



DEBATES

OF THE

LEGISLATIVE ASSEMBLY

FOR THE

AUSTRALIAN CAPITAL TERRITORY

HANSARD

17 February 1999

Wednesday, 17 February 1999

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Wednesday, 17 February 1999

MR SPEAKER (Mr Cornwell) took the chair at 10.30 am and asked members to stand in silence and pray or reflect on their responsibilities to the people of the Australian Capital Territory.

PETITIONS

The Clerk: The following petitions have been lodged for presentation:

By **Mr Hird** and **Mr Stefaniak**, two petitions of the same wording, from 886 residents and 647 residents, respectively, requesting that the Assembly regard the drug issue as a health issue and locate the proposed drug “shooting room” in a health centre/hospital environment and that the needle exchange room and drug referral centre be located in more appropriate locations.

The terms of these petitions will be recorded in *Hansard* and a copy referred to the appropriate Minister.

Drugs - Location of Injecting Rooms and Needle Exchange

The petitions read as follows:

To the Speaker and Members of the Legislative Assembly for the Australian Capital Territory:

The petition of certain residents of the Australian Capital Territory draws to the attention of the Assembly that the retailers and customers/residents of Canberra are not in agreement with the proposed drug “shooting room” and the location of the needle exchange room and drug referral centre in Civic.

Your petitioners therefore request the Assembly to regard the drug issue as a health issue and these premises should be located in a Health Centre/Hospital environment and request that these existing establishments be located to more appropriate locations.

Petitions received.

OCCUPATIONAL HEALTH AND SAFETY (AMENDMENT) BILL 1999

MR BERRY (10.33): Mr Speaker, I present the Occupational Health and Safety (Amendment) Bill 1999, together with its explanatory memorandum.

Title read by Clerk.

MR BERRY: I move:

That this Bill be agreed to in principle.

Mr Speaker, the Occupational Health and Safety (Amendment) Bill 1999 is about restoring the full effect of the legislation unexpectedly extinguished by the passage of time arising from the lengthy coronial inquiry into the tragic circumstances arising from the implosion of the hospital buildings on Acton Peninsula. I wish to make it absolutely clear at the outset, Mr Speaker, that in introducing this legislation today I make no inference as to the outcome of the ongoing inquiry into the hospital implosion, nor to any actions of anyone who may in any way be associated with the matter.

I propose to deal with the issues associated with the Bill in the following manner: Firstly, I will refer to the penalties and provisions of the Occupational Health and Safety Act which have been affected. Secondly, the chronology of events will be outlined to better inform members of the circumstances which gave rise to the Bill. Thirdly, the issue of retrospectivity and the Government's performance, particularly that of the Attorney-General, will be addressed. Fourthly, I will deal with the Dangerous Goods (Amendment) Bill, which has resulted from a further, related matter which has been brought to my attention as late as last week.

I turn to the provisions of the Occupational Health and Safety Act 1989 and the respective penalties which I have set out to restore in respect of the hospital implosion and to protect for any future incidents which give rise to lengthy coronial inquiries. I want to refer to Part III of the Act to highlight the serious nature of the penalties and their respective provisions. I want to refer in particular to subsection 27(1), which talks about the obligations and duties of employers in relation to employees. It states:

An employer shall take all reasonably practicable steps to protect the health, safety and welfare at work of the employer's employees.

In section 28, dealing with duties of employers in relation to third parties, it states:

An employer should take all reasonably practicable steps to ensure that persons at or near a workplace under the employer's control, who are not the employer's employees, are not exposed to risks to their health or safety arising from the conduct of the employer's undertaking.

Section 29, dealing with duties of persons in control of workplaces, states:

A person who has, to any extent, control of -

- (a) a workplace;
- (b) a means of access to, or egress from, a workplace; or
- (c) plant or a substance at a workplace;

shall take all reasonably practicable steps to ensure that it is safe and without risk to health.

In all of those cases the penalties are 250 penalty units for a natural person and 1,250 penalty units for a body corporate; that is, \$25,000 for an individual and \$125,000 for a body corporate. Those are significant penalties for offences which should be protected in all circumstances. They are significant fines, for significant offences. It would be inappropriate to rule out any possibility of these penalties in any situation which might have come to notice were it not for a long coronial inquiry taking the decision point or prosecution past the time limit enunciated in the Magistrates Court Act 1930.

I should refer to the Magistrates Court Act in relation to that matter. At section 31, dealing with limitation of proceedings, subsection (1), the Magistrates Court Act states:

A prosecution in respect of an offence of which cognisance may be taken by the court may be commenced as follows:

- (a) where the maximum term of imprisonment in respect of the offence, in the case of a first conviction, exceeds six months - at any time after the commission of the offence;
- (b) where the maximum term of imprisonment in respect of the offence, in the case of a first conviction, does not exceed six months - at any time within one year after the commission of the offence;
- (c) where the punishment provided in respect of the offence is a pecuniary penalty and no term of imprisonment is mentioned - at any time within one year after the commission of the offence.

Subsection 31(2) states:

Where by any law in force in the Territory, any longer time than the time provided by this section is provided for the commencement of a prosecution in respect of an offence against that law, a prosecution in respect of the offence may be commenced at any time within that longer time.

It is the longer time which I wish to remain focused upon, because that is what is provided in the Occupational Health and Safety (Amendment) Bill which I have introduced this morning. It is a Bill about prescribing time limits in the Occupational Health and Safety Act 1989 which avoid the possibility of the “catch-all” one-year expiry date prescribed in section 31 of the Magistrates Court Act, which I just referred to. In other words, the Bill will prescribe time limits of its own in relation to coronial inquiries to avoid the current circumstances, which were not anticipated when the Occupational Health and Safety Act 1989 was first drafted.

Mr Speaker, when I first learnt of this issue from the *Canberra Times* report I have referred to, I took immediate action, issuing instructions for the preparation of the Bill which I have tabled today. At this point, I must thank the staff of the Office of Parliamentary Counsel for their skill, care and attention in relation to this important matter, which have enabled me to present this Bill at this the first opportunity in 1999. There is no apparent reason why the Government could not have acted similarly when the matter was first brought to the Attorney-General’s attention. Mr Speaker, the relatively straightforward nature of the Bill is a further indictment of this Attorney-General’s competence to deal with such matters and his particular lack of interest in dealing with this matter. But, as if to highlight the disarray - - -

Mr Humphries: Mr Speaker, I rise on a point of order. It seems to me that, in discussing matters to do with the circumstances of earlier attempts to introduce such legislation, Mr Berry may be straying into areas of irrelevance. I would ask you to rule on that question.

MR SPEAKER: There is no point of order. Continue, please.

MR BERRY: But, as if to highlight the disarray of this Minister, yesterday, following his attempts to blame the Opposition for his own failings, the Government’s legislative program was tabled, which contained a proposed amendment to the Magistrates Court Act to deal with this matter. This is a classic case of “catch-up politics”, where the Minister, once caught out, has been forced to look as though he is doing something.

Mr Speaker, it appears from the *Canberra Times* report of 13 November 1998 that this matter was brought to the attention of the Attorney-General as early as April 1998, following which there was an exchange of letters between the Attorney-General and the Opposition Leader, together with correspondence from the Attorney-General to the Justice and Community Safety Committee, and then, most curiously, nothing. Copies of the correspondence were tabled yesterday, following a request from the Leader of the Opposition, Mr Stanhope. It is abundantly clear from this correspondence that Labor was prepared to support the necessary legislative changes from the outset, and this Bill is a product of that commitment, absent any action from Minister Humphries on the matter.

Mr Speaker, Labor has always been committed to this course. If the course supported by Labor had been adopted, we would not have been in the situation that we are in now. Any reading of Mr Humphries’ letter to Mr Stanhope makes it clear that Mr Humphries,

having done nothing in response to earlier correspondence and discussion, was making a pathetic attempt to switch the blame for his own inactivity. He made a further feeble attempt to recast history yesterday in his response to a question from Mr Stanhope on the matter.

Mr Speaker, I want to deal with retrospectivity. Retrospective legislation is a serious matter which requires serious contemplation. It should only be considered in few and very rare circumstances. But it is a practice of legislatures to deal with retrospective legislation as the need arises. Mr Speaker, Mr Humphries drew attention to the question of retrospectivity in his correspondence to both the Justice and Community Safety Committee and Mr Stanhope. Due consideration, of course, has been given to it, and Labor has agreed. The Leader of the Opposition agreed that, in the circumstances, this legislation was a proper course to adopt.

At this point, Mr Speaker, I would also like to indicate my intention to seek leave to introduce an amendment to the Dangerous Goods Act 1975 (NSW), at the end of my introductory speech. For expedience, I will address that Bill now, in anticipation that I will be able to proceed with the matter today. I want first to apologise to members for the short notice. As you might recall, my office brought it to your attention electronically last evening. It is a piece of legislation which is related to the Occupational Health and Safety (Amendment) Bill. My intentions in relation to this were announced last week.

Mr Humphries: Not in relation to this Bill, they were not - not in relation to the Dangerous Goods Bill.

MR BERRY: Indeed, they were. Mr Humphries, you might want to re-create history again; but it was made clear that I had issued drafting instructions to remedy this situation too - another situation which, of course, you had not bothered with. Mr Speaker, I will be seeking leave to proceed with the matter later today. It is a piece of legislation which is significantly the same as the occupational health and safety legislation. I trust that members will grant leave to deal with the matter in the course of today's proceedings.

In the course of my announcement of my intended amendment to the Occupational Health and Safety Act 1989, it was brought to my attention that a similar difficulty was about to emerge in respect of the Dangerous Goods Act 1975 (NSW). This would mean that after 13 July 1999, the second anniversary of the death of Katie Bender, the opportunity for a prosecution under that Act lapses. On 10 February, I learnt of this difficulty and immediately issued instructions to remedy that situation. Again, I must thank the Office of Parliamentary Counsel and their efficient and professional staff for producing the Bill after the close of business yesterday. I should also like to add my thanks to the Assembly Secretariat for providing the wherewithal to produce the Bill for introduction today.

This Bill I will seek to introduce is similar in its application to the proposed amendments to the Occupational Health and Safety Bill; that is, if passed, it will prescribe a one-year period after - - -

Mr Humphries: Mr Speaker, on a point of order: Mr Berry seems to be addressing a Bill which he has not yet introduced.

MR SPEAKER: That is quite correct.

Mr Humphries: I think it would be a courtesy to the Assembly for him to introduce the Bill before he speaks to it.

MR BERRY: I can do that now, if you like. I was going to do it later; but I can seek leave to introduce it now, Mr Speaker, if that pleases members.

MR SPEAKER: Is leave granted?

Mr Humphries: It does not exactly please us.

MR SPEAKER: As you have already got one Bill, Mr Berry, I would suggest that you concentrate on this first Bill. Then we will move to the second one. I do uphold Mr Humphries' point of order, though. You cannot very well address a Bill that you have not introduced.

MR BERRY: That is fair enough.

Ms Carnell: And it is not even on the daily program.

MR BERRY: But you were informed.

Mr Osborne: You are not going to seek leave to table a Bill?

Mr Humphries: A Bill which you have not got in the daily program?

MR BERRY: It was announced in the newspaper last week and it was also drawn to your attention electronically last evening.

Mr Humphries: Oh, it was in the newspaper!

Mr Osborne: I look forward to your seeking leave!

MR SPEAKER: Order, please! Can we get on with the business?

Mr Humphries: Was that not the same with Mr Osborne's Bill? Was that not in the newspaper as well?

MR SPEAKER: Please continue.

MR BERRY: Can I travel a little bit off the path?

MR SPEAKER: You can try.

MR BERRY: For expediency purposes, I would like to deal with the Bill, and then I will not have to deal with the matter again after its introduction.

MR SPEAKER: You are foreshadowing, are you not, that you - - -

MR BERRY: I am foreshadowing a Bill.

MR SPEAKER: Yes, very well. He can foreshadow.

Mr Humphries: I am sorry, Mr Speaker; if Mr Berry is going to speak to a Bill, we would like to see the Bill in front of us, rather than have him talk about a Bill which we have not yet seen. Members have that courtesy extended in all other circumstances. There is no reason why it should not happen here.

MR SPEAKER: That is a reasonable request, Mr Berry.

MR BERRY: I am quite happy to deal with that; but I think I am entitled, Mr Speaker, to foreshadow a Bill in the course of this debate.

Ms Carnell: It is not on the daily paper.

MR SPEAKER: It is not on the daily program, though.

MR BERRY: No. Indeed, it is not, Mr Speaker. But I am foreshadowing actions and I think it is quite - - -

Mr Osborne: On a point of order, Mr Speaker: Mr Berry said about me, “These are the actions of a fanatic ... in a very spineless way”; “The member is so spineless that he wants to avoid public debate”; “This is not on the notice paper”. I could keep going.

Mr Corbell: On a point of order: There is no point of order, Mr Speaker. This is frivolous.

MR SPEAKER: I uphold Mr Corbell’s point of order. Mr Berry is going to seek leave to move a motion at some future time to introduce a second Bill. The opportunity will arise to debate the matter then, Mr Osborne.

MR BERRY: Mr Speaker, later on, I will be seeking leave to introduce a Bill in relation to the Dangerous Goods Act. Unlike the spineless actions of those who seek to address this issue by way of a misuse of the standing orders, I drew it to their attention electronically last evening and, of course, it was mentioned in the newspapers a week ago. Also, this legislation is almost a mirror image of something which is before the house. So, Mr Osborne, for you to bleat about being caught out on abortion at this particular stage I think is a fairly fragile argument. I have got no scars on me in relation to abortion, but you have got plenty.

This Bill that I have introduced today will remedy a situation which has been created by inaction - inaction by a Minister whose competence must surely be drawn into question in relation to this matter. It is a curious piece of inaction, which needs to be addressed. Mr Speaker, if members choose not to give me leave to introduce my Bill, I am quite happy to introduce it later. I have no difficulty at all in leave not being granted. But, if

we want to economise on the use of time in this place, it seems to me to be a perfectly sensible way to proceed. But even a murmur of opposition to the introduction of my later Bill will, of course, mean that it will not be introduced and we will deal with it later. I am quite content with that approach. I will leave my speech there for a moment and will speak further later.

Debate (on motion by **Mr Humphries**) adjourned.

DANGEROUS GOODS (AMENDMENT) BILL 1999

MR BERRY (10.54): Mr Speaker, I seek leave to present the Dangerous Goods (Amendment) Bill 1999.

Mr Humphries: Not without notice!

MR SPEAKER: Is leave granted?

Mr Humphries: Not with no notice!

Ms Carnell: We have got rules on this! No, it is okay.

MR BERRY: I am happy not to do it.

Mr Osborne: This is a perfectly normal way to introduce - - -

MR SPEAKER: Order!

Mr Osborne: I understand that Mr Berry had problems with drafting. I fully understand that. I will be granting him leave. I am more than happy to do it.

MR SPEAKER: Mr Berry has the right to seek the suspension of standing and temporary orders.

Ms Carnell: He can go ahead.

Mr Moore: I think he does have leave.

MR BERRY: I thought I heard somebody say no.

Mr Humphries: You should get your ears checked, Mr Berry.

Mr Moore: Who was it?

MR BERRY: I am happy to do it next sitting.

MR SPEAKER: Could we all settle down. Is leave granted for Mr Berry to introduce the Bill?

Leave granted.

MR BERRY: Thank you, kind sirs and ma'ams. I present the Dangerous Goods (Amendment) Bill, together with its explanatory memorandum.

Title read by Clerk.

MR BERRY: I move:

That this Bill be agreed to in principle.

The Bill that I have introduced, Mr Speaker, is similar in its application to the proposed amendments to the Occupational Health and Safety Bill. It will, if passed, prescribe a one-year period after the handing down of a report of an inquiry for a prosecution to be launched. The marked difference between the two Acts - the Occupational Health and Safety Act and the Dangerous Goods Act - is that the Dangerous Goods Act has a time limit of two years prescribed for a prosecution to be commenced.

Mr Speaker, something has just been drawn to my attention which I should really raise. I would urge members to look at notice No. 8 on the notice paper. It talks about, would you believe, notice that I gave yesterday to present a Bill for an Act to amend the Dangerous Goods Act 1975 of the State of New South Wales in its application in the Territory. Notice was given yesterday.

Mr Humphries: But it is not on the blue sheet. That is the problem you raised with Mr Osborne's Bill, remember?

MR BERRY: The difference is quite stark, Mr Humphries.

Mr Humphries: Mr Osborne's Bill was on the blue sheet, as I recall.

Mr Corbell: On a point of order, Mr Speaker: Mr Humphries has consistently and persistently interjected on Mr Berry throughout this whole introduction and I would ask you to call him to order.

MR SPEAKER: Thank you. I uphold the point of order. Could we get on with this, please.

MR BERRY: Thank you, Mr Speaker. The Dangerous Goods Act has a time limit of two years prescribed for prosecution - that will be retained - and the amendment which I have introduced will have the effect of adding a one-year time limit following a report of a coronial inquiry and so on, whichever is the longer. What the preparation of the amendment to the Dangerous Goods Act clearly points out is that it can be done, Mr Humphries. You will recall from my earlier comments that the time from the issuing of instructions to the introduction of this Bill was seven days. If you have a commitment to the urgency of a matter, it can be done.

Let us not forget that it was as early as April last year that Mr Humphries first had this matter raised with him; correspondence passed between him and the Opposition; the Opposition agreed to it; and it was followed by no action whatsoever. Mr Humphries, had you acted in the

way that I have acted today in relation to the Dangerous Goods Act, we would not have had to deal with the retrospective issue which has been created by your own inactivity. It is your competence that is under notice here and in question.

Mr Speaker, this Bill will, as I said, provide a time limit which takes account of the emerging likelihood of long and technical coronial inquiries in relation to time limits. This Bill, though, will have no retrospective effect, because it does not need to.

Mr Humphries: But it does now.

MR BERRY: Mr Attorney-General, keep your eye on the ball. Mr Speaker, it has no retrospective effect, because the time limit does not run out until 13 July, if it is passed by this Assembly in time. This was an option which was open for you last time but which you failed to come to grips with. So, Mr Speaker, I go back to my earlier comments. It can be done if you have a commitment to do so. This is precisely what could have happened if this Minister had not adopted, as I said, this curious period of inactivity on the difficulties brought to his attention as long ago as April last year.

Debate (on motion by **Mr Humphries**) adjourned.

HEALTH SYSTEM - MANAGEMENT

MR STANHOPE (Leader of the Opposition) (11.01): Mr Speaker, I move:

That this Assembly, noting:

- (1) the increasing blowout in The Canberra Hospital budget;
- (2) the alarming increase in elective surgery waiting lists;
- (3) the Minister for Health and Community Care's inability to deal positively with staff of The Canberra Hospital;
- (4) the replacement of the Chief Executive of The Canberra Hospital;
and
- (5) the Minister for Health and Community Care's interference in the day to day management of The Canberra Hospital;

expresses its grave concern at the inability of the government and the Minister for Health and Community Care to effectively manage the health system.

Mr Speaker, it was 10 months ago, just a little under, that a little bit of history was created in the Assembly when Mr Moore left the crossbench of this place to join the Carnell ministry. At first it was a reluctant move, only in a physical sense, in that Mr Moore wanted to retain an appearance of independence by keeping his seat next to Ms Tucker. But the crossbench members in this place intuitively recognised that any semblance of Mr Moore's independence was gone from the moment he accepted Mrs Carnell's invitation to enter the parlour, and they suggested he move to the Government's side of the chamber. The judgment of the crossbench was vindicated some months later when Mr Moore moved along the bench to sit closer to the Chief Minister and to help manage government business.

This is, of course, the "independent" Health Minister who told the *Canberra Times* in September last year that, although he thought it unlikely he would be offered the chance, he would not hesitate to take the Chief Minister's job, and a chance to lead a Liberal government, if it came his way - an "independent" Health Minister, a chameleon, who is certainly nothing if not ambitious.

But to today's motion, Mr Speaker. The point of this debate today is not only to draw attention to the fact that there is a mess over which Mr Moore currently presides, but also to allow him and the Government an opportunity to allay the alarm and concern that all of us feel about the management of the health portfolio. We want the Government to explain in detail the cost overruns. We want the Government to explain the ballooning elective surgery waiting lists. We want the Government to explain the poisonous industrial relations at the hospital. We will be pleased to hear how all of these features of the current state of the public health system in Canberra fit within the Government's overall strategies and plans for the public hospitals.

Mr Speaker, it was the Opposition which publicly revealed that Mr Moore had lost control of the Canberra Hospital budget. It was the Opposition which drew public attention to the Government's monthly financial statement for the period ending 30 November last year - which, incidentally, was distributed to members on 24 December, Christmas Eve - a report which showed that at the end of November the hospital was running at \$3.8m over budget. This was first reported in the *Canberra Times* on about 4 January.

The Minister's response to the first report was reported in the *Canberra Times* on 7 January, and on 7 January I think those of us that might have been alarmed at the prospect of a \$3.8m overrun in the first five months of the financial year were perhaps heartened to read Mr Moore's comment. Mr Moore said - very blase, very sanguine - that he expected the budgetary overrun, the \$3.8m, to be down by the end of the financial year. On that very same day, 7 January, the day that the Minister was being so sanguine about a \$3.8m overrun, the then CEO of the hospital, in a minute to staff, said that he thought that the overrun was more in the order of \$5m to \$7m. That was reported on the same day, coincidentally, that Mr Moore was suggesting that there was nothing to worry about, that they would have it under control by the end of the year.

It is interesting to note Mr Moore's optimism because the situation kept getting worse after that concession of 7 January that there was a problem, but he would get it under control. By the end of January, Mr Moore was admitting a projected budget overrun at

the hospital in the order of \$10m. Mr Moore had become the self-anointed \$10m man. But there is more, of course. The Productivity Commission has suggested now that Canberra hospitals are costing perhaps 50 per cent more than national standards. Half as much again as national standards is one of the suggestions that are being made to us. A report that was made available to the Minister earlier in January had suggested that the costs at the Canberra Hospital were in the order of 30 per cent higher than for equivalent hospitals in Sydney.

It will be interesting to note Mr Moore's comments in relation to that. An issue that I would like Mr Moore to comment on today is the suggestion that Canberra's public hospital system is running in the order of 30 to 50 per cent over the national average. What is Mr Moore's response to that? There was a comment in the *Canberra Times* of 8 January, which we do need to take into account, in relation to what this Government proposes to do in relation to these serious significant economic overruns and the economic difficulties we have with the Canberra Hospital. On 8 January, in relation to suggestions then that the Canberra Hospital was running at 30 per cent higher than interstate comparisons, Mr Moore said that the report that he had then was an assessment of impact; it was not a plan of action. Mr Moore said then in relation to this major divergence between ACT and national costs that it was possible to bring these costs into line with national averages and that he was determined to do so before the next ACT budget.

Mr Moore: I have not said that.

MR STANHOPE: Mr Moore interjects that he did not say that. The *Canberra Times* reported on it on 8 January. I do not know whether you sought to correct the record; we are all reliant on the *Canberra Times* in this regard, Mr Moore. On 8 January you were reported as follows:

... Mr Moore said it was possible to bring costs into line with national averages, and that he was determined to do so before the next ACT Budget.

That is what we read and that is what we relied on. I must say, Mr Moore, that you are nothing if not confident because of that prediction. But the community has a right to know today, Mr Moore. You were interjecting that it is not true. If you were to rebut that, then the next point that I would have made, perhaps, would be academic. I would have made the point that, if the *Canberra Times* has reported you correctly, you are, in effect, suggesting that you propose to knock about \$100m out of the hospital between now and June. This is one of the difficulties we have in the debate, of course.

Mr Moore: I'm not that stupid.

MR STANHOPE: The *Canberra Times* reported it. The *Canberra Times* did not blush in reporting it.

Mr Moore: Well, it must be true!

MR STANHOPE: Let us shoot the messenger again. Anyway, that is what we relied on and I came to this debate with that information. I came to this debate with that information and I will be happy to hear Mr Moore's rebuttal of it. I look forward to the *Canberra Times* reporting Mr Moore's rebuttal of what they reported on 8 January.

It is interesting, in terms of the issue we are discussing here, that by the end of January, in the midst of this economic chaos, Mr Moore was also looking for a new chief executive for the Canberra Hospital. I have to say that it was after months of speculation and rumour and a specific denial from Mr Moore that he had any intentions or had ever attempted to sack Mr Johnston that the Minister announced that he had reached an amicable agreement with the former CEO. The amicable agreement was an arrangement allowing Mr Johnston to take up an eight-month research project at the University of New South Wales on his existing salary of around a quarter of a million dollars a year. Mr Johnston left, the fifth chief executive to leave the hospital in a very short number of years. At the same time, Mr Ted Rayment accepted the position and was promoted to act in the CEO's job. So the hospital, facing a \$10m budget overrun presided over by this Minister, is paying two chief executives, at least for the next eight months, at a rate of about a quarter of a million dollars each. That is an amicable agreement!

Mr Speaker, I think one of the most damning indictments of Mr Moore's management of the Territory's health system - one, again, which we do not fully understand - is revealed in the statistics he releases each month in relation to the status of elective surgery waiting lists. These statistics reveal the steadily declining record of the administration over which Mr Moore presides. In the last figures available to me, over 4,500 Canberrans were waiting for elective surgery in a range of categories. At Canberra Hospital alone it was 3,500. The interesting thing about that statistic - it is a raw figure by itself - is that if we compare it with earlier figures we will see that over the last year, 1998, the elective surgery waiting list increased by 39 per cent, despite Mr Moore's efforts. There was a 39 per cent increase despite a budget allocation of \$3m to attack the waiting lists and despite the \$16.5m windfall for signing the Medicare agreement ahead of the other States and Territories, a windfall which was to be devoted to an attack on waiting lists and elective surgery.

The \$16.5m was a bonus specifically designed to make an impact on the waiting lists. But, Mr Moore told us in the estimates process, basically it remains uncommitted. Certainly, a significant portion of it had been committed at that stage. I think the Minister was talking in terms of about \$7m. Of the \$16.5m, the Minister could identify about \$7m worth of commitments, much of which had not been spent. There is a question which I hope the Minister addresses today: Where is the other \$8m or \$9m? What has happened to it? Was it bunged on the short-term money market? Why did we allow that elective surgery waiting list to increase by 39 per cent at a time when we had cash in the bank, delivered to us by the Commonwealth, to deal with the problem?

It seems to me, unless the Minister has an incredibly good explanation of this, callous in the extreme that he has allowed that elective surgery waiting list to blow out by 39 per cent when he has got \$9m to \$10m cash in the bank to deal precisely with the issue. We really need to know what is the plan? Where is the money? What has been

done with it? Is it plugging up another hole? Has it simply been invested in the short-term money market? Has the Government bought some stocks and shares with it? As the number of people waiting grows, so does the percentage of patients waiting longer than clinically desirable.

The Health and Community Care performance report tabled yesterday for the quarter ending 31 December shows the public hospitals failed to meet their target, a target that was itself somewhat limited. We were advised yesterday that the Canberra Hospital target is that they will deal with 30 per cent of clients within a clinically desirable time. They did not meet that task.

Since this Minister left the crossbench he has become welded on to the Government. He agreed from the outset of this unholy alliance to be bound by all Cabinet decisions relating to health. He is the Minister that must be accountable for government policy and operations in health. Like it or not - I wonder whether he thought of this when he agreed to join the Liberal Government - Mr Moore is the one who is now answerable for failing to meet the Chief Minister's election promises in relation to health, such as the promises made by the Chief Minister when she was first elected. The Chief Minister's promise was to reduce elective surgery waiting lists by 20 per cent.

Mr Humphries: And she did.

MR STANHOPE: I almost fall over! I almost collapse in a heap! We have a situation in which over the last year Mr Moore has presided over a 39 per cent increase in waiting lists in the public hospital system and Mr Humphries dares to respond to a suggestion that the Government has not met the Chief Minister's promise to reduce the elective surgery waiting list by 20 per cent. I do not know what to say; I am lost for words. The Chief Minister also promised that she would open 50 more public hospital beds in the first year of her Government. She also promised that by the end of 1999 there would be 1,000 public hospital beds in Canberra. They were firm promises. Thumping the desk, she said, "There will be 1,000 public hospital beds in Canberra by the end of 1999", a promise absolutely broken, totally broken.

Mr Moore: It is not the end of 1999 yet. Another thing you are wrong about - wrong, wrong, wrong! It is easy to open beds, Jon Stanhope.

MR STANHOPE: I look forward to Minister Moore actually saying that he will get the number of public hospital beds up. We have just received another promise from Mr Moore. Mr Moore says that it is not the end of 1999; let us worry about this promise at the end of the year. Mr Moore has just promised another 300 public hospital beds by the end of this year.

Mr Moore: I take a point of order, Mr Speaker.

MR SPEAKER: Order! Mr Stanhope, resume your seat.

MR STANHOPE: We will keep you accountable to that one, Mr Moore. We will remember.

MR SPEAKER: Mr Stanhope, resume your seat. A point of order has been taken.

Mr Moore: Mr Speaker, I made no such promise and Mr Stanhope has arrogantly put words into my mouth. He cannot do that.

Mr Wood: What is the point of order?

MR SPEAKER: There is no point of order.

MR STANHOPE: Hoist with your own petard, Mr Moore. Mr Moore has a long way to go to meet these commitments, the commitments which it seems to me he has just reaffirmed. In fact, the latest figures released by the hospital show that he is going backwards, let alone moving to meet his target of another 300 beds this year. Calvary has 20 fewer beds available now than a year ago; Canberra Hospital has 50 fewer beds available than a year ago. *(Extension of time granted)*

Mrs Carnell promised to have a hospital bed available for every Canberran who needed one. That was in Mrs Carnell's promises. Tell that to the patients whose stories appear with monotonous regularity in the media, sent home because there were no beds available. Mrs Carnell trotted out the same line when she made the same promises four years ago. Despite the promises, the situation is worse now than it was when the promises were made. The situation is worse. Patients are still being sent home and there are fewer beds available than there were a year ago.

These are the stories we have in the *Canberra Times*: "Neurosurgery cancelled with minutes to go"; "Hospital has no bed for woman suffering from severe brain damage"; "Canberra Hospital has no bed for Mr Neely"; "Health fiasco. Operation cancelled five times"; "Operation cancelled minutes before admission". They go on and on. Like it or not, these were the measures that Mrs Carnell set for herself and her Government, these were her yardsticks, and it is past time that she and her Government, through Mr Moore, explained why they have failed to get anywhere with them. They need to explain what are the new targets. What is the target that will replace the 1,000 beds by the end of 1999? What are the new plans? What is the new philosophy that will be applied to the Canberra Hospital to replace these failed promises?

Mr Speaker, Canberra knows that there is a crisis looming in our health system. We read about it and hear about it all the time, we see it on the television news and many of us experience it. Everyone in Canberra has a hospital story. Mr Moore admits that there is a problem. He said that one of his priorities on his move to the front bench would be to address the morale problem in the hospital system. He prides himself on his commitment to consultative processes. Where has this commitment taken Mr Moore? It took him around the Canberra Hospital where, he told us, he talked constantly to nurses who gave him a different story from the one their union was telling. The *Canberra Times* of 19 September reported how distressed Mr Moore was that the ANF was clearly out of touch. That was the report in September: The ANF was clearly out of touch with its membership. Mr Moore then called their bluff. He forced an EBA on them. He called their bluff; he dared them to go to the membership in a secret ballot. We all know the result of that - one of those terrible thumpings.

Mr Hargreaves: He was wrong.

MR STANHOPE: He was absolutely wrong. In a secret ballot of all nurses at the Canberra Hospital, Mr Moore was absolutely rebuffed after inflammatory stories in the *Canberra Times* about how they were out of touch. They showed him who was out of touch. Mr Moore was completely out of touch. He did not understand what was going on at the Canberra Hospital. He did not understand the pressure that the staff were under and they told him in no uncertain terms. He dared them to go to a secret ballot. They took him on and they rebuffed him absolutely. It is this notion of not listening, of scaring, of making those sorts of suggestions that has driven Mr Moore to meddle in the day-to-day management of the hospital. The same notion drove him to take back the delegation for approving staff appointments. I think there is nobody in this place that was not stunned to learn that Mr Moore had insisted that he personally approve every single appointment made at the Canberra Hospital. One has a vision of Mr Moore appointing all the staff, attending every interview panel and being part of the process.

But what is the message? What is the message that this is sending to Mr Rayment? What is the message that this is sending to staff at the Canberra Hospital? What is the message that this is sending to the unions? The unions welcomed Mr Rayment's appointment as a sign that perhaps at last there was a senior manager who was prepared to listen. The ANF greeted the appointment of Mr Rayment and said that they were prepared to work with him in a consultative and constructive way. The message which Mr Moore is now sending and which he has consistently sent to the staff of the Canberra Hospital is the wrong message. Perhaps Mr Moore would be better off leaving the management of the hospital to the hospital managers. Perhaps he would be better off applying more attention to the primary responsibilities of his portfolio. Perhaps he should put aside his personal Assembly agenda, abandon whatever projects he has in mind and concentrate on the truly important tasks at hand. For instance, his personal agenda of saving us all from litter: You do not have the time to devote yourself to that sort of nonsense, Mr Moore.

Mr Speaker, I initiated this debate today because of the grave concern this side of the house has in relation to the status of the Territory's public health system. Affordable, accessible and excellent health care is one of the great aspirations shared by the Canberra community and it is at risk. That is evidenced by the litany of failings of the Minister in the past year and the Government in the past four years. I initiated this debate to give the Minister an opportunity to put the record straight. Reveal the extent of the problems. Tell us the reasons for the massive budget overrun at Canberra Hospital? What areas of the hospital's operations are the cause of the blow-out? How and when will they be addressed? Tell us now how you plan to address the burgeoning waiting lists for elective surgery and abandon the tired excuses that you and the Government have rolled out before.

To date, the nearest the Minister has come to revealing a strategy to repair the damage suffered by the Territory's public health system was to refuse to rule out privatising all or part of the system. In this, of course, he demonstrates how fused he is to the Liberal agenda. But it is an agenda that does not wash with the Canberra community. Minister, if you thought the community was against the sale of ACTEW, I dare you to persist with trying to sell the hospital. I initiated this debate to put the Government and the Minister on notice. The people of Canberra understand all is not well in the public health system.

The people of Canberra have grave concerns about the management of the public hospitals. The people of Canberra, surely, have grave concerns at this Government's failure to meet its promises in relation to the public hospital system. It is appropriate that this Assembly record that it shares the community's grave and justified concerns. On that basis, Mr Speaker, I commend this motion to the Assembly.

MR SPEAKER: Before I call Mr Moore, I would like to recognise the presence in the gallery of teachers and pupils from Year 6 of the Canberra Church of England Girls Grammar Junior School. Welcome to your Assembly.

MR MOORE (Minister for Health and Community Care) (11.23): Mr Speaker, the difference between me and Mr Stanhope is the difference between a long-term view of the interests of the community and short-term political expedience. The short-sighted view, the politically expedient view, that Mr Stanhope has put is one that I will deal with in this speech. In the past, I must say, I have made forensic attacks on government over financial results. But this is not a forensic attack. It is not helpful to the public or to anyone else. It is personal sniping. It is simply the end result of press release rhetoric that Mr Stanhope has been developing over the last year. It is empty rhetoric. It is loose with the facts, as were the press releases Mr Stanhope put out just on Monday, which were simply wrong, wrong, wrong.

Quite a number of the things Mr Stanhope said today were simply wrong. We had a clear demonstration of that just a few moments ago, Mr Speaker. Mr Stanhope created some promise that, supposedly, I had made. When I denied making that kind of promise about an extra 300 public beds, he went on to say, "The Minister has promised it", as though reiterating something enough for himself would actually prove that it is right. It just does not work that way, Mr Stanhope. Of most interest to me is the damage that Mr Stanhope's approach will do to the hospital. Just a short while ago Mr Stanhope raised a series of hospital stories, but he did not tell us when those stories occurred. We know when they occurred; they occurred at the time of the VMO dispute. Why were they occurring at the time of the VMO dispute? It was because there was some political mileage for a particular interest group in getting those stories out.

When was the last time we had one of those stories, Mr Stanhope? Even if we did, let us remember that there are in the order of 500,000 occasions of service a year across our public hospital systems. That is how many people come in for a service. We know that the Commissioner for Health Complaints received 87 written complaints in the previous year, 0.001 per cent, or something, of the occasions of service. In other words, there is very widespread satisfaction with the hospital service. That is because we deliver a fantastic hospital service, an improving hospital service, and we have been delivering more and more of it since I have been a Minister. I will come back to that. Mr Stanhope, even though it is a tiny percentage, it would still allow approximately two complaints to go into the media each week.

I think it is worth looking at the past. During the previous Labor Government's time in office when Mr Berry and Mr Connolly - - -

Mr Corbell: You do not want to talk about your own administration.

MR MOORE: I will just do it very briefly, Mr Corbell. I know that you do not want to talk about it because it is so embarrassing. It is incredibly “embarrassing”, I would say. It is incredibly embarrassing for you. But when they were Health Ministers there was never any declaration by those Ministers of things that were embarrassing, such as budget blow-outs. They covered up. As an Assembly, we had to force them into providing the sort of information that I have willingly provided. Mr Stanhope takes credit, saying, “I found” - Mr Stanhope found - “the hospital was exceeding the budget and that we had had a blow-out”. I provided that information to Mr Stanhope. That is how he got it. Labor governments were mean with information. They were never open and helpful to other members of the Assembly. I provide information that is requested very regularly and will continue to do so. It seems to me that what we have had since I have been Minister is a transparency that has not been there before, and it will continue.

I would like to take the points of the motion one at a time. The first one is the blow-out in the hospital budget. Mr Speaker, as we are all well aware from the internal reports which I have placed in the public domain, the hospital did take its eye off the ball last year - a projected blow-out of \$7m in November and \$10m in December. These were, of course, projections, and we are now working to attempt to contain this situation. Remember, that is not the situation now; it is a projection as to how it might turn out at the end of the year in a no-action scenario. It is no secret that the hospital budget has blown out, because I made that information available and made it public. It is largely the result of unsuccessful management, of staff numbers and of costs. But there are other factors which can, with strong determination, be addressed. Members may have read an article in the paper this morning by Professor Don Hindle, who says that the critical thing in management is getting people to work together to try to resolve these problems. Indeed, Mr Speaker, that is what I am doing and that is what Mr Rayment, of all people, is doing.

But there is a background to these problems. Many reports indicate that the hospital is overfunded and much more expensive than all comparable hospitals. Last week the Productivity Commission gave alarming figures for the Canberra Hospital’s operating costs. Even though they are being tackled in some ways by Professor Hindle - and it is a good thing that they are, because we should have that debate - he does concede that there are some efficiencies that can be made. Mr Speaker, it seems to me that people in Canberra will wear a slightly more expensive hospital than ones in the rest of Australia if we can see that we are getting extra service from that extra expenditure. Report after report has indicated problems with work practices in all levels of the hospital. Now, that is not to say that people are not working hard. We know that the people there are working hard. Certainly, as I go round and talk to the nurses and other staff at the hospital, I know they are working hard. However, if there is poor organisation in some area, if there is inefficiency, it adds pressures. If there are added pressures, of course, then we have to look at more efficiency in organisation and a change in the character of staff and some re-engineering. But, Mr Speaker, that is not something that can be done quickly. It is something that does take time and does take effort.

Mr Berry: Ha, ha!

MR MOORE: What the Assembly needs to know is that that process is well under way. Mr Berry is guffawing. This is the Mr Berry who, with every single budget brought in, had a blow-out. Now, it was not just an ordinary blow-out; his blow-outs were in the cash system, they were cash blow-outs. Remember, the information that he provided and was provided under Labor governments was not accrual information and therefore, of course, did not take into account the fact that they could let maintenance go and let a series of other things go. Still, every single budget that he brought in was a blown-out budget.

Even though these things will take a long time, the community would expect me and this Assembly should expect me to take strong and swift action to begin the process. I have done that. I have taken strong action; I have taken swift action. The new chief executive officer, Mr Rayment, and his team have been engaged for the last three weeks in a process of soul-searching. They are looking at their own operations, their core needs, their performance. There are strong indications to me that the ideas that they are putting up to address the hospital problems are ones that are thoughtful and are beginning to work. What must follow is action, and it does take strong action. Now, together, we can tackle the projected \$10m operating loss.

However, disruption of the difficult reforms being developed within the hospital by political point-scoring that is not based on facts will not help. The point-scoring is about short-sightedness, it is about arrogance, it is about short-term political gain instead of the general view. The reforms are about control of the hospital budget so that it does not blow out in the long term and that we get long-term structural change.

I would like to move to the second point in the motion, that is, waiting lists and waiting times. We were provided with a copy of the motion - and I thank you for that - prior to going on the radio last night to deal with this issue. The copy of the motion addressed, as it ought, waiting times. Obviously, it became inconvenient to deal with waiting times because you can always get much more political mileage from waiting lists; so the motion that appears on the notice paper today deals with waiting lists rather than waiting times. Waiting lists are amalgamations of individual surgeon's lists within each specialty. They are not a particularly useful measure, because they result from demand and other factors that are totally beyond the control of the health system. Waiting times, of course, are far more important as they measure how much delay each patient is enduring, and they much more directly measure performance. It is very interesting that Mr Stanhope did not want to deal with the real issues of how long people are waiting, not for non-clinically-indicated circumcision, non-clinically-indicated plastic surgery or non-clinically-indicated breast reduction, for example, but for category one and category two treatment.

Mr Berry: You trivialise serious matters.

MR MOORE: I hear carping again from Mr Berry, who, do not forget, presided over four years of health blow-outs and four years of increasing waiting lists. Perhaps he did put the argument about waiting times. I think it is really important to understand that an increase in the waiting lists is not a measure of performance. So, what is a measure of

performance? The hospital has done significantly more cost-weighted separations, that is, average units of service, this year; in fact, about 2,000 extra occasions of service already this year compared to last year.

There is a myth that the Government has an automatic lever to spend more money for more surgery and lower lists. This is false. What we are actually interested in is looking at the long-term structural problems. Yes, there is \$16.8m of CUT - that is, critical and urgent treatment - money that is designed to go to the waiting lists. I can do the short-term, short-sighted, politically expedient thing which would be useful for this Government: I can split that money into the next couple of financial years and I can purchase services that would reduce the waiting list. If this Assembly tells me, "That is what you must do, Michael Moore", then that is what I will do. But that would not resolve the long-term problems. It would just mean that the next government to come in would then be faced with a rapidly increasing waiting list.

Instead, we have had the very sensible suggestion by the Health and Community Care Committee that they examine the issue of waiting lists and look at what we are trying to do in terms of long-term structural change and how we are going to use that money for long-term structural change and some of it for dealing with the problem that we have now. That is the appropriate way to go, not this ridiculous short-term, short-sighted push that Mr Stanhope seems to suggest - that I should grab the CUT money, say \$11m of it, put it in a bag, take it out to the Canberra Hospital and say, "Here you are, surgeons, do a bit more on the waiting lists and see how we go".

Let me give a specific example of what we have done with it. We have gone to the Calvary Hospital and said, "What we want you to do is have a significant increase in the number of hip replacements". Hip replacements have a very high cost-weight. They are a quite complicated and quite expensive piece of surgery. The waiting list numbers do not come down as much, because it is not just numbers; but what happens when you replace somebody's hip, as many of you will know, is that there is a phenomenal decrease in the amount of pain that people have. It is one of the most successful pieces of surgery. It does not bring the waiting lists down, but it does a much better service for the community. We have spent a significant amount of money on getting that particular piece of surgery done because that is the one that politically is hard to do. It is much better to bring the waiting lists down by saying, "Go through your list and pick out all the people who have an ingrown toenail or require a small operation to a knee, and let us do those".

Mr Hargreaves: That is an old argument, Michael. You did not win the last time and you will not win it now.

MR MOORE: I know, Mr Hargreaves, that you do not want to hear this stuff. I know that you do not want to look at the complexities. I know that you want to make it simple so that you have something for short-term political expedience. But what we really ought to be doing is working together to see how we can improve the situation, and that is what the Health and Community Care Committee is on about.

Let me talk about a couple of things in particular that I have done. I will start with this one: For the first time ever here and the first time in Australia I have circulated individual surgeon's waiting lists to every GP. I have done that for two months. Mr Stanhope

wrote to me and asked to have a copy as well. I have done that. He wrote to me and said, “Can I table it in the Assembly?”. I have agreed to do that. In agreeing to do that, I would say to members that the surgeons see these lists as particularly important in terms of the way they operate and were very reluctant to have it done, argued very strongly with me not to do it. However, in the interests of the patients it is appropriate for us to do it. We may now need to look at the ownership of those lists by individual surgeons. We know that in a public program nobody is entitled to a specific surgeon; the surgeons, however, own them.

MR SPEAKER: Order! The Minister’s time has expired. Would you like an extension, Minister?

MR MOORE: I seek an extension, thank you, Mr Speaker.

MR SPEAKER: Is leave granted?

MR MOORE: In fact, Mr Speaker, I seek leave to be able to complete my task here. I think it will take me about 15 minutes. So, I seek leave to be able to speak for a further 15 minutes.

Leave granted.

MR MOORE: I thank members. I will still see whether I can do it quicker than that. The department is in the course of examining methodologies behind current data collection, as there is some room in the current system for patients to be doubly listed at the two main hospitals. In addition, the hospital is currently running an audit of its listed patients, at my request, to identify listings which are no longer there at all. There are early indications that the listing process may reveal a significant over-reporting of the number of persons on the waiting lists. That is not something that I should use to pretend that lists are suddenly lower, and I will not do so; but it does help point out that list sizes are not as useful a statistic as waiting times.

Mr Speaker, I did mention earlier things such as circumcisions, breast reductions and other non-clinically required surgery. I will certainly propose for community debate whether those things should come off the waiting lists, because what happens at the moment and what happened under Mr Berry, for example, is that the circumcisions that are on the waiting lists actually just do not get done. People believe that they are going to get done but young men have been on the waiting list from the time they were babies. I understand that there are some people who are still on that waiting list awaiting a public, non-clinically required circumcision after 12 years. We are really, effectively, tricking people into believing that it is going to happen and I think that that is entirely unacceptable.

The final thing that I would like to say on waiting lists is that this matter is being considered by the Health and Community Care Committee. The Government will put a submission to that committee, but I am very keen to work with the committee to see what we can do to reduce the waiting lists.

Mr Speaker, the next issue I would like to take up is the third point, that is, relations with staff. My interactions with staff have been particularly positive. I have walked around the wards and spoken to the nurses during many visits to the hospital. In fact, I am not aware of any other Minister who did that as a normal part of the thing.

Mr Hargreaves: Terry Connolly did it.

MR MOORE: I have an interjection from Mr Hargreaves that Terry Connolly did. I believe that would be true, because I certainly think it would fit into the way that Mr Connolly operated. I have certainly done it quite regularly in my nine months as Minister, and I assure members that I will continue to do it. I have always had good relations with the managerial staff, who, I recognise, are under particular pressure right now. I need to strike the right balance between demanding an improved performance and giving them the support that they need. I believe, that after the relations I built up last year, the recent increase in my involvement actually finds that balance.

We heard Mr Stanhope referring to my relations with officials of the nurses union. He spoke about that in a very negative way. It is certainly true that relations were somewhat strained last year; there is no question about that. I have a different vision from some people within the ANF. I remind members that Mr Berry, as Minister, had a very difficult time with the ANF when they were seeking to have an enterprise bargaining agreement sorted out. I do not withdraw from that, because I have a different set of objectives from the nurses. I have a different opinion from them on some issues because the nurses union - correctly - has a role to look after its members. That is its prime role. My prime role is different from that. My prime role is to look after the patients and the general community.

The fourth point that Mr Stanhope raised is the issue of the replacement of the chief executive officer. There have been eight general managers or CEOs since the beginning of self-government in 1989 and I read today that there have been 27 in 25 years. That was said in a comment by Professor Hindle. I have not double-checked that figure. Running the Canberra Hospital is an extremely difficult task, with any CEO facing entrenched, systemic and cultural problems which lead to regular cost overruns and impede any attempt at reform. Mr Berry will know that when he took over as Minister for Health in 1989 both hospitals at that stage, Woden and Canberra, had long histories of blowing out their budgets and then coming to government for a handout.

Like many of his predecessors, Mr Johnston was beginning to face insurmountable resistance within his hospital, despite an extensive knowledge of hospital management and despite the fact that Mr Johnston has been a very successful hospital manager in other places and, I expect, will be a very successful hospital manager elsewhere. Mr Johnston and I were forced to recognise that his capacity to bring about the sort of change which is needed was diminishing. The amicable agreement between us for Mr Johnston to move on was totally above board. All steps were taken to overcome the difficulties Mr Johnston faced in dealing with the hospital and choices were made by him which involved his taking on another role. Mr Stanhope referred at one stage to the money involved. My advice is that the method that we have used will be a far less expensive, less costly, measure than any others that we could follow.

Let us look into the future, because that is a critical thing. The new acting chief executive officer, Ted Rayment, is a man who has my confidence. He has not come from outside the hospital system, as has been the case with many of the other CEOs. He has a good knowledge of the hospital's workings and an enormous desire to have the hospital operate to the very best of its ability within the budget framework. But there are some long-term issues that he has to deal with and, what is more important, he has the strong support of management and is building up a very good relationship with the unions and in other areas. That is something that I have encouraged. In fact, directly after he was appointed CEO, I sat down with Mr Rayment and the Nursing Federation and personally encouraged Mr Rayment. In that meeting with the Nursing Federation I said, "We want to see a change in relations to make sure that there is a much more positive relationship between the hospital management and the Nursing Federation".

I am quite sure that Mr Rayment will be able to make significant progress over the next six months. We could, there is no doubt, bring the hospital budget into line within six months. But could we do it and maintain the level of service that we currently deliver? That probably cannot happen. So, Mr Speaker, we will be doing our best to make sure that we maintain the level of service, because our first priority is to look after our patients right across the health system, while at the same time trying to make sure that we have made the appropriate structural changes to ensure that the budget management of the hospital is conducted appropriately.

I would like to go now to the issue that Mr Stanhope has raised in terms of my management role as a Minister. Mr Speaker, I am in a "damned if I do and damned if I don't situation". There is no question about this: Short-term political expedience will always lead to people saying, "The Minister interfered too much" or, "The Minister just sat back and did nothing". Either way I am damned. Mr Stanhope, in his motion, says to me and the Assembly, "Minister, you must fix the problem. You must take responsibility for it". Yes. Then he says, "But you must not meddle". I do not think you can have both. If I sit back and do nothing, I am accused. If I try to get involved and do something, I am accused. That makes for easy short-term political mileage, but it is seen through.

Over the last several months - in fact, from the time I first became Minister - I demanded results of the hospital through Mr Johnston, but management as a team were not breaking through the various forms of resistance. Mr Speaker, I have a long set of letters that I wrote to Mr Johnston demanding particular sets of changes. In recent weeks I have made even sterner demands. I have joined with Mr Rayment to put, in effect, to the whole senior management team, corporate managers and clinical leaders, that they must perform as individuals and as a team in changing the hospital and the way it is run. I have interfered, Mr Speaker. I am proud of it. It is my job and the public expect me to do so. If I did not take personal involvement, Mr Stanhope would put out a press release to the effect that the hospital burns while Mr Moore fiddles. That is simply a juvenile style of commentary. We know about the press release style of politics that Mr Stanhope has taken on in the last couple of months.

Mr Speaker, I will continue to take action in a couple of ways in terms of interfering with hospital management. The first is that I will approve any new jobs personally and I will do so until such time as the Canberra Hospital team has put together its strategic plan.

I expect that to be about the end of this month, about another two or three weeks. No jobs have been put to me at this stage. None. I understand that there was a meeting last night and I expect that there will be some jobs put to me in the next little while.

Mr Speaker, when we are dealing with these issues we have to take a long-term vision rather than a short-term vision. What we need to look at here is what to make of my job as Minister. Let me put to you, firstly, that I am across the issues. Let me put to you, secondly, that I have a vision, a long-term vision, as to where Health should go and what role the hospital should play. I tabled that in "Setting the Agenda" and I am working very hard towards that. Only a week ago I had a meeting with Michael Wooldridge to sort out some of the complex issues, some of the disincentives to the way our systems are funded, in order to see whether we can find a way through the disincentives to sensible outcomes for patients over who funds what, and I am still working on it.

I have a vision of the task required of the hospital, which is to reduce the proportion of money we spend in an expensive institution and see it spent instead on primary health care and in the community, and to do that - - -

Mr Berry: We all have dreams. Everybody has dreams.

MR MOORE: I appreciate that, Mr Berry. Yes, we all have them. I must say that the most important thing is that when I tabled "Setting the Agenda" there were positive comments. In fact, my recollection is that Mr Stanhope said that it could have been a Labor Party document. It was not, of course, but it could have been a Labor Party document. I was very pleased with that. It is something that, day in and day out, I work on and concentrate on.

That leads me to a small aside. Mr Stanhope raised the fact that I still pursue private members business. Indeed, tomorrow morning I will table my autumn sitting program. I did something similar six months ago; but the autumn sitting program, unfortunately, will be almost identical to the one that I tabled last time because of the weight of this work. I have not had the time to put the effort into private members business that I would like to, and that may still continue.

Mr Humphries has circulated an amendment to the motion. It is not an amendment that says that this is not an important issue and just dismisses it. First of all, it admits that there is a problem, and I have admitted the problem all the way along. It states that the Assembly has demanding expectations of governments. I know that you have demanding expectations and I seek to respond to them. I do not take this motion lightly, Mr Stanhope. I take it very seriously.

The amendment that Mr Humphries circulated gives the Government, the hospital management and the public an idea of what the Assembly expects the Government to achieve. It is not a cop-out amendment. It recognises what you are trying to achieve. It changes the approach from a negative approach to a positive and constructive approach to dealing with these issues of the hospital, problems that I have been very open about, putting them out in the public and saying that I am dealing with them. I have stated what I am doing to deal with them.

I have also stated that I am very interested in suggestions from other members about other ways of dealing with them - for example, the Health and Community Care Committee is looking at the matter - and I will listen very carefully to those suggestions. But in the end either we can take an entirely negative approach to this matter or we can take a very positive approach as an Assembly to try to deal with it in a long-term way. The choice is yours.

MR KAINE (11.53): I must say that, to some degree, I have sympathy for Mr Moore having to stand up today and defend the situation in our hospital, because the truth of it is that the situation in that hospital is the result of four years of mismanagement, not just one. Mr Moore said that he has a vision. He might have had a vision a year ago which would have told him not to take the poisoned chalice, but he did take it and today he is here answering for the problems in our hospital. I think that Mr Stanhope's motion is deficient in that it only talks about the current Minister for Health and Community Care. It should have embraced the person who was the Minister for Health and Community Care over the preceding three years.

I think we need to go back and review the history that led us to where we are today. I begin with the present Chief Minister's statement in her reply to the Follett budget in 1993-94, delivered in this place. I will quote just a couple of extracts. At that time the Chief Minister had been talking about some of the problems in the budget that was being proposed and she said:

Madam Speaker, it does not stop there. Hospital waiting lists are growing and public patients are having to wait longer. There is nothing in this budget to address the unacceptably long waiting lists we have in Canberra.

That was in 1993. She continued:

In fact, quite the opposite is true. This budget will produce even longer queues at our public hospitals.

That was a critique of Ms Follett's last budget. But the punchline is that further down in her speech the present Chief Minister said:

... in relation to health, Canberra is losing its credibility interstate. We are being treated as a joke ...

That was in 1993. Eighteen months later, the then Leader of the Opposition who made that statement became the Chief Minister. In her acceptance speech, having been elected to this place, she made another nice little speech, and again I quote:

One of our first priorities -

first priorities -

will be to address the problems in our public hospitals ... too many Canberrans are waiting longer and longer for necessary surgery. I am sure that all members ... believe that it is no longer good enough to spend more and get less.

Very prophetic! She continued:

What is required is fundamental change in the way we manage the system. Some tough decisions will need to be made ...

Four years on you have to ask: What were the tough decisions and when were they made? Back in 1993 and 1995 the Chief Minister was determined to fix it. On 9 May 1995, following the delivery by Ms Carnell of her first budget as Chief Minister and Treasurer, we had this press release by her office:

ACT Health Minister Kate Carnell has outlined a strategy to shift the focus of Canberra's health system back to where it should be - on the treatment of patients.

... unlike the previous government, she would be taking decisive action to address problems within the health system.

I repeat: Four years later, where was the decision-making and how come the problems have not been fixed? Ms Carnell said in the same media release on 9 May 1995:

... the aim of the reforms in the health system would be to provide a better, more accessible and more cost-effective system of health care for the people of the ACT.

And then in September 1995, having brought down her first budget, she put out a media release talking about public sector reforms. I think this is the crux of it:

Outlining a three year budget for the ACT, Mrs Carnell said government agencies would be required to operate within the allocations detailed in this year's budget.

How good was that promise? The one agency that has consistently not met that commitment of operating within its budget is the one that the Chief Minister was personally responsible for - the Department of Health and Community Care.

Just reviewing the facts in a cursory fashion, how good were all these commitments and undertakings to improve the service, do it more cost effectively and get more for less? In 1995-96, the first budget brought down by this Chief Minister and Treasurer, the Health and Community Care budget was around \$301m. By the next year, 1996-97, it had jumped to \$322m, an increase of over \$20m in the very first year that the Chief Minister and Treasurer was running the Department of Health and Community Care. In the current year, 1998-99, the health budget has jumped to close to \$343m.

So, the budget for Health and Community Care over the past four years, for three of which the Chief Minister was responsible, has gone up by getting on towards \$45m. This is getting more for less!

Mr Moore: Actually, that is not right.

MR KAINE: I am quoting from the Appropriations Bills, Mr Moore. Do you have a better source? These are the Government's own Appropriations Bills. While the budget has been going up by close to \$45m, that is, about 15 per cent a year, what has happened to service delivery? The last time I checked, the waiting list was about the same as it was when the Chief Minister took over in 1995-96.

Mr Moore: The waiting list. That is right.

MR KAINE: In a way, I am defending you, Mr Moore. You should not be taking too much offence at what I am saying. The fact is that you inherited a poisoned chalice. You inherited a department that under three years of control by the present Chief Minister and Treasurer, who had committed herself to making departments operate within their budgets, had completely escaped. In fact, it was about the only department or agency that failed to do what the Chief Minister said they would be obliged to do.

Where is the Chief Minister now? She is not even sitting here for this debate. The fact is that she failed abysmally to deliver what she promised. Her whole attitude when she took on the health budget in 1995 was: "I'm going to fix it. We're going to do all these good things. We're going to reduce the budget. We're going to get more for less. We're going to increase the service. We're going to fix it". Where are we four years later? We are in exactly the same position as we were then and this current year the budget is blowing out again - of the order, we are told, of \$10m. If that is achieved, the actual expenditure this year as against the 1995-96 budget will be closer to a 17 or 18 per cent increase per year. What has the rate of inflation been during that time? What has the Government been doing to get its costs of operation down? The answer is, obviously, nothing.

The Government is going to have a pretty hard time squirming off the hook on this one. I think that the motion is a valid one. I think that it states the case succinctly. The sad thing is that it should not be Mr Moore standing up here trying to defend it; it should be the Chief Minister and Treasurer. Where is she? She is not even in the chamber. I make my point.

MR QUINLAN (12.01): Mr Speaker, may I first congratulate Mr Stanhope on the presentation of his motion. Before I came to this place I had my own business for some years and, amongst other things, I examined other businesses. So I would like for a moment for you to put yourself in my shoes a year or so ago. Imagine a client comes along and wants you to look at a particular enterprise. What is the problem? The budget is out of control; there is a backlog of work and it is increasing; staff morale is at rock bottom; there is industrial unrest; there has been turnover at the senior management level; and the responsible board member is puddling in day-to-day management, taking it out of the hands of operating managers, even down to individual staff appointments in a business of over 1,000 people.

A basic primer on problem-solving says, "First of all, know the real problem". Therefore, you ask your client, "Who in God's name is responsible for this shambles? How did he get to be in charge of this enterprise? What are his claims to the job, his competencies, his experience?", and, maybe, "Have you considered asking him to stand aside while you try to get this business back on the rails? Do you have a person who can lead" - and I emphasise "lead" - "this organisation out of its downward spiral?". Your client then tells you, "Well, we have a person that makes stern demands and then makes sterner demands". Quite obviously, the enterprise has a chronic need of leadership to bring the people within the enterprise together in a cooperative, concerted effort to redress this catalogue of problems.

At this point, the client shows you some correspondence. A major block of employees have given notice that they have commenced prosecution proceedings against the board of management for coercion, based on threats to sell off the enterprise if they do not fall into line. Leadership!

About this time, you start to express to the owner grave concern. You examine some figures that have been put out and you find some public statement to say there is a cost overrun of \$6m or \$7m. This was later followed by: "No, we've jacked that up to \$10m". Here you give the client his first bit of good news. This is an oldie but goodie. The business is projected to overrun \$6m or \$7m. The responsible director has said, "Let's make it \$10m. So, at some future time we can have an heroic reduction back to \$6m or \$7m". Still we have grave concern.

Mr Moore: Don't attack public servants. Continue attacking me.

MR QUINLAN: I am not attacking public servants, Mr Moore.

Mr Moore: You are saying that they faked up the figures.

MR SPEAKER: Order! Mr Quinlan has the floor.

MR QUINLAN: Let me conclude by saying that you then remind your client of the old axiom, a fish rots from the head. If you do not recognise that, you do not solve anything. Mr Speaker, I commend the motion.

MR STEFANIAK (Minister for Education) (12.06): When I first looked at the motion, Mr Speaker, I wondered which Assembly I was in because, quite obviously, it would have been a very appropriate motion for the Second Assembly when we had our one and only Labor Health Minister who, I think, blew out every single budget he had. I seem to recall then an alarming increase in elective surgery waiting lists. I can certainly recall quite a lot of inability to deal positively with staff at the Canberra Hospital, and so it goes on.

Mr Speaker, I think that this ACT Government can be proud of the significant achievements that have been made in the health and community care sector in the first year of its second term, and I think that we can thank Mr Moore for his efforts there as Minister. What has happened is that he has successfully built upon the key reform directions pursued during the first three years of the Carnell Government in the

Third Assembly, with an increasing emphasis on improving individual and community access to cost-effective and integrated services, something the Minister has been particularly keen on. He has also had a particular focus on better meeting the needs of those who are most disadvantaged. Increasing importance has been given to the primacy of the citizen and the need to ensure that health services are based around the needs of individuals and population groups rather than service providers.

Let us deal with specific things. Let us take the public hospitals. There are a number of facts here of which this Minister can be very proud and the Government can be very proud of the achievements over the last year. An estimated 56,998 people were treated as inpatients - that is, unweighted separations - in the public hospital system in the 1998 calendar year, representing 56,287 weighted separations. That is an increase of one per cent in unweighted separations and 4 per cent in weighted separations on the 1997 calendar year - a record number of people treated. A further \$3m was provided in 1998-99 to fund extra operations for people needing elective surgery. That enabled extra surgery to be performed in areas such as hip and knee replacements and plastic procedures at the Lidia Perin Hospital.

Specialist staffing in the emergency department at the Canberra Hospital has been increased from four to 6.4, enabling the number of hours in which specialists are available in emergency to more than double - that is right, more than double - from 40 to 91. That has increased the hospital's capacity to respond to emergencies. Potential patients telephoning the Canberra Hospital's emergency department now have access to a dedicated telephone triage service. The telephone triage nurse position was established in late 1998 and now covers the hours of 9.00 am to 6.00 pm a day. Feedback from the community is very positive about now being able to access a nurse who can provide undivided attention to callers. Improved waiting times in the emergency department are also apparent.

The emergency department's capabilities also were enhanced by the appointment of the ACT's first academic in road trauma, Dr Drew Richardson, Associate Professor of Road Trauma and Emergency Medicine. Associate Professor Cathy Owen was appointed the Chair of Psychiatry, fulfilling a longstanding commitment by the Government. Mr Speaker, these appointments represent a significant enhancement of the capacities of the Canberra Clinical School and of the role of Canberra as a centre of teaching, research and clinical expertise. An offer of appointment has been made for the position of Chair of Nursing, which will facilitate an emphasis on evidence-based practice, patient outcomes and the professional status of nursing. The selected candidate is expected to take up that position in April.

Also, an increasing number of specialty nursing courses commenced during 1998 in recognition of a national shortage of nurses in some specialty areas. Specific nursing staff also have been appointed to support new graduate nurses, who now reach a level of competence more quickly than otherwise would have been the case. These measures are leading to improved patient care, which is what it is all about. Funding has been provided for the initial purchase and establishment of telehealth facilities at the Canberra Hospital, with further work being done on the development of a regional telecommunications centre

at the hospital. Five areas are being investigated as potential areas for telehealth development - psychiatry, home-based renal dialysis, medical and other health professional education, trauma and emergency, and general practitioner support.

Our status as a regional service centre has been further enhanced by the establishment on 1 October last year of the aeromedical retrieval service, using the emergency services helicopter SouthCare, with clinical staff provided by the Canberra Hospital. That service is enabling a rapid response to medical emergencies in the surrounding region. Needless to say, members will appreciate the fantastic job that it did rescuing sailors during the Sydney to Hobart yacht race - absolutely fantastic.

Mr Speaker, 176 people have undergone cardiac surgery in the first year of operation of Canberra's first cardiac surgery unit. That unit's capacity was further increased during the year by the appointment of a second cardiac surgeon. The renegotiation of contracts with the VMOs led to some disputation; but the new contracts have resulted in a fairer arrangement for the ACT community, to better ensure the effective use of taxpayers' funds. The sum of \$11m has been committed to a major redevelopment of Calvary Public Hospital to upgrade patient areas and to install and improve fire services. An amount of \$85,000 was provided to upgrade the antenatal clinic at Calvary, with work expected to be completed by March.

The \$20m National Capital Private Hospital opened in August, providing a significant expansion of services and improved choice for privately insured patients in the ACT and the surrounding region. In addition, a range of service agreements has been put in place between the Canberra Hospital and the National Capital Private Hospital, providing increased revenue opportunities for the public hospital.

I could go on. There are lots of other areas in which my colleague Mr Moore has notched up some significant achievements; but, given that most of the motion does seem to revolve around the Canberra Hospital, I think those significant achievements speak volumes for what this Minister has actually brought to the portfolio. I commend him for his efforts.

I would also commend to members Mr Humphries' circulated amendment to Mr Stanhope's motion. It recognises that there is a need for further improvement, that there is a need to contain the finances of the hospital to within its budget, that there is a need to ensure that waiting times for elective surgery are kept as low as possible, and that there is a need for the Minister to deal positively with the staff of the Canberra Hospital. Also, the appointment of a new chief executive officer to address the hospital's budget overrun needs to be looked at. Of course, there is a need for the Government to maintain firm oversight of the management of the Canberra Hospital. We recognise those things. We are not turning a blind eye to them. I would commend to members Mr Humphries' circulated amendment and I would ask members to think about the very significant achievements that Mr Moore has notched up over the space of 10 months or so, since being Minister. I urge members to support Mr Humphries' circulated amendment, not Mr Stanhope's substantive motion.

MS TUCKER (12.14): The first comment I will make about this motion is that I intend to amend it to change the last words to “hospital system”, not “health system”. I take the opportunity to move now the amendment circulated in my name. I move:

Last line, omit “health system”, substitute “hospital system”.

The reason I have moved that amendment is that the list of concerns in this motion are related to hospital management primarily and I could not support the motion in its current form because health is more than hospitals. I believe that Mr Moore has stressed that fact more than most Health Ministers, present and past, here and in other States and Territories. I will be supporting this motion if my amendment is supported. However, I want to say from the outset that, in fact, my concerns are equally directed to past and present Ministers, Federal and State.

Yes, there has been an extraordinary blow-out in the Canberra Hospital budget and there has been an increase in waiting lists. I listened with interest to Mr Moore’s explanation about the difference in waiting times and the various procedures that are given precedence. I was also interested to hear his response about the use of Medicare money, which made some sense to me. Yes, there have been industrial problems, another chief executive officer has been removed - apparently the twenty-seventh in 25 years - and the Minister has taken an unusually close and probably inappropriate interest in day-to-day management matters. However, it is not fair to lay the blame entirely at the feet of this Minister and this Government as if their failing is somehow unique. If, as was said in the paper today, the chief executive officer is the twenty-seventh in 25 years, it is pretty obvious that the problems are not new. Maybe the political response of sacking the chief executive officer needs to be seen as a common response from all governments trying to escape responsibility for the problems.

I believe that there are real issues facing the public health system, both here in the ACT and across Australia. The issue is ideological. It is about the approach of governments to the role of government and service provision. We have, basically, Howard’s disciples sitting across the chamber here. The Liberal ideology is to subsidise those who can afford private health insurance by giving them a 30 per cent rebate. No expense is spared on a national advertising campaign. In the ACT we had the Government promote the building of another private hospital, co-located with Canberra Hospital, even though there was no clear need for this facility and no market analysis done; there was no attempt to look at possible implications for the public hospital’s viability. Now we are not surprised to see that there have been consequences and that the Government is reluctant to accept responsibility for this action.

In countries where this economic rationalist approach has been the favoured approach there is now a movement away from it. The obsession with efficiency measures and costings has not led to improved patient care or services in health care. The communities of New Zealand and the UK are saying that they believe that everyone should have access to high-quality free health care and that the conservative user-pays approach to services is unjust and offensive to principles of fairness and equity. There are many people in the ACT and elsewhere in Australia who share that view. They are tired of the spin doctors talking numbers and they do not believe them anymore.

For a start, the numbers change according to who is looking; for example, the diagnostic related groups that determine the costing of acute care. I understand that patient data does not capture all the cost of the respective care for patients from New South Wales. Are these funds fully captured by the hospital? This is coupled with a problem in billing. I noticed in the *Canberra Times* today that the costing of renal services is also criticised. Perhaps, rather than lengthy industrial disputes, the Minister could set a priority to recover all the moneys owing to the hospital by ensuring that they have systems that can cope with the information that is required. We see the obsession with benchmarking leading to a race to the bottom, to the lowest common denominator.

The Government also has a clear industrial agenda which is totally unacceptable to the Greens. Mr Moore said that he was interested in having people working together. I do not believe that his approach has facilitated that. Mr Moore was more than happy to spend six months on all I can term as a game, engaging in more ideology by testing the water with the new Federal industrial relations legislation, a union-busting exercise. This ideological push continues with the insistence of the Minister to have three enterprise agreements - one for Canberra Hospital, one for Calvary Hospital and one for the community sector. What is the point of dividing staff under different agreements? Where is the flexibility and optimum output potential? The flexibility seems to be totally for Mr Moore and the Government to re-engineer services which would allow for future privatisation. It also seems evident that the various areas of health are not acting in a complementary way; rather as competing fiefdoms: More ideology and a greater push to privatise profits and socialise losses.

Where was the assessment of patient need and quality of care during this protracted industrial dispute? Where are the priorities for Mr Moore to intervene in the day-to-day running of hospital management? The obvious conclusion is that health professionals that have often dedicated their life to the care of patients are somehow incapable or untrustworthy. It seems to me that there is a trend in this Government's approach generally to control and intimidate workers. I noticed in the newsletter of the Education Department an item where employees were chastised for using email for personal messages and that managers would possibly check employees' email. I also believe that there has been talk of phone numbers rung by employees being of interest to managers.

It is amazing to me that anyone with management expertise could think that that is a constructive workplace approach or would lead to positive outcomes. If managers want loyal and committed people working with them, they need to show respect and to be inclusive in their processes, not to try to turn organisations into empires of control and intimidation. Obviously, in times of high unemployment, these tactics may create fear and, therefore, cooperation from employees, but overall the culture of the organisation has to suffer and therefore outcomes. Is Mr Moore qualified to assess how patients fare when the demands of serving the Minister conflict with other priorities?

In terms of the budget blow-out and the waiting list increase, I support this motion because we do need to hear more explanation from Mr Moore about what is going on. I did appreciate hearing from him this morning on this matter; so, this motion has been useful already because it has allowed us to have that discussion. I recognise that

Mr Moore has asked for a meeting with me and other members to discuss the issue in the coming weeks, but there is a worrying tendency for the Minister to take charge in a way which is causing even greater division between the various players.

This whole discussion is, once again, related to issues of revenue and finances in the Territory. We have seen the Chief Minister attempt to make political points out of a debate on the budget in the next sitting week. This proposal has been seen for what it is by the community and media - a political stunt. How about actually getting serious about the inclusion of members of the community in discussion and decision-making around these important issues? We recommended a proper review process for the discussion of revenue and expenditure issues in the report of the committee that looked at the superannuation liability. The Greens also asked in their log of claims at the last election for a permanent budget committee to be formed, a committee where the community and members had ongoing involvement. ACTCOSS also have been asking for a review. The opportunity is there. Unfortunately, we do not see this Government move any deeper than the level of political point-scoring.

I will be supporting this motion for the reasons I have outlined. I believe the serious ideological push of this Government and the disregard by Mr Moore for health professionals at the coalface are concerning and counterproductive. However, I will say again that the Government and the Minister are not alone in their mismanagement. I would like to hear from Labor how they would do it, because basically their record is not good either. Mr Moore has brought an emphasis to policy of population health principles and that does not sit comfortably with the political party he has chosen to work with. These internal contradictions are for him to work with; but, if he does not show that he can do so, unfortunately his broader health policies, which I support, will be seen to be no more than words on paper.

Debate interrupted.

Sitting suspended from 12.24 to 2.30 pm

QUESTIONS WITHOUT NOTICE

Karralika Therapeutic Community

MR STANHOPE: Mr Speaker, my question is to the Minister for Health and Community Care. In May last year, following a complaint to the Commissioner for Health Complaints regarding provision of services at Karralika therapeutic drug rehabilitation community run by ADFACT, the Commissioner for Health Complaints made a number of recommendations, including a recommendation that a clinical director be appointed to Karralika prior to the commencement of any service review. Similarly, in a report to the Health Minister in October 1998, consultant Dr Stephen Mugford also recommended accelerating the process of appointing a clinical supervisor to Karralika.

Mr Speaker, can the Minister inform the Assembly what changes have occurred at Karralika in the months since the report of the Health Complaints Commissioner and, in particular, can the Minister advise the Assembly whether he has appointed a clinical supervisor to Karralika, as now twice recommended?

MR MOORE: Thank you, Mr Stanhope, for the question. I can inform you that I have not meddled to the extent that I would appoint a clinical supervisor. The answer to your question is no. I have not appointed a clinical supervisor. Nor do I know whether a clinical supervisor has been appointed. Correctly, I am at arm's length. I will take that part of the question on notice and get back to you when I have determined whether that is the case.

You also asked what has taken place at Karralika. The Karralika board of directors is, of course, ADFACT. ADFACT has had its annual general meeting and a new board of directors has been elected. I do not know whether my description is exactly accurate, but the board that governs Karralika and governs ADFACT has been through an election process. The people from the previous board all stood down, and through the election process we now have a new group of people. That followed the recommendations of Dr Mugford. The board includes a number of people appointed by me and by Mr Humphries. I accepted and appointed the people nominated by my department. Mr Humphries, I understand, is still considering a nomination for the board.

There certainly has been a significant attempt at reform at ADFACT, leading through to Karralika. This does not happen quickly. The process is continuing, but it is changing. I would also be happy to get for you or for any other member a proper briefing on the matter. I will come back to you on the particular matter I took on notice.

MR STANHOPE: I ask a supplementary question. Thank you for that answer, Minister. I understand that you have taken part of the previous question on notice. It is relevant to this but, accepting that, can you advise the Assembly whether it is your expectation that all of the recommendations made by Mr Patterson, the Health Complaints Commissioner, and the recommendations by Dr Mugford will be acted on by you and implemented? If so, what sort of timeframe do you envisage?

MR MOORE: I have read the work from the Health Complaints Commissioner and I have read the work from Dr Mugford. As would normally be the case with government issues, much of what they have recommended will be taken on, but there will be issues that government, for whatever reason, does not wish to take on or to follow through. I am always happy to explain to members why we have taken a decision in any of those cases. I would hope that we will have Karralika working more effectively as soon as possible.

Bruce Stadium

MR QUINLAN: Mr Speaker, my question is to the Chief Minister, or maybe Mr Stefaniak and, to cover all bases, possibly Mr Moore. Can the Chief Minister inform the Assembly how many corporate boxes have been sold at Bruce Stadium up to this point?

MS CARNELL: No.

MR QUINLAN: I ask a supplementary question. This is going to be good.

Mr Moore: Which part of “no” do you not understand - the “n” or the “o”?

MR QUINLAN: Which part of “I do not know”. Will you find out? Can the Chief Minister tell the Assembly how much has been spent on marketing and promotion of Bruce Stadium and on relevant consultants? In terms of consulting fees, is it a situation of no sales, no commission? What is our exposure to date? By the way, did you notice 13,000 people last Saturday at Manuka Oval, where there are no lights?

MS CARNELL: Wasn't it great to see that sort of crowd at Manuka Oval? Mr Speaker, a consortium headed up by Nationwide Venue Management, a member of the Spotless group, has been engaged to undertake a sales and marketing campaign for the Bruce Stadium, including the sale of naming rights, corporate suites, memberships, signage, advertising and other items such as video replay board rights.

Other consortium members include Ross Oakley, known for his involvement in AFL in Melbourne; Glenn Wheatley, manager of John Farnham and an expert in the entertainment industry; and the Boyer group, Australia's leading company responsible for selling advertising and signage. The TV advertising campaign was developed by the Campaign Palace, which was responsible for the highly successful “Up there, Cazaly” promotion for the AFL.

Mr Quinlan: Sell-outs.

MS CARNELL: Sell-outs; that is right. Canberra businesses wishing to be involved in the stadium can pursue a range of opportunities, including corporate suites, corporate boxes and all those sorts of things. With regard to payment for these sorts of things, it is all in the contract. In other words, it is performance based. I will certainly get more information for Mr Quinlan, but it is based upon performance. If the performance is not up to scratch, then nor will the dollars be.

Injecting Rooms

MR KAINÉ: Mr Speaker, through you, I address a question to the Attorney-General. Minister, I refer to an article in the *Canberra Times* on Monday, 15 February, which quoted the ACT Director of Public Prosecutions, Mr Richard Refshauge, as voicing his very strong personal support for the establishment of a drug self-injecting room in Canberra. Flying in the face of the facts, Mr Refshauge said that heroin injecting rooms overseas have been “very successful” and “did not promote drug use”. Mr Refshauge evidently has not seen, or has chosen to ignore, the freely available evidence that I and many others have seen that contradicts that view.

Mr Moore: Your evidence is wrong. You know that. I took you through it and so did Dr Bammer. Dr Bammer took you through it.

MR KAINE: I am addressing my question to the Attorney-General. Perhaps he would like to chuck it to the Minister for Health, as the Chief Minister did yesterday.

MR SPEAKER: I uphold your comments, Mr Kaine.

MR KAINE: The worst thing in this extraordinary news report is that Mr Refshauge was quoted as going on to say that while a trial of a heroin self-injecting room ideally should enjoy bipartisan and broad community support before it was approved “it was worth going ahead without it”. Minister, as the Attorney-General of this Territory, do you regard it as appropriate for the chief government prosecutor, a senior public servant, to make such political and public statements on a matter that is highly charged and currently a matter of political debate? Will you instruct the Director of Public Prosecutions to cease forthwith making such public political statements which in effect support the establishment of a government controlled facility to be used to facilitate serious breaches of the law?

MR HUMPHRIES: Mr Kaine has raised an issue which I think deserves serious consideration. The fact is that we have a range of issues which from time to time senior members of independent statutory authorities such as the DPP may be asked to comment on. I think it is very hard to formulate any hard and fast rules about the application of judgment in those circumstances where a comment is sought to be made. I saw the article Mr Kaine referred to about the DPP commenting on the proposed safe injecting rooms. I am aware that a large number of people were asked to make comments of various sorts in a number of contexts, including the forum that was held last Tuesday at the Canberra Theatre or the Playhouse.

Mr Moore: It was in that context that he originally made the comments.

MR HUMPHRIES: Indeed, I am reminded that it was in that particular context that he made his original comments. I know that the Assistant Commissioner of the Australian Federal Police also made comments, the acting Chief Health Officer also spoke at that meeting, and a number of other people in various positions have made comments. I am not sure to what extent the comments that Mr Refshauge made touched on his role as the Director of Public Prosecutions, but I am aware that he certainly spoke at that meeting and to the *Canberra Times* - - -

Mr Moore: He was not at the meeting. He wrote a letter.

MR HUMPHRIES: I am sorry, he was not at that meeting, but he spoke at least to the *Canberra Times* in the context of his chairmanship of the Sexual Health and Blood Borne Diseases Advisory Committee, SHABBDAC.

Mr Refshauge has a long history of involvement in issues to do with drug abuse and regulation or policy affecting this particular area. I would consider it surprising if he abandoned his interests in those areas on becoming Director of Public Prosecutions. He has retained his role as chair of that committee, as he has retained his role as chair of the ACT Cultural Council. I would expect that he would make statements in both those

roles at various points and may even on occasions come into some measure of conflict with the Government in that position. In fact, I saw a letter from him in his role as chair of the Cultural Council which could be interpreted as making some criticism of government art policy. But that is nothing, I believe, we should get too upset about.

I think it has been the clear indication from the Chief Minister and from this Government generally that we expect a certain degree of openness about the way in which people take part in policy debates in the ACT. People with high standing and of a high intellectual calibre such as Mr Refshauge have something to say and have a role to play in debates of that kind. I do not think that I would be saying to him either privately or in a public sense that I reject his contribution to this debate. If he had come out and opposed the safe injecting rooms, his view would have been equally valid and equally to be taken into account. At the meeting I referred to I understand that the Assistant Commissioner of the Australian Federal Police made some comments to the effect that there would be difficulties with respect to enforcement of the law. If you were in my shoes, Mr Kaine, I am sure you would not be wanting to chastise the assistant commissioner for making those comments critical of a safe injecting room.

Mr Kaine: The commissioner was very careful not to get into political debate.

MR HUMPHRIES: I think he could be interpreted as being in that position. Equally, the DPP could be interpreted as being in that position. I think there is an exercise in judgment in all cases. I do not believe Mr Refshauge has gone too far. I do not believe he has compromised his position in any way. Obviously, I expect judgment to be exercised, but I believe it has been exercised on this particular occasion.

MR Kaine: I ask a supplementary question. It seems that under this Government the concept of public servants keeping out of political debate has been set aside, and this is not the first time. Minister, I take it then that you agree with the Director of Public Prosecutions and that, even if a drug self-injecting room does not have bipartisan and broad community support, you will still put it into effect anyway.

MR HUMPHRIES: I do not know that that question really follows from the original question, Mr Speaker, but those are issues yet to be examined by the Government as a whole. As far as the comment made preceding that question is concerned, there have been plenty of instances of people being involved in debates of various kinds. It particularly behoves people who hold independent statutory offices to be able to take part in those debates. For example, the Discrimination Commissioner and the Community Advocate both took positions which could be described as political in the context of the debate about Mr Osborne's abortion Bill last year. They have also taken quite strong positions with respect to mental health.

I have not gone back to any of those people and said to them, "You will shut up because I disagree with what you have to say". I think it is far healthier for the ACT political process if those officers, within certain bounds, exercise their judgment and contribute to the public debate. It may be different, I would concede, for people who are not holding independent statutory offices but certainly, in the case of these people we are talking about now, the holders of those offices, I think it is appropriate to be involved to that degree.

School Bus Fares

MR HARGREAVES: Mr Speaker, through you, I direct a question to the Minister for Urban Services. At the Tuggeranong Community Council meeting last Thursday you will recall - because you were there, as were Mr Wood and Mr Kaine - a group of women anxious about school bus fares. One of the women, with tears brimming in her eyes, said that once food, power and water bills were the major items of her budget. Now she finds that school bus fares are the largest item. Minister, why is it necessary for your Government to impose so much hardship on these people? Why is it necessary that you remove the educational choice of families?

MR SMYTH: Mr Speaker, it is an interesting question that is posed about the new network. It is curious that perhaps Mr Hargreaves does not then make reference to the article that appeared in the *Valley View* quite accurately recording the meeting that took place. Yes, there is some angst in the community over the new system and its impact on some families and their ability to get their kids to school. The *Valley View* says:

Mr Kaine, the former ACT Urban Services Minister, said the new system had gone 99 per cent of the way to improving the bus service for Canberra residents and needed only to be tweaked to make it a more equitable system for all school children.

Mr Hargreaves then jumped up, and the *Valley View* has accurately recorded what he said as well:

Mr Hargreaves also applauded ACTION's new bus system before focusing on the new zone system.

"To be fair, ACTION has done a superb job given that we've had such a monumental change," he said.

The point is that everybody is happy with the new network in terms of service levels - - -

Mr Hargreaves: No, they are not.

MR SMYTH: Please listen, if you are interested. Everybody is happy with the 20 per cent increase in services, the new through routing and the ability to get to their destination without necessarily having to go through an interchange.

How are we able to deliver that? We are able to deliver that because the new network as a whole has many components, some of which are the zone structure, the new fare structure and the new route structure. They are inextricably intertwined and you cannot undo one without losing something in the others. This is what those opposite choose to ignore.

The ACTION bus service, for the first time, has the ability to deliver real public transport for ACT residents. It has, I believe, the overwhelming support of all the ACTION staff, because they have really worked hard to make this work. Guy Thurston and all the drivers, all the mechanics and everybody who has had a hand in this have done a tremendous job to make sure that this network delivers.

On the question of fares, that particular lady spoke with Mr Thurston after the meeting. As we promised, we stayed and we discussed this. Mr Thurston tells me that several of the women who spoke might not be happy but they seem to understand the need for the change.

Say a Chisholm family had a son who travelled to Holy Family Primary School at Gowrie and an older son who travelled to St Edmund's. The primary school student would pay 60c to travel from Chisholm to Gowrie, about 2½ kilometres. You would say that that was a fair price for that trip. But then those opposite are saying that to travel the 15 kilometres from Chisholm to St Edmund's should be 60c too. You are asking short-distance travellers to continue to subsidise the long-distance travellers. That is not fair. That is wrong. That is the failure of their argument. They do not understand that we deliver service. We deliver service over the distances that are peculiar to Canberra. Most cities of 300,000 people are not spread over such a large area. The new system addresses that. The new system is fair and I believe the new system will be a success.

MR HARGREAVES: I ask a supplementary question. None of that rang true on the bus I travelled on during the last week. My supplementary question is: Why has the Government refused to accept its responsibility to the Assembly by introducing zonal fares for school students when the will of this Assembly was that it should not?

MR SMYTH: Mr Hargreaves should refresh his memory about what Mr Osborne's motion said. Mr Osborne's motion said that the new zone structure should not be introduced until it had been considered by an Assembly committee, the committee had reported to the Assembly, the Government had responded and the matter had been debated in this Assembly. My understanding is that on 8 December 1998 Mr Hird spoke and Mr Hargreaves spoke, and at the end the question that the report be noted was resolved in the affirmative.

I have done everything that that motion asked me to do. The matter has been discussed in this place and the Government has complied with everything that was asked of it. Go back and check the original motion. You will find that we were asked to consider it before it was introduced. That process has now been fulfilled in its entirety. I believe that somebody who travels a short distance should pay a small fare and somebody who travels a longer distance should be asked to make a greater contribution to the cost of their trip. That is fair.

Detoxification Unit

MS TUCKER: My question is to Mr Moore, the Minister for Health. Could you clarify for me whether in fact it is true that the detoxification unit was closed for any time over December and January?

MR MOORE: Ms Tucker, I will take that question on notice and seek clarification. My recollection is that the detoxification unit was closed down for a short time over the Christmas-new year period but there was always somebody available to assist people who sought help. The reason for the closure was that the community detoxification program has very little call on it during the Christmas-new year period. The part I will take on notice, because I think it is an interesting issue and I think it is worth exploring, is how many people contacted the detoxification unit while it was closed down and what happened to those people. Certainly, the information I was given prior to the time that closing down was proposed was that there would be a backup service for people who were in difficulties. That was provided first via telephone contact and then through the hospital. I will come back to you and to members of the Assembly on the number of people who contacted the detoxification unit while it was closed down.

It seems to me inappropriate to spend our money to keep a detoxification system open over a period when there is no demand for it. I think we can make an assessment of that, and that would inform us how we should operate over the next Christmas period.

MS TUCKER: I ask a supplementary question. I would appreciate the details. I am also interested to know what the backup was. What services were available, please?

MR MOORE: I will take that on notice and provide an answer. Prior to Christmas, when I was informed that this was the proposition, I checked and I was satisfied that there would be appropriate backup. I will come up with the detail and provide it to you and to members of the Assembly.

Ainslie Primary School Site

MR CORBELL: Mr Speaker, my question is to the Minister for Urban Services. It relates to proposals for the relocation of Craft ACT to the old Ainslie school building. I ask whether the Minister is aware of proposals within his department to alter the heritage citation of the old Ainslie school site to remove from the citation the sentence which reads:

This is best achieved through continued use of the place for educational purposes.

Is the Minister aware that these moves were initiated despite strong advice from an officer within the Heritage Unit which indicated that if this sentence in the citation is removed the entire statement of significance for the site would have to be reviewed and that its removal would weaken the integrity of the site, which exemplifies a community school in the garden city ideal?

MR SMYTH: Mr Speaker, the current usage on that site, I believe - and I will check this and confirm it for the member - is community use, and therefore it is quite appropriate to move Craft Australia into those buildings. As to amending the heritage citation, I would have to check that and get back to the member.

MR CORBELL: Can the Minister also confirm - perhaps you can take this on notice too - that a request was made by officers of PALM on behalf of artsACT to remove this sentence from the heritage citation specifically for the purposes of allowing Craft ACT to relocate to that building?

MR SMYTH: Again, Mr Speaker, the use is still consistent. I will check what Mr Corbell has asked, but it is quite curious because the Labor Party supported this. We think it is a good idea and we will move ahead with it.

Ainslie Primary School Site

MR WOOD: Mr Speaker, my question is also on the site we are talking about here. I note the desire and good outcome for Craft ACT, at least in the space available since SWOW's move, but I have a further question about process, and that is the concern. Can the Minister confirm that the ACT Heritage Unit provided only a verbal endorsement for the location of a transportable for the use of the Ainslie after-school care program in the grounds of Ainslie Primary School and that this was done with no formal documentation?

MR SMYTH: Again, I will have to check on the advice that Heritage gave about the process and get back to the member.

MR WOOD: I ask a supplementary question. The question was about process. Bear that in mind. I want to know whether what is happening there, and anywhere else, is the normal process and whether what is being applied here is consistent with what any private developer might seek to do.

MR SMYTH: Mr Speaker, I am not sure what is being alleged - whether it is being alleged that due process has not been observed. I will certainly check with the department on what has happened here. I think all in this place look forward to appropriate use being made of this site. I think having the arts people there would be absolutely wonderful, and I look forward to the day when that occurs.

Ainslie Primary School Site

MR BERRY: My question is to the Minister for Education, Mr Stefaniak. Minister, the chief executive of the Department of Education and Community Services received a letter from the executive director of the Office of Strategy and Public Administration, dated 31 July 1998, which advised:

At a meeting with the Executive Director of CraftACT on 22 July 1998 the Chief Minister expressed an extremely strong view that CraftACT and a number of other visual arts organisations should relocate to the

Ainslie Primary School site which I understand is Block 1, Section 31, Elouera Street, Braddon.

Given the expressed view of the Minister I would like to expedite this matter.

The Chief Minister wants it and it has to happen. The letter goes on:

I am seeking an indication from you as to when it might be possible to commence at least a stage one refurbishment of the building to accommodate Craft.

Can the Minister confirm that this was the first formal advice his department had received that the Chief Minister has decided to relocate Craft ACT to the old Ainslie public school, a facility managed by his department?

MS CARNELL: I will take that one as it is my - - -

Mr Berry: No, I did not ask you. Sit down.

MR SPEAKER: Finish your question, Mr Berry.

MR BERRY: Can the Minister confirm that this is the first formal advice his department had received that the Chief Minister had decided to relocate Craft ACT to the old Ainslie Primary School, which of course was a facility managed by your department? Was it the first advice?

MS CARNELL: Mr Speaker, I will take that question.

Mr Corbell: I take a point of order, Mr Speaker.

MR SPEAKER: If you were going to raise the question as to whether the Chief Minister can answer the question, there is not a point of order.

Mr Corbell: The question, Mr Speaker, was to the Minister for Education and was about the activities of his chief executive. I understand that he is the responsible Minister, not the Chief Minister, and surely we are entitled to ask him the question.

MR SPEAKER: I am well aware of that, Mr Corbell. Nevertheless we know it is the convention in this place that Ministers may transfer - - -

Mr Kaine: Mr Speaker, I would like to take up Mr Corbell's point of order. How can the Chief Minister state when Mr Stefaniak's department first heard about this? It is his department, not hers, so how can she possibly answer the question?

MR SPEAKER: I suppose we will find that out when the question is answered.

MR STEFANIAK: Mr Speaker, I am well aware that it is an election promise, and I note that the Chief Minister is keen to add something further, so I will let her.

Mr Kaine: What policy was that in?

MS CARNELL: It was in the arts policy. Mr Kaine actually stood for election on that policy. In February 1998 the then Minister for Arts, Mr Humphries, announced that consideration would be given to the relocation of visual arts organisations to this site. At that time the Ainslie infants school was identified for consideration as a possible site. When governments put out policies during election campaigns, guess what departments do? They investigate those policies and they do what the Minister actually asks them to do.

I know that this is an unusual view, Mr Speaker, but it was part of our arts policy going into the last election. Mr Humphries was very up front about that. The identification of Ainslie infants school was on the public record, and I can guarantee that the departments that were responsible for that - the Arts Department and Education - did all of the appropriate work and definitely knew about the proposal.

MR BERRY: I have a supplementary question, Mr Speaker, but I am not quite sure which Minister to direct it to.

MR SPEAKER: Just ask it. Somebody will answer it.

MR BERRY: The Government is starting to look like a big chook raffle. Can any Minister - - -

Mr Moore: I take a point of order about supplementary questions, under standing order 118. Mr Speaker, a supplementary question is supposed to be about a response to the way the answer was given. Therefore, Mr Berry would have no choice but to put his supplementary question to the Chief Minister.

MR SPEAKER: I uphold the point of order, I suppose.

MR BERRY: I suppose you can if you like. I am quite happy for any Minister to have a bit of a crack at it. Someone who is not sure might want to flick it to someone who is only a little unsure. Can any Minister - I would prefer it if it was the Minister responsible - confirm that the complete lack of consultation with Mr Stefaniak's department over this matter resulted in the department having to reprioritise its minor new capital works budget to accommodate costs of over \$250,000 for the relocation of the Ainslie after-school program and the SIEC program? Can you confirm that it was the first time?

MS CARNELL: Mr Speaker, I am happy to answer that question. Policies that you go to elections on are things that you actually implement and departments actually back you up in implementing. Departments support governments in implementing their election policies. That is actually their job. Reprioritising minor capital works is something that is done - - -

Mr Corbell: I take a point of order, Mr Speaker. The question was: Did the Department of Education have to reprioritise its minor new capital works budget to the tune of \$250,000 because of this decision? Yes or no? It is a simple question and we expect a straightforward answer.

MR SPEAKER: Mr Corbell, there is no point of order. You did not ask the supplementary question anyway.

Mr Berry: May I rise to the occasion? If the Chief Minister does not want to answer the question - - -

MR SPEAKER: There is no point of order, Mr Berry. Allow the Chief Minister to finish her answer.

MS CARNELL: As I was answering, minor capital works budgets are reprioritised all the time. That is why they are minor capital works budgets - to facilitate. I am sure, Mr Speaker, that you have been known to reprioritise the minor capital works budget for the Assembly if a new requirement has come up. That is a normal part of departmental management. I am also absolutely confident that if the department had not reacted to our policy direction then maybe they would have responded to the Labor Party or to Mr Wood's big picture on page 3 of the *Canberra Times* urging the ACT Government to go ahead with the proposal. I do not think anyone could say that this was a secret proposal or one that has not followed all the appropriate processes. I think it is a proposal that will ensure that a very important heritage building is used appropriately in the best interests of the community.

Mr Wood: Hear, hear! No problem with that.

MS CARNELL: Those opposite say they agree. Mr Humphries responded to much lobbying from the arts community and from the heritage community generally to ensure that this very important site was appropriately used, and I am sure that as a visual arts centre - - -

Mr Stanhope: Do you agree, Mr Humphries?

MS CARNELL: It was his policy. Over the next few years we will see a staged refurbishment of this building which will be funded from minor capital works and from the capital works program generally. I know that we will see this important old building become an important part of the arts community in the ACT. I am sure that the arts community generally are less than impressed with the silly antics of those opposite.

Fire Services

MR RUGENDYKE: Mr Speaker, my question is to the Minister for Justice, Mr Humphries. Minister, bearing in mind that it is February and that the Government is about to prepare the budget for the 1999-2000 financial year, could you please advise the Assembly whether the fire services budget for the Emergency Services Bureau has been finalised for last year's budget and whether it will retain the fire safety section?

MR HUMPHRIES: Mr Speaker, if Mr Rugendyke has asked me what is going to happen in next year's budget to any particular part of the portfolio, then obviously I cannot answer him until the budget is brought down. If he is asking about what happened in the current year's budget, that particular unit is still there. I am not aware of any proposal that it should be removed in order to accommodate some concern about this year's budget. Like all areas of the department, however, it will be subject to the necessary review which accompanies the putting together of a budget. If it is apparent that some better use can be made of that money, then it will be given consideration.

This year's budget is finalised. It is in effect now. Obviously adjustments are made as the year goes on, but I am not aware of any particular pressures on the fire budget except possibly those in relation to the negotiations around the new enterprise bargaining agreement. Obviously, that agreement necessitates discussion with the unions about ways in which we can deliver pay rises, which sometimes result in productivity offsets that may involve some reorganisation of a particular administrative approach or unit. With that issue to one side, I am not aware of any imminent problem to do with this year's budget for that particular unit.

MR RUGENDYKE: I ask a supplementary question. You have indicated that the fire services budget can be tweaked between now and the end of the year. Could you guarantee the Assembly that money will not be taken from the fire services budget to help fund the SouthCare helicopter?

MR HUMPHRIES: Mr Speaker, I can guarantee that nothing is going to be plundered to pay for SouthCare because we already have money in the budget for SouthCare and have had for a couple of years now. SouthCare will not be causing any other areas of the portfolio or any other part of government to have to be looted to pay for it. As members will be aware, we are in the process of approaching a number of major sponsors who in turn may lead to the result that SouthCare becomes entirely self-funding without any contribution from the budget at all. I can guarantee that SouthCare will not contribute to the problems of this particular unit within the Emergency Services Bureau.

Ms Carnell: I ask that all further questions be placed on the notice paper, Mr Speaker.

PUBLIC SECTOR MANAGEMENT ACT - EXECUTIVE CONTRACTS Papers and Ministerial Statement

MS CARNELL (Chief Minister and Treasurer): Mr Speaker, for the information of members, I present copies of contracts made pursuant to sections 31A and 79 of the Public Sector Management Act 1994 with Linda Webb (long-term contract), Moiya Ford (long-term contract), Julie McKinnon (long-term contract), Megan Smithies (Schedule D contract variation), Shirley Bowen (short-term contract) and Elizabeth Fowler (short-term contract). I ask for leave to make a short statement in regard to these contracts.

Leave granted.

MS CARNELL: Mr Speaker, the short statement is just to ask members again to respect the confidentiality of these contracts and to thank members for their support in the past.

FINANCIAL MANAGEMENT REPORT Paper

MR HUMPHRIES (Attorney-General, Minister for Justice and Community Safety and Minister Assisting the Treasurer): Mr Speaker, for the information of members, I present, pursuant to section 26 of the Financial Management Act 1996, the consolidated financial management reports for the periods ending 30 November 1998 and 31 December 1998. The reports were circulated to members when the Assembly was not sitting.

PAPERS

MR HUMPHRIES: (Attorney-General, Minister for Justice and Community Safety and Minister Assisting the Treasurer): I present, for the information of members, the following papers:

Canberra Tourism and Events Corporation quarterly report for July to September 1998, pursuant to subsection 28(3) of the Canberra Tourism and Events Corporation Act 1997.

Cultural Facilities Corporation quarterly report for July to September 1998, pursuant to subsection 29(3) of the Cultural Facilities Corporation Act 1997.

Ministerial travel reports for July to September 1998 and October to December 1998.

Determination No. 42, including a statement, pursuant to section 12 of the Remuneration Tribunal Act 1995 relating to travel allowances.

HEALTH SYSTEM - MANAGEMENT

Debate resumed.

MS CARNELL (Chief Minister and Treasurer) (3.15): Mr Speaker, it has been very interesting listening to the debate this morning, as I did from upstairs, because it is very hard for me, after being so involved in health for so long, to accept that the Labor Party would even be game to put up a motion about the management of health by this Government. But they have put up such a motion, and I suppose that means we really do need to talk about it. Let us look first at what they did in government, when Mr Berry was at the helm. I think that is important, Mr Speaker, because you have to have some base upon which to compare. We can compare with other health systems around Australia, and some comments have been made already about those comparisons.

Mr Speaker, to make those comparisons, I would have to say that just about every health system in this country at the moment has budget problems; every health system has waiting list problems; every health system is approaching the waiting list from a perspective of waiting time; every health system is moving - along similar lines to Mr Moore and, before Mr Moore, to me - more patients out in community-based care. When you actually go down a path of making the comments that this motion does, I think it is important to understand exactly what base you are working from.

If that is the case in other parts of Australia, let us have a look at what happened in health generally under the previous Government. Mr Berry and Labor had five health budgets. They achieved four blow-outs. All up, overruns totalled more than \$23m - and that is just in cash terms. Let us not forget that at the same time Labor closed nearly 200 hospital beds, leaving the ACT with the fewest beds per capita of any State or Territory.

Mr Stanhope seemed to be worried about waiting lists for elective surgery, and I would agree with him totally. Mr Speaker, as you would be aware, during the first term of this Government, waiting lists were reduced by 26 per cent - very much in line with our election promise in 1995. But what happened under Labor? Under Labor, waiting lists increased from 1,789 to 4,569 - actually very much the same as they were under Mr Berry a whole heap of years ago, and we have got heaps more people in the ACT now. Put simply, they more than doubled in 3½ years. So, I find it very difficult to understand how Mr Stanhope, or for that matter any members opposite, could stand up and complain about the handling of health from this side of the Assembly.

Mr Stanhope: What, four-and-a-half thousand people on the waiting list?

MS CARNELL: It is what Mr Berry had four years ago. In that time, of course, the population of the ACT has increased significantly. Mr Speaker, for those opposite to bellyache is simply ridiculous. Under Mr Berry, average waiting times exceeded - wait for this - five months. Mr Speaker, it was the second worst of any State or Territory. That has been significantly improved. Mr Stanhope just said that nothing has changed. Mr Stanhope, that has changed. Average waiting times have significantly improved.

Mr Speaker, the other thing that has changed significantly, of course, is the throughput in our hospitals. Over that period of time, the number of patients that we see, the number of cost-weighted separations, has increased significantly. So, not only were the comments about waiting lists and budgets simply hypocritical, Mr Speaker; but they failed to recognise the very real improvements that have been made in health generally.

Mr Speaker, comments were also made about health bosses being removed from the job. Under the last Labor Government, from memory, there were four different Health Department bosses in four years.

Mr Berry: None were sacked.

MS CARNELL: Mr Berry said, "None were sacked". Does that mean that they just left because they could not cope with Mr Berry? It must. Mr Speaker, under that Labor Government too, there were at least three different chief executives of Woden Valley Hospital in four years. So, we managed to go through one head of department,

it appears, a year, and also, it appears, very close to one head of hospital every year. Mr Speaker, that does not strike me as a significantly better performance. In fact, it is a worse performance than has happened under this Government.

Mr Stanhope says that we should be worried about the cost of our health system. Let me remind him of what the Labor Government said about such things as the Clinical School when it was being set up - one of the significant new costs in our health system. According to Mr Berry, the then Health Minister, he told the *Canberra Times* - and I note that those opposite are using the *Canberra Times* as the basis of all facts, so this is obviously fact - in January 1993 that the school would be cost neutral to ACT Health because professional chairs would be made by replacing existing positions in the hospital system. So why did the next Liberal Government have to find several million dollars of ongoing expenditure when it came to office to fund the Clinical School? Quite seriously, Mr Speaker, it was because it had not been costed properly and the, I think, very appropriate policy that Mr Berry brought in was brought in without the appropriate research, background and knowledge of what the costs would actually be.

So, what is Mr Stanhope's answer to the problems confronting the public hospital, the same ones that confront every government around Australia? I think it was very appropriate for Ms Tucker earlier to ask the Labor Party what they would do. It is interesting that, on 27 January this year, Mr Berry was actually asked on ABC radio how he would rein in the cost overruns at Canberra Hospital. But, Mr Speaker, he could not answer the question. No answers, no ideas - nothing has changed from the time when they were in government.

Mr Kaine: You do not have much idea either, Chief Minister.

MS CARNELL: Mr Speaker, I am very pleased that Mr Kaine made that interjection - although interjections, of course, are out of order - because I would like to actually quote Mr Kaine, who was also very critical earlier of the Government's performance generally in these sorts of areas. Mr Kaine said, according to the *Hansard* - so it is obviously the truth - when speaking about the budget on 13 May 1997:

It is a good budget; there is no doubt about it. It is a budget that has been produced after eight years of continuing decline in Commonwealth funding of this Territory. It is a budget that followed a reconstruction period following five years of Labor government which left this Territory absolutely denuded of financial resources.

We all know that, just before the last election, the Consolidated Revenue Fund of the ACT had virtually reached zero, and that says something about the financial management of the Labor Party that now purports to tell us how to run the place and how to produce a better budget. Well, they have not done so. Then Mr Kaine went on to say:

... I believe that this budget represents a very fair balancing of demands against the available financial resources of this Territory. It provides a continuing excellent standard of service in education and health.

We spend more money per capita than any other State or Territory in Australia, and we have maintained that. We are providing funds to make Canberra a better place to live in.

Mr Speaker, that is a direct quote from Mr Kaine. It is hard to believe the difference between that and the comments he seemed to be making this morning. It is hard to believe that things could have changed.

Mr Speaker, I will use another quote to explain just how hypocritical members of this Assembly have been in this debate. Mr Berry, when he was in opposition back in 1990, said:

One of the best performance indicators of a hospital system is the waiting lists.

Mr Moore: Is this Mr Berry?

MS CARNELL: This is Mr Berry. But then he became Health Minister. (*Extension of time granted*) Mr Berry said in this Assembly - so he was obviously telling the truth - in November 1993:

... waiting lists are not the measure you use for total hospital performance; they do not complete the full picture.

Mr Speaker, that is exactly what Mr Moore was saying earlier.

Mr Humphries: Mr Moore quotes Mr Berry too.

Mr Moore: Mr Berry was right.

MS CARNELL: I am sure that we have got any amount of quotes. Mr Speaker, this is a fascinating insight into how Labor saw health then and how it sees health - and now of course, from Mr Kaine's quotes too, how he saw health then and how he sees it now.

Mr Stanhope said that this Government cannot manage our health system. So, let us talk about what this Government has achieved in health over the last 3½ years. This morning, Mr Kaine seemed to be making the comment that nothing had been done. Mr Speaker, I have to say that that is a bit of an indictment of Mr Kaine himself, because he was part of that Government. In fact, he was Assistant Treasurer and put together one of those budgets.

Mr Speaker, over the last 3½ years we have created an adolescent unit at Canberra Hospital - promised by Labor but never delivered. We created a cardio-thoracic surgical unit at Canberra Hospital - promised by Labor but never delivered. We have got Canberra's first long-stay convalescent ward - again, Mr Speaker, something promised by Labor back in 1989 and never delivered. We have made savings of more than \$18m during our first three years in government - savings that were ploughed back into the

health system to help maintain our high-quality service. We introduced casemix funding systems for both Calvary and Canberra hospitals from 1 July 1996. There has been an increase in cost-weighted separations - that is, patients assessed according to acuity - at both major hospitals every year.

Mr Speaker, we established a new cross-border health committee, comprising senior New South Wales and ACT health officials, to improve service coordination in the Australian capital region and negotiate a better funding outcome for New South Wales patients treated in ACT facilities. We completed the \$172m redevelopment of the Canberra Hospital campus. We provided additional funding of \$250,000 to establish a new hepatitis C prevention and management strategy in the ACT, allowing another 50 patients to access interferon treatment through a partnership arrangement with Canberra's GPs. We expanded the ACT's methadone program from just 80 places - - -

Members interjected.

MR SPEAKER: Order, please! Not only are interjections out of order; they are also irrelevant to this debate.

Mr Stanhope: Michael, you cannot be too pleased with what you did with methadone.

MS CARNELL: Mr Speaker, if Mr Stanhope would be quiet, it would be much easier.

MR SPEAKER: I uphold the complaint.

MS CARNELL: Mr Stanhope was making comments about the methadone program. When we came to government, there were 80 places. We increased those places to 350, to 430, through the introduction of a community pharmacy program. We built a new state-of-the-art renal dialysis unit adjacent to Canberra Hospital to replace the ageing facility on Acton Peninsula that was allowed to fall apart under the former Labor Government. The centre now has 16 dialysis stations and four home-training rooms. We built a new \$1.5m early childhood residential service in Curtin to replace the old QEII building in Civic. We established two new family care centres in Gungahlin and Conder to provide more comprehensive health services for parents and children in Canberra's growing outer suburbs.

We refurbished the Canberra Hospital's rehabilitation and aged care wards and the pathology building, at a cost of more than \$9m. We opened a new 15-bed independent living unit at Gaunt Place in Garran to provide a specialist rehabilitation centre in a community setting for people recovering from major accidents and injuries. We refurbished the Phillip and Kippax health centres at a cost of more than \$5m. We introduced new wound management and continence promotion clinics. Mr Speaker, the list goes on and on. The fact is that a lot was achieved in the first term of this Government. (*Further extension of time granted*) We have managed to see a lot more patients in our acute hospital setting, in accident and emergency, in our hospital setting and in areas like hospital in the home - a very important initiative that has provided significantly better outcomes for patients.

Mr Kaine used some figures this morning - he did not accept that we had done any of those things, but we have done those things - and suggested that it has come at a huge cost. He suggested that the increases in appropriation for health every year have shown that we are spending heaps more on health.

Mr Speaker, I was very surprised that Mr Kaine made those comments, because Mr Kaine knows perfectly well that first and foremost you cannot compare a cash appropriation with an accrual appropriation, which he managed to do this morning. Also, I think, Mr Kaine would have known very well that one of the two-year periods he spoke about was the year that we included capital injections into the budget that went with health. That is not to mention areas such as insurable risk, which moved to the department - I think that was \$4.3m - and the superannuation costs that moved to the appropriation levels. Mr Kaine knows it perfectly well from being part of the budget deliberations and also from being in our party room during those few years and being an accountant.

The facts are that Health has been under enormous budgetary pressure. Health has not ended up with heaps more dollars. There have been significant savings. The vast percentage - in fact, almost all - of the Booz Allen recommendations have been implemented, Mr Speaker. As I said earlier, there has been some \$18m worth of savings from those, I think, in many cases, very difficult policy changes. But what has happened to those dollars? They have been ploughed back into patient care. If this Assembly wants to argue that that money should not have been spent on patients, should not have been spent on more cost-weighted separations, should not have been spent on the rather large and rather long list of initiatives and better patient care, then I think that is what members should say, rather than make a gratuitous attack on Mr Moore or me.

The facts speak for themselves. Over the last few years, health in the ACT has improved significantly. In the first term of this Government, waiting lists were reduced by 26 per cent. Yes, there is a problem at the moment, Mr Speaker; but Mr Moore is addressing the problem. Members of this Assembly can only support this motion if they believe that Mr Moore is doing worse than the previous Labor Government did or is having problems that are dissimilar from the problems facing other Health Ministers, Labor and Liberal, right around this country. If they cannot say that, then they simply cannot support the motion. The facts are that the problems we have got here are the same as those in New South Wales and Victoria, and I have to say that our situation is significantly better than the mess created under the previous Labor Government.

MR BERRY (3.35): Mr Speaker, I was drawn to speak in this matter by the Chief Minister's apparent refusal to address the motion before the house, rather attempting to justify her position of support for Mr Moore on the basis of her critique of Labor's years of government. Let us not forget that it was this Chief Minister who said that accrual accounting was going to fix everything. Of course, she was trying to compare the years of cash accounting with the years of accrual accounting, which was going to result in such a perfect outcome for the Territory. The fact of the matter is that under the prior system she was a great critic of Labor's performance in government, and

I would hope that she would treat her own hopeless Minister in the same way as she treated those from the government benches when Labor was in office. But that was a long time ago. You do not get a life sentence for these things. At the end of the day, the Government is going to have to perform better and at least do some of the things that it screeched at Labor about.

For example, I can recall Mrs Carnell screeching about the 200 or so beds that were going to be lost from the system in the ACT. But did she ever replace them? No, of course she did not. We were going to have 1,000 beds, according to Mrs Carnell. Did we ever get them? No, we did not. We were going to save money. Did we save money? No, we did not. We spent about \$80m extra over three years. Of course, it is most important to know that the heaviest influx of that money was before the last election. That is a good reason why you never have Health and Treasury in the same portfolio, because the Health Minister can say, "Ouch, I am hurting", and the Treasurer will say, "Here you are, dear. Here is a little package of money. You can fix it up". That is one of the big mistakes. So, do not ever criticise Labor for its expenditure in the health system.

Ms Carnell: Do you think Mr Kaine would let me do that? He was the Assistant Treasurer. Do you think he would let me? He likes me so much!

MR BERRY: I will touch on a few examples, Chief Minister, just to lay to rest some of the arguments that you have put. Let us not forget that it was this Chief Minister who did the deal with the VMOs that got us into more trouble. So, let us not take too much notice of this Chief Minister. Her crowning glory is to stand up in this place and claim the credit for what others do. Let us think about the methadone program. Mrs Carnell says that she increased it from 80 to 300-odd in her time of office. I am sorry; it was already at least three times 80, or four times, when you came to office after the Labor Government. So, to take credit for what others do, I think, is just a little bit too much. In fact, I think you misled this place; but that is not unusual.

Mr Humphries: Mr Speaker, on a point of order: An allegation that someone has misled the place should be followed by the appropriate motion, as Mr Berry is well aware.

MR BERRY: I will withdraw that.

MR SPEAKER: Thank you.

Ms Carnell: Mr Speaker, I think it is appropriate to make the point that we expanded the methadone program by 80 places.

MR SPEAKER: There is no point of order.

Mr Stanhope: A little bit different - only 250 or so!

MR BERRY: They expanded the methadone program by 80 places, not by hundreds. But, of course, what you should have said also is that you privatised a great deal of it, offered a subsidy to the pharmacy industry, of which you are part, and at the same time your Government privatised - - -

Mr Humphries: Mr Speaker, on a point of order: Mr Berry, as is his usual practice, has made a quite serious allegation about conflict of interest - - -

Mr Moore: He still has not sat down, either.

MR BERRY: I cannot. I am just too keen.

MR SPEAKER: There was certainly an inference there.

Mr Humphries: A very serious inference that Mrs Carnell was involved in something which was corrupt. The record will show that Mrs Carnell stepped aside from the decision. Her pharmacy obtained virtually no benefit - in fact, no benefit whatsoever - from the expansion of the methadone program in that way. Mr Speaker, I think it is entirely appropriate that Mr Berry withdraw any allegation he has made.

MR SPEAKER: Yes, I think that is true.

MR BERRY: I never made any allegations about corruption - - -

MR SPEAKER: As long as you withdraw.

MR BERRY: I have got nothing to withdraw.

Mr Humphries: You should withdraw.

Mr Moore: Withdraw.

Mr Humphries: Come on, withdraw.

MR BERRY: The fact of the matter is that her Government made a decision - - -

Mr Humphries: You have made an unparliamentary allegation - - -

MR BERRY: Okay, I withdraw that. Let me say this - - -

MR SPEAKER: Thank you. Now, can we get on with the debate, please?

MR BERRY: The Liberal Government made a decision to subsidise the pharmacy industry, of which Mrs Carnell is a part.

Mr Moore: She stood aside from it.

MR BERRY: Okay; that is fine. I accept that.

Mr Hargreaves: Mr Speaker, on a point of order: I have been entertained quite a lot by those opposite and by some of the stuff that has been going backwards and forwards, but I am having an awful lot of difficulty listening in because of the chatter that is coming across the chamber.

Mr Moore: On the point of order, Mr Speaker: I would ask that you give Mr Berry exactly the same treatment as you gave me. Through almost my entire speech there were interjections from almost every member of the Labor Party, as you may recall.

MR SPEAKER: Yes, that is quite correct. I would ask all members of the house to come to order.

Mr Hargreaves: Not this little black duck.

MR SPEAKER: Order! Mr Hargreaves, you are not helping, and you have just taken a point of order against the very thing you are now abusing.

MR BERRY: While I am talking about the methadone program, Mr Speaker, let me say what the Liberals have done, with Moore, the other Liberal. The answer to the problem with methadone is to privatise it even a little bit more and make those who need this important drug to assist them to get off heroin pay some more. We make them pay some more. So, we privatise it a little bit more.

Mr Moore: The answer to the problem, Wayne Berry, is to make sure that people are not waiting, no matter where they get their service.

MR BERRY: I will get to you in a minute, Mr Moore. Be quiet.

Mr Moore: On a point of order, Mr Speaker: The issue of relevance is particularly pertinent here. Mr Berry said, "I will get to you in a minute, Mr Moore". But, of course, the motion is entirely about the Minister for Health. So, quite clearly, the rest of his speech has been irrelevant.

MR BERRY: The Chief Minister made a contribution. I am responding to that.

MR SPEAKER: There is no point of order. I would remind all members that we are debating Mr Stanhope's motion with an amendment put forward by Ms Tucker. Please get on with it.

MR BERRY: Another claim to fame is that Mrs Carnell arranged for the building of a private hospital. This gets to the ideological question that Ms Tucker pointed to earlier. It is about shifting responsibility for the health system away from her Government, trying to force people out of the public system and into the private system. There is no question about that. That is what it was all about. There was also, in a business sense, an impact on local business which they were not adequately consulted about.

Mrs Carnell also said that Labor promised, I think, a long-stay rehabilitation centre, a ward, or something to that effect. I do recall that we did offer something of that order and we offered to put it on Acton Peninsula, in the buildings there. But Mrs Carnell blew them up. Mr Speaker, those are issues that the Chief Minister ought not to crow about.

Then, of course, one of the other great advances in the Carnell Liberal agenda was to try to sell the Civic Health Centre. What a great effort! So, I would not crow too much about your period in government. I accept responsibility for anything that I have done in the past; you should accept responsibility for anything that you have done in the past.

But that is in the past. What we now have is a motion before this place in relation to Mr Moore's performance. If you were to treat Mr Moore in the same way as you tried to treat Labor Health Ministers, he would not be there anymore. I can remember you shrieking across the room at Labor Health Ministers - not only me, but others as well - and demanding a standard of performance - - -

Mr Humphries: Everyone shrieks, according to Mr Berry.

MR BERRY: Mr Humphries ought not to enter the debate. He was the one that first sacked a chief executive of a hospital system. He was the one that had the first taste of blood, and it has stayed with them ever since. So do not enter the debate, Mr Humphries, and do not accuse anybody else of increasing waiting lists either, because you were pretty good at it yourself. I think you may have had to hand over the belt for budget blow-outs to Mrs Carnell. Whilst your performance was exemplary when it comes to budget blow-outs - you had \$17m - I have got a feeling that, on average over the three years, Mrs Carnell might have beaten you. So, she has probably got the belt. Mr Moore is vying for it, though, and that is what we are on about.

In the last Estimates Committee process, this issue was raised. The committee recommended that the Minister, as a matter of urgency, advise the Assembly how the Canberra Hospital plans to develop the process necessary to ensure that a satisfactory financial outcome is received in the 1998-99 financial year and beyond and the steps that will be taken to make up the lost ground from last year's budget blow-out. (*Extension of time granted*) There was a quite long response from the Government, where Mr Moore - and assuming that this was an all-of-government decision - was going to deal with the problem. I think that the Assembly is entitled to feel offended as a result of that. He set out a program to deal with the issues which had been raised as a result of the examination by the Estimates Committee, but it was not true. Here we have a situation where, not only did he not implement with any effect what he said he would, but the end result has been significantly worse.

Mr Moore: Is this what I said or is this what Mr Johnston said?

MR BERRY: This is the Government's response. You are part of that, remember. Maybe you are still an Independent when the news is bad. This is the Government's response to the Select Committee on Estimates 1998-99. It was in November. So, the Government's response to a \$3m or \$4m situation was: "This is how we will deal with it". A few months later we end up in a situation where it is out of control and the measures that he suggested to the Assembly - not to me and not to my committee but to the Assembly - are completely ineffective.

That, to me, is a fairly clear indication that, by the Chief Minister's own standards, this Minister is in trouble. This is by Mrs Carnell's standards, not mine. You people get up and criticise Labor, but you are not bad at it yourselves, and you set the bar fairly high.

What I would like to see you do is maintain the bar at that height for your own Ministers. If you were to do it, you would be voting with us on this question. The motion, of course, also deals with the alarming increase in elective surgery waiting lists. They grow as long as Pinocchio's nose.

Ms Carnell: They are as long as yours were. We have got up to your level.

MR BERRY: They are longer. After all of the money that you have invested in hospital waiting lists to try to save your own skin, they are still high. Again, what I would like you to do is use the same standards as you applied before in relation to these matters to deal with your own Ministers. Just be consistent with your own. That is all I would like to see you do.

The motion refers to "the Minister for Health and Community Care's inability to deal positively with staff of The Canberra Hospital". Michael Moore is a chameleon. This is the left of centre Independent that came into this parliament. Some of you would not have been around and have listened to the shrieks of dismay when other Residents Rally members joined with the Liberals to form the Alliance Government. What sort of an approach would you have expected from that member if he had been consistent? You certainly would not have expected him in a Liberal government. By his own standards, he would not have joined them.

Mr Moore: By his own standards, he went to the electorate first. That is the difference.

MR BERRY: Come on; pull the other leg. It yodels.

Mr Moore: I know that you do not have the intellectual capacity to understand these things.

MR BERRY: Let us get personal. Mr Moore, nobody would ever claim to have the intellectual capacity that you have. We would not want that sort of capacity - if we are getting personal, that is. Mr Speaker, this left of centre Independent then latched himself on to the Liberal ideology in relation to industrial relations and tried to do a bit of union busting. It did not work.

Mr Speaker, he also sacked the chief executive of the Canberra Hospital - unloaded him. Then there is his interference in the day-to-day running of the hospital system. I heard him also - and I must say that I was fairly disturbed at this - making light of certain procedures in the hospital. Breast reductions was one that he used.

Ms Carnell: Elective ones, non-clinically required.

MR BERRY: Okay, elective breast reductions. Mr Speaker, could I have just a short extension? This will not take long.

Mr Moore: You are beyond it. You have had your extension.

MR BERRY: You got 15 minutes, Michael.

Mr Moore: You would like leave?

MR BERRY: Yes, I would like some leave. (*Further extension of time granted*)

Mr Humphries: He is the Minister.

MR BERRY: We know that.

Mr Humphries: He has been attacked. He is entitled to defend himself.

MR BERRY: We have worked that out. We are up to that. Mr Speaker, hip replacements are elective too. Of course, they make light of these sorts of things.

Mr Moore: They are clinically required.

MR BERRY: These sorts of procedures are extremely important to some people. You made light of circumcisions. They can be very serious.

Mr Moore: And then they will be clinically required.

MR BERRY: Do not apply your own personal standards and prejudices and make light of these sorts of serious procedures.

Ms Carnell: They are not serious. We are talking about non-clinically required.

MR BERRY: They can be very serious. Do not make light of the psychological effects of the need for some restoration work.

Mr Moore: Then they are clinically required.

MR BERRY: No. You tried to create the impression that these procedures were unnecessary. That is the impression you tried to create, Minister, and you made light of them. They are very serious for some people. You are a disgrace.

Mr Moore: That is misrepresenting, Wayne. I said “non-clinically required”.

MR BERRY: You are a disgrace. I know the impression you are trying to create. You tried to create the impression that circumcision was not important.

Mr Moore: You are deliberately misrepresenting.

MR SPEAKER: Order, please! Mr Moore, cease interjecting. Let Mr Berry finish. It has been a long day.

MR BERRY: Mr Speaker, to cap it all off, this direct interference in the day-to-day management of the hospital, in particular in relation to staffing, is unprecedented. This is the Minister who wants to make decisions about every job that is filled at the hospital.

Ms Carnell: On a point of order, Mr Speaker: Mr Berry may have just misled the house. I am sure that he did not mean to. He said that this approach from Mr Moore was unprecedented. Mr Speaker, I took that responsibility for the whole of the ACT Government, not just in health, for a period of time in our First Assembly. So, it is certainly not unprecedented.

MR SPEAKER: Certainly, but there is no point of order, Chief Minister, as you know.

MR BERRY: I wish I had known about that. I would have given you a bit of a serve, too. The fact of the matter is that this interference and the confrontational game-playing approach which has been exhibited by this Minister, I think, are important.

The last thing I want to say is: Why is it that this Minister has not been able to cope with these difficulties in health? This is the most lightly laden Health Minister ever. He has fewer responsibilities than any Health Minister ever. Every other Health Minister has had additional responsibilities beyond this Minister's. So, Mr Speaker, this Minister has no excuses. The community out there is entitled to know how the extra funding that has been put aside for this lightly laden Minister has been justified in performance. We say that it has not been justified by his performance and that we are entitled to express some concerns about it. Mr Moore said to us earlier that he had a vision. For some of us, the vision has turned out to be a bit of a nightmare, especially for those people that are on waiting lists, those people who have been dealt with unfairly within the hospital system and those professionals whose duties are being interfered with, one way or another, by this Minister.

Mr Speaker, this is about an expression of view by this Assembly about a poor performance by a lightly laden Minister who is paid well to do a job in the hospital system. But the most memorable thing that has come out of the Minister has been a law to prevent leaflets under windscreen-wipers. That is the most memorable thing that has come from this Minister. Those people who at one time might have been in need of methadone to deal with their heroin dependency, who had to wait six or seven weeks to get onto the methadone program, would be applauding us for taking this action.

MR HUMPHRIES (Attorney-General, Minister for Justice and Community Safety and Minister Assisting the Treasurer) (3.56): Mr Speaker, this really is not surprising. Having been in this place for such a long period, as soon as Mr Moore told me and the rest of the community that there was a problem in the health budget this year I realised that the first thing that would happen would be that Mr Berry would want to settle some old scores over this process. Mr Berry has now left the chamber, as he generally does after he has thrown his grenades. You could almost see the weeping cuts on his body from previous scars and battles he has had on health, and his desire to seek revenge on those who raised these issues in the past against him by now quoting the same issues back at them.

Mr Speaker, the fact is that this is not the first time that a health budget has blown out in this Territory. It is not the first time that waiting lists have blown out. It is not the first time that ample doses or helpings of hypocrisy have accompanied a debate about who is responsible and why there are such problems in our health system. Mr Speaker, let me go back to the past. Members have already quoted the past. Mr Berry, Mr Stanhope and

others on the Labor side in this debate have trumpeted the evil of extensive waiting lists and the increases in waiting lists, and have said that this is a matter on which the Government should stand condemned. But you would not get any sense of that from the way in which Labor treated very significant increases in waiting lists when it was in office.

Mr Stanhope: Have you read Mrs Carnell's election speech, Mr Humphries? Have you read the election speech?

MR HUMPHRIES: Mr Stanhope, in particular, is new to this place and to some extent he can say, "I was not part of those earlier budgets". But the fact is that he is the inheritor of the mantle of the Labor Party's administration of health. He is the health spokesman for the Labor Party and he cannot lightly step to one side and leave to one side the inheritance that that represents. He tells us that waiting lists are a damning indictment of the Government, that waiting lists constitute a breach of trust to the people of the ACT, and that we, in particular, are responsible for the waiting list increases. Let me go back to 24 November 1993 when the then Labor Health Minister, Mr Berry, said this:

Waiting lists are one indicator of hospital performance. Everybody knows that. They are one indicator. If that was the only indicator that you had you could say that the variation in waiting lists was a measurement of hospital performance. You have to take into account, as I said over and over again, the average length of stay and the number of people you are treating in the hospital system, and in both areas this Government has done extra well.

Mr Speaker, if that was a defence back in 1993 then it is a defence today to increases in hospital waiting lists, and that is precisely what the situation is today. There has been extra throughput. There have been shorter average lengths of stay. In those circumstances, on what basis is a motion moved here today which relies upon that to condemn the Minister for Health?

Here is another interesting statement from the former Minister for Health, Mr Berry, again about waiting lists. I quote from what was said on 20 October 1993:

No government has been able to come up with the formula that guarantees that waiting lists will decline.

I repeat: No government. Who is responsible for the waiting lists? Mr Stanhope has told us it is the Government that is responsible for the waiting lists. Not according to Mr Berry. Mr Berry said:

Essentially, the number of people on the waiting list is, of course, decided upon by the referring specialists who decide whether people need surgery for one reason or another.

Mr Deputy Speaker, a few years ago waiting lists were not the responsibility of the government of the day. That is what he said, Mr Hargreaves, or Mr Hourigan, as the paper referred to you this morning.

Mr Hargreaves: That was lovely, wasn't it?

MR HUMPHRIES: That is what your colleague who sits just behind you said about waiting lists when he was Minister for Health. He said they are not the responsibility of the Minister for Health. Why then should the Minister for Health today accept responsibility because they have blown out?

Mr Hargreaves: Because he said he would do something about it.

MR HUMPHRIES: So did Mr Berry. Mr Berry said he would do something about it as well, and yet he said, "I'm not responsible" when the time came to consider his performance.

Mr Deputy Speaker, I do not think I need to quote extensively from *Hansard* to prove the proposition that every government has had considerable difficulty with a range of issues in health to do with waiting lists, throughput, bed numbers, cost-weighted separations and blow-outs in the hospital budget in particular. No-one needs to go very far back into the history of this self-governing Territory to see that that is the case. Do we contribute to a solution to those problems today by condemning a Minister who has been in office for less than one year and who has encountered the same problems that most of his predecessors encountered? Do we assist in resolving those problems by carrying a motion in the form in which it appears on the paper today? I would argue that we do not; that we ought to be focusing on solutions.

Mr Moore is the first Minister for Health who is not a member of either the Liberal or Labor parties. He is the first Independent member of the Assembly to sit in the position of Minister for Health. Mr Moore has shown some energy in approaching these issues from a different point of view. Nobody in this place, certainly no-one from the Liberal and Labor parties, has the authority to rise and condemn him for what he is trying to do in this area or to say that his contribution and his role are any less strong, less positive, less focused on the issue, less determined, than any of his predecessors. Carrying a motion in this form simply means that a Minister for Health has to carry on his or her shoulder a sort of a badge that says, "I was Minister for Health and I have been condemned for that reason". That is not an appropriate way of solving these problems.

We have seen on Mr Stanhope's table a whole series of headlines, such as "So and so denied access to the hospital", "So and so's surgery was cancelled", et cetera. Those headlines have been appearing for at least the last 25 years in this Territory, and probably everywhere else in Australia. If you think a Minister for Health needs to be condemned on the basis of that, then again there is no Minister for Health who is not going to be condemned.

Mr Deputy Speaker, I want to focus on solutions to these problems.

Mr Moore: That is why you are going to move an amendment.

MR HUMPHRIES: Thank you, Mr Moore. That is why I am going to move the amendment which has been circulated in my name.

MR DEPUTY SPEAKER: You foreshadow that. We will need to deal with Ms Tucker's amendment first.

MR HUMPHRIES: All right. I do not think my amendment is inconsistent with Ms Tucker's. I assume I can move mine even if Ms Tucker's amendment gets up. Anyway, I will come to that later. Mr Deputy Speaker, I will foreshadow that amendment and simply say that I believe it is important that we start to put a clear set of expectations on the Minister for Health, on the part of the Assembly, to indicate that issues like waiting times, the financing of the hospital, the relationship with the staff and so on need to be addressed, and addressed in an accountable and measurable way, where that is possible, but not to simply go into the process of saying, "Well, your budget's blown out; ipso facto, you stand condemned". That contributes nothing to the seeking out of solutions.

Mr Deputy Speaker, the motion itself, I think, is misguided. The motion says that the Minister should be condemned for interfering in the management of the Canberra Hospital. The fact of the matter is that we have to engineer a situation where there is an active involvement by the government of the Territory in the management of issues in the hospital and, indeed, every other area of the health system, because the Minister for Health, as this motion demonstrates today, is accountable to this Assembly for what happens in that system. I know there are lots of things you can be criticised for doing. For interfering in a way which is unproductive or which is counterproductive or which exacerbates a tender situation or whatever, yes, by all means, the Minister might be condemned for that. But condemning for interference per se is a very unsound principle because the fact remains that it is the duty of Ministers to intervene, to be involved, to make sure that issues and problems which arise are addressed. Mr Deputy Speaker, I seek an extension of time. (*Extension of time granted*)

I have to note, Mr Deputy Speaker, that there is nobody on the Labor Party benches at the moment. You are sitting in the Speaker's chair, Mr Deputy Speaker. Someone is coming back into the chamber now. It does not say much for this sort of debate when this is the level of interest by the Opposition. Mr Deputy Speaker, the approach from the Opposition has been short term. It has been to say, very arrogantly, "Look, we do not care what we said in the past. We do not care that our hands are as black as soot from problems of this kind in the past. You have a problem, so we will just point the finger at you".

Mr Stefaniak: Call Wayne "Sooty".

MR HUMPHRIES: "Sooty", yes. "Sooty" is a good epithet, but, of course, I would not be personal.

I particularly ask members to address paragraph (5) of this motion. There are not many members listening to the debate at the moment, I have to say, but I strongly urge members who might be outside listening on the intercom to consider the unwisdom of condemning a Minister for intervening in the hospital process. The Minister must intervene in the hospital process. It is the Minister's job to intervene in the hospital process. He cannot be accountable to this place and not intervene to some degree. Mr Moore has made it clear that the parting of Mr Johnston from the hospital system was an amicable one.

But if, for argument's sake, an officer within the system is mishandling his or her job, of course it is the responsibility of the Minister for Health to ensure that the officer concerned is removed from a particular area if that job is not being performed properly. That is not just his right; that is his responsibility.

Ms Tucker is in the chamber, I see. I say to her, "Is it wise to send the signal that the Assembly does not approve of Ministers interfering in issues of personnel management in the hospital?". I assume that is what this motion is designed to identify. It is to say to Mr Moore, "You should not have been involved in dealing with Mr Johnston and somehow involving yourself personally in that process". I assume that is what part of the motion is all about. Is that wise? Can we sustain that? I would argue that we cannot and it is wrong to do that, and that we should not pass a motion in those terms.

Mr Deputy Speaker, I want to address an issue raised by Mr Kaine. He said that the hospital budget had increased by 15 per cent per annum for each of the last three years. In fact, it has not. It has increased by only 12.8 per cent over the whole of the three years.

Mr Moore: If you just accept the raw figures.

MR HUMPHRIES: That is right. That is based on the raw figures, at least. Obviously, adjustments have to be made within that. If you take into account both inflation and population increases, and increases in acuity, that really represents, I think, a quite stable health budget over that period.

Mr Deputy Speaker, the Assembly has great power in these matters. The Assembly stands in a position of being able to exercise considerable influence in the way in which government carries out its job. It has exercised that power in the last few weeks in respect of another area of government activity, namely, the management of superannuation liabilities and the operation of a major public asset and its continued ownership in public hands. So we should not just assume that motions of this kind are an exercise in sending hollow signals or making empty gestures, and the Government just battens down and carries on with its job. This Government, at least, takes very seriously what the Assembly says. If the Assembly sends the signal through this that it is mismanagement to intervene in the hospital process, that it is mismanagement to replace the chief executive officer of the Canberra Hospital - not that that is what happened, as Mr Moore has explained - and that the Government stands to be chastised for doing that, then what should the Government be doing instead?

I hesitate to mention that the Government has not heard many solutions in this debate. We have heard lots about what we should have been doing in the past, and lots to condemn us for what is going on at the moment, but almost nothing in the nature of what we should be doing. Mr Deputy Speaker, I say again, as I have said in previous debates, that we increasingly come to the stage where we cannot get away with that approach any longer. If governments are to be held accountable here and their programs are to be held up or stopped altogether in certain ways, then it is incumbent on the Assembly to tell us what they would do in our place if that were their choice.

MR MOORE (Minister for Health and Community Care) (4.11): The amendment put by Ms Tucker would mean that the effect of the motion would be, having noted those things, that the Assembly expresses “its grave concern at the inability of the Government and the Minister for Health and Community Care to effectively manage the hospital system”. Mr Deputy Speaker, I take motions of this Assembly very seriously, as does each member of the Government. If members were to pass this motion that basically expresses their grave concern at my inability to manage the system, it would, of course, be something that would have a significant impact on me, because I do take it seriously.

I understand why the Opposition has to put up these sorts of motions. But if we are to take these sorts of motions seriously, there is an extra responsibility on the crossbenchers to say, “Is this motion exactly right? Is this really what we want to say? Do we really want to say that we have grave concerns that this Minister is unable to manage the health system better than anybody else in the country, or better than any other Minister has done in the past 10 years or so since self-government, or should we look at the foreshadowed amendment of Mr Humphries and say there are certain expectations of this Assembly, certain expectations of the Minister and we hope to see them happen?”.

Remember, we are talking about a hospital that has projected a blow-out, not a hospital that has blown out. We are talking about a hospital that has projected a blow-out of \$10m, and the only reason you know is that I have made that public. The only reason you know is that I have made that public. It seems to me, Mr Deputy Speaker, that that is something that the crossbenchers have to consider very carefully when they look at this motion and when they look at the amendment foreshadowed by Mr Humphries. It is the very thing that Ms Tucker said to me: “Make sure that you work with people to try to get a better outcome”. Are we, as an Assembly, just going to try to keep slapping people around and down for short-term political gain, or are we going to try to work with them, as I have with each member of the crossbenches, always being available to talk to them and always presenting information in a very frank way in order to deal with whatever difficult issue has arisen?

In this particular portfolio invariably there is a range of very difficult issues to deal with. Note the 255 women, for example, who had been exposed to an HIV positive, hep B positive worker. Just for members’ information, all those women have been found, all 255 of them, and all have tested negative. We still have a handful who are in the window period from the HIV perspective and we will see the results when the window period ends in mid-March.

Mr Deputy Speaker, it seems to me that we have the opportunity when we look at Ms Tucker’s amendment to say, “Yes, that amendment does make it a bit more sensible”, but it is far more sensible to go that extra step and take a positive approach to putting in the expectations that she will then test at the end of the financial year. That would be giving me a reasonable chance to do the job.

MR HARGREAVES (4.15): Mr Deputy Speaker, I was not going to speak on the motion itself, and I probably will not, but I want to make a point about Ms Tucker’s amendment. It refers only to the hospital system, and we need to understand why that is so. It is my understanding that the community health component of the Minister’s portfolio is doing particularly well. I think it is worth recording that they are doing

particularly well, having restructured their thinking from the old days of an open purse, an open slather and going for it, and adopting a much more businesslike frame of mind. They have accepted their responsibilities to provide services to the community, targeted properly and effectively, with high-quality professionals, and within a budget. They have adopted a businesslike footing and have achieved that over the last couple of years. I think that is to their absolute credit. I do not really believe that anybody in this place can accept the responsibility or the credit for that. All credit is due to the people in there.

The big challenge for any government tackling the health portfolio is changing the mind-set in that hospital. That mind-set has been a malaise in that hospital, Mr Deputy Speaker, at least since 1978 when I first hit it when we had a couple of hospitals. The malaise is exactly the same. Ms Tucker's amendment tries to bring our thinking back to the hospital system, not the community care bit, and I would urge members to think about that.

My only other comment about this is that this is not the first time I have seen expressions of concern in the Assembly about a Minister's handling of the portfolio and the perception on the part of the Opposition that it was not happening either effectively enough or fast enough. In 1994 there was a similar exercise. I note that Mr Humphries said that you do not hold the Minister responsible for budget blow-outs. He, I am sure - I will be checking this - was vitally involved in just such an action against Mr Connolly in 1994. I found it absolutely unbelievable that he would stand up in this chamber and say those sorts of things. It was hypocritical in the extreme.

Mr Deputy Speaker, what this Assembly really wants of its Minister for Health is that he start changing the culture at the hospital. We have seen over the last 12 months absolutely no change in the hospital culture at all.

Mr Moore: That is not true. There was a major change in the last three or four weeks.

MR HARGREAVES: I have maintained my connections. Mr Deputy Speaker, I might remind the Minister that he had peripheral contact with the hospital prior to assuming the mantle of Minister for Health. On the other hand, I had 19 years of experience in it. If we want to draw swords on it we can, but I would prefer not to because, curiously enough, in this instance I am not trying to be overly negative. I am trying to draw attention to what we are not doing.

Mr Deputy Speaker, that culture needs severe action. It is a fat lot of use standing up here and saying, "I am going to do this, I am going to do that, I am going to do x, y, z, and look how we have changed it when there is a budget blow-out". I do not really care, Mr Deputy Speaker, whether it is 15 per cent a year or whether it is 12 per cent over three years. We are talking about mind-blowing figures. The hospital budget is a mind-blowing figure. If you people want to increase its being out of control by 3 per cent a year, I do not find that acceptable either. I can say with some confidence that I have spoken to people at the middle manager level of the hospital. I can say this because I was such a middle manager of the hospital for quite some time during the temporary occupation of the chief executive jobs in the hospital which made your head spin. Not one government of either colour in this place in the last 10 years has not presided over people coming and going at a rate of knots like a merry-go-round. I was hoping when

Mr Moore took over the portfolio that there would be that culture change. It has not happened. The staff are no more buoyant, no happier in their jobs, and no more committed to an end result than they were when I worked there. I really would like to see a little more in the culture-change department. It just has not happened. All the high hopes that we had when he first took up the portfolio have not been delivered.

MS TUCKER, by leave: I would like to comment about a couple of things Mr Hargreaves just said. The reason why I put this amendment was that I believed that the way the motion read did not make sense. The list of grievances was specifically around the hospital and, therefore, it was appropriate to make the final sentence refer to the hospital. I have said that I support the overall approach of Mr Moore in the general health area, but I am not saying what Mr Hargreaves just said - that we do not have any problems in the community care sector. I want to get that on the record. We can discuss that another day. For my constituents, particularly in the mental health and disability area, I know that there are some issues, but that is not what is being discussed today. It is not an extremely harsh motion. I would prefer to work constructively on those issues with the Minister.

Amendment (**Ms Tucker's**) agreed to.

MR SMYTH (Minister for Urban Services) (4.22): Mr Deputy Speaker, I seek leave to move the amendment circulated in Mr Humphries' name.

Leave granted.

MR SMYTH: I move:

Omit all words after "noting" substitute:

- “(i) the need to contain the finances of The Canberra Hospital to the hospital's budget;
- (ii) the need to ensure that waiting times for elective surgery are kept as low as possible;
- (iii) the need for the Minister for Health and Community Care to deal positively with staff at The Canberra Hospital;
- (iv) the appointment of a new Chief Executive Officer of The Canberra Hospital, and the measures recently instituted to address the Hospital's budget overrun projections;
- (v) the need for the Minister for Health and Community Care to maintain firm oversight of the management of The Canberra Hospital;

expresses its insistence that the Government effectively manage the hospital system by ensuring that the services provided for in the annual Purchase Agreement are delivered, and delivered within budget.”.

Mr Deputy Speaker, there is much to do here about health. I do not think anybody here would doubt the importance of health to us all in promoting Canberra as a healthy city. How we go about that is very important. The amendment that Mr Humphries circulated and that I have moved talks about the future and about delivering and making sure that we are on track; that we deliver on our promises and deliver the reforms that Mr Moore, as Health Minister, is putting in train to ensure that we deliver the best health service for the people of Canberra.

It would be very easy to go back over old ground and have some sort of history lesson here, but I think enough people have said that others in this place have presided over blow-outs in hospital lists, have employed figures that were inflated, and have done many things except deliver the sort of health care that the people of Canberra deserve. Previous Health Ministers in this place have presided over blow-outs in health budgets that they conveniently forget. I think the record is something like \$12m in 1992-93.

These amendments are about getting on with the job, building on the base that Mr Moore, as Health Minister, has already laid, and ensuring that we end up with a hospital that meets the needs of the people of Canberra. I think Mr Moore has the ability to get out there and look at the problems, to analyse the needs and to move forward.

Mr Deputy Speaker, it is important that we in this place make sure that what we are offering the people of Canberra is something better. I get a sense out there in the community that people are often disappointed about the argy-bargy. What they want from this Assembly is something more positive. They want to see the way forward. I think this amendment that Mr Humphries has put together says that. It is quite clear in its intent. We do need to contain the finances of the Canberra Hospital to the hospital's budget. We must be good managers. Mr Moore, as Minister, must be a good manager. We do need to ensure that waiting times for elective surgery are as low as possible, and this Government will certainly work towards achieving that. Mr Moore has the responsibility and I am sure he is very much aware of the need to ensure that that occurs.

The Minister for Health and Community Care does need to deal positively with staff at the Canberra Hospital, and I believe he does. I have heard reports from people who work there that they were quite pleased to see him come into the wards and talk with the staff in their workplaces in order to get an understanding and so that he can be a better Health Minister. The whole point of this debate is to ensure that we offer something positive for the people of Canberra. I think Mr Moore, as Health Minister, has built on the work of Ms Carnell as Minister for Health. He has that positive nature, that sometimes aggressive nature, to deliver for people at one of the most critical times of their lives - when they need hospitalisation and care. I think that through Mr Moore this Government will deliver that system.

Mr Stanhope: Are you going to start doing those circumcisions, Michael? There is a cost-cutting exercise.

MR SMYTH: We will not talk about circumcisions. We do need to look at the system. I think what the public want to know is that the Government is capable of handling it. Mr Moore, as Health Minister, is capable of handling it. Mr Moore, as Health Minister, does have the support of all his colleagues. With that in mind, I have moved this amendment.

MS CARNELL (Chief Minister and Treasurer) (4.26): I am speaking to Mr Smyth's amendment. I think it is very important for all members of the Assembly to look at exactly what we were being asked to pass here before the amendments were put on the table. The motion contains a number of statements about budget blow-outs, waiting lists, the capacity of the Minister to deal positively with staff, and so on and so forth, but the basis of the motion is to express the Assembly's grave concern at the inability of the Government and the Minister for Health to effectively manage the health system. What good does that do? None. Is it true? Can you be gravely concerned about something that happened to those opposite when they were in government? They have spoken lots about waiting lists. Yes, the waiting lists are unacceptably long, but they are the same length as they were under Mr Berry.

Can we be gravely concerned at Mr Moore's inability as a Health Minister when he is having exactly the same problems as Andrew Refshauge just over the border in New South Wales? Can we have grave concerns about Mr Moore's ability if he is having exactly the same problems as the Minister for Health in Victoria? Can we have grave concerns if he is having the same problems as the Minister for Health in Queensland? In South Australia recently they had to make a huge injection of new funds into health simply because the budgets were blowing out and they were having to close beds. Can we be gravely concerned about a Minister who is having exactly the same problems, as I think Ms Tucker said, as every other Health Minister in this country, and the same problems that Mr Berry had when he was Minister? If we pass that motion, that would tend to mean we were gravely concerned about the ability of every single Health Minister in this country, and certainly Mr Berry as Health Minister as well. Now, what good does that do?

The amendment that is on the table changes that approach. While not diminishing the importance of maintaining the budget, it refers to the need to ensure that waiting times for elective surgery are kept as low as possible, the need for the Minister to deal positively with staff, the appointment of a new CEO at the hospital and the measures recently instituted to address the hospital's budget overrun projections, and the need to make sure that the Minister is keeping a very definite oversight of the management of the hospital. That is exactly what you would expect from a Minister. What we do is change a motion that is negative, a motion that just expresses grave concern, to one that expresses this Assembly's insistence that the Government effectively manage the hospital system by ensuring that the services provided for in the annual purchasing agreement are delivered, and delivered within budget. That is a very definite and positive statement for this Assembly to make and it really puts the Government and the Minister on very definite notice.

It is not notice that we did not know about. We were very well aware that the Assembly would require us to come in on budget. We do not in any way move away from the importance that the Assembly places on these issues, but we bring it around to a positive approach that insists that the Government manages within budget, addresses waiting times, and does those sorts of things. It is a very appropriate approach. It changes the motion from a short-sighted political shot to a motion that produces outcomes for the people of Canberra. That would seem to me to be a very appropriate approach, Mr Deputy Speaker.

Mr Berry: Just judge yourselves by your own standards.

MS CARNELL: Mr Berry says, “Just judge it by your standards”. Look, these are our standards. We are looking for medium- and long-term solutions to the health problems that beset every State and Territory in this country. As Mr Moore said, he is working very closely with the Federal Minister for Health and also the local GPs to come up with real solutions for the long-term benefit of patients.

That is the reason why I would urge members of the crossbenches to support this amendment. It is certainly true that health for far too long has been the basis of ongoing slanging matches between both sides of this house. We have all been part of that at various times. What has it achieved, Mr Deputy Speaker? Very little. Would this not be a good opportunity to put a fresh foot forward, shall we say, and for a change look at these sorts of debates as something that should value add, should improve the outcomes for the people of Canberra, rather than just be cheap, short-sighted political goes from what is, I think, a very arrogant Opposition?

MR KAINE (4.32): I move a small amendment to Mr Smyth’s amendment. My amendment will be circulated shortly. It is a fairly simple one. I move:

Omit “provided for in the annual Purchase Agreement”, substitute “required by the community”.

My reason for moving that amendment, Mr Deputy Speaker, is that we are in danger of setting in concrete a process which the Government has decided upon is a good way to go in order to place some obligation on the hospital management. I think there is some question about whether that process of embedding these requirements of the Government in these contracts is necessarily the right way to go because they certainly have not resulted in any better delivery of services, in my view, than the system that we had before. The big difference, of course, is that the Government itself was responsible before. Now the Government can use the subterfuge of saying, “Well, the hospital is not really us. It’s them. We can impose a contractual obligation on them. If it is not delivered we can say, ‘You have not met your contractual obligation to us’ ”. In fact, no matter what subterfuge the Government attempts to use, at the end of the day it is the obligation of the Government to provide health services, and they really cannot shrug it off onto somebody else.

The other point is that whether or not the requirements of the community are being accurately reflected in these annual purchase agreements is a moot point. What appears in those annual purchase agreements is what the Government thinks it ought to do,

and it may not coincide with what the community requires from the hospital at all. I would like the motion, if it gets to a vote shortly, to reflect actually the requirement of the community rather than some statement by the Government.

There is another point that I would like to make on that issue. When you impose such a contract on hospital management somebody at the management level must agree to sign it, I presume. Whether they do it willingly or whether they are told, “Your contract with the Government depends on you signing this contract to deliver services”, they probably sign it anyway, but there is the big question of the degree to which all of those people who work in the hospital actually subscribe to what is set down in that agreement. They seem to be obligated under some contractual arrangement to deliver, but to what extent do they claim ownership of that?

One of the reasons why things in the hospital are not coming out the way we would like them to is perhaps that they have this kind of contractual obligation imposed upon them from above. They have had nothing to do with the development of it and perhaps they are not committed to delivering the services that the Government wants to the quantity and the standards that the Government thinks is appropriate. If this amendment from Mr Smyth succeeds I think it ought to state not so much what the Government chooses to put into an annual purchase agreement, but rather “that the Government effectively manage the hospital system by ensuring that the services required by the community are delivered, and delivered within the budget”.

MR SMYTH (Minister for Urban Services) (4.36): Mr Deputy Speaker, we would be delighted to accept Mr Kaine’s amendment.

MR STANHOPE (Leader of the Opposition) (4.36): I will speak briefly to the amendments. I will wrap up later. Before we deal with those amendments I want to make just a couple of quick points. The points that I want to make go to my disappointment with the attitude that the Government has adopted today in relation to the debate. I will quote a couple of things that I said in my opening speech this morning. I said then that we chose to couch the motion in the terms that we have in order to allow the Minister and the Government an opportunity to allay the alarm and concern which all of us feel about the management of the health portfolio. I will quote again what I said this morning:

I initiated this debate today because of the grave concern this side of the house has in relation to the status of the Territory’s public health system. Affordable, accessible and excellent health care is one of the great aspirations shared by the Canberra community and it is at risk.

I went on:

I initiated this debate to give the Minister the opportunity to put the record straight. Reveal the extent of the problems. Tell us the reasons for the massive budget overrun at Canberra Hospital.

This was the invitation I extended to the Minister this morning. I went on to ask whether the Minister would care to address in the debate today the areas of the hospital's operations that are the cause of the blow-out. I said, "How, and when, will the Minister address these?". I went on:

Tell us now how you plan to address the burgeoning waiting lists for elective surgery ...

I concluded:

... the nearest the Minister has come to revealing a strategy to repair the damage suffered by the Territory's public health system was to refuse to rule out privatising all or part of the system.

That was what I said this morning. That was the invitation I extended to the Minister and the Government. It was an invitation extended by me to the Government in relation to this serious issue.

In the context of the amendment which has now been moved by Mr Smyth, I think we need to reflect on the contributions to this debate made by the Minister, by the Chief Minister and by the Deputy Chief Minister. They were presentations which dwelt on the past. They made absolutely no effort to deal with strategies for - - -

Mr Moore: They did not. That is a misrepresentation. Come off it, Jon Stanhope. That is just not true.

MR STANHOPE: I take a point of order, Mr Deputy Speaker.

Mr Moore: You cannot take a point of order yourself; you are speaking.

MR STANHOPE: Then I will not; I will just make the statement.

MR DEPUTY SPEAKER: Order! Carry on with your speech.

MR STANHOPE: I will make the point, Mr Deputy Speaker. I will carry on my speech. We have in this debate, I think, witnessed in Mr Moore's behaviour such continuing disregard and disrespect for the Chair in this place that I am surprised that no action has been taken against him.

MR DEPUTY SPEAKER: Mr Stanhope, you can raise a point of order while you are speaking.

MR STANHOPE: Thank you very much.

MR DEPUTY SPEAKER: Let us get down to the business.

MR STANHOPE: I am very pleased to receive that information. I will restrain myself. I will take the opportunity to do that in future, Mr Deputy Speaker. We have dwelt on the past.

There has been no serious attempt by Mr Moore to respond to my invitation to tell us how he proposes to deal with the blow-out. There has been no attempt to explain to us the basis on which we have arrived at this predicted \$10m blow-out. None of us here is any the wiser about the whys or the wherefores of the blow-out. None of us is any the wiser as a result of the debate today. We asked for that information. None of us is any the wiser about what has happened to the \$16.5m. Jokingly, I think, I expressed the view that I wonder whether the cash received by the ACT Government for the express purpose of dealing with the elective waiting lists had gone to fill some other hole somewhere or had actually been applied in the interim to the short-term money market.

Mr Moore: You think it should or shouldn't?

MR STANHOPE: We received no response.

Mr Moore: Do you think it should or shouldn't?

MR DEPUTY SPEAKER: Order!

Mr Moore: Should it be in the short-term money market or not?

MR STANHOPE: I rest my case, Mr Deputy Speaker. I rest my case.

MR DEPUTY SPEAKER: Mr Moore, order!

Mr Moore: You are pathetic, Jon Stanhope. You are pathetic.

MR DEPUTY SPEAKER: Mr Moore, order!

Mr Moore: You should have listened.

MR STANHOPE: We have gone from constant interjections to personal abuse now from Mr Moore. We have given up on the constant interjections; we are now reduced to personal abuse.

MR DEPUTY SPEAKER: Proceed.

MR STANHOPE: I would blush too, Mr Moore. I would blush too, Mr Moore, if I were you.

Ms Carnell: I think he just cannot believe how much you missed of his speech. I heard it all.

MR DEPUTY SPEAKER: Mr Stanhope, carry on with your speech.

MR STANHOPE: The invitation I gave was an invitation to address the real issues. All we heard was the Chief Minister parrot a list of so-called achievements in her time as Minister for Health. We have had no attempt repeated by Mr Humphries. We now await with great interest. I am sure these few words will no doubt have spurred Mr Moore into

action. We will perhaps get his detailed explanation of exactly where the \$10m blow-out occurred, why it occurred, and what he is doing, the detailed steps that he proposes to take to address it. We extended the same invitation in relation to the waiting lists, and some sensible explanation of how he intends to address the less than edifying industrial relation situation that exists out at the hospital. I make those points in addressing the amendments.

Because of the lack of attention by the Government to the details that the Opposition sought this morning, it seems to me to be simply impossible for this Assembly to accept the Government's amendment as a replacement for the responsible and sensible approach which the Opposition has proposed in relation to the matter. We do express grave concern at the Minister's and the Government's failings.

MR MOORE (Minister for Health and Community Care) (4.43): Mr Deputy Speaker, in speaking to these amendments I thought I would also reflect on the serious attempt I have already made to answer the questions. This morning I spent nearly half an hour on my feet, going through the very issues that are set out, one by one, in the motion from Mr Stanhope. I was able to do that partially because Mr Stanhope was prepared to give me a copy of that motion in the middle of the day yesterday.

I think I have dealt with those issues, but I will answer some of them. Perhaps, for some of the time during the debate, Mr Stanhope was not here and he did not hear me. I will clarify matters. Where does the blow-out exist? The Renfrey report and the Andersen report indicate to us that the blow-out exists right across the hospital, through all areas of the hospital. That is the issue that we are dealing with. As Mr Hargreaves and other members have said, there is a cultural problem within the hospital. A cultural problem cannot be dealt with instantly by a Minister who has been in office for 10 months, and a Minister who was first informed that there were financial problems in the hospital in November. Mr Deputy Speaker, it seems to me that these are issues that will take some time.

What are the areas? Mr Stanhope, it is right across the hospital, particularly in pharmaceuticals. Mr Stanhope, you did ask me for these so I am giving them to you.

Mr Humphries: He is not interested now, obviously.

MR MOORE: Mr Stanhope, if you are interested, I will explain where they are.

MR DEPUTY SPEAKER: Mr Moore, carry on with your speech.

MR MOORE: It is right across the hospital. There is a significant increase in pharmaceuticals, some \$500,000. In terms of it being right across the hospital, there is no question that a number of reports have indicated that our staffing is significantly larger than for other hospitals of the same character and the same size. So there is a staffing issue. That goes not only to administrative staff but also to nursing staff and medical staff. It is right through the hospital, right across the areas. There are a couple of exceptions to that, and I think those exceptions are notable.

What are we doing about it, and how and when? Well, Mr Rayment met with the senior executives of the hospital on Wednesday and again all of Saturday to try to work out what they can do about this. This is the first time, certainly since I have been a Minister, that those people have got together to work out how to deal with the budget problem. At the senior management level they have recognised that there is a problem in budgetary terms and they are trying to work out how to deal with it. One of the methods they will be dealing with is ensuring that budget responsibility is devolved down to managers at the lowest possible level. This has not happened in that hospital and there has been a reluctance to do it in the hospital. I wrote a number of times to Mr Johnston and asked him to do it and it is now beginning to occur.

Mr Stanhope asked me about waiting lists. I did give you a very good and very thorough answer about waiting lists this morning, Mr Stanhope. I particularly explained about the \$16.5m, but I will do it again. You got the explanation when you asked a question on notice about the expenditure of that money. I could adopt the short-term, narrow-sighted, short-sighted approach and go and purchase a fair bit of elective surgery now if I could. What I neglected to mention this morning is that I have been willing to go not just to the Canberra Hospital and the Calvary Hospital to deal with the waiting list. We have approached the private hospitals also. Lidia Perin Memorial Hospital is already doing some. I approached all the other private hospitals, saying, "Will you assist us in doing some of our waiting list because what we want is the best outcome for patients?".

Mr Deputy Speaker, I do not care who does the surgery, provided we can get it done within budget and at a reasonable price. We are pursuing those sorts of approaches but we are also pursuing broader strategies in terms of the waiting list. I will be very keen, because these things are particularly difficult, Mr Deputy Speaker, to work with your committee, the Health and Community Care Committee, when it examines waiting lists to make sure that we can work in a positive way on those waiting lists.

Mr Stanhope suggested that the only comment I have ever made is to privatise the hospital. Nothing could be further from the truth. In response to a question from Mr Corbell at the Estimates Committee, I made it very clear that I would not dance to his tune. I have never given an opinion as to whether I would be prepared to privatise the management of the hospital or not. I have never given an opinion and I refuse to give an opinion because I am not going to dance to his tune on it, which is very different from saying I am going to privatise. I will add this little bit for your edification, Mr Deputy Speaker: I am highly unlikely to do it and it is having no consideration whatsoever.

Mr Berry: Why don't you just rule it out?

MR MOORE: What I am doing, Mr Deputy Speaker, is working with the staff of that hospital, to make sure that we can deal with the issues in front of us. Mr Berry says, "Why don't you just rule it out?". Mr Deputy Speaker, if I were to face my responsibilities as Minister and this blow-out was not \$10m but was \$60m or \$70m, I would have to say I would have to put it on the agenda. It is not, and I do not have to put it on the agenda.

Mr Berry: Just rule it out.

MR MOORE: Obviously I have to speak slowly. Mr Berry, what I just said for you was that, had this blow-out been to the extent of some \$50m or \$60m, I would have to say that the hospital is beyond being able to be turned around and in that case we would have to look. I would not be able to then eliminate the possibility of privatising the management.

Mr Berry: Why do you not just rule it out.

MR MOORE: That is not the case.

Mr Berry: Rule it out for the moment.

MR MOORE: That is not the case. I would love to rule it out for the moment. I will rule it out for the moment. Mr Deputy Speaker, it seems to me that those are the issues that Mr Stanhope raised. I believe I have answered each one of them and I take them very seriously. I did not attempt today to get up and ignore the import of this debate. On the contrary, I went through every item, piece by piece by piece, and spoke for quite a long time, trying to deal with one at a time.

I started my speech by accusing the Opposition of being short sighted in its approach in order to distinguish its approach from mine, and it was particularly important in terms of those waiting lists. Let me explain that. Say this minute that I walked out to the Canberra Hospital and said, "I have \$10m. I just want it spent on waiting lists". They do not have the surgeons, they do not have the nurses and they do not have the things to be able to do it. It just is not that simple. Nothing you deal with in a hospital is that simple. We have been able to get some improvement in Calvary. I am negotiating with Calvary for even more. I have negotiated with the Canberra Hospital recently, and we have offered them \$3m for that. At this stage it looks like they are able to use just over \$1m and they are looking at ways to be able to improve their systems so as to be able to use that money. Of course we are trying to make sure we bring the waiting lists down, but I am not going to lose sight of the long-term structural change that is necessary to get the sorts of outcomes we want, and particularly the broad health outcomes in the community.

One of the things I have been really emphasising - I explained it this morning but I will reiterate it very quickly - is working with the GPs, the primary health care sector, so that we can keep people out of hospital. In the long term, the best way to reduce our waiting lists is to ensure that we can keep people out of hospital as far as possible. We need to do some work. An example of that is the diabetes work we have been doing. Another example is the work on asthma. The more we can treat people in their homes, the fewer people with asthma will have to go into hospitals and add to our waiting lists. These are the sorts of long-term issues that I mean when we are talking about restructure.

Mr Deputy Speaker, I do take the motion very seriously, but the amendment drawn up by Mr Humphries gives us the opportunity to do what Ms Tucker suggested to me, and that is to put a very positive approach on this so that we can get people working together and show the hospital staff that this Assembly and the Government would like to work

together with them to make sure we get the best possible health system and the best possible hospital for the Canberra community. Certainly, when I say the Canberra community, Mr Kaine's amendment enhances our attempt to do that.

MR RUGENDYKE (4.53): I will speak to the lot, Mr Deputy Speaker. There is no doubt that the hospital system has had more than its share of problems in recent times and that these have been well canvassed in the chamber today. We are aware of them and we would all like to see them smoothed out. I certainly do have concerns and I certainly believe that there have to be improvements. This is why I instigated an inquiry into hospital waiting lists last year. The purpose of setting up an inquiry into public hospital waiting lists was to try to obtain some concrete answers.

Elective surgery waiting lists at Canberra and Calvary hospitals have never been so high, and there is also a priority to address clearance times. The ACT has a poor national rating in this area and that has to be analysed. The community is experiencing delays in surgical and non-surgical waiting lists, and people want to know why this is the case and how it can be fixed. When I proposed the inquiry into waiting lists it was with a view to coming up with a cooperative approach to having a positive impact on this ongoing issue, and in a collaborative way.

As I said, Mr Deputy Speaker, I do have concerns. The Health Minister is in a difficult position and he has had a series of difficult issues to contend with in less than 12 months in the job. I have always been prepared to give Mr Moore every opportunity to prove himself as Health Minister and to give him a fair go. He took over this ministry at a sensitive time and inherited a great deal of baggage. It would be unfair to say that he has caused all of the problems, but, in saying that, I certainly expect to see some improvements in his second year. Mr Deputy Speaker, we are all keeping a close eye on his progress and the issues within the hospital system.

Mr Osborne: Come and sit here. Come on. There's a seat up there next to Harold.

MR DEPUTY SPEAKER: Order!

MR RUGENDYKE: Thank you, Mr Deputy Speaker. Mr Osborne thinks I need to speak quicker and I am trying to. Mr Deputy Speaker, I do have concerns, as I said, but they are not to the extent of being as grave as suggested by Mr Stanhope's original motion. However, I am pleased that the issues have been raised in this debate and I will support Mr Smyth's amendment.

Mr Kaine: And mine.

MR RUGENDYKE: And Mr Kaine's amendment.

MR DEPUTY SPEAKER: Mr Osborne, you have a free rein.

MR OSBORNE (4.55): Thank you, Mr Deputy Speaker.

Mr Smyth: Should we get comfy here?

MR OSBORNE: No. This is an interesting debate. I have sat back very intently and listened to the debate on this - - -

Ms Tucker: That is unparliamentary.

Mr Moore: You have not been here.

MR OSBORNE: Ms Tucker accuses me of misleading. I think I may well be, Mr Deputy Speaker. I want to read out a few statements. Quote:

Trying to balance the ACT budget and health was this Government's biggest problem area. Health's budget had blown out every year and had been bailed out repeatedly by weak-kneed governments. The more the ACT overspent on health, the less money there was for other services and it was time the Government brought the problem under control.

Who said that, Mr Deputy Speaker? Mr Moore. I have a whole list here. Would you like me to go on? I quote:

"It is totally irresponsible of the Chief Minister to threaten the morale of staff employed in the health ... systems by implying that there could be cuts to their budgets," Mr Moore said.

I will not prolong the agony of Mr Moore. Mr Speaker, I have looked at this motion of Mr Stanhope's. It is not a censure motion but it clearly states to the Minister that we have some real problems with the hospital. One of the issues that won me on supporting this motion was the fact that it not only expresses grave concern over the Minister's problem with the hospital but also of this Government. Some of the speakers on the other side of the chamber have spoken about the many things that Mrs Carnell said about what she was going to do within Health, but I do not want to dwell on that. The reality is that this Government fell well short of what they promised to do prior to the 1995 election. By supporting this motion, Mr Speaker, I think we are sending a clear message to the Minister.

I would like to congratulate the Minister on the amount of information that he does put out, although I am a little bit suspicious. When the information kept coming and coming and coming, I thought to myself, "Michael's either being open and consultative like nothing we have seen before, or he is going out on the front foot". He thought that rather than someone else coming up with it, he would get it out.

I do have a concern with paragraph (5) in this motion, Mr Speaker. I think it contradicts everything else that we are saying and that this Assembly is saying that the buck stops with you, Mr Moore, and the buck stops with this Government, yet you are not allowed to have anything to do with the day-to-day management of the Canberra Hospital. I think that paragraph (5) is a bit - - -

Mr Berry: Would you like him in the operating theatre when they are doing your circumcision?

MR OSBORNE: He would have had to have been there a long time ago, Mr Berry, if he wanted to see that. Seriously, Mr Speaker, if we are going to say to the Minister, “It is your responsibility ultimately”, we need to look at removing paragraph (5). Quite clearly, if we are going to be able to bring him before the Assembly and say we have concerns with how it is going and yet say, “Don’t you dare get involved in the day-to-day operations”, that contradicts everything that this motion stands for. I understand that the hospital budget is a huge problem, and it has been for previous governments. I even considered amending this motion to condemn all previous Health Ministers, but Mr Humphries did not like that.

Debate interrupted.

ADJOURNMENT

MR SPEAKER: Order! It being 5.00 pm, I propose the question:

That the Assembly do now adjourn.

Mr Humphries: I require the question to be put forthwith without debate.

Question resolved in the negative.

HEALTH SYSTEM - MANAGEMENT

Debate resumed.

MR OSBORNE: Mr Speaker, I do not particularly want to do any favours for the Minister and delete paragraph (5), but perhaps we could go through the motion. Can we do that, Mr Speaker? Can we go through it point by point?

MR SPEAKER: We have two amendments, yes.

MR OSBORNE: If we are going to say to the Minister, “You are ultimately responsible”, we need to be able to give him, at least, the opportunity to go into the management of the hospital and try to turn it around. I do not know that paragraph (5) is sensible. I think there has been a fair amount of indignation from the Government on this motion. I do not think it warranted that. Obviously, Mr Moore would rather it were not passed. I think it is sending a clear message that this Government, not just the Minister, needs to turn it around, so I will be supporting it. Unlike my Liberal colleague here, Mr Rugendyke, I do think it is a debate worth having and we need to put the ball back in the Government’s court. Mr Speaker, I will be supporting it and we will see what happens with paragraph (5) later on.

MS TUCKER (5.03): I am speaking to Mr Smyth's amendment, particularly. I can speak to Mr Kaine's amendment too.

Mr Kaine: Just say it is okay.

MS TUCKER: Well, I will be supporting it, amended or not, because basically I made the point in my speech that I also have concerns about what is happening in other places in Australia and under the Federal Government's policy. That seemed to be a major feature of the Chief Minister's arguments - that, because it is not working in other places, we do not have the right to express concerns in the ACT. I think that is not a strong argument at all. The very point of a lot of what I said was that Health Ministers all around Australia need to be looking at the particular direction they are taking. As I said, the UK and New Zealand have already tried to take that approach and it has been shown quite clearly that the community is very unhappy with the results of that particular economic rationalist approach to health care.

The other point that Mr Moore has made in the most pointed way several times is that I spoke about the need to be constructive, and that somehow the amendments put on his behalf by the Government turn this into something constructive. I am afraid that all I can see it as is a point-scoring effort by the Government and Mr Moore to have a win in this debate. That is not what being constructive is about. It is about semantics. This amendment basically will say, "This Assembly wants the Minister to do his job". Yes, we all do want the Minister to do his job. We assume that he has been attempting to do that. What Mr Stanhope's motion is saying is: "Yes, the Minister needs to do his job and we are concerned that it is not working well", and I think that is a legitimate position for us to take. That was what, I believe, the intention of the motion was, and to change it according to Mr Smyth's amendment is just a bit of a nonsense and I will not support it.

MR STANHOPE (Leader of the Opposition) (5.05): I am happy to close the debate. I will do it very briefly. It has been a long debate and I think everybody in the Assembly has had adequate opportunity to listen to all the views that were put. I think the case for the motion that I moved this morning has been put and made. I think the point just made by Ms Tucker is the relevant point - that it is quite legitimate for this place to echo a concern. I think throughout the community there is a level of grave concern at the current situation within the public hospital system. This Assembly is sending a signal that it is aware of that community concern. It is aware on its own behalf that there are major issues.

This motion is a signal to the Minister that this place is watching, that it is not satisfied with the situation we find ourselves in, and it is simply indicating the level of its dissatisfaction by an expression of grave concern. That is what the motion does. I believe the case has been made. I do not believe it has been appropriately responded to. I do not believe it has been rebutted today at all, or to any significant extent. I again commend this motion to the Assembly.

Question put:

That **Mr Kaine's** amendment to **Mr Smyth's** proposed amendment be agreed to.

Question resolved in the affirmative.

Question put:

That **Mr Smyth's** amendment, as amended, be agreed to.

The Assembly voted -

AYES, 7

Ms Carnell
Mr Cornwell
Mr Humphries
Mr Moore
Mr Rugendyke
Mr Smyth
Mr Stefaniak

NOES, 8

Mr Berry
Mr Hargreaves
Mr Kaine
Mr Osborne
Mr Quinlan
Mr Stanhope
Ms Tucker
Mr Wood

Question so resolved in the negative.

Mr Humphries: Mr Speaker, I ask that the paragraphs in the motion be put seriatim.

Ordered that the question be divided.

Question put:

That paragraph (1) be agreed to.

The Assembly voted -

AYES, 8

Mr Berry
Mr Hargreaves
Mr Kaine
Mr Osborne
Mr Quinlan
Mr Stanhope
Ms Tucker
Mr Wood

NOES, 7

Ms Carnell
Mr Cornwell
Mr Humphries
Mr Moore
Mr Rugendyke
Mr Smyth
Mr Stefaniak

Question so resolved in the affirmative.

Paragraph (2) agreed to.

Paragraph (3) agreed to.

Paragraph (4) agreed to.

Paragraph (5) negatived.

Mr Moore: Can I have a point clarified, Mr Speaker?

MR SPEAKER: Yes, Mr Moore.

Mr Moore: I presume that paragraph (5) goes from the words “the Minister” down to the word “system”.

MR SPEAKER: The Clerk suggests that it might be a good idea to put the question that the remaining words be agreed to.

Mr Moore: Thank you, Mr Speaker.

Question put:

That the remaining words be agreed to.

The Assembly voted -

AYES, 8

Mr Berry
Mr Hargreaves
Mr Kaine
Mr Osborne
Mr Quinlan
Mr Stanhope
Ms Tucker
Mr Wood

NOES, 7

Ms Carnell
Mr Cornwell
Mr Humphries
Mr Moore
Mr Rugendyke
Mr Smyth
Mr Stefaniak

Question so resolved in the affirmative.

Motion, as amended, agreed to.

CONSIDERATION OF PRIVATE MEMBERS BUSINESS
Suspension of Standing and Temporary Orders

Motion (by **Mr Humphries**) agreed to, with the concurrence of an absolute majority:

That so much of the standing and temporary orders be suspended as would prevent the order of the day No. 2, private Members' business, relating to the Territory Owned Corporations (Amendment) Bill (No. 2) 1998, being called on forthwith.

TERRITORY OWNED CORPORATIONS (AMENDMENT) BILL (NO. 2) 1998

Debate resumed from 25 November 1998, on motion by **Mr Quinlan**:

That this Bill be agreed to in principle.

MS CARNELL (Chief Minister and Treasurer) (5.17): The Government has thought long and hard about this piece of legislation. As determined after consultation with, I think, most of the relevant stakeholders, we will be opposing this legislation. This Bill formalises arrangements whereby shareholders of Territory owned corporations must, in most cases, consult with the Assembly committee responsible for the scrutiny of public accounts before appointing members to a board of any Territory owned corporation. This is a process that is used for statutory authorities and for other appointments that the Government makes.

However, there is a marked difference. Directors or members of a board of a Territory owned corporation are important appointments inasmuch as they take on statutory responsibility as company directors under all of the appropriate pieces of legislation, both the TOC Act and relevant Federal legislation. They have total responsibility to the company and to the shareholders, not directly to this Assembly, the shareholders being the people of Canberra.

Mr Speaker, I have spoken to a number of current directors or current members of boards of Territory owned corporations and to a number of people who are involved in corporate boards generally. They have indicated to me that if Mr Quinlan's Bill is enacted today it is likely to lead to something that I am sure nobody in this Assembly would want, and that is that high-quality candidates may not be willing to put forward their names for boards because of potential damage to their professional reputations if appointments become political.

Mr Corbell: Nonsense!

MS CARNELL: It is interesting that Mr Corbell makes that comment. Those are not my comments. Those are the comments of the people who do this, in many cases professionally. High-quality company directors or members of boards are essential to the appropriate running of all our Territory owned corporations. These are multimillion dollar companies that these people have a responsibility to run in the best interests of the companies and the shareholders. It is easy for me, if not Mr Corbell, to understand what

these people are saying. Many of them do this for a living. They sit on a number of different boards and are remunerated for that. If they ended up the subject of a political slanging match in an Assembly committee or in this place, that could quite significantly impact on their professional credentials.

The ones I have spoken to - and they are probably the most prominent board members and company directors in the ACT - believe that Mr Quinlan's Bill would compromise the ability of boards of Territory owned corporations to meet their responsibilities under the Corporations Law as these boards would have no control over the appointment of directors to subsidiary boards.

Mr Speaker, this is really important, and I am concerned that many people are not listening. Mr Speaker, as you would be aware, many Territory owned corporations, particularly ACTEW, have subsidiary boards underneath the primary board. Subsidiary boards head up or control various arms of Territory owned corporations. The boards of Territory owned corporations, say ACTEW, must have control over the people they appoint to subsidiary boards. It is their corporate responsibility under the Corporations Law to do that. If the board of ACTEW have responsibility for making sure that the whole of ACTEW is run in the best interests of the shareholders and in the best interests of the company, then they must have direct control over what happens in those subsidiary companies as well. This Bill would significantly impact upon their control over the appointment of directors of subsidiary boards. That is not something that this Assembly should take lightly. The Corporations Law is very exacting legislation and puts an enormous amount of pressure on board members. As I am sure many of us know, board members these days have their houses riding on their performance and the performance of their boards in relation to the Corporations Law and our TOC Act.

Mr Speaker, members have indicated to me that the time delays implied in Mr Quinlan's Bill could also compromise the performance of TOCs and their subsidiaries by leading to substantial periods of time in which a board may not have the range of skills needed for its effective operation. Again, I make the point that Territory owned corporations like ACTEW particularly but also Totalcare are required to make many decisions quite quickly because they are operating in volatile marketplaces. Totalcare competes for very sizeable contracts not just in the ACT but around New South Wales and in Sydney. Their capacity to ensure they have a full range of skills for effective operation is essential to the shareholders - that is, the people of Canberra or the two Ministers involved on behalf of the people of Canberra - but also essential for the senior board members themselves if they are to do their job under the Corporations Law.

Mr Quinlan and others may say, "The situation would not be politicised. We would not knock anybody back". I accept that on the whole that has been the situation, although on a few occasions when proposed appointments have been put to a committee the committee has required more information. Why go down this path at all if it is not going to make any difference to the current situation? I am advised by people who certainly should know about these things that this Bill could lead to the ACT having to fill board positions with what you could call second stringers, people who are not the best people for our Territory owned corporations, people who may not be on other boards or of the calibre that we want on our Territory owned corporations. In other words, we could end up having to settle for second best. We cannot afford that, Mr Speaker. Our Territory

owned corporations produce a significant amount of the revenue for the ongoing running of this Territory. They are very large assets. As I have said often and as many of us have said, they are operating in very competitive environments and therefore need the best possible boards.

Later I will move a government amendment. I foreshadow it now. The Government's amendment will overcome the problems that I have spoken about already. It will ensure that members of the Assembly are fully informed in a timely manner of the membership of TOCs and their subsidiaries and of the skills and qualifications of various board members. If the concern of the Assembly is that they do not know about appointments to various boards, my amendment, if passed, will ensure that whenever an appointment is made the relevant committee is informed immediately. The appointment will have been made, so the committee cannot knock back the appointment. I fully agree with that.

If the committee could knock back an appointment, then, as I said in my initial comments, the committee could politicise an appointment. Everything that board members or company directors have told me would be true. They would be putting themselves up to a potential knockback by the Assembly.

I would rather not use names, but the chair of ACTEW is on a number of boards and is regarded around Australia as an eminent company director. He is simply not going to put his name forward if there is a chance, for whatever reason, that this Assembly may choose to knock it back. He has a number of other board appointments, and hopefully potential ones in the future, that are much more lucrative but also very much part of his job. If this Bill is about ensuring that information is available to the Assembly, would it not be more sensible to go down the path of the amendment? The appropriate committee will be informed when an appointment is made, but will not be able to knock back a shareholder's appointment.

I think that balances the two sides of the agenda. It will ensure that we do not have to settle for board members who are second best. It will ensure that the ACTEW board, say, can make appointments to subsidiary boards they are directly responsible for. The board of ACTEW is directly responsible for their subsidiary boards. They have corporate responsibility under corporate law to ensure that positions on those boards are properly filled. The amendment will ensure that the board of ACTEW and the board of Totalcare can make those decisions under corporate law. It will allow, I hope, a balance to be struck.

I would ask members of the Assembly to think about this Bill seriously. If it means that even one or two of our best company directors or potential board members in Canberra might decide not to take the risk of having their position politicised, the ACT would be the worse for that, and for what? What is the benefit? Are there any examples? There probably is one, but I am sure Mr Berry does not want to talk about the old ACTTAB board. Are there any examples, under this Government, of inappropriate appointments to boards? I would like to say that there are not. Certainly, no-one has brought any to my attention.

What are we doing here? Mr Quinlan is trying to solve a problem that does not appear to exist, at the same time creating a situation that stakeholders tell us will cause a problem. On that basis, the Assembly should think very hard about this Bill. The Government will be opposing it. I have indicated that I will move the amendment circulated during this debate. Let us make sure that we do not in any way undermine our Territory owned corporations by what could be a pretty unnecessary piece of legislation.

MR KAINE (5.31): I listened carefully to what the Chief Minister had to say on this matter, and I must say that her opposition to this proposal is quite astonishing. The fact is that most of the appointments that the Government makes at the moment are subject to scrutiny by committees of this Assembly. The Chief Minister's argument seems to be that because the Assembly, in her experience, has not rejected anybody therefore the process is unnecessary. I do not see that at all. I think it is an essential filtering process. It is just conceivable that one of these days the Chief Minister or another Minister will put forward for appointment to a board the name of someone some member of this place knows has a flaw.

What is proposed is a filter. It is nothing more than that. If any existing director or officer in a body is suggesting that somehow there is something wrong with his or her proposed appointment being scrutinised by this place, I would have to ask what the basis of the objection is. I have heard what the Chief Minister said, but it was totally unconvincing. I think it is appropriate that appointments being made by this Government be referred to a committee of the Assembly. I see nothing wrong with that at all.

The Chief Minister suggests that we will end up with second-raters on all our boards and statutory authorities. Is there any evidence that that has occurred with the boards and authorities for which appointees are scrutinised now? I submit not. I think that the Chief Minister's argument fails dismally.

Mr Quinlan's proposal is eminently sensible. It is eminently acceptable. Proposed appointments would be reviewed in a confidential way. It would not be done publicly. There would be no public statement, no public announcement. The request from a Minister would be in confidence and the response from the committee would be in confidence. If anybody seriously took exception to that process, you would have to ask what they are concerned about. Are they concerned that somebody will take exception for valid reason and that that might become public? I do not know how it would become public. As I have said, it would be done confidentially. I see no basis whatsoever for any such appointee not being reviewed by the Assembly, which is simply a tacit acknowledgment that it is an open process.

What is the alternative? The alternative is that the Government can appoint whomsoever they see fit. Is the Government always so infallible that what they do ought not to be subject to scrutiny? I do not believe that that is the case. We are all fallible. I think that this very informal and confidential review process is a useful one. It is a valuable one and I would go so far as to say that it is an essential one.

MR CORBELL (5.34): According to the Chief Minister, a number of board members of Territory owned corporations are concerned about Mr Quinlan's proposal. I can understand that they would be concerned. If it were put to me that the Assembly was going to scrutinise or oversight appointments to boards, my immediate reaction would be to say, "Hang on a minute. I am not very comfortable about that". But it is not just about that immediate reaction. It is also about whether we have a process which is open and transparent. That is why I rise today to support my colleague Mr Quinlan in the Bill he is presenting to this Assembly.

I would like to quote something from the *Hansard* of a few years ago. In 1994 a member of this place stood up and talked about the need for some transparency in relation to other appointments. The member said:

I think that the whole issue can be summed up by saying that this is a Bill about merit rather than mateship.

The member who said that was Mr Moore. He said that in his tabling speech when he introduced the Statutory Appointments Bill 1994.

Mr Humphries: Which you opposed.

MR CORBELL: I will get to that, Mr Humphries. The Statutory Appointments Bill 1994 dealt with the scrutiny of appointments to various government boards, committees and panels around the place and with a number of statutory appointments. The Bill was subsequently amended and a number of provisions were taken out. In the in-principle debate, the Labor Party opposed that Bill. It is on the record; it is quite clear. Mr Speaker, I think what we have seen during the operation of that Bill over the past 4½ years is that it is not a system that has been abused by this Assembly. It is not a process which has been used to headhunt or conduct some sort of witch-hunt for people whom one side or other of this chamber may perceive as political opponents who need to be got at before they are appointed. The Labor Party has taken a very clear position in saying that this process works well, that we are convinced and that our opposition then was wrong. We have been proven wrong. I am sure that all members in this place, when they sit on committees, see the references and referees' reports of people the Government is proposing to appoint to boards. I know that all members deal with those in a very sensible way, without hysteria and without some attempt to politicise the process.

The Chief Minister, in her speech, talked about politicisation. A member who spoke in this place in the 1994 debate talked about politicisation also. That member said:

I think it is a gross exaggeration to suggest that members in opposition, whether Labor or Liberal, are going to behave like packs of wild animals, hunting down government appointments, and that in government they are going to dramatically change their point of view. I believe that all members will see the value of having an orderly process ...

Which member said that, Mr Speaker? The member who said that was Mr Humphries, when the Government supported the proposal to have a scrutiny process for statutory appointments to government boards and positions.

Mr Humphries: But not on GBEs.

MR CORBELL: I hear the interjection from across the chamber. I ask members opposite: What is the fundamental difference between an appointment to the board of a government business enterprise and the appointment to a board or other position within government itself? I put it to this Assembly that there is no fundamental difference. These people are employed on behalf of the Territory to perform a role, to act with integrity, to act with all the due process that they must follow. I have no doubt that they do that.

What we are proposing here today is that there should be the opportunity for this Assembly to oversight appointments to those boards just as much as the Assembly already oversight appointments to other positions. The reason is the same as the reason for the Assembly agreeing to oversight the appointments to other boards when Mr Moore introduced his Bill in 1994. It is to ensure that it is an open, honest process and that appointments take place on the basis of merit rather than for political reasons. Mr Humphries, when he spoke in favour of Mr Moore's Bill in 1994, said that he did not in any way resile from criticising government appointments if he and his party perceived them to be political. I know that Mr Humphries and his party in opposition did that.

Mr Humphries: Not through that process.

MR CORBELL: No, not through that process. I am not suggesting that it is through that process. We are arguing that we should be able to have this process available to us to ensure that the Government is simply not putting people up for political purposes. We are asking the Government to put forward proposals and justify them on merit. If the Chief Minister is so confident that all of her appointments are made on merit, she should have no problem with presenting them to this Assembly, because she will know in her heart that those appointments are purely on merit. I put it to the Assembly that if the Chief Minister is reluctant to do that perhaps that means that the Government are not putting forward appointments on the basis of merit. Perhaps she feels that there is a risk that some of her appointments are not based on merit. If the Minister has nothing to hide, they have nothing to oppose. It is that simple, Mr Speaker.

I think that puts the case quite clearly. We are asking for some transparency in the process. We are asking for the same level of scrutiny, conducted in a sensitive and appropriate way, as already applies to a range of statutory appointments. I would put it to this Assembly that if these appointments are to be scrutinised they will be scrutinised because they are perhaps even more important than the appointments to other statutory positions. A person appointed to the board of a GBE has an enormous role to perform with responsibility and with due process. We are talking about government business enterprises worth millions of dollars in their trading operations. Why should we not make sure that the people we are appointing to those boards are appointed on merit; that they have the capacity to do the job? I would argue that it is even more important to have a

scrutiny process in relation to GBEs than it is in relation to some of the other appointments covered by the Statutory Appointments Act. I commend the Bill to the Assembly and I urge members to support it.

MR HUMPHRIES (Attorney-General, Minister for Justice and Community Safety and Minister Assisting the Treasurer) (5.44): Mr Corbell has quoted remarks members made during the debate in 1994 on the Statutory Appointments Bill. Mr Speaker, I do not resile from one jot of what I said in 1994 about statutory appointments. Until that point appointments by government had been by a jealously guarded, almost secret process and members of the Assembly were lucky to find out about them even ex post facto, much less be consulted about them before they actually occurred. The Statutory Appointments Act was a big step towards openness and accountability on the part of government. My party supported that Act from day one and still does. It sees it as an important process for resolving possible problems about appointments. People can see appointments before they actually hit the deck, and a chance for feedback is possible.

I direct my remarks particularly at the crossbenches here. The question was raised by Mr Corbell: "Why are these GBEs different?". The answer is that they are businesses, and the people who sit on their boards are often highly paid professional business company directors who have a number of other directorships elsewhere. They are recruited to GBEs expressly for their business experience and their acumen. Do not forget that they are not people familiar with the ins and outs of the processes on the floor of this place. Imagine for a minute that we were to attract a highly respected business executive, a company director, to serve on a Territory owned corporation and that person, who might come from Sydney or Melbourne or somewhere else, was told, "You are going to have to have your name submitted to a parliamentary committee for its consideration before the appointment can be made". I have no doubt that some such people may say, "I am happy to be appointed to a government business to assist and to provide my expertise. I am not prepared to run the risk that my name may be taken up by a committee and attacked for some reason".

We have seen in this place business people of various sorts attacked for a variety of reasons. I recall a year ago that the directors of Fay Richwhite were under heavy attack in this place for a variety of reasons.

Ms Tucker: Community people are attacked in this place too.

MR HUMPHRIES: Perhaps so, but they may not understand the implications of a process whereby their names have to be submitted to a parliamentary committee, with the attendant fear that they might become an object of political debate through those processes. Bear in mind that such individuals, because they hold professional directorships elsewhere, cannot afford to have their names rejected by an Assembly committee, remote though that possibility may be, because potentially it will have an impact on their prestige and standing in respect of other company directorships. If it was said about Mr X that he was rejected by a parliamentary committee for appointment to a particular body in the Australian Capital Territory, that would count against him. The prospect of it happening to them could cause them to reconsider an offer to go onto an ACT TOC.

Mr Speaker, again I direct my comments particularly to members of the crossbench. I understand that some members of present TOCs in the ACT have indicated that they would reconsider offering their names in future. I ask members again to consider this issue. It is not a hypothetical issue. Ms Tucker may be interested in this, but she is not listening.

Mr Wood: It is not very interesting; that is why. You had better come up with some names.

MR HUMPHRIES: Thank you for that, Mr Wood. I am not going to give particular names from the floor. These people have already contacted members of this chamber about these issues. Maybe they have not spoken to you, Mr Wood, but they have spoken to others in this chamber about this issue. I say to people here that some members of TOCs have already said they would reconsider putting their names forward next time an appointment has to be made if they have to pass through that process. I am not making it up. They have said that. That gives me great concern. It may not be a highly spectacular withdrawal. They may not have their name put forward in blazing lights and then say, "Sorry, I am changing my mind. I am taking my nomination back". We probably would not even know about it in most cases. But there may well be individuals who will come forward on occasions and say to the Government privately, "I would rather not have my name considered in these circumstances". I think it would be a great pity and a great tragedy if because of that possibility we were to lose individuals, particularly high-flying people with business experience from outside the ACT who may not be familiar with our processes here. I therefore ask members to be extremely careful about the contents of this legislation.

Debate (on motion by **Mr Rugendyke**) adjourned.

POSTPONEMENT OF ORDER OF THE DAY

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

That order of the day No. 2, private Members' business, relating to the Motor Traffic (Alcohol and Drugs) (Amendment) Bill 1998, be postponed until a later hour this day.

CHILDREN'S SERVICES (AMENDMENT) BILL 1998

Debate resumed from 29 April 1998, on motion by **Mr Osborne**:

That this Bill be agreed to in principle.

MS TUCKER (5.52): The Greens will be supporting this Bill. It is a measure that is well overdue. A children's magistrate was recommended in December 1997 by the Social Policy Committee of the last Assembly in its inquiry into services for children at risk in the ACT. It is disappointing that the Government has not taken action on that recommendation and that a private member has had to do the Government's work.

The Greens' policy at the last election was for a Children's Court with its own trained staff and dedicated, skilled judicial officers, but at this point a dedicated court is unlikely for costs reasons. I note that the Bill before the Assembly is cost neutral as it does not require a new magistrate, just the designation of an existing magistrate to act as children's magistrate when required.

A children's magistrate is necessary for the reasons outlined by the Law Society in their submission to the children at risk inquiry. The position is critical in coordination of services for children who come before the courts and would allow a specialist magistrate to build detailed knowledge of cases, options and services available. A specialist magistrate would not only have knowledge of a young person's background, but also be able to look for alternatives to assist them, such as diversionary conferencing or placement options. At present, with a number of different magistrates dealing with the area, there may be an inadvertent degree of inconsistency. Magistrates dealing with care proceedings are faced with even greater difficulties in gaining knowledge about what is relevant.

As the committee pointed out, the position of a children's magistrate has the potential to deliver long-term savings to the community by ensuring that at least some of the many vulnerable children who have come before the courts do not continue on the road to incarceration, because their needs will be better and more consistently met. I am also supportive of the amendment that Mr Osborne will move dealing with the timeframe. That is very important.

MR STANHOPE (Leader of the Opposition) (5.54): Mr Speaker, this Bill, which was introduced by Mr Osborne last year, proposes the designation of a specialist Children's Court magistrate. The Assembly, as members know, referred the Bill to the Justice and Community Safety Committee for examination. The committee supported the appointment of a specialist Children's Court magistrate. It recommended that the Bill be amended to provide for the Chief Magistrate to designate a magistrate as the Children's Court magistrate for an initial three-year period and to allow for reappointment to the position.

The committee also recommended that the Bill provide for the appointment of a deputy Children's Court magistrate. The deputy would be available to take up cases when the designated magistrate was on leave or unable to preside because of a conflict of interest. I note that Mr Osborne has circulated amendments to adopt those particular recommendations of the committee.

In making its recommendations, the committee recognised that we must look to the best interests of children who come before the court. The committee believed that those interests would be best served by the greater consistency in decisions, better application of expertise, improved efficiency, reduced waiting times and better coordination of ACT Children's Services that it expects would flow from the appointment of a specialist magistrate.

The committee recommended that a specialist magistrate be appointed for a three-year term. I acknowledge that submissions to the committee differed on the appropriate length of employment. A three-year term is a majority recommendation. It is relevant that the

Community Advocate, the Law Society, the Children's Services Council and many others supported the appointment of a specialist magistrate. There was, it should be noted, opposition to the proposal, particularly from the Chief Magistrate and the Bar Association. The committee summarised the objections as being based on practical considerations, such as burnout, lack of flexibility, et cetera. The committee addressed the concerns raised by proposing the designation of a magistrate as a deputy Children's Court magistrate. In that proposal they dealt with some of the concerns that were expressed to them.

The Chief Magistrate, indeed, has acknowledged advantages in the proposal, such as the development of expertise in sentencing and the stopping of forum shopping. He recommended that appointment be on a rotational basis for 12 months and that all other magistrates be available to serve as temporary replacements. I note that the Government suggested a similar arrangement. These objections have come from significant sources and I have no doubt that the committee gave them due consideration. Having regard to those concerns, it would be appropriate for the Assembly to be prepared to keep its eye on this matter and the operation of the specialist Children's Court magistrate.

In the broad, Mr Speaker, and for the many reasons articulated by the committee in its report, the Opposition is pleased to support the proposal. I foreshadow that the Opposition is also prepared to support the amendments to be moved by Mr Osborne. We commend the legislation.

MR HUMPHRIES (Attorney-General, Minister for Justice and Community Safety and Minister Assisting the Treasurer) (5.57): The Government rises with a little bit of concern about this Bill. Members will be aware that the report that was referred to by Mr Stanhope in his remarks was brought down by the Justice and Community Safety Committee in December. There is a convention in this place - I think that is as high as you could put it - that governments are to respond to reports of committees in the space of three months. As it happens, the Government has not yet completed its consideration of a response to that report. It is a difficult matter, because we have had advice from agencies of government to oppose the provisions of the Bill.

However, the Administration and Procedure Committee has seen fit to bring the Bill on for debate a month before the Government's response to the report is due. If I might make a comment of a political nature, if the situation was reversed and we were bringing forward a Bill before there had been a chance for an Assembly committee to consider it, I suspect there would be considerable angst on the part of the Assembly about that happening. However, we are asked to express a view about this without having had a chance to go through the process that we understood was at work to allow us to consider this matter. I suspect that an injustice to the Government's processes is of little consequence to most in this place, but I put it on the table nonetheless.

At this stage all I want to do is put to the Assembly my reservations and concern about how this Bill may end up. In a large court system there is obviously merit in having a magistrate or a number of magistrates dedicated to the examination of issues in the Children's Court, because that allows magistrates in that setting to build up expertise in the area. Members have gone through those arguments already. I am not going to repeat them at length here tonight.

However, the dangers in respect of a small court system have been well articulated. I in particular want to caution members about the problem that may arise if a magistrate is appointed for three years and appears not to be working well in that particular position. There is a real concern about that. It is a concern which I understand has been shared by the Chief Magistrate. It is a concern which I am concerned members of this place appear to be passing over fairly glibly, and it is a matter that we are unlikely to be able to revisit in an express way. If, for argument's sake, the magistrate appointed to be the Children's Court specialist magistrate does not work out particularly well in that position, we are hardly likely to come back and in a debate specifically refer to that experience as a basis for changing the arrangements that will be built into this legislation after this Bill passes tonight.

Mr Speaker, I put on record the Government's concern about that. It may be that this works very well indeed, and I sincerely hope that it does work very well, but I simply put it to members that in other circumstances they would be expressing great concerns about this arrangement. We have the court saying that it is concerned about the proposals in this Bill. We have a process for consideration of these issues which is being truncated, something which members would normally also be shrieking about, yet we are proposing to pass this Bill tonight with relatively little debate, given the time of day at which we are considering it. We may act in haste but we will have a chance to repent at leisure. That is the danger that we face in this debate.

MR MOORE (Minister for Health and Community Care) (6.02): And that is why, Mr Speaker, I move:

That the debate be now adjourned.

Question resolved in the negative.

MR KAINE (6.02): I must say that I have some sympathy for the Attorney-General's view. I was a bit surprised when this Bill appeared on the notice paper, for the reason that I could not recall the Government responding to the committee's report. However, there is a little bit of a difference in this case. The committee's report had a dissenting report attached to it, and I am absolutely confident that that dissenting report represented the Government's view. It is not as though we do not know what the Government's view is. I suppose the Government would argue that the dissenting report was the view of a member of the committee and not the Government, but we know from other experiences that that is not the case. While under other circumstances I would agree with the Attorney-General, in this case I cannot.

Mr Humphries: Mr Speaker, I have to rise on a point of order in defence of Mr Hird. I am the Minister responsible in the Government for this legislation. I can advise the Assembly that I did not see the report of this committee before it was handed out. Mr Kaine is asserting fairly unequivocally that Mr Hird, as the government member on that committee, has breached standing orders by showing the contents of the report to a member outside the committee before the deliberations were concluded. Mr Hird may have a different view about this, but I think in his absence we should not accuse him of breaching standing orders in that way. I would ask Mr Kaine not to press that allegation.

MR SPEAKER: Mr Kaine, be guided.

MR KAINE: On that point of order, Mr Speaker - - -

MR SPEAKER: There is not any point of order.

MR KAINE: I made no such allegation and I make no such assertion, but I do know the sequence of events that occurred in the committee. I do know that in the initial stages of the debate Mr Hird was in complete accord with the rest of the committee and that towards the very end he changed his mind and came in with a dissenting report. I do not believe for a minute that he did that without some discussion in the party room or somewhere else on the broad subject. I am not asserting that the Minister saw the report. I am not asserting that anybody saw the report. But I am suggesting that Mr Hird changed his view suddenly. I think I am pretty right in saying that his dissenting report, when he tabled it, reflected the Government's view. Therefore, we are in a position to know what the Government's view is. I suggest that whether we adjourn the debate now or whether we continue the debate now the Government's view will be very much in accord with Mr Hird's dissenting report. That is the only point that I make.

MR HUMPHRIES (Attorney-General, Minister for Justice and Community Safety and Minister Assisting the Treasurer): Mr Speaker, I seek leave to speak again on this matter.

Leave granted.

MR HUMPHRIES: I make it very clear to the Assembly that in the time since this report was handed down I have been trying to find a compromise which will allow a Bill of this sort to be passed by the Assembly. I have no desire to reject this legislation, because I can understand what Mr Osborne is trying to do. He is trying to produce a way of focusing a greater effort in the Magistrates Court on children's matters. Mr Kaine is wrong to suggest that the Government's position is going to end up the same as Mr Hird's dissenting report. In fact, I can almost guarantee that the Government's response will not be the same as that.

Mr Kaine: I bet it will not be now.

MR HUMPHRIES: You might laugh about that, Mr Kaine. It is a fairly serious allegation to make. I make it very clear that the Government has been trying very hard to work through the agencies and stakeholders who have raised problems with this proposal to find a way of getting an acceptable compromise on this matter. That is the case. If you doubt me, go and talk to people like the Chief Magistrate and others who have been involved in discussions about that matter.

Mr Kaine: We have.

Mr Rugendyke: We had him before the committee.

Mr Kaine: The committee consulted with the Chief Magistrate.

MR HUMPHRIES: No, I am not talking about that, Mr Kaine. Listen to what I am saying. I am saying to you that if you talk to people involved in those agencies you will see that since the report came down we have been talking to the agencies about some way of getting a compromise which acknowledges the concerns that have been raised by the committee. That is what I am talking about. If that is the case, further time might have to be allowed for that to be worked out. As it is, I have no choice but to come to this place and say that we are obviously not going to carry the day in opposing the legislation, but I think it is unfortunate that we have not had the time to be able to work in the usual way through the compromises which might have been possible and to bring forward amendments to deal with them. That is most unfortunate. Members in this place will shriek loudly if the Government attempts to truncate or in some way compromise the usual committee deliberation process. When the reverse happens and the Government's response is being affected by the time being cut short, members do not appear to care quite so much about it.

MR RUGENDYKE (6.07): Mr Speaker, for some time, certainly since I have been in this Assembly, I have had an interest in children's services generally. In line with that interest I have always supported a children's magistrate specifically to deal with children's matters. I support the Bill and I support Mr Osborne's amendments to include a deputy children's magistrate and a time period.

MR MOORE (Minister for Health and Community Care) (6.08): Previously I stood to adjourn the debate. I had hoped that I would be able to do that, but that not being the case I think it appropriate that I put some effort into speaking at the in-principle stage, and I will be some time in doing that. There is a great disappointment on my part that Ms Tucker, for example, is not here, because on many occasions she and other members of the crossbenches have asked this Government whether they have could more time on something and whether the Government would pull back and not proceed with something because they needed a bit more time to consider it. I think that the Government should be very reluctant to consider such a request again, because these sorts of things are a two-way street. The Government, with good reason, has said, "We would like a bit more time to consider this". Mr Humphries stood up and explained exactly why. While he was explaining it, hardly anybody was listening. The explanation was particularly good. The Government has gone through a long process to try to work out a compromise so that we can meet the needs of everybody, including the Magistrates Court, which has expressed some concern about this idea, and at the same time meet what has been raised by Mr Osborne and by others.

I know that the committee, in looking at this, did talk to groups, including the Chief Magistrate, the Community Advocate, the Law Society and the Children's Services Council so that they could get a proper understanding of what this would entail. But, if there are some particular difficulties associated with this as far as the court is concerned, it is appropriate for the Government to ask whether there is another way of delivering exactly the same sort of service. That is the normal way in which we respond to ideas put to the Government by the Assembly through its committee process. The responses that we have put to almost all our committees have been very positive. Even when there has been a dissenting report by a government member, the Government has still tried to

respond in a positive way. Indeed, I have been involved in a number of situations where I have sought to ensure that we make a positive response. In other words, we take Assembly committee reports very seriously.

The notion that a magistrate be designated as the ACT Children's Court magistrate for three years seems to me to have some initial merit. I have been a supporter of the concept, but we do not - - -

Mr Wood: There is no problem. What is the problem?

MR MOORE: You know as well as I do, Mr Wood, that we very rarely deal with things in black and white. Before we make decisions in this place we almost always do a cost-benefit analysis. What seems to be a good idea sometimes needs some compromise to ensure that the idea is carried through to its best. The Government is asking for an extra month not just because members of the Government need to consider this as part of our normal consideration process but also because we want to ensure that the department can advise us of their concerns about the committee's report and about what we should do about them.

There is no doubt that when we are looking at the notion of a children's magistrate we are interested in the sort of emphasis shown by the committee in the selection criteria for such a magistrate - an interest in children's issues and the ability to communicate with children; a knowledge of child development, indigenous culture, juvenile justice procedure and the structural causes of offending; an understanding of children's rights; and a knowledge of international best practice in relation to children and the courts. I have to ask: Do we have a magistrate who meets those criteria at the moment?

Mr Stanhope: Let us hope so.

MR MOORE: Mr Stanhope interjects, "Let us hope so". Let us just pass this legislation and hope that it will be all right. Let us not wait the extra month. Let us not give the Government the opportunity to ascertain whether that is the case or whether we would need to employ somebody and explain to this Assembly when we are likely to appoint another magistrate and how we are going to achieve that. Let us not worry about the cost of it. We will just get the money from somewhere else, because that is an appropriate approach. After all, that will be the Government's concern, not ours. Let us just take the irresponsible way. That is the sort of approach you can continue to take. It is the sort of approach that I described earlier today as short sighted. It is the sort of approach that has the scent of political expediency about it. I understand that, and I understand why it is that you are going for political expediency at the moment.

Mr Stanhope: Tell us, Minister, whether you think it is a good idea.

MR MOORE: Mr Stanhope interjects, "Tell us, Minister, whether you think it is a good idea". I have already told you, Mr Stanhope. You are not listening. I have already told you that conceptually I think it is a good idea to have a children's magistrate.

Mr Stanhope: It is a good idea but none of our magistrates are good enough to do the job is what I think you have said, in summary.

MR MOORE: No, I said that concerns had been expressed. I sought to adjourn the debate, and Mr Humphries put it to the Assembly that we ought to adjourn the debate, to allow time to consider the issues. Let us look at another recommendation by the committee which makes good sense and consider how we are going to achieve it. The report of the committee states:

The committee recommends that the Chief Magistrate produce, on an annual basis, a report which consolidates data on children's court matters into one report. It should include:

- (i) information on training undertaken by all magistrates such as the number of training hours and type of training;
- (ii) feedback from children and young people and relevant community and government agencies about their perceptions of the children's court;
- (iii) waiting times for court cases including length of time from initial listing to resolution - - -

Mr Hargreaves: We have all read it. You are using up time.

MR MOORE: I may need to seek an extension of time. You just cannot tell with some of these things. The report goes on:

- (iv) the number of magistrates hearing each case; and
- (v) the number of hours spent on Children's Court matters by the Children's Court Magistrate and the Deputy Children's Court magistrate and the reason for relief by the Deputy Children's Court magistrate.

Mr Speaker, it seems to me that there are some genuine issues that the Government should rightly have the opportunity to deal with. Members ought to be conscious of the fact that there will be times when they seek to have further consideration of legislation. This Government has always been willing to provide the extra time, but I can see that the days of that situation have basically passed.

MR HARGREAVES (6.17): I will be very brief. Mr Kaine put it quite rightly earlier. We know what the Government's position is on this. They have had an objection to it from day one. The bottom line is that they did not agree with a three-year appointment and they are just bluffing and puffing and carrying on. Now they are trying to weasel out of the whole thing. They are trying to buy a bit of extra time so that they can come up with some grand plan to get out of the whole thing. It is about time this Government just accepted the fact that this is a good piece of legislation. It requires a little bit of guts and gumption on the part of this Government. We ought to stop using up time and filibustering around the place just to prove some minor points.

Mr Hird put in his dissenting report. It was taken on board and it was published. We have had information fed back to the committee a dozen times saying that the Government is not happy with this, not happy with that or not happy with something else. The Chief Magistrate was not happy with it, but overall everybody who came before the committee realised that for the protection of our kids we ought to go with it. I urge this Assembly to stop messing around, to stop talking any further and to just vote on the thing and have it passed.

Question resolved in the affirmative.

Bill agreed to in principle.

Detail Stage

Clauses 1 to 4, by leave, taken together, and agreed to.

Clause 5

MR OSBORNE (6.18): I move:

Page 2, line 10, proposed section 20, add the following subsection:

“(3) A magistrate shall be designated to be the Childrens Court Magistrate for a period of not less than 3 years.”.

The amendment sets the timeframe. There was some concern when the Bill was initially tabled that it did not stipulate how long the magistrate was to be in that position. The amendment clarifies that. The second amendment I will move relates to the deputy Children’s Court magistrate. I commend the amendments to the Assembly.

Amendment agreed to.

Amendment (by **Mr Osborne**) agreed to:

Page 2, line 10, after proposed section 20 insert the following section:

“20AA. Deputy Childrens Court Magistrate

‘(1) The Chief Magistrate shall, by instrument, designate a magistrate (other than the Childrens Court Magistrate) to be the Deputy Childrens Court Magistrate.

‘(2) An instrument under subsection (1) may designate the Chief Magistrate to be the Deputy Childrens Court Magistrate.

‘(3) Where a person is designated under subsection (1) -

- (a) a reference in a law of the Territory (including this Act) to the Childrens Court Magistrate includes a reference to that person; and
- (b) that person has the powers, functions and duties conferred or imposed upon the Childrens Court Magistrate by this Act or by any other law of the Territory.’.”.

Clause, as amended, agreed to.

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

Question proposed:

That this Bill, as amended, be agreed to.

MR OSBORNE: I seek leave to speak.

Leave granted.

MR OSBORNE: Mr Speaker, obviously the Government is a little bit concerned about the haste with which this legislation is going through. I do not want to harp on it for too long, because Mr Hird is not here to defend himself, but I was very disappointed with the way that Mr Hird handled this report. I think we had a consensus report, then Mr Hird changed his mind completely and it was quite clear that he was following directions. The crocodile tears in relation to this issue do not carry much weight with other members of the Assembly.

Question resolved in the affirmative.

ADJOURNMENT

Fire Services

MR HUMPHRIES (Attorney-General, Minister for Justice and Community Safety and Minister Assisting the Treasurer) (6.21): I move:

That the Assembly do now adjourn.

I want to add to an answer I gave Mr Rugendyke at question time this afternoon when he asked about the budget for emergency services for 1998-99. The executive director of the Emergency Services Bureau has advised me that the Fire Brigade does not have, per se, its own budget any longer. The bureau's budget is broken down into outputs which cross traditional service boundaries. For example, prevention and mitigation is an output which includes activity undertaken by the ACT Fire Brigade, the Rural Fire Service, the ACT Emergency Service and the ACT Ambulance Service. Some areas such as communications and workshop services undertake functions and are paid for outputs for more than one service.

Naturally, the very nature of emergency management will require a high degree of flexibility to ensure that response services are not compromised, and that may mean, in the context of the present year's budget, adjustments to non-operational budgets regularly in the course of any financial year. The executive director has settled the 1998-99 budgets for Fire Brigade operations and the fire safety areas.

As I said earlier today, the search has begun for sponsors for SouthCare to assist with the high operating costs of that service. My hope is that when sponsors are identified and commit to the service SouthCare will be as close to self-funding as possible. For the first year of operations, however, I expect that the service will cost the Territory some money, and if that cost is in excess of the funding that is supplied the Emergency Services Bureau will seek to fund those operations from within its own global budget. I do not expect any impact on the Fire Brigade operations budget as a result of the SouthCare commencement.

Question resolved in the affirmative.

Assembly adjourned at 6.23 pm