in a private cardiology group in another jurisdiction and they chose to take that appointment.

Canberra Health Services, of course, are obligated to undergo appropriate and open recruitment processes, and it was explained that it is not possible for Canberra Health Services to offer a permanent position without advertisement and interviewing. It is part of being a public service.

So, overall, Ms Castley, the disruption of the past 12 months, we absolutely recognise, has impacted many areas, and the team has worked very hard to support all of the staff, including the advanced trainees, and to remove advanced trainees from the investigation process and ensure that they are well looked after during this very difficult time.

There are a number of specific issues in relation to the way that that has all been managed. Yesterday or the day before, Ms Castley asked about the visit from the RACP. The advice that I have is that the RACP visit was not specifically in response to the issues. But RACP did visit. That is absolutely true. Canberra Health Services are awaiting the RACP report and will act on any suggestions from their review.

Feedback from trainees on the new POD training system, as it is called, has been very positive. Canberra Health Services have established regular training sessions to ensure that their education and training can be supported. Feedback from the RACP at the end of their visit was also positive, noting that there is always room for improvement. That was a positive outcome in terms of that conversation. Again, CHS are waiting for any recommendations, and they will be taken on board.

So, while there is work to be done, Canberra Health Services again want to reassure the community that the cardiology department are providing a safe service that benchmarks well against their peers, and they are supporting staff to build a positive culture.

Treatment time has improved for patients requiring urgent procedures for heart attacks. Over 90 per cent of surveyed inpatients who were cared for by cardiology in 2022 said that their care was good or very good and would recommend the hospital to their family. The team follow up with patients when negative feedback is received, to ensure that the issue is resolved and work can be undertaken to improve the service. So I can reassure the public that the cardiology department at Canberra Hospital is safe and continues to provide safe care.

I just want to read out a letter of support that I received in relation to this:

A note of support for Peter Scott and the CHS team with the remarkable changes that have been achieved in cardiology there. The significant change in senior staff at the hospital has been a challenging but necessary start to achieving any meaningful change. This has been disruptive and difficult for many engaging with the system. But, without the central change, the culture and clinical dysfunction will never be addressed.

In 2018 I wrote of the importance of bringing new ideas into the ACT health system, flushing the fetid water with fresh ideas and new ways of working. The ACT health system cannot be fixed without radical change, including acknowledging the extent of the dysfunction and distress and looking for new ways of working.

This person met with Peter Scott this morning and, for the first time in years, left the meeting with a glimmer of hope that some of the difficult structural changes might, in fact, be underway. So, from someone who actually knows the system very, very well, that was a very encouraging thing to hear.

What we are doing is recognising that there have been some real problems in the cardiology department. Canberra Health Services are acting to address those, and I support their actions. I recognise the disruption that it has caused, but I want to acknowledge the support that Canberra Health Services have provided to cardiology department staff and particularly to thank them for their hard work in ensuring that patients continue to be cared for in a safe way.

MR DAVIS (Brindabella) (3.29): I rise to speak to Ms Castley's motion, and I thank her for putting the motion on the notice paper. Ms Castley would be well aware that I struggled with developing an appropriate ACT Greens response to this motion because it is probably the most confused motion I have seen on the notice paper in my short time here.

In the first instance, it asks to note a letter sent to the minister on 6 March. Not only have I not seen that letter but Ms Castley obviously has, such that she tabled it for the benefit of the Assembly at the beginning of her remarks. How Ms Castley possibly expects me to be able to make an informed contribution to the debate in the absence of the letter on which her motion is based really does suggest that this motion today is brazenly political and not motivated in achieving an outcome.

Concerns around the delivery of this service have unfortunately been heightened by reports that the number of senior cardiologists in the hospital has been reduced. I understand that this has occurred in response to investigations that have uncovered alleged bullying by senior cardiologists in the Canberra Hospital. Unfortunately, measures must be taken to ensure that workplace health and safety is adhered to. Without appropriate workplace health and safety, we risk compromising patient outcomes.

I cannot help being struck by the brazen hypocrisy of the Canberra Liberals, who earlier today presented a motion to defend the rights of principals, teachers and other school staff to safe, harmonious workplaces; yet this motion seems to, in large part, ignore the fact that the government has taken action. I will give credit where it is due. This minister in particular seems to have made progress on the very challenging and difficult situations her predecessors did not—that is, to get on top of what the Canberra community understands to be longstanding issues of bullying and harassment at Canberra Health Services. People have asked for action on this challenging situation for a long time. Action is being taken, but we will not let the truth get in the way of a good story.

This is why I support the decisions by the minister and relevant decision-makers within the directorate and CHS to investigate, suspend or dismiss staff who may be creating or perpetuating a negative workplace culture. Particularly off the back of the COVID-19 pandemic, decisive and sometimes challenging decisions need to be taken, now more than ever, to protect the health and wellbeing of frontline healthcare workers at Canberra Health Services. I support those decisions however uncomfortable they may have been.

I understand that the changes within the Canberra Hospital cardiology department in the past couple of years have brought some destabilisation. I understand this because

I saw the briefing from the minister's office. I think it is worth noting the minister's remarks that a briefing was never sought by the shadow minister for health and that a commitment appears to have been made that a briefing would have been delivered if requested. Again, that is reinforcing the brazen political nature of this motion.

What I do not support is fostering unnecessary concern and distress in the community, for political gain, about whether people should still go to their cardiology appointments or go to the Canberra Hospital for cardiac related issues, in the event of an emergency. We want our community to have the utmost confidence that they will get the treatment they need, when they need it, when they present to the Canberra Hospital.

Ms Castley notes in her motion a long list of concerns raised by private sector cardiologists directly to Minister Stephen-Smith. However, as I mentioned before, because it was not possible for me to verify the accuracy of those claims, I will not be able to repeat them and therefore cannot possibly support the motion. I understand that the minister has met with those private sector cardiologists—that was reinforced by the minister's comments just now—to discuss those concerns directly with them.

Additionally, in the briefing that I sought from the minister, the minister assured me that the concerns around the number of skilled staff within the cardiology unit of the hospital are being managed. While all areas of the health workforce have had recruitment challenges in recent times and, it would appear, will continue to have challenges, the minister has assured me that staffing levels are being addressed in cardiology, outpatient, nursing, and cardiac science and that formal recruitment is underway.

The first part of Ms Castley's motion asks me, from where I sit in this Assembly, to call on the government to do things based on hyperbole and conjecture which I have no way to verify. Ms Castley knows that. How could I possibly support the motion? Secondly, Ms Castley asks the government to answer questions. Anyone who is a student of Westminster democracies will know that there is a process in place in this Assembly to ask questions and have them answered. Ms Castley makes good use of that process, and she should. Good governments insist on having good oppositions. Continue to ask questions, Ms Castley, but do that in the same way that I and other non-executive members do, and that is by putting them on notice and allowing them to be presented to you at an appropriate time.

I want to assure the Canberra community that I and the ACT Greens take very seriously the genuine concerns held by some about the challenges in the cardiac unit at the Canberra Hospital currently and the ongoing and short-term pressures on staffing in that unit as result. The minister and her department have undertaken very challenging but necessary actions to crack down on bullying and harassment in Canberra Health Services.

I want to assure my constituents and the broader Canberra community that I have sought assurances and guarantees that they can and should still present to Canberra Health Services for all appointments. They can and should still ensure that they are receiving the lifesaving health care that they need. Canberra Health Services is able to deliver that health care. It is so vitally important that, when we are doing the

legitimate job of scrutinising the executive, as the opposition and, on occasion, people in my place in the chamber are wont to do, we do that in a way that respects the necessity of not creating undue fear and duress in the community, particularly where people's health care is concerned.

I will continue to seek briefings from the minister's office on this question. I will continue to ask questions, as I have in previous budget estimates and annual reports hearings in particular, about the ongoing work to root out bullying and harassment in Canberra Health Services. This is an area the minister knows I have had particular attention on since my time in this place. That is why I am so encouraged that really difficult decisions are being made to manage that.

It is very challenging because, for anyone listening, when you are presented with a motion like this it is so important and you want to legitimise the very real and genuine concerns. But, as I have said, the motion is built in two parts: on conjecture and hyperbole that I cannot verify, and on questions with an opposition time frame which rejects Westminster traditions of how questions are asked of the executive and subsequently answered. The motion is, in large measure, a dog's breakfast and I cannot support it.

MS LAWDER (Brindabella) (3.37): I rise to speak in support of Ms Castley's motion today. It seems as though every day there is a new terrible story coming out of our health and hospital system. We have already spoken, earlier this week, about gynaecological cancers, for example. Constituents in my electorate continue to raise health issues with me, frustrated at the treatment they are receiving from their public health service. That is not to say that our doctors and nurses are not doing a good job, because they are; they are doing a good job, despite the conditions they find themselves in and the lack of resources. They are working in a health system that has been systematically mismanaged by this Labor-Greens government.

I have a couple of little stories to share. I will start by saying that recently my GP referred me for a procedure. I said to my GP that I was going to go through the public health system, despite the fact that I have good private hospital cover. She was actually pretty horrified. She was pretty horrified that I was choosing our public health system. I felt like it was my own little private science experiment to see how it would go. The reason my GP was horrified was that potentially I might die if I waited the average amount of time that people seem to wait in Canberra.

I got there for the procedure. Apparently, I was not ready because I had not followed the instructions in the letter that was sent to me. Unfortunately, there was no letter, so we had to reschedule. When I said to the nurse, who was very lovely and doing a great job, that I did not get a letter, she said—this is the really good bit—“Why didn't you call the hospital when you didn't get a letter?” I did not even know that I was supposed to get a letter, so how would I know I should ring when I did not get such a letter? Anyway, it all worked okay. I am sure you will be thrilled to know that I am not going to die—or not of that particular issue. I got the all clear.

Ms Stephen-Smith: And you got two public hospital appointments in a timely way. Is that what you are saying?

MS LAWDER: Yes, and it all worked out fine. It was pretty painless. It did take a long time to wait to get the appointment, I must say, but I got there and then got a second appointment and the results were very good. That was a positive experience, apart from those little process things. When I complained about the lack of a letter, I was told, “We’re really busy. We are understaffed and we have a new IT system and these things are getting lost.” That is pretty unfortunate. The reason I raise this is that if it is happening to one person—in this case, that was me—I absolutely believe that it is happening to other people as well. I do not believe I am the persecuted one or the only one that this is going to happen to.

The fact that five cardiologists have written a seven-page letter to the health minister, detailing their concerns about cardiology services at the Canberra Hospital, demonstrates just how dire things are. The letter was sent to the government. Mr Davis said he had not seen it. It was quoted from extensively in the *Canberra Times* of 10 March. It was sent to the government. If the government chooses not to share it with other members of the government, that is not necessarily my particular problem. The motion has been on the notice paper since Monday night, so Mr Davis could well have gone to Ms Castley or to the health minister and asked for a copy of the letter, if he was that interested. The letter detailed a range of concerns, including patient referrals to the cardiology department disappearing, regardless of whether they were urgent. It noted that delays were far beyond the bounds of clinical acceptability. That is right: far beyond the bounds of clinical acceptability.

A constituent of mine wrote to me recently, just in the past week, to share with me her husband’s story of his cardiac referral to the Canberra Hospital. I am going to share this constituent’s story today, using her words:

In March 2022 our family were packing the car after being out at our kids’ sporting event for most of the day when my husband, who is in his early 50s, felt his heart was racing faster than usual, but he didn’t say anything to me straight away. A little while later, after we’d got home and he’d been sitting on the couch relaxing for about half an hour, he told me what was happening. We checked his pulse, to find it was 180 bpm and his blood pressure was extremely low. We checked again five minutes later. It was even higher, at 185 bpm, and his blood pressure was lower again and his chest was beginning to ache.

Now, we’ve never called an ambulance in our lives and my husband has never been a patient in a hospital. He doesn’t smoke and isn’t overweight, but I knew this was serious, so I called 000. An ambulance arrived within minutes with lights and sirens. The paramedics put some monitors on him and soon declared that he was suffering from what’s called supraventricular tachycardia or SVT and that they’d try a few things first but he’d need to go to hospital. The MICA paramedic arrived a few minutes later. They managed to get his heart back to a normal rhythm and he spent a few hours in hospital.

It turns out it had happened a couple of times prior but went back to normal within a few minutes on those occasions. So he’d not said anything to anyone. The following day my husband was referred to the cardiac unit at the Canberra Hospital. Fast-forward 12 months and several SVT episodes later, some of which nearly made my husband faint and have chest pain. I was having lunch with a friend of mine who happens to be a GP and he asked how my husband was going with his SVT. When I told him that my husband hadn’t received as much as a

phone call from the cardiac unit and that he'd had several SVT episodes since, he was extremely concerned and made me promise to call the cardiac unit that day to follow up. When we called, we were told there was no record of my husband's referral and that several other patient referrals had got lost during a transfer of their files.

It did not really make my constituent and her husband feel any better, knowing that there are other patients with heart conditions who have not received medical attention because of a blundered file transfer. My constituent sent the referral through to them again last week, and her husband now has an appointment to see a cardiac specialist at the end of this month.

This story is just one of many. Canberrans feel let down because of the mismanagement of our health system by this Labor-Greens government. Once again, can I reiterate that I use these personal stories because if it is happening to one person it is happening to others. This is not convenient political rhetoric; these are real stories about Canberrans. If we are not trying to improve things for people in the ACT, for real Canberrans, what are we doing here? We do not want to hear, to paraphrase the *Canberra Times*, the usual line of: "Nothing to see here."

This is the nation's capital, yet we have a health system in crisis in so many areas and a minister that refuses to see this crisis. She keeps trotting out the positive news to us and claims that we are putting people off going to the hospital. I went to the hospital, despite the many, many stories I have heard. It did not put me off. When you need health care, you go to the hospital for urgent care. Once again, I would like to thank Ms Castley for bringing forward this important motion today and for continuing to draw attention to the dire state of our public health system.

MS CASTLEY (Yerrabi) (3.46), in reply: I would like to thank my colleague Ms Lawder for those very real stories. This is the actual, lived experience that we hear about so often. Sadly, what we have heard here this afternoon is that, again, the minister is in what I call full ostrich tilt! According to the minister, it is all under control. She claimed in answer to a question without notice yesterday that we are doing as well as or above our peers—so that is comforting!—it is just a communication problem. Well, it is not. It is not like the minister has not had plenty of opportunity to fix the problems at Canberra Hospital's cardiology department.

In February 2020, the Johns review into the cardiology unit was released, following bad results in the workforce culture survey. The review was also set up to analyse the structure and governance of the cardiology department and to identify opportunities to improve safety and the services offered. The review concluded that there was evidence of cultural and teamwork issues within the department which required addressing to ensure better clinical outcomes. It also found concerns about poor clinical governance and a lack of strategic direction; patient safety issues and inefficiencies, particularly related to diagnostic outpatient services; and a widespread culture of blame.

The Johns review made 32 recommendations. As at 15 November 2022, 13 recommendations were complete, 11 were being progressed and four had not commenced. The fate of the other four is unknown. It is unacceptable that, after three years, only half of the Johns review recommendations have been implemented.

Barbara Deegan was employed to review the cardiology department in November 2021. Following her review, four cardiologists were suspended, three pursued legal action and one resigned. The Australian Salaried Medical Officers' Federation cardiologists in the department, and now these five private cardiologists, have criticised CHS's lack of planning when suspending these four cardiologists.

After the cardiologists were suspended, a few senior cardiologists went on leave, which compounded matters. Asked during estimates whether there were enough cardiologists to perform the full suite of services, Dr Howard, the director of medical services, said, "At the moment we are managing to deliver a service that is safe and that I have very few concerns about."

As I said, the government is still in ostrich mode. According to our health minister, outpatient waitlist times are improving, when actually they are getting worse. A survey showing that the culture in Canberra Health Services is improving is statistically invalid and skewed. On Tuesday the minister scoffed at the suggestion that she should do her job by ensuring that Canberra secure a permanent gynaecology oncology service. I would like to explain to the minister that no-one was suggesting she do the actual negotiations. What she could and should have done is instruct Canberra Health Services that it was a matter of utmost priority to the government that the women of Canberra secure this service. That is what the minister should have done and obviously did not.

It is the same with cardiology. The minister repeats Canberra Health Services' lines of: "There is nothing to see here. It is about communications. We are doing as well as or above our peers." Minister, when your head is in the sand, you cannot see the ground, and the facts on the ground are quite different.

The issues with cardiology at the Canberra Hospital are just one more instance of the daily signs that the public health system in Canberra is in crisis. Canberrans know it. They know it when they spend hours on hold on the phone, while they are trying to do their day jobs, just trying to arrange medical appointments. They know it when they have to wait months or years to see a specialist or for elective surgery. They know it when, as inpatients, their treatment is not what it should be in Australia's capital city.

You know what? The decline in ACT's public health services is no accident. It coincides with the arrival of the tram as a drain on the public purse. How can the government justify \$3 billion for a tram extension when the data tells us that the ACT's health system is in crisis? As the *Canberra Times* editorialised, if, as the private cardiologists have said, there are serious problems at the Canberra Hospital then they need to be fixed. It is a matter of life and death. Life and death—surely that is more important than a tram.

Why have I included 26 questions in this motion? Firstly, the issues involved are life and death. This demands that they receive the highest priority and focus. This is not the case for questions placed on notice. I have lodged hundreds of questions since taking the health portfolio and becoming the shadow health minister. Of those questions, 37 have been overdue for longer than 30 days, and some have been overdue for three months.

Ms Lawder: Shame!

MS CASTLEY: That is right. It is a shame. We all know about the minister taking three months to answer the simple question of: how many beds have there been in the maternity ward at Calvary Hospital in the years from 2016 onwards? The 26 questions are all questions of fact. Many require a simple yes or no. Including them in this motion, with a deadline to answer them, will impose discipline on this minister, the ACT Health Directorate and Canberra Health Services to address these concerns as a priority.

If data sharing is not showing a drop in services, I would like to advise the minister to read some of the Facebook comments and the comments on the articles posted across all of the media. They are people sharing their real-life experiences, and it is grim. I conclude, again, that they are life and death issues. That is why we have gone with this motion today.

Last night I was contacted by someone responding to the gynaecology oncology motion. They had no idea that I was moving a motion about cardiology services today. It was the desperate daughter of an inpatient currently at the Canberra Hospital. She is going through agony. Her story was heartbreaking to hear. They have been told that a cardiology operation available in Sydney will give her father a better chance of recovery and quality of life than a procedure being offered here. Limited choices are one consequence of an understaffed cardiology department at the Canberra Hospital. Minister, you need to act.

Question put:

That the motion be agreed to.

The Assembly voted—

Ayes 7

Ms Castley
Mr Cocks
Mr Hanson
Mrs Kikkert
Ms Lawder
Mr Milligan
Mr Parton

Noes 14

Mr Barr
Ms Berry
Mr Braddock
Ms Cheyne
Ms Davidson
Mr Davis
Mr Gentleman
Ms Orr
Dr Paterson
Mr Pettersson
Mr Rattenbury
Mr Steel
Ms Stephen-Smith
Ms Vassarotti

Question resolved in the negative.

Multicultural communities—diversity and acceptance

MR BRADDOCK (Yerrabi) (3.58): I move:

That this Assembly:

- (1) notes:
 - (a) Canberra is a rich, diverse, and proudly multicultural community. Harmony Week is a chance to celebrate this by recognising our diversity and bring together Canberrans from all different backgrounds;
 - (b) the United Nations International Day for the Elimination of Racial Discrimination, on 21 March, encourages people everywhere to strengthen and consolidate their voices against racism, to mobilise against all forms and manifestations of racial discrimination and injustice, and to ensure a safe environment for those who speak up;
 - (c) the Standing Committee on Education and Community Inclusion's *Inquiry into Racial Vilification* (2022), and the Children and Young People Commissioner's *It really stabs me: From resignation to resilience – children and young people's views about and experiences of racism in the ACT* (2023), reveals the extent of racism in ACT public life;
 - (d) that multiculturalism and anti-racism are inextricably linked, and in order to promote multiculturalism we must be actively anti-racist; and
 - (e) anti-racism is defined as “policies, behaviours, and beliefs that are opposed to or intended to prevent racism”;
- (2) further notes:
 - (a) the *Multiculturalism Act 2023* (the Act) was recently established to support the Territory's continuous growth and improvement as an inclusive city, celebrating our multiculturalism and diversity. The Act is intended to “promote multiculturalism... [through] actions, policies, principles, programs and services,” and enshrines a new Ministerial Advisory Council for multiculturalism in law;
 - (b) that section 15 of the Act obligates directors-general of administrative units to “ensure that the administrative unit – exercises its functions in a way that promotes multiculturalism; and... develops, applies and reviews its policies, programs and services in a way that promotes multiculturalism”;
 - (c) Harmony Week is being celebrated during the week of 20 to 26 March to coincide with the United Nations International Day for the Elimination of Racial Discrimination; and
 - (d) as the ACT moves towards Welcoming Cities Advanced Standard it will need to demonstrate how it is “supporting initiatives that empower individuals to prevent, and respond effectively to, racism and discrimination”;
- (3) acknowledges the unique experiences of racism of Aboriginal and Torres Strait Islander peoples, their centuries of resilience and opposition to racism, and the historical legacy of racist policies on First Nations communities. Aboriginal and Torres Strait Islander peoples experience racism at double the rate of other communities and the nature of discrimination they face is often different to others who experience racism;
- (4) calls on all Members to denounce racism and undertake anti-racism training by the last sitting day of 2023; and

- (5) calls on the ACT Government to:
- (a) develop a localised anti-racism strategy which ensures:
 - (i) each directorate devises and implements anti-racism policies in consultation with community;
 - (ii) each directorate monitors, reports, and documents instances of racial harassment and/or discrimination;
 - (iii) each directorate reports on the state of implementation of these measures;
 - (iv) ACT employees are provided with anti-racism training which meets the best practice standards with public facing staff to be the highest priority;
 - (v) instances of racial harassment and/or discrimination can be reported, investigated, and conciliated;
 - (vi) administrative units can be held accountable for their responses or lack thereof to instances of racial harassment and/or discrimination;
 - (vii) private organisations can be held accountable for instances of racial harassment and/or discrimination;
 - (viii) the Discrimination Commissioner receives adequate support to carry out compliance and enforcement of paragraphs (5)(a)(v)-(vii);
 - (ix) the Discrimination Commissioner's role continues to be promoted;
 - (x) the inclusion of a public education campaign focused on anti-racist messaging; and
 - (xi) support for academic research on anti-racism in the ACT;
 - (b) actively promote the United Nations International Day for the Elimination of Racial Discrimination;
 - (c) include mention of the United Nations International Day for the Elimination of Racial Discrimination within any mention of Harmony Week; and
 - (d) report back to the Assembly by the end of June 2024.

Conversations about racism are hard. They involve challenging internal biases and traits, to battle social norms and stereotypes and to productively challenge others whilst risking conflict. Every part of a conditioning of our personality from birth motivates us to avoid having these difficult conversations, which is why it is so beholden on us in this Assembly to have them, to talk openly about racism and challenge it wherever it may be.

This week the Children and Young People Commissioner released a report highlighting the harrowing experiences of racism experienced by Canberran children. The report called on adults to listen and take action. So it is in the spirit of listening that I would like to share some of their words:

I've had people in line at Woollies hiss at me to speak English when I was with elderly parents and chatting with them in our native language... Everyone in line

pretends it didn't happen, and shamefully so did I. It stays with you, diminishes confidences, makes you feel shame when none should have been felt.

Or a second quote:

A drunk adult said 'Do you go to special school because you are black?'. I told the bus driver but he said he can't do anything about it.

Or a third quote:

They scream chants at me at sport, at out-of-school soccer.

Or, finally:

One teacher of mine is actually racist, said Australia was lucky white people came to settle it as Indigenous people were savages before they came.

Among these stories of racist behaviour there was a more sinister and chilling theme summed up by one quote: "Adults are suspiciously quiet."

I mentioned that conversations are hard but, as we have seen, our children and young people cannot avoid these conversations. They are faced with them every day they encounter racist behaviour. We as adults, as representatives and as leaders, cannot obfuscate our responsibilities and avoid these conversations, because, if we do, we doom our children and young people to continue to be the subject of racist behaviour, knowing that we do not have their backs.

Before I move on to the body of my speech, I wish to thank all the children and young people who participated in the study. I would also like to thank the Children and Young People Commissioner as well and the staff for their work.

I think that everyone here can agree that Canberra knows how to celebrate multiculturalism. Canberra recently came together to celebrate the National Multicultural Festival. This was the 25th anniversary for the festival and a welcome return following COVID absences. Three long years of pent-up enthusiasm unleashed themselves in three days of gastronomically fuelled cultural exchange that was unsurpassed in the festival history.

I am not for one minute saying that this celebration is not a good thing. The celebration of multiculturalism is important to working towards an inclusive and welcoming city. Through sharing and celebrating each other's unique culture and food, we develop an understanding and appreciation of diversity in all of its forms; thus, supporting our community to become more inclusive, more tolerant and more welcoming of each other.

Harmony Day is another example. It is marked across Australia on 21 March, a date which is globally known as the International Day for the Elimination of Racial Discrimination. However, in Australia, the date took on a new name under the Howard government in 1999 and is typically celebrated in schools and workplaces through displays of orange ribbons, multicultural food and entertainment.

Again, I think the celebration is great and a large positive step that directly reduces the likelihood of racism, and I applaud these events for that. But, to celebrate without actively working against racism, is to turn it slightly hollow and self-congratulatory—an implicit endorsement of ongoing racism that occurs.

There is a real risk that the vibrancy from such celebrations pushes into the background the continuing existence of racism within our community. Festivals and other similar events can encourage many of us, especially those of us in privileged positions thanks to the colour of our skin or the nature of our upbringing, to simply tick the multicultural box and move on. I for one say “yes, and” to these celebrations: yes, we need to celebrate our multiculturalism and we also need to talk frankly about racism. We must balance out the celebration with active efforts to fight racism.

We as the ACT Assembly and ACT government can start by formally recognising the United Nations International Day for the Elimination of Racial Discrimination. So that we do not get lost in the celebration but reflect on the hard work that must be done to address systemic and pervasive racism that manifests in workplaces, schools, sport, media and public places, we need to address underlying attitudes of prejudice, discrimination, stereotyping and interpersonal cruelty that exist independently of the genuine vibrancy of Canberra’s many cultural traditions.

I am a fat, balding, middle-aged white guy with a truckload of privilege and even I recognise that there is much more we can and should do. The first is on us in this chamber leading by example by making sure we have the knowledge and skills to actively identify and address racism.

I thank and applaud Minister Cheyne for providing me and other MLAs with bystander training last year. This training helped identify the barriers to intervening as a bystander when you see racist behaviour and also training on how to constructively engage. This is part of what I would like to see for all MLAs and ACT government employees. It should also include cultural awareness, identifying racism, bystander training and how to actively address racism in all its forms.

Today, I also am urging the ACT government to develop a robust and carefully considered anti-racism strategy, drawing on a wide range of sources and other initiatives but also making it unique to our own jurisdiction, because racism can often have a very local flavour with some quite specific stereotyping and can change significantly through time. Any community, of any skin colour, ethnicity or religious tradition can harbour its own prejudices against another group. Longstanding tensions or discriminatory attitudes can be imported from elsewhere.

That said, it is undeniable that the predominant form of racism within Australia has a long historical tradition of operating, both systemically and on an individual level, in favour of white people and especially those of British heritage and against Indigenous people, other people of colour and people from non-Western cultural and religious traditions.

Of course, the ACT is not alone in needing to do more, and that fact can be used to our advantage as we move forward. There is a lot of work already being done in this area by governments, academics, community organisations and more across

Australia and around the world. There is plenty for us to look at, learn from or adapt to our own city.

The Australian Human Rights Commission have had an anti-racism strategy in place since 2012, whilst Victoria established an anti-racism taskforce in June 2021. In 2019 the Canadian government released a three-year anti-racism strategy titled “Building a Foundation for Change.” This document has been commended to the ACT Human Rights Commission by the chair of the ACT Multicultural Advisory Council as being a successful piece of work and a good blueprint.

The ACT will also need to draw upon rigorous academic work that has been done, because there have been well-intentioned campaigns in the past in Australia and elsewhere that have shown counterintuitive results—lowered levels of individual prejudice have proved to be too short-lived to be of benefit and occasionally racism has actually increased in the wake of certain strategies. We do not need expensive feel-good ideas that do not deliver.

One successful example we could follow is the University of Western Sydney’s Challenging Racism Project, which empowers communities to build resilience and deploy strategies to challenge racism, provides analysis and commentary on racism and anti-racism and is used to inform, educate and train individuals and communities on positive interventions for culturally diverse societies.

I do not have time to go through every element that I call for as part of the strategy, but in my conversations there are important elements that should be identified as part of an anti-racism strategy for Canberra. This includes the importance of a coordinated approach with input from community members and relevant stakeholders. Also, it calls upon those who have recognised anti-racism expertise to provide their expert opinions and advice.

We also need to look at the governance on the implementation of the duties under the Multicultural Recognition Act to ensure we are monitoring, reporting and actively talking about what we can do to improve the state of the Canberra community.

We also need to have rigorous data collection in order to evaluate the programs under the strategy. We need to have specific focus on the impacts of racism on children and young people, who are the future of Canberra. So that we are not doing this in isolation, we need to have coordination with the existing federal #racismNOTwelcome campaign. We also need to address the places where the ACT government provides services, to ensure that we are setting the best standard for the delivery of services.

In explaining why such a strategy is necessary, I would like to share another story I heard. The story is of a parent who can only speak halting English because it is their second language, who mustered the courage to complain to the school principal about how ACT government employees were being racist towards their children. On taking this difficult and challenging step, they found no further action taken or even further communication back from the principal on this topic. You can only imagine what message that lack of action or even response sends to that child, to that family and to the community. If it happened as was described to me, it diminishes all of us.

In closing, I would like to say that everyone should be proud of their own unique heritage, whatever that heritage may be. For me, the Braddock surname derives from the old English words ‘brad’ and ‘ac’, meaning ‘broad oak’. I sometimes like to envisage ancestors of mine living near a broad oak tree in a small village in Anglo Saxon times.

But, along with some pride, I also fully recognise that this culturally dominant white heritage that I happen to have does not remotely equip me with all the answers or even all the questions. This has to be a group project across our whole community from as many diverse perspectives as we can find. Hence my motion today: let us listen to a wide range of people and draw on a wide range of existing data and experience. Let us develop an anti-racism strategy for the ACT and let us make sure it works.

MS CHEYNE (Ginninderra—Assistant Minister for Economic Development, Minister for the Arts, Minister for Business and Better Regulation, Minister for Human Rights and Minister for Multicultural Affairs) (4.11): I rise today as Minister for Multicultural Affairs and Minister for Human Rights in strong support of Mr Braddock’s motion. Racism is insidious and its impacts are both deeply personal and far-reaching. This motion is timely as early this week we marked the United Nations International Day for the Elimination of Racism within the broader Harmony Week.

As I said in this place on Tuesday, this day continues to be a powerful reminder for all of us of our responsibilities to denounce racial discrimination, and that does not need to be on just one day but every day. The ACT government is committed to a multicultural and inclusive Canberra. Racism has no place in our community. Everyone should feel safe and welcomed and have a sense of pride and belonging in our community. It is important that we listen to our community and learn from the experiences of individuals to respond effectively to racism and to take action to prevent it.

I would like to echo Mr Braddock in acknowledging and thanking the Children and Young People Commissioner, Jodie Griffiths-Cook, for her sobering report released earlier this week on children and young people’s perspectives of racism. It is a powerful insight into the issues of racism confronting children and young people. I thank all of those who shared their experiences, stories and feelings so freely and generously with the commissioner. Their evidence is powerful proof that we need to continue to work on preventing racism in the ACT, and particularly to listen to the views of children and young people as we tackle this issue in our community.

To those brave children and young people, I hear you and this government hears you, and we take those experiences and recommendations within the report seriously.

The ACT government supports the actions being called on in this motion, and I am proud to share how we will implement—and already are implementing—them. I just briefly want to touch on Mr Braddock’s comments about bystander awareness training and about the National Multicultural Festival. Regarding the training, I believe I heard—and I apologise if I misheard—that Mr Braddock suggested that the

bystander awareness training held last year should have been made available to all MLAs. I just want to be clear that it was made available to all MLAs. I believe that I wrote to all MLAs with that invitation and about half of the Legislative Assembly took up the opportunity.

Regarding the National Multicultural Festival, it is a celebration—that is true—and we have plenty to celebrate, but I do reject the assertion that the festival is about hiding broader issues, including racism. What is clear is that the ACT government have had a very strong multicultural agenda, and we continue to do so. We have made some major advances within that. We know there is more work to do and here is how.

A key component of the newly enacted Multiculturalism Act is that all directorates across ACT government must now work to comply with their obligations under that act. These obligations cover the review and development of antiracism policies, ongoing monitoring, and reporting on complaints. These obligations are in addition to the positive duty that directorates and all government agencies have under the Discrimination Amendment Act passed just earlier today, which is to eliminate discrimination, sexual harassment and unlawful vilification.

As I noted when I tabled the government response to the committee inquiry into racial vilification, staff across the ACT public service have access to a range of training programs, including unconscious bias and antiracism training. I have asked officials in the Community Services Directorate to consider how these opportunities can be more actively encouraged for existing staff, as well as how they can form part of the mandatory training that new staff are provided on induction.

Our workforce is also supported through education and promotion of cultural and immersive events throughout the year. For anyone who experiences racism or racial vilification in the ACT, the ACT Human Rights Commission and, more specifically, the discrimination commissioner are available for support but also to investigate and to hold perpetrators to account through conciliation. You can contact the commission by phone on 6205 2222, via social media, through the translating and interpreting service, or by using their online contact form at hrc.act.gov.au.

Where a person makes a complaint about race discrimination or vilification, the commissioner and her team will seek to bring parties together in conciliation where possible to try to resolve the complaint. Outcomes reached in conciliation can include financial compensation, apologies, changes in policies, and staff training. Matters that cannot be resolved through conciliation can be referred to the ACT Civil and Administrative Tribunal for determination, and the courts can also hear cases related to discrimination and vilification.

Resourcing and support for the vital work of the discrimination commissioner is something that we continually monitor and consider through each budget process. I note that in last year's budget we again increased resourcing with funding for an additional FTE. The commissioner has an ongoing program of community engagement, including advertisements in community languages on community radio, to raise awareness of complaint options for people experiencing racism, discrimination or other issues that might affect their health, wellbeing and safety.

The commission has also promoted the online reporting form called “Tell us about it”, which allows people to anonymously report discrimination or vilification in the ACT. This tool enables the commission to monitor any trends or events that may occur, where the person does not wish to make a complaint or is a bystander or witness rather than an aggrieved person. I will continue to engage with the commissioner about how we can support her in this work, and I thank her for how hard she and her team do work.

As I noted when I tabled the government response to the committee inquiry on Tuesday, we are committed to identifying opportunities to strengthen the ACT’s framework for tackling racism, including public campaigns that may arise from the National Anti-racism Framework where appropriate to the ACT. Multicultural ministers are meeting regularly now that we have a change in federal government. We received an update on this framework at our last meeting, and I expect we will be updated at the next. Of course, it was the federal Labor government that provided significant funding for the Australian Human Rights Commission’s development of their Anti-Racism Strategy.

The Children and Young People Commissioner’s report and that of the committee have provided significant evidence to inform our work to tackle racism. The pervasive impact of racism is well documented and widely understood, but we always welcome more academic research into these issues and particularly into the efficacy of policy responses. Notwithstanding that, any specific proposal for ACT government funding for academic research would need to be considered through usual budget and procurement processes.

Inherent in my role as Minister for Multicultural Affairs, and as a member in this place, I am humbled by the privilege to promote diversity and inclusion but also to denounce and abhor racism. The government are committed to continuing our work to improve how we address instances of racism and support our vibrant and diverse community. I thank Mr Braddock and his office for working collaboratively with us on this motion, and I commend it to the assembly.

MRS KIKKERT (Ginninderra) (4.20): In this motion, Mr Braddock asks all members of this Assembly to denounce racism. As the record will show, my party colleagues and I have repeatedly denounced racism in this chamber. We do the same thing in our private lives. Today, I rise on behalf of all Canberra Liberal members to once again formally and publicly denounce racism.

Racial discrimination is ugly, regardless of what form it takes, and it should not happen. We all have important roles to play when it comes to recognising and striving to eliminate manifestations of racism in our communities. Likewise, I acknowledge the unique experiences of Aboriginal and Torres Strait Islander people who have endured racism and continue to experience race-based discrimination here, on the lands of their ancestors. It should not be this way. As is the case for our children and adults who experience racism, it should not be this way.

Addressing other pieces of Mr Braddock’s motion is not so straightforward. For example, paragraph (5)(c) calls on the ACT government to ensure that directorates and other government units comply with the legal requirements in the new

Multiculturalism Act, passed just last month with tripartisan support, and report back to the Assembly by the end of June 2024.

Is Mr Braddock worried that, without his prodding, the Labor-Greens government to which he belongs will not actually enforce this new piece of legislation or is he worried that the bill was not written quite right? If so, why did he not try to amend it when the matter was debated last month?

The Multiculturalism Act itself requires directors-general to include statements of compliance with these new legal requirements in their annual reports. Following that, the minister must, as soon as practicable after each financial year, report back to the Assembly on how well directorates and other administrative units have complied. In other words, this section of Mr Braddock's motion merely repeats the legal requirements already present in the new Multiculturalism Act.

Again I ask: does Mr Braddock have so little faith in his own Greens and Labor colleagues and in the ACT public service that he feels it necessary to call on them to obey the very law that his own government drafted? I acknowledge that very many Canberrans have lost faith in this government to do the right thing, but it is quite a development for a Greens member to have perhaps reached the same conclusion. I welcome you for that, Andrew.

Another possibility is that Mr Braddock has been a little bit sloppy in his preparation for this motion. Another example is paragraph (5)(a), which calls on the ACT government to actively promote the United Nations International Day—

Ms Cheyne: Madam Assistant Speaker, I have a point of order. Mrs Kikkert is working from the motion that Mr Braddock submitted on Monday. That motion has been amended, and I would ask her to be directly relevant to the motion on the notice paper today, that Mr Braddock moved today. She is referring to clauses within the motion that no longer exist or have been amended.

MADAM ASSISTANT SPEAKER: Mrs Kikkert, you might want to take a moment to look at the motion and direct your comments to that motion.

MRS KIKKERT: Thank you very much for that clarification, Tara. The motion also calls on this Assembly to note that Canberra is a rich, diverse and proudly multicultural community. As a former shadow minister for multicultural affairs and as a migrant to Australia myself, I am very happy to not only note but confidently endorse this statement.

I have a long record of standing up in this place to celebrate and speak in favour of multiculturalism. As a member of the Canberra Liberals, I am proud to belong to what is demonstrably the most multicultural political party in this territory. Multiculturalism is not something that the Liberals give speeches about; it is who we are. This is who we are. We actually live it.

As a rule, I do not pay much attention to such things, but Mr Braddock's motion did prod me to look at some figures. In the 2020 election, ACT Labor preselected 25 candidates for the Legislative Assembly, only one of whom came from a culturally

and linguistically diverse—CALD—background. The ACT Greens did a bit better, with two candidates. In stark contrast, the Canberra Liberals preselected nine CALD candidates. This means that the Liberals had three times as many ethnically and racially diverse candidates endorsed by its Canberra membership than ACT Labor and the Greens combined. I note, too, that we are the only party in Canberra whose CALD candidates were successfully elected in 2020, and for the last 2½ years we have been led by a compassionate, competent and skilful woman of colour who is also a migrant.

I bring these points up only because Mr Braddock, in his motion, seeks to compel all members of this Assembly to undertake anti-racism training by the last sitting day of 2023. Based on the figures that I just cited, I can certainly understand why ACT Labor and the Greens feel that such a step may be necessary for their respective parties. But as a proud woman of colour and a migrant myself, I find it shocking for Mr Braddock to stand up in this place and suggest that I and opposition leader Ms Lee, or the other Canberra Liberals, need his patronising, patriarchal guidance when it comes to understanding racism and discrimination. Has he no self-awareness? I strongly encourage Mr Braddock to check his privilege.

I wish to be especially clear here. What Mr Braddock is asking for is not just normal diversity or anti-discrimination training. His party went into last year's federal election with a policy that they would "mandate anti-racism training for all MPs and commonwealth employees". It appears that Mr Braddock is now seeking to bring his failed policy down to the territorial level. Importantly, the national Greens policy document makes it clear that widely accepted anti-discrimination training is not what Mr Braddock has in mind. His goal is training that "will differ significantly in purpose and content" from standard diversity training.

What is the significantly different purpose and content of the training that Mr Braddock wants to compel me to undergo as a woman of colour? According to the Greens' policy statement I am to be taught:

Since white people in Australia hold most of the political, institutional, and economic power, they receive advantages that non-white groups do not—

leading to something called "white privilege". The outcome of the training that Mr Braddock has convinced himself that I need is to "unpack white privilege and white fragility" and to better understand the everyday racism faced by racial minorities, including the discrimination experienced by women of colour.

I sincerely hope that Mr Braddock is not too fragile for this woman of colour to point out the absurdity of his standing up in this place, as a member of the Labor-Greens coalition, to lecture me and the opposition leader, Ms Lee, or any other Canberra Liberals member, on these subjects. The irony! Again, I strongly suggest that Mr Braddock check his own privilege. To use an apt Greek proverb: physician, heal thyself.

I and the Canberra Liberals are committed wholeheartedly to combating racism and racial discrimination. I am always happy to learn more about practical and proven approaches to fostering and increasing racial and multicultural harmony. I am deeply, deeply grateful to be a member of the Canberra Liberals, who exemplify this harmony—I know that for a fact because I live it.

With all due respect, however, I am not interested in a privileged white man trying to mandate that I be re-educated to think like a member of the Greens party. I have here the anti-racism training. It says:

Since white people in Australia hold most of the political, institutional, and economic power, they receive advantages that nonwhite groups do not. These benefits and advantages, of varying degrees, lead to white privilege.

Explain to me, my white people across the chamber, what benefits do you receive that I do not? What benefit do I not receive? I do not believe it exists. Does that lead to you being a white privileged woman or man? Does it? I do not know. I do not think it is right. I think this policy is complete rubbish because it is simply not true.

What the Greens are trying to do here, as I read it, as a woman of colour, is divide me and my white friends by saying that you have more privileges than me because of your white skin. This is not anti-racism training; this is racist in itself. You are trying to divide me and them. This is full of hatred. You know what I think of this rubbish? It is rubbish and it should go in the rubbish bin, where it belongs. It is really, really ridiculous. I cannot even talk anymore because it is just full of hatred and it causes division and it belongs in the rubbish, where it should stay.

I will bring a little bit of love into this. If the Greens and ACT Labor are interested in some practical anti-racism training, however, I am happy to have a chat with Ms Lee to see if the Canberra Liberals might be in a position to provide you white folks with training on racism. Thank you.

MR HANSON (Murrumbidgee) (4.34): I was not going to speak to this motion, but, having heard the impassioned speech from Mrs Kikkert, I would like to commend her for what she has said. I think Mr Braddock should reflect on that. He should choose his closing his remarks very carefully and consider apologising to Mrs Kikkert and to Ms Lee for the offence that he has caused them.

MR BRADDOCK (Yerrabi) (4.35), in reply: I would like to thank all members for their contributions today. As you can see, these conversations are difficult and do create great passions. I will go through some of the points which were raised during other members' speeches. Ms Cheyne, I definitely acknowledge that I said training was made available to all MLAs here, and I note that you mentioned that only half actually undertook that training. I think that, in itself, says that there is more work to be done in this space.

Mrs Kikkert, I think everyone, regardless of the colour of their skin, their ethnicity, their religion, can learn and would benefit from training in this space. I do not believe any one grouping, regardless of religion, ethnicity, colour or whatever it may be, has an absolute monopoly on racism or not being racist. Therefore, I fully commend my motion to the house.

I would also like to share a story that I heard while doing my research for this. On a sporting field, during a match between two young teams, it was reported to the umpire that racist taunts had been stated but had not been acted upon. The match ended when

one of the teams walked off the field in protest. I applaud the moral courage of those young Canberrans in their protest. I also recognise the structural weaknesses that meant that the young volunteer referee lacked the training, skills and understanding to effectively respond to the particular encounter.

We also need to recognise the community context and the systemic reasons that led to the taunts in the first place. I think everyone here will agree that racism is unacceptable and that it is our responsibility, as adults and as representatives, to listen, to talk about racism and to take action. I commend my motion to the Assembly.

Question resolved in the affirmative.

Professional Engineers Bill 2022

Debate resumed from 1 December 2022, on motion by **Ms Vassarotti**:

That this bill be agreed to in principle.

MR PARTON (Brindabella) (4.38): The Canberra Liberals will not be opposing this bill. It is welcomed by us, it is welcomed by industry and it is welcomed by the wider public. The big question that we on this side of the chamber have to ask is why it has taken this government so long to present this legislation. The legislation that is before us today was a very clear recommendation in the *Getting home safely* report.

Mr Hanson: When was that?

MR PARTON: Thank you for the question, Mr Hanson. The *Getting home safely* report was commissioned by this government in 2012. This government talk a big talk about workers' safety. Certainly, the Australian Education Union does not believe them anymore. The paramedics do not believe them anymore. The police association never, ever believed them.

Let me take you on a short history lesson, if I could, Madam Assistant Speaker, with respect to the *Getting home safely* report—absolute bread and butter for a Labor-Greens government. In September 2012 the ACT Attorney-General, Simon Corbell—now there is a blast from the past!—asked Lynelle Briggs and Mark McCabe to conduct an inquiry into compliance with and application of work health and safety laws in the ACT's construction industry. This was a sombre time in construction in the ACT. The inquiry panel was established in the wake of three deaths in the construction industry in the previous year and a high number of other serious safety incidents.

I have the *Getting home safely* report here. Let us go straight to recommendation 12 of the *Getting home safely* report:

The ACT Government should work with other jurisdictions to encourage a national approach to the registration of engineers as soon as is practicable. If a national scheme is likely to be delayed, the Government should 'go it alone' and implement its own scheme for the registration of engineers practising in the ACT by 30 June 2014.

Mr Hanson: When?

MR PARTON: By 30 June 2014. This is the most-important *Getting home safely* report, commissioned by the ACT government, and the recommendation 11 years ago was that this was an extremely important change that needed to be made, and it needed to be implemented, by the latest, at the end of June nine years ago. This is a bit like building the tram, isn't it?

Mr Hanson interjecting—

MADAM ASSISTANT SPEAKER: Mr Hanson, your interjections, while quite humorous, are not actually assisting the debate. Can you please sit quietly and let Mr Parton make his speech without repeating what he is saying. Mr Parton, please continue.

MR PARTON: The recommendation, 11 years ago, was that this extremely important change needed to be done by the end of June nine years ago! The government agreed with the recommendation. Indeed there is an article in the *RiotACT*. I did not even know that the *RiotACT* was a thing in 2013, but it was. This is from February 2013:

Simon Corbell has announced today that all of the 28 recommendations made by the Getting Home Safely Report have been accepted by the ACT government. "They have all been accepted", said Mr Corbell.

His quote was:

Work has already started within government. We will introduce a package of measures to ensure the implementation of the recommendations and will ensure the improvements we make are sustainable.

So work had already commenced within government in February 2013. Again, it is like building the tram to Woden. This bill is about public confidence more than anything else. Greens ministers like Emma Davidson, for argument's sake, know all about public confidence, how quickly it can evaporate and how difficult it is to win back.

The Canberra Liberals will be supporting this bill; but, like the people of Canberra, like construction workers in the industry, we say: why has it taken so long?

DR PATERSON (Murrumbidgee) (4.42): Madam Acting Speaker, on behalf of Ms Orr, I am pleased to speak in support of the Professional Engineers Bill 2022. I am excited to see this bill introduced, which is in line with what other Australian states and territories have legislated or with their plans to introduce similar engineer registration schemes.

The bill recognises the importance of engineering services to the health, safety, and economic wellbeing of the Canberra community. There can be significant risks to the community when an individual attempts to undertake engineering services without the adequate skills or competencies. Potential risks that impact health include poorly designed buildings, with symptoms such as poor air conditioning, damp, humidity

issues and inadequate natural light levels. Beyond the building sector, health effects from poor engineering work can include things such as contaminated drinking water and other environmental incidents. As the population of Canberra grows, we want to make sure that every home that is built is safe, suitable and will last for generations to come.

Poor engineering work can compromise community safety through the collapse or other significant failure of buildings or through the failure of hazardous services such as gas, electricity and mechanical works. Inadequate engineering services can also come at a financial cost through litigation expenses, lost production and rectification costs. This bill seeks to limit these risks by implementing a registration scheme, giving confidence to the public and industry that the engineers they engage with are qualified and experienced.

I am sure that everyone in this chamber has heard about, or has experienced, when someone has failed to provide an adequate professional service. With regards to works within our home, we trust people to either fix, install or upgrade parts to our home. We expect those people conducting this work to be qualified and carry out the required work with care and professionalism. If a change to a home fails to meet the work or quality required, it can result in further issues and additional expenses to the homeowner. I am proud to see the ACT government helping to ensure those involved in significant construction works are suitably qualified and helping to ensure that the community has confidence that these works meet safety and building quality standards.

It is important to note that the bill also establishes a public register for professional engineers that are, or were, registered under the scheme. This will benefit the public, consumers and employers by enabling them to check the details of the registered professional engineer, including conditions on the registration as well as details of regulatory action. The public register will support consumers to make informed decisions on whether to engage a particular professional engineer. I am confident this change will be welcomed by the Canberra community and help to reinforce confidence across many professional services in Canberra.

In summary, I believe this bill supports the government's commitment to improving building quality and the operation of the building regulatory system in the ACT, and I thank the minister for bringing this forward.

MR GENTLEMAN (Brindabella—Manager of Government Business, Minister for Corrections, Minister for Industrial Relations and Workplace Safety, Minister for Planning and Land Management and Minister for Police and Emergency Services) (4.46): Madam Acting Speaker, I am pleased to speak in support of the Professional Engineers Bill 2022. Canberra's population continues to grow each year and the ACT government is carefully planning for this growth with a focus on the environment and sustainability. A modern planning system is fundamental to ensuring a liveable and sustainable city. This bill supports the ACT government's commitment to a modern planning system that supports improved spatial and built outcomes across the territory.

Engineers play a key role in the planning and development of our city and they are involved in a range of projects across the built environment in Canberra. The built

environment includes: economic infrastructure, such as transport, including bridges and roads, utilities and buildings; social infrastructure, such as schools, hospitals and community facilities; and blue and green infrastructure, such as waterways, open spaces and vegetation. With a growing population, Canberra is and will continue to see an increase in infrastructure projects. This bill supports the delivery of this infrastructure in a robust manner and to a high quality by making sure we have suitably qualified professional engineers engaged during the planning, design and delivery stages.

Professional engineering services provide valuable input into the future planning and development of our city by providing guidance on desirable areas of growth and change based on engineering opportunities and constraints, including: accessibility of services, transport and amenities; transport modelling and transport system design, supporting a more compact and efficient city; advice to support delivery of key infrastructure for our growing population; advice to inform the provision of infrastructure, community needs assessments, assessment of major development and rezoning proposals, more detailed precinct and site planning; and assistance in achieving coordination between infrastructure, transport, land use planning, climate change, living infrastructure strategies and the delivery of initiatives such as at a district level.

I believe this bill supports the government's commitment to the realisation of the long-term aspirations for the growth and development of Canberra while maintaining its valued character.

I would like to touch on some of the key elements of the proposed registrations scheme and how they support outcomes in our broader planning system. First, the scheme's ability to cover a wide range of engineering practice is important. The scheme encompasses several areas of engineering. The initial area is to be regulated over a broad range of engineering services and means we can improve the quality of service provision across the planning system. The regulation of civil engineering has an especially broad reach into research, design, construction and maintenance of both the natural and built environments. This includes work such as analysing the likely behaviour of soil and rock when placed under pressure, and designing above and below ground natural or built structures or foundations.

Creating a registration scheme for engineers also gives the public a degree of confidence that the engineers engaged to conduct this important city-building work are suitably qualified and experienced. In recent years we have seen, with increasing frequency, a number of concerning trends within the development and construction sector, particularly when it comes to safety and building quality. This has meant more and more people are losing confidence in the capability of those working in these industries. A registration scheme for engineers is a good first step to rebuild this trust, and I look forward to seeing more industry licensing schemes being debated in this place in the future. I am pleased to support the Professional Engineers Bill 2022.

MADAM ASSISTANT SPEAKER: Before I make the next call, I just reflect as I have had it quite a few times in the last debate, and I am sure it is a little bit confusing because I do not sit in the chair often, but I am Assistant Speaker. Mr Parton can rest assured I have not taken his position as the Acting Speaker!

Mr Parton: Yes.

MR STEEL (Murrumbidgee—Minister for Skills, Minister for Transport and City Services and Special Minister of State) (4.50): The registration of engineers in the ACT is an important step towards ensuring that infrastructure projects continue to be delivered safely and to a high standard. By registering engineers in the ACT we are able to ensure qualified and experienced professional engineers are designing and delivering infrastructure for our community.

Over the coming years the ACT government will be delivering on our infrastructure plan focused on the priorities that matter most; health, education, transport, community services and a whole lot more. The ACT government is building for Canberra's future to ensure the city remains one of the most liveable in the world. This includes the delivery of new schools, the Canberra Hospital expansion, playgrounds and community facilities, the new CIT campus in Woden, the extended light rail network and the Canberra Theatre Centre redevelopment amongst many projects.

Investing in infrastructure is a key element of the ACT government strategy to deliver services to our community, protect and create jobs, and improve the long term wellbeing of Canberrans. As the ACT's engineering and infrastructure projects are critical to the stability and future growth of our economy, it is essential we have the appropriate engineering capability across the ACT government to drive this growth. In recognition of the importance of engineering to deliver community benefit, our government is committed to the creation of the ACT chief engineer role to develop a workforce plan for engineers in the ACT government and provide strategic advice on the infrastructure and planning processes that are important to delivering infrastructure projects. The appointment of Mr Adrian Piani to the chief engineer role in 2019 was part of our government's commitment to ensuring the innovative and skilled engineering workforce in the ACT, as well as having strategic infrastructure planning and processes in place to support the engineering challenges and infrastructure for Canberra.

Released in 2020, the ACT government Engineering Workforce Plan serves as a link between the government's strategic objectives and the engineering capability required for these to be achieved. The workforce plan contains 19 actions looking to boost the recruitment of engineers, targeting entry level and diverse groups; optimising our existing ACT government engineering workforce; and strengthening the engineering profession in the ACT. All of the actions are designed to proactively attract engineers to the ACT government and build on the reputation of the ACT as an engineering employer of choice. A few years into the implementation of the workforce plan and there has been significant uptake of the programs. Mentoring, secondments, awards for excellence, professional development and a community of practice are all examples of how the chief engineer is supporting the engineering cohort.

Strategic actions to support the engineering profession across the ACT government and beyond to other partners in the ACT are also well-progressed. This includes activities to encourage the uptake of engineering as a career of choice, to strengthen our home-grown engineering capability, as well as engagement with the tertiary

education sector to support growth and capabilities of engineering programs and outreach to local schools to promote engineering and STEM. The workforce plan also recognises the role of the chief engineer and how it can play a role in supporting the development and implementation of the engineering registration scheme. The Chief Engineer has worked closely with EPSDD in the development of the scheme thus far.

Combined with these actions, there is supporting development of a strong and robust engineering sector in the ACT. Engineers play a critical role in the design, construction, operation and maintenance of our infrastructure. There are approximately 5,000 people working across Canberra in an engineering occupation in government and industry. With women making up 15 per cent of the population in engineering occupations it is worth noting the ACT public service is exceeding this representation with approximately 25 per cent female representation in engineering occupations. This figure has been growing over the last few years. Within the ACT public service we have around 250 engineers and these staff range from graduates to senior executives who are working on anything from policy, project management to infrastructure delivery. It is this cohort working with our industry partners that are delivering infrastructure on behalf of the government.

The objective of the registration scheme is to provide people and companies who engage engineers with confidence that those engineers are appropriately skilled and qualified to provide professional engineering services. Registration has many benefits including providing public information about registered professionals, and, importantly, giving regulators the ability to determine who should be able to provide professional services and to take appropriate action in instances of breaches of requirements which increases consumer protections.

This scheme brings the ACT into line with other Australian states and territories who already have or are in the process of introducing registration schemes. As we continue to plan, design and deliver infrastructure projects essential for Canberra's future, the importance of good engineering advice has never been more critical. Introducing this registration scheme means the community can be assured the professional engineers that are designing our critical infrastructure are experienced, have appropriate qualifications and are maintaining contemporary knowledge of advanced engineering practice through continuing professional development. This will mean the ACT can take advantage of the best engineering knowledge to support high quality, innovative and sustainable infrastructure that is ready to accommodate and respond to our changing climate. The government has recognised the importance of engineering by appointing the ACT Chief Engineer, supporting an engineer workforce plan and now through the registration of engineers. The ACT is looking forward to future proofing our infrastructure with a skilled workforce able to overcome engineering challenges and to deliver and maintain infrastructure that supports community wellbeing into the future.

MS VASSAROTTI (Kurrajong—Minister for the Environment, Minister for Heritage, Minister for Homelessness and Housing Services and Minister for Sustainable Building and Construction) (4.57), in reply: I am pleased to close the debate on the Professional Engineers Bill 2022. I would like to thank the members for their contributions to the debate on this bill. While I know it feels like I have been here for a long time, in taking up the portfolio at the end of 2020 I was really happy to

take this on as a priority activity. We worked with the profession, given the fact that other jurisdictions had taken different approaches to the engineering registration process, to work up a scheme that would be best practice and work for our jurisdiction.

The ACT government remains committed to improving the operation of the building regulatory system in the ACT. Reforms to the building regulatory system are intended to give greater choice and protection for the community and make those working in the industry accountable for their actions. The bill establishes a mandatory registration scheme for professional engineers, provides for the monitoring and enforcement of compliance with the bill and imposes obligations on registrants regarding the provision of professional engineer services in the ACT. In particular the bill aims to protect the public by ensuring professional engineering services are carried out by or under the direction and oversight of professional engineers, maintain public confidence in the standard of services provided by professional engineers in the ACT and uphold the standards of practice for professional engineers in the ACT.

The bill will achieve this through the appointment within Access Canberra of a professional engineering registrar responsible for administering the registration scheme. The ACT Professional Engineering Registrar will have the ability to determine applications for registration and renewal, issue certificates of registration, monitor compliance with the legislation and take certain regulatory action, refer registered professional engineers to ACAT for more significant regulatory action, respond to complaints made about registered engineers and keep and maintain a public register of professional engineers. Initially the scheme will only apply for the following five areas: civil, structural, mechanical, electrical and fire safety. The bill has been future proofed to allow for the inclusion of other engineering services as required following government consideration. This allows the government to be responsive to any potential issues in the future.

This government is committed to improving building quality and the operation of the building regulatory system. This bill is another step forward in that direction. I appreciate and thank them for the contribution of engineering peak bodies and other representative organisations, as well as individual engineers who have engaged constructively with the ACT government in the development of the bill. Should the bill be passed, I look forward to continuing to work with these stakeholders as we prepare for the commencement of the scheme.

In summary, the Professional Engineers Bill 2022 provides people and companies who engage engineers with the confidence that those engineers have the necessary qualifications, experience and competencies to provide those engineering services. I commend the bill to the Assembly. I also would like to table a revised explanatory statement to respond to the Standing Committee on Justice and Community Safety (Legislative Scrutiny Role) comments.

I present:

A revised explanatory statement to the bill.

There are some minor changes to a number of clauses in response to those statements.

Question resolved in the affirmative.

Bill agreed to in principle.

Leave granted to dispense with the detail stage.

Bill agreed to.

Adjournment

Motion (by **Mr Gentleman**) proposed:

That the Assembly do now adjourn.

Multicultural affairs—community events

MS CHEYNE (Ginninderra—Assistant Minister for Economic Development, Minister for the Arts, Minister for Business and Better Regulation, Minister for Human Rights and Minister for Multicultural Affairs) (5.02): Ramadan Kareem. May there be peace and blessings in this holy month of Ramadan, which began yesterday evening. In Canberra, there are more than 10,000 members of the Islamic faith, who make an incredible contribution to our city. On behalf of the ACT government, I warmly extend my very best wishes to them and to the wider Muslim community across Australia during this holy month. This month is a time for fasting and contemplation, emphasising the importance of family and connection with others. Charity, generosity, empathy and self-reflection are abundant in this period. I commend the efforts of the leaders and the members of the ACT Muslim community in promoting a greater understanding and appreciation of Islam. Next week the ACT government is proud to host its annual Iftar dinner at the Theo Notaras Centre. Thank you especially to the Imams Council of the ACT for their support in hosting the event. I wish the Muslim community a Ramadan which is safe, peaceful, generous and shared with loved ones. Ramadan Mubarak.

Also, could I wish our Persian community a happy Nowruz, which occurred on Tuesday 21 March, being the first day of spring. This is an incredibly important celebration for our Persian community.

For those in Canberra who are wondering why we have so many wonderful Greek flags flying, Greek Independence Day is this Saturday, 25 March, being celebrated across the globe. If I am correct, I believe it is the 202nd anniversary of commemorating the start of the War of Greek Independence. So a very happy Greek Independence Day to our fantastic Greek community.

Question resolved in the affirmative.

The Assembly adjourned at 5.05 pm until Tuesday, 28 March 2023 at 10.00 am.

Schedules of amendments

Schedule 1

Discrimination Amendment Bill 2022

Amendments moved by the Leader of the Opposition

1

Clause 2

Page 2, line 4—

omit

6 months

substitute

12 months

2

Proposed new clause 3A

Page 2, line 11—

insert

3A **Objects of Act**

New section 4 (2)

insert

- (2) The following principles must be considered in giving effect to the objects of this Act:
- (a) the indivisibility and universality of human rights;
 - (b) that every person is free and equal in dignity and human rights.

3

Clause 9

Proposed new section 31

Page 7, line 3—

omit proposed new section 31, substitute

31 **Clubs and voluntary bodies**

Part 3 does not make it unlawful for a club or voluntary body, or the committee of management or a member of the committee of management of the club or body, to discriminate against a person in relation to—

- (a) the admission of the person as a member of the club or body; or
- (b) the provision of benefits, facilities or services to the person (whether or not the person is a member of the club or body).

4

Clause 30

Proposed new section 74 (4) to (6)

Page 16, line 12—

insert

- (4) However, this section does not apply to—
- (a) an administrative unit, territory authority or territory instrumentality until 12 months after the commencement day; or

- (b) an individual with organisational management responsibility for an entity mentioned in paragraph (a) until 12 months after the commencement day; or
 - (c) any other person until 3 years after the commencement day.
- (5) This subsection, subsection (4) and subsection (6), definition of commencement day expire 3 years after the commencement day.
- (6) In this section:
- commencement day* means the day the *Discrimination Amendment Act 2022*, section 3 commences.
- organisational management responsibility*, in relation to an organisation or business, means responsibility for controlling or directing the organisation or business.

Schedule 2

Discrimination Amendment Bill 2022

Amendment moved by the Minister for Human Rights

1

Clause 9

Proposed new section 32 (2)

Page 9, line 1—

omit proposed new section 32 (2), substitute

- (2) Subsection (1) (d) to (f) does not apply to discrimination in relation to—
 - (a) employment of a person at an educational institution; or
 - (b) admission, treatment or continued enrolment of a person as a student at an educational institution.
- (2A) Subsection (1) does not apply to a religious body whose sole or main purpose is a commercial purpose.