



Debates

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Tuesday, 16 October 2007

MR SPEAKER (Mr Berry) took the chair at 10.30 am, made a formal recognition that the Assembly was meeting on the lands of the traditional owners, and asked members to stand in silence and pray or reflect on their responsibilities to the people of the Australian Capital Territory.

Chief Minister
Motion of grave concern

MR STEFANIAK (Ginninderra—Leader of the Opposition) (10.31): I seek leave to move a motion concerning a motion of grave concern.

Leave granted.

MR STEFANIAK: I move:

That this Assembly expresses grave concern over the lack of competence of the Chief Minister in respect of his management of the Government and, through the Government, the Territory's business.

Mr Speaker, yesterday we learned from an ACTCOSS report that 13.5 per cent of Canberra's householders are struggling to make ends meet. The bulletin ran and ran all day, and finally, at the end of the day, the Chief Minister made a comment—he said that it meant “more work needed to be done”. What an understatement from an idle and feckless government that is incompetent and utterly unable to balance the books and live within its not inconsiderable means and which, as a result, has to tax the pants off ordinary people.

It is a government led by Jon Stanhope, the Chief Minister, that is always pontificating to anyone who will listen about issues that are, indeed, peripheral to the concerns of most Canberrans. Indeed, it seems that whenever it is embarrassed by yet another tale of its own woe, we will see some diversionary tactic, such as getting stuck into the federal government, things like legislation being put forward that cannot succeed because it is outside the territory's constitutional responsibilities, or even such things like publishing the commonwealth government's draft-in-confidence anti-terrorist legislation.

Unfortunately, Mr Speaker, this is a government that is not really interested in the bread and butter issues that are the stuff of local government—rates, roads and rubbish. Indeed, it is a government that feels, through its Chief Minister, that it is much too grand for this. Indeed, the Chief Minister will wax on about his human rights showcase prison—known actually to a growing number of people in our community as the Jerrabomberra Hilton—which will cost a minimum of \$128 million to build, and that is not taking into account operational costs from year to year, which will be quite considerable, despite what this government may say.

Mr Speaker, we have a statue glorifying the life and works of Al Grassby. That is actually just a snip at \$72,000 or thereabouts, but it is a fascinating choice in a year of

a horror budget that saw 23 schools closed, the closure of the much-loved Griffith library—which actually only needed about \$500,000 a year to run—and the closure of the Civic shopfront. That has led to considerable waiting times at the remaining shopfronts in Canberra.

This year, Mr Speaker, we learnt of the \$1 million the Stanhope government is giving for one artwork at the entrance to Canberra. That is not to mention the \$750,000 we hear about for a pile of rocks—which I thought the builders had put up as some sort of a joke—along Gungahlin Drive, apparently commemorating the bogong moth. These are the things that rankle with people. This is a government that used to criticise us for a futsal slab, which cost \$250,000, where at least some matches were played, including, I think, an international match. What on earth are you going to do with a pile of rocks on the Gungahlin Drive, except have people look at it rather than concentrating on the road? Not a smart idea.

Canberra and the ACT have needlessly suffered under this government over the past six years, and this is despite boom years which have seen the government rake in stamp duty and pocket vastly increased funding from the commonwealth government due to GST. Indeed, GST revenue has grown by 50 per cent since its inception, and this year the government will receive \$823 million to spend where it likes, and, obviously, next year it will be even more. Despite the huge bounty it has been receiving both from property taxes and from the commonwealth, the ACT government has ramped up taxes and charges. These are increasing housing unaffordability in the ACT, and they are pushing more vulnerable groups—low-income earners, pensioners, self-funded retirees, single parents and renters—into all sorts of problems.

Today the Chief Minister said on radio that his achievement had been that the ACT has the most public housing properties per capita in the nation. He is gilding the lily there, as so often he does. Historically we have always had a lot of public housing; we started off with 96 per cent in 1950. After a while, I think the Northern Territory had more than us, but we still had a significant level for historical reasons. It is the nature of Canberra. It has really got nothing to do with Mr Stanhope, who, as usual, seeks to take credit for the achievements of others.

In actual fact, the public housing portfolio has remained pretty stagnant since 2001 when the government came to office, hovering between 11,000 and 11,500 properties. Indeed, it was 11,399 in 2001—which rather gives the game away—when the Liberals left office. So in six years we have seen no increase from this government, but we have seen very low re-letting times and large multi-unit public housing complexes standing idle for years.

In the horror budget we saw, too, Labor's way of cutting the waiting lists for public housing, and it raised the bar of eligibility for new applicants to public housing to absurdly low levels of income. Now this severely disadvantages many of the working poor. It is interesting in Anti-Poverty Week that we dwell on this, because it makes them ineligible for public housing. There has been a 37 per cent income threshold increase for a couple; it has gone down to, I think, \$700 a week as opposed to \$1,000 a week—a drop of 37 per cent. Of course, we have the second highest rental costs in the country for houses and flats respectively.

According to the Housing Industry Association, affordable housing in Canberra has hit its lowest level since 1984, but, of course, that has nothing to do with the Stanhope government. It just keeps bumping up taxes, apparently in the fond belief that they keep being passed on into infinity without actually impacting on anyone. The Property Council estimates an average block of land attracts around \$150,000 in state or territory taxes. That figure is from the *Boulevard of Broken Dreams* report of January 2007. Then, as the opposition has pointed out repeatedly, there is the problem of slow land release. As one builder put it to the opposition, what we have is not a housing affordability crisis but a land affordability crisis. The costs of building have remained quite low while the cost of land has jumped by 300 per cent in a matter of a few years.

Mr Speaker, I turn now to one matter in relation to education. As I said earlier, we closed 23 schools. Only over the weekend the government was putting demountables at Fraser and at Aranda and at, I think, one other school. This is at a time when they closed Hall and Flynn, which are pretty close to Fraser. They also aim to close Cook at the end of the year. Why on earth would you close those schools when you are putting in demountables at Aranda and at Fraser? It just shows what an incompetent decision that was.

Also, when we are talking about financial incompetence and stupid extravagances and their impact on ordinary people, I would refer people to the recent report of the Essential Services Consumer Council, which assists Canberrans facing gas, water, or electricity disconnection. The council has experienced a doubling of the numbers of people who sought assistance in 2001, the year the government came to office. In the last financial year, it received 1,200 new applications for assistance. Of course, we have the utilities tax introduced by the government last year, netting about \$16 million. It will add another \$130 on average to a Canberra household's bill. Last year's budget saw an increase in taxes and charges of \$256 on average, including the water abstraction charge.

This year, residents will pay an extra \$145 on top of this, making an extra \$400 or thereabouts at least for the average household. That is why my colleague, Mr Mulcahy, will later on today be introducing a bill to repeal that insidious tax, which no-one else has in this Commonwealth of Australia. The government's inability to manage the ACT finances and its extravagance on vanity items like a human rights prison are impacting badly on those who can least afford it. The government's promise is "More work to do". If that is supposed to instil confidence, it does not, because more of the same means more incompetence.

Of course, we come to health, and I think it is in this area that we just see how incompetent this government, with its raft of ever-changing health ministers, has become. For months we have been telling the public about the lack of things like basic equipment and supplies available to our hard-worked nurses at Canberra's public hospitals. We have heard about the lack of lifting equipment, bandaging and basic drugs, and about patients having their treatment finished early owing to the lack of supplies. We have heard things such as Peter Colignon last week revealing—and he should know—that about 30 patient rooms had been converted to administrators offices. In July this year, the Australian Nursing Federation's ACT branch also

warned about the situation in our hospital system. They warned on 30 July, and I quote:

It has become essential to notify the ACT community that staffing levels in the public and private health sectors, cannot sustain the work demands on health services and that nurses are concerned that standards of care may be compromised and need to alert the community of this genuine concern.

That is from an ANF media release of 30 July this year. That is strong stuff from a union. To warn that standards of care may be compromised would not be a step that that union would have taken lightly. What has been the attitude of the government to criticism? It has been all about denial. The Chief Minister told us on radio on the ABC:

We have a wonderful system here. The level of care and outcomes from Canberra Hospital are exceptional.

Unfortunately, the experience of the patient who suffered a coronary in the waiting room at the emergency services department at TCH for four hours does not bear that out. Sadly, he later died.

We have heard received many stories—and this has been discussed in the Assembly—of very bad experiences in our public health system. A man who had a heart attack in Bowral where he received intensive care was sent to Canberra Hospital for his recovery. After being taken out of the ambulance, he had to sit in the waiting room for hours. One member of the hospital staff told his family he was lucky to have had his heart attack in Bowral, because he would not have survived had he had it in Canberra. We get a number of stories told to us by various staff at the hospitals. They want to do their best—they do their best in difficult circumstances. There are a number of other horrific stories that I am not going to go into. The sad point is that the average waiting time in emergency is now eight hours. That has blown out dramatically since the Stanhope government came to office: in 2001 it was about two hours.

We have a crisis in the public health system, which affects everyone who uses it, notwithstanding the valiant work of our hardworking nurses and our doctors. On every major indicator, the ACT hospitals rate last or second last in Australia. According to the Australian hospitals statistics released by the Australian Institute of Health and Welfare in May this year, for elective surgery the ACT has the longest wait in the country at 61 days. This was worse than last year's report, where the wait was 45 days. So what we are seeing is continued deterioration as a result of this government's management, or, rather, lack thereof. But who does the government blame? The government says the hospital sees thousands of people, as if it is acceptable that the odd one should receive suboptimal treatment of a kind to imperil life.

Of course, Mr Stanhope is always banging on about how the Liberals, he claims, closed 114 beds while in office. It seems that, on checking *Hansard*, that figure could not be substantiated. He did not mention the 200 beds closed by the previous Follett Labor administration, and his claim that he made up the beds numbers, that were not,

in fact, closed by the Liberals, was another case of really gilding the lily, because it seems that about only 60 acute beds have been added by this government, There have been other beds added, but only 60 of them had been acute beds. Of course, this government did not have to cope with the \$348 million deficit left by the previous government. They inherited a surplus through good management, and good management, might I say, in much more difficult times than these.

This government has had the benefit of rivers of gold from property taxes and from GST and the commonwealth, yet it still cannot manage and it still blames everyone else. Both the Chief Minister and the health minister have conceded that it is not all about money. The health budget is, in fact, \$700 million, but this government is simply unable to target it where it is needed. The government has conceded, too, that there are systematic problems in the management of the public hospital system in the ACT, but it said it is competent to fix these. But, ladies and gentlemen, on its track record, I fear that it is not.

The government also blames the lack of GPs in the ACT as being part of the problem. But then, as the opposition revealed last week, we have one local doctor who bulk bills 80 per cent of his patients, and he was told that it would take six to eight months to get a doctor he was hiring from South Africa registered. The committee that was to assess that application had not even been set up. Now that really seems to me to be a bureaucratic stuff up; that seems to be something that would not be terribly difficult to do. It does not seem that these committees are all that difficult to constitute. We heard that, initially, it was not going to take that long; it was something like six to eight weeks. But the doctor was on radio, and he stated that he was told it would then take six to eight months.

We need more doctors; we need to have processes in place where we can get competent, able doctors and nurses into our system as soon as possible. I think this just goes to show that, unfortunately, there is incompetence and excessive bureaucracy at every level of this Labor government under Jon Stanhope. For months the opposition has been revealing the shortcomings in the public hospital system. Indeed, for the next few months we will continue to do so as we will continue to reveal other shortcomings and continue also to put out ideas and, indeed, policies where we actually can see the situation being improved.

For months we have revealed these shortcomings, and for months these have been denied and, indeed, attributed, bizarrely in many, many instances, to the last Liberal government, which, I remind the government, was actually over six years ago now. All we get from this government, in relation to the health area especially, are plans and more plans. They seemed to have turned on its head the notion that if you do not plan you are planning to fail. Their plans fail because they are substitutes for action and for any thorough and genuine attempt to work through the problems and provide real solutions.

You are a government in denial, and I think you are showing you cannot manage. You have become so incompetent in your management that all Canberrans are affected one way or the other for the worse. You need to get your act together: lift your game and do something for the people of the ACT.

MR CORBELL (Molonglo—Attorney-General, Minister for Police and Emergency Services, Acting Minister for Health and Acting Minister for Disability, Housing and Community Services) (10.46): Mr Speaker, such is the incompetence of those opposite that for 15 minutes we have heard from the Leader of the Opposition a tirade on what he perceives is the government's shortcomings, but not a single announcement or initiative about what the Liberals would do if they were in government. After over four years in opposition, where are their policies, Mr Speaker?

Members interjecting—

MR SPEAKER: Order! Mr Corbell, resume your seat. Everybody on the government side sat silently while Mr Stefaniak gave his speech. I insist that the interjections discontinue. I call Mr Corbell.

MR CORBELL: Thank you, Mr Speaker. Of course, it is a sore point for the members of the opposition, because they know that they have squandered the opportunity of opposition. They have squandered the time available to them in opposition to work out what it is they stand for, what it is they want to try and achieve, and what is their credible program to take the territory forward. In fact, the reality is they have no program, they have no ideas, and they have squandered the time available to them in opposition to put forward alternatives. Instead, what we have seen from the opposition is a party riven by internal dissent, a party which has changed leaders twice in the last four years a party that would seek to change leaders again, if Mr Mulcahy is ever able to break the impasse, and a party with members who spend more time fighting amongst themselves than they spend on focusing on the interests of Canberrans.

Mr Speaker, in contrast to the bickering, divided and incompetence of those opposite, this government is taking the territory forward. We welcome the opportunity in this motion today to outline where it is that the government is taking the hard decisions and is placing our city in a strong position to move forward and to face the challenges that our community faces. Only earlier this year the government delivered its sixth consecutive surplus—its sixth consecutive budget surplus. That is a strong result by any means compared with the very poor management of those opposite when they were in government. But, more important than the surplus is where it is being spent and what it is being invested in to improve services and improve facilities for the people of Canberra.

The operating surplus is not just being squirreled away; the operating surplus is funding services in health, education, roads, housing, climate change, planning, mental health, supporting young people and supporting children. That is our commitment as a government. Mr Speaker, our record level of investing in schools continues, with over \$350 million being invested in school infrastructure between 2006-07 and 2010-11. That includes, of course, \$60 million for the new secondary college in Gungahlin, something desperately needed in the Gungahlin community; an additional \$50 million to build the new P-10 school in Tuggeranong; as well as the funding already committed to build a similar facility in west Belconnen.

But, Mr Speaker, there is more; there is more than just the investment in education. There is the investment in skills—the establishment of the Skills Commission to address the fundamental challenges our economy faces because of the skills shortage, because of a strong economy, because of the demand for more and more skills. We are spending over \$7.6 million in recurrent funding and \$1 million in capital funding for vocational education and training programs to address skill shortages in our community. We recognise that local businesses need the government's support to find the skills and the skilled people they need to help their businesses grow. We are making the investment, Mr Speaker.

But, of course, there is still more. The government will spend over \$288.7 million to invest in building and improving a whole range of infrastructure that Canberrans rely on every day—roads, bridges, health facilities and public housing. It is worth, I think, noting in particular the area of health. This government has made funding of the health services a priority, and we have invested considerably in improving the capacity of our health services to deliver the services community needs. For example, over \$16 million over the next four years will be spent to increase support for young people and adults with serious intellectual and physical disabilities. In addition, there will be \$12.6 million over four years to improve mental health services and \$12.6 million for 20 additional acute care beds at the Canberra Hospital as well as a significant investment of over \$3.5 million to design dedicated mental health facilities at the Canberra Hospital.

Mr Speaker, this is not the record and the commitment of a government that has lost its way; this is the record and commitment of a government which is making the long-term investment for the Canberra community, that is prepared to take difficult decisions to get our finances on a strong footing, but then to spend the return on those difficult decisions in the key human resource and human service areas that our community expects—health, schools, public hospitals, roads, the key things that matter for Canberrans.

But, Mr Speaker, we are not just doing that work. We are also focusing on the key challenges that our city faces overall—things such as climate change, the most fundamental challenge facing all established human settlements in terms of our future long-term viability. We are spending more than \$7.5 million to tackle a whole range of climate change associated initiatives. These include things such as installing green power on ACT government buildings and establishing a perpetual green bank to reduce energy use by ACT government departments. We are tackling issues around sustainability and security of our long-term water supply. Detailed work continues to be done to identify the most sensible and the most effective means of securing our water supply into the long term.

These are the signs of a government that is getting on with the job. These are the signs of a government that is taking the territory forward. And the challenge for those opposite, Mr Speaker, is to say on all of the areas I have just listed what they would do. They have been in opposition now for over four years, and they have squandered the opportunity. Where are their policies? Where is their commitment to tackling climate change? Where are their policies on public health services? Where are their

policies on mental health services? Where are their policies on public transport services? Where are their policies on affordable housing? Where are their policies? The failure of those opposite to provide an effective and responsive opposition is known throughout this community. They have singularly failed to provide an alternative to the government, and they stand condemned for that, Mr Speaker.

The government has a strong and comprehensive program, a program designed to address issues around service delivery, to address issues around health, schools, public hospitals, emergency services, all the key challenges that our city faces. It is worth, of course, highlighting the nature of the confidence in the ACT community and, I have to say, in the ACT economy since this government was elected to office. First of all, this government has taken the initiative on some key issues that face our community. A key one, of course, is attracting skilled people to come and live in Canberra. It was this government that took the initiative to establish the very successful Live in Canberra campaign—

Mr Smyth: How do you judge its success?

MR CORBELL: It is a campaign supported by the private sector, a campaign supported by leading businesses and leading employee organisations in Canberra—

Mr Smyth: What are the outcomes of the campaign, name just a single outcome?

MR SPEAKER: I warn you, Mr Smyth.

MR CORBELL: Mr Speaker, it has proven successful in attracting people to Canberra and raising the profile of Canberra as a place to do business, as a place to live, as a place to get a job, as a place to raise a family. That is a concrete example of the work this government does to raise the profile of Canberra and to encourage people to see Canberra as a place more than just a government town. That is something, of course, which has been criticised by those opposite, but, again, what would they do? Where are their policies? What is their commitment on these issues Speaker? The bottom line is they have none, because they have squandered the last four years squabbling amongst themselves, changing leaders, failing to have any coherent program for the future.

Mr Speaker, of course there is more. The government also continues to focus very strongly on areas around regional development and exports. Our commitment to grow the ACT economy is significant—\$1.850 million is being spent to further encourage regional development and international trade development in our city. Through organisations such as the Capital Region Development Board, the ACT Exporters Network, the ACT Export Awards and a range of other initiatives we are supporting local businesses to grow their business and to become exporters for our region. Of course, it is fundamentally important, Mr Speaker, to see the city grow and continue to diversify its economic base. Again, that is the government's commitment; they are the government's initiatives; that is the government's focus and vision for the future. But what are those opposite providing us? What are they putting forward? Where are their policies? What commitment have they demonstrated to addressing these issues? The bottom line is none whatsoever—none whatsoever.

The real commentary that we hear from those opposite is, first of all, a critique of the government in terms of not spending enough in key areas, such as mental health or emergency services or schools or a range of other areas. But at the same time, Mr Speaker, what else is it that they do? Well, they encourage the government to reduce its revenue. They say to the government, “You need to increase spending in key areas,” and then they say, “And you should cut taxes.” We have heard Mr Pratt say the emergency services levy will be abolished under the Liberal government. Mr Mulcahy has proposed the removal of the utilities tax. Indeed, this very week he is proposing to remove a tax, and that is on top of a range of other taxes that they have said they will wind back or they will abolish.

Mr Speaker, they cannot have it both ways. They cannot say, “Spend more. Spend more on health, spend more on schools, spend more on emergency services, spend more on roads, spend more on the look and feel of the city, but cut all these taxes.” How are they going to make up the difference? If Mr Mulcahy says it is all about becoming more efficient, then how many more jobs is he going to reduce from the ACT public sector? How many more positions would he remove from the ACT public sector if he were to become Treasurer one day?

This is the hypocrisy and the contradiction inherent in the Liberal Party’s position, Mr Speaker. They have no ideas for the future, they have squandered their time in opposition, fought and squabbled amongst themselves, presented no alternative program except to cut taxes and at the same time increase expenditure. Well, the Canberra community deserves better; they deserve better than an opposition that fights amongst themselves, an opposition that squabbles over who is going to be the leader of a sinking ship, an opposition that decides it wants to cut taxes but at the same time provide further funds for services. Mr Speaker, this motion is a complete joke. This motion demonstrates the paucity of the Liberal Party’s commitment to a vision, and the government does not support it. (*Time expired.*)

MRS BURKE (Molonglo) (11.01): What a hypocrite!

MR SPEAKER: Withdraw that.

MRS BURKE: I withdraw that Mr Corbell is a hypocrite. Some 150 beds, utilities tax, schools reinstatement fund, independent ESA, independent tourism authority, dragway, future of schools committee, hospital board—we have done nothing. Mr Corbell has clearly been asleep. And I have to ask: where is the Chief Minister? Where is the Chief Minister this morning during the debate on this vitally important area? He should be here leading his team. Mr Speaker, I think it is unacceptable but unavoidable that we have to rise today to highlight some major areas where Jon Stanhope, the Chief Minister, has failed the Canberra community.

No more is this evident than in the health system, and Mr Stefaniak has outlined many of the issues there, and I will touch on some of those as well. It is a matter of grave concern to not only the opposition but to the people of Canberra. You lot are so out of touch you would not know a crisis when you tripped over it, would you? The responsibility of the territory under the current commonwealth-state health agreement

is to provide health services to the community. This government has failed to do this in a manner that meets community needs or expectations, particularly within our public hospital system. It is tragic, but nonetheless a fact, that the situation within our public hospitals is deteriorating at a rapid rate. The current health minister has seen these problems coming for a long time. Given the amount of information the health minister has in regard to the state of our public hospitals and her inability to act in a timely and appropriate manner, Mr Speaker, I have to seriously question if she is up to the job.

Recently we heard of the tragic death of a young man at the Canberra Hospital emergency department, and this is yet another woeful example that the Chief Minister, Jon Stanhope, and the health minister, Katy Gallagher, and now the acting health minister, Simon Corbell—who once was a health minister—should stand condemned for their inability and incapacity to manage the health system, and, in particular, the public hospitals in the ACT.

Mr Speaker, there are many problems; we know them and we hear about them. But this lot opposite seems to arrogantly avoid the subject and just wash over it. We have heard many, many, many horrific stories, at least since I have been shadow Minister for Health, that all point to a failure of management. Of course, this was not conceded by the Chief Minister and the health minister and the acting health minister for a long time. No, it was the commonwealth's fault; of course it was the commonwealth's fault. These failures and these problems and these issues that crop up week in, week out point to a failure of the Chief Minister to ensure that his appointed health minister and, more lately, the acting health minister are keeping pace with a crucial portfolio area.

I have received many examples of how the system is under pressure, and we know, we have heard it, staff are under pressure, incredibly so. Ultimately, that means that the people in our community are being let down—the recent death that occurred in the emergency department; a woman that had to wait 41 hours in the emergency department for an operation; a patient who had undergone major brain surgery being discharged without any medication. There are some 14 documented cases which I understand are currently being investigated by a clinical privileges committee in regard to allegations of less than optimal surgical outcomes in relation to oral and maxillofacial surgery. It should be noted at this point, of course, that the government has sat on a crucial report about this vital area for two years, despite a recommendation that:

It is both urgent and essential to re-establish the proper direction and balance of service commitments in the specialities of oral and maxillofacial surgery and plastic and reconstructive surgery.

This still to date has not been achieved. What do they not get about “urgent and essential”? Jon Stanhope also commissioned a report, the Reid report, back in 2002, which also made recommendations in regard to oral and maxillofacial surgery. Mr Speaker, I will go on with more examples: patients still having to travel interstate for chemotherapy; a Canberra resident, whom Mr Stefaniak has talked about, spent four days in an ICU interstate and then was transferred back to Canberra and left in a waiting room for admission for at least four hours. That man subsequently required a triple bypass.

Mr Speaker, I raised the concerns of cleanliness at the hospital only this week, and it is becoming a real issue. People have called my office very concerned about it. I received just this week two calls, one from a nurse at the Canberra Hospital who told of syringes and blood bags being left on the floor for not days, not months, but years. How do they know that? Because this person placed those objects there and kept checking up on them and checking up on them, and they are still there today, as far as I know. Another nurse told me that the nurses barely had time to clean the ward—not the cleaner’s fault I would suspect—often only able to spend around 40 minutes on each room, and they are not able to mop the floors. Another caller told me of encrusted urine in a toilet that had been there for a very long time.

The government must ensure that the cleaning contractors are adhering to the terms and conditions of their contract. Taxpayers are paying good money for a service that they are clearly not getting; so somebody needs to be held to account here. It is a very serious issue and one that must be investigated as a matter of urgency. I have spoken with those cleaners. We, as a health committee, have spoken to them. We have seen the distress and pressure that they are placed under. Now, essentially it is nothing to do with the government; essentially it is nothing to do with the hospital per se. But when we are contracting services as a government, we need to make sure that those contractors are doing the right thing, do we not?

So what is Jon Stanhope doing to ensure his health minister is addressing some of these major problems within our system—and, please, no more plans. We do not need plans. You hear on talkback radio that this is a government of plans and reviews and reports. Mr Speaker, people want action. We know the problems, and we have outlined them many times today. The community is outraged and frustrated, and rightly so, and they are losing confidence. They are losing confidence in this government, right across the system and right across government, and why? We are so heavily bureaucratised; we have got more chiefs than Indians now than we ever had before. People are so far back now that they cannot see what is really going on at the grassroots level.

The community also recognises, as indeed I do, that doctors and nurses are feeling let down by the management within our hospitals and, as a consequence, devalued and demoralised, and for very good reasons. Where is their support? What is this government doing? What are you doing to support the nurses? You know they will not leave the system; you know that. You play on their goodwill to stay in a job that they do tough, day in, day out, and Mr Stefaniak mentioned about the ANF.

Mr Speaker, the government continually tries to take cover under the banner of the fact that this is happening all over the country. Well, sadly, it is, and I have no reason to doubt that it is. So given that every state and territory government is Labor controlled, does it not speak volumes about the inability of Labor to manage any health system. The other good old standby for the health minister, the acting health minister and the Chief Minister is that it is the Liberals fault. Now, come on, six years later and you still want to lay the blame on somebody else? We have talked about the Follett government, and I will not go into this in too much detail, but I know, Mr Speaker, it was at a time when you were health minister. You said—and you may want to perhaps think about these words—on 21 November 1996:

Mr Speaker we have a massive budget problem in health now. She—

Kate Carnell—

is just throwing money at the health black hole. She cannot deal with any of the savings problems which need to be dealt with within the health system.

Sound familiar? So there is little to be gained really by the argument of, “It was your fault”. The Canberra community are sick to death of that, so we need to stop playing that game. We are not in here to actually play games; we are here to deliver good governance to the people of the ACT. It does not resonate with the people of Canberra when you, as a government, try and blame an opposition of six years ago. It is a pathetic, pathetic excuse, and you should stand condemned today in this place. Chief Minister, wherever you are, you stand condemned, too, because of your lack of leadership and oversight of ministers who are just simply allowing the bureaucracy to lead this territory. That is basically it—the bureaucracy rules the roost. You as ministers are simply there as puppets in front of a camera or on the end of a radio microphone.

Mr Speaker, I think that we have a government that is simply not competent; it is not competent to lead the people of Canberra for a next term in office. You can see that there are holes. They talk about us on this side of the house. Well, from where we are sitting, you do not look like you are working particularly well together as a team either. We need to make sure that we have a government that is held to account, that is doing the right thing for the people of Canberra. Yes, you can sit and laugh, but it will be a long time before you can stand up in this place and say that you are on top of your jobs and for the people of Canberra to believe you. I am waiting for that to happen.

MR MULCAHY (Molonglo) (11.12): Mr Speaker, I welcome the opportunity to speak on this motion and I thank my colleague for moving what indeed is a matter of grave concern. It is very much an indictment of those opposite that time and time again in this place the Liberal Party is forced to move motions criticising or calling for improvements in the management of territory funds or the exercise of government. Indeed, frequently those opposite are criticised for their lack of transparency or failure to address genuine and broadly held concerns about their commitment to good governance. Yet we continue to see no effort made to improve practices and the people of Canberra continue to suffer.

The litany of failures is well known: a still secret functional review that led to the closure of many schools and other community facilities and a raft of tax increases; a health system that is not performing to an acceptable standard; a decline in the appearance of the city and a commitment to spending without holding a similar commitment to receiving value for money through good management practices, to name just a few.

I will not cover the same ground as my colleagues, but I do want to take this opportunity to expand on a few of the failures of those opposite. Certainly one of the

gravest of the failures of the Stanhope government is the health system, and I share the concern that the Chief Minister is not here in the chamber this morning to be part of this matter.

Ms MacDonald: You guys gave him a pair.

MR MULCAHY: Ms MacDonald over there, weaving her way through her palm pilot while we talk about serious issues, talks about giving a pair. The fact of the matter is that these are serious issues before the Assembly. We sit for 33 days roughly in this 12-month cycle and I think that members ought to be present unless there are compelling medical reasons for their being gone.

The health system is central to one of the reasons I ran for office. Many people in Canberra have had unsatisfactory experiences and it causes me no joy to hear of these bad examples coming forward. I would love people to be happy with the treatment they get in hospital. I have lived in parts of the world and parts of Australia where, in fact, I have been exceedingly impressed by what goes on in hospitals and the level of care delivered. But time and time again people continue to raise with me horror stories. I talk to medical specialists who give me some bad reports on what goes on in terms of health administration in this territory, and I have personal experience.

I think I have mentioned once before having a family member go into hospital and being told that if they took a few aspirin and went home that would solve their problem when, in fact, it was a deep vein thrombosis that would have been life-threatening. Fortunately, persistence resulted in getting a specialist involved and emergency procedures were put into place.

But the fact is that there are a lot of people in this community who are less articulate and less able to advance their cause who suffer in silence. We have seen a tragic loss of life in this past week or so which has prompted the Liberal opposition to spend hours discussing the gravity of our health system. I do not want members of my family or members of the family of those opposite or any other member of this community going into hospital and fearing for their well-being. I do not want to be getting complaints from constituents telling me they have waited for hours and hours and hours on end to get treatment in the Canberra Hospital. I do not want to hear people tell me that they have been on an elective surgery waiting list, an area studied by the public accounts committee, for endless periods of time because their debilitating hip condition is not considered life threatening.

We have a moral duty as an Assembly and this government has a moral duty to ensure the appropriate delivery of health care to all of our citizens. As I have said about the Assembly, in terms of our health administration we should be aiming to produce a standard of health care that is world class and second to none. According to Australian Institute of Health and Welfare waiting time statistics for 2005-06, at the 50th percentile mark people are typically waiting 61 days compared to a national average of 32. It is unacceptable. People in the highest paid city in Australia, one of the most heavily taxed communities in Australia, one of the best educated communities in Australia, are getting second rate standards of public health administration.

The administration is not an issue that I put at the feet of the doctors and nurses. I put it at the feet of the succession of ministers opposite who have had responsibility for this area of government administration and who must be held to account for the lack of competence in running this territory. We look again at the number of emergency visits seen on time. Again, according to the AIHW—this is not Liberal Party economics or Liberal Party backroom number crunching; this is AIHW—in Canberra only 52 per cent of emergency visits were seen on time compared with nearly 70 per cent nationally. This is an indictment of this territory's competence.

The lack of competence extends to many areas. Mr Corbell got up and spoke about a whole range of programs, but he very conveniently ignored things that have been raised, certainly in the financial area. I am glad to see that the Chief Minister is joining us. When I got here, the Chief Minister dismissed my suggestion to introduce GFS in terms of territory budgeting and I endured resistance and tirades from him. But after he got across the job, suddenly it was the greatest idea in the world and embraced that system of financial reporting.

He made fun of the fact that I met with Standard & Poor's last year, but then he was acutely embarrassed when I read in this chamber and read to the people of Canberra in radio interviews the appalling report by Standard & Poor's and the worrying signs that they identified in terms of this territory's credit rating. They gave them a couple of courses of action. Essentially, they said that if the government continued on this course of action the territory's credit rating would be at risk because of the financial pressure it was putting on the territory. Mr Stanhope's solution was to tax the community with a raft of new tax measures. Of course, since that has happened and since we have seen extraordinary outcomes financially, we are now told that the money will not be handed back.

We have seen, in terms of competence or lack thereof, quite an incredible number of errors in terms of Treasury forecasting. Part of those forecasts is provided by the commonwealth in relation to GST but, in fact, many other areas are developed here at the local level. It continues to amaze me that we can be so inaccurate in our forecasting. We are so inaccurate that we passed a budget here in this place only a matter of weeks ago and already we are about to see a second appropriation. What kind of government is so out of touch with its own management that it suddenly has to go on a second spending spree when the ink is barely dry on its own budget?

But the key issue here in terms of territory management has been in the health area. My other colleagues hopefully will have an opportunity to talk about the way in which this city has been allowed to deteriorate. I have said before that I know that Mr Hargreaves has turned his attention to constituency matters, but I guess his hands are tied because of the poor way in which the territory's funds have been allocated and the poor way in which our affairs generally have been managed by this territory government.

In the area of tourism Mr Barr trots out various statistics but, in fact, Canberra still does not rate on the international map of destinations. No matter how often he trots in here—no doubt in question time today or somewhere fairly soon he will quote his

figures on Floriade—the fact of the matter is that Canberra has got a long way to go in this area. It is disappointing that he has not, in fact, been able to deliver more results since he took over that portfolio. It must be the better part of 12 months ago.

The constantly changing financial position of this territory fortunately has been going in a positive direction, and that is due in no small part, although it is rarely ever acknowledged, to the work of the Howard government. The fact of the matter is—

Mr Barr: Ha, ha!

MR MULCAHY: Mr Barr laughs—

Mr Stanhope: Peter Costello. The old tug-tug is at it again. Tug the forelock.

MR MULCAHY: and Mr Stanhope makes rubbish of this, but the fact of the matter is that if he bothered to go and look at the statistics and look at the job creation that has occurred in the national capital under a federal Liberal government and the booming construction phase within a short walk of this building, he would realise that he is being carried to a very large extent thanks to his colleagues on the hill.

The ACT has prospered. The construction industry has prospered. Our unemployment is now at the 2.5 per cent mark after these forecasts of gloom and doom by Mr Gentleman—the end of the barbecue and massive unemployment. None of it, of course, has come to pass. But despite this flood of money into the territory, we still cannot manage our affairs properly, as we see through successive health disasters under this administration.

DR FOSKEY (Molonglo) (11.22): I am quite sure that members of the opposition do feel grave concern, but is it over the lack of competence of the Chief Minister or is it that they are the opposition and feel powerless from that position to affect policy and practices? I understand that frustration because from my lonely position on the crossbench I also find myself wanting to do something to make certain that things happen. If that is the spirit in which this motion is put, then I commend it, but I cannot help feeling that what we have again is the result perhaps of the Monday prior to our sitting—perhaps this germinated last week—when opposition members sat in their party room and thought, “What can we do to draw attention to ourselves now? What can we find to rub the government’s nose in?” Of course, there is always something.

If I have learnt anything in this place, it is that the government is in a position as vulnerable as it is strong. Since the last sitting week there have been some doozies as far as politics goes. For instance, we all know there was a tragic death in emergency. I think it is really sad that that tragic death has become a political football where certain aspects are highlighted and made capital of, but other aspects are totally ignored.

We have Anti-Poverty Week with its litany of shameful figures which have either worsened or remained static due to the action, or lack of it, by both the ACT and federal governments. But in Liberal hands these statistics become ammunition that is aimed solely at the ACT government. I know that that is the work of oppositions, but we are in a very interesting time now. We are in the second day of an official federal

election campaign, although you might say we are in about the sixth month of it. I am not surprised to see that federal election campaign being fought out here between these walls and I am afraid that, to some extent, I see this motion as being part of that.

It is difficult to carry a censure motion. Just going back to the Liberal Party room and their discussion about what they could do this week to gain a spot in the media when so much of the attention is at the federal level and the election campaign, they would have realised that it is difficult to censure an absent minister, especially one who has just had a child and who is absent for very good reason that I am sure the Liberals would approve of. You cannot really censure an acting minister either. So they have come up with this motion of grave concern.

This motion still gives the opposition the opportunity to trot out the growing list of what they see as government failures. But I am still troubled by this word “concern”. How concerned really are members of the opposition? If they felt concern, then they would be making constructive suggestions as to how the problems can be dealt with. I acknowledge that many of the problems raised by Mr Stefaniak, Mrs Burke and Mr Mulcahy are real and deserve attention. I see that each of the rest of the opposition is bursting and waiting to express their concerns from the perspective of their shadow portfolios.

There are many reasons to feel grave concern, but I do not think they can all be laid at the feet of the Chief Minister. I am pleased to see that the Chief Minister is now here because I was concerned when he was not here that he might even have been blithely unaware of the things that were being said about him.

Mr Mulcahy: Well, you should not be if you are in parliament.

DR FOSKEY: Yes.

Mr Stanhope: You knew I was not here. That is why you did it. You are gutless. You knew I was not going to be here.

Opposition members interjecting—

Mr Stanhope: You gave me the pair. You knew I was not here. Gutless!

Mrs Burke: You are here now.

MR SPEAKER: Order!

DR FOSKEY: Health is the core of Mrs Burke’s concerns—

Mr Pratt: Procedure was the only time to do it, Jon.

MR SPEAKER: Order! Dr Foskey has the floor.

DR FOSKEY: The federal Liberal government squeezes health and the Liberal oppositions then bash Labor state governments. We have seen this all the way

along. I will be extremely interested, if Labor does get elected federally, to see if the dynamic changes, with federal, state and territory governments working together to improve the health system and not just finding ammunition to throw at each other. That is the great challenge, absolutely the great challenge.

How do we make these things work? You are right that there is community concern and I do not want to see the opposition just jumping on the back of that community concern to make political points. If the opposition is expressing community concerns, then I want to hear what can be done, either with a returned Liberal federal government which, over 10 years, has not actually helped our health and education systems and not actually improved housing. Let us hear those things.

I do not actually think the Chief Minister is incompetent. I can think of some other descriptions, but I do not think this is the place to make them. I will save my substantive comments on these matters for the debates that are on the paper today when all these issues will be covered again. We have got an MPI on health and a motion on Anti-Poverty Week. I am prepared to bring up my issues in those debates. There are real concerns, but I am not sure—in fact, I am absolutely positive—that they will be furthered by a debate like this. This is an oppositional debate where the government has no alternative but to oppose what the opposition says because that is the nature of the motion and that is the nature of the debate.

I wait to hear the next speaker from the government saying how fabulous the government is. Again, we will have missed the point entirely and I do not think the Canberra community will be any better off.

MR STANHOPE (Ginninderra—Chief Minister, Treasurer, Minister for Business and Economic Development, Minister for Indigenous Affairs, Minister for the Environment, Water and Climate Change, Minister for the Arts) (11.30): Mr Speaker, I think it is a matter of enormous regret that the opposition did not have the courage to wait to move a motion such as this reflecting on me at a time when I was in the chamber.

The Liberal Party agreed, on 18 July, to a pair for me this morning. I am thankful for the courtesy extended to me, through the agreement by the Liberal Party, to my being paired this morning to allow me to participate fully in a conference on climate change to be conducted by the Environment Institute of Australia and New Zealand. I participated in a very important conference on climate change confident in the knowledge that the Liberal Party had agreed to approve a pair for me from 10.30 on throughout the morning. Following the conference, I am opening carers' week at midday.

The Liberal Party agreed to my being absent from the chamber this morning and then, knowing that I would be absent, chose not to formally advise me that they intended to move a motion reflecting on me. That really goes to the credibility of this particular motion. I acknowledge and thank the Liberal Party for approving a pair for me today to allow me to be absent from the chamber. But then, knowing that I would be absent and having approved a pair for me, the Liberal Party moved a motion against me that attacked me personally and directly. During the debate they actually attacked me for

not being here. Having agreed to my not being here, having agreed to my absence, they then, for an hour, I am informed, proceed to attack me directly for my failure to be here to respond to a motion which they moved without notice in circumstances in which they knew I would not be here.

It is duplicitous and discourteous, but it also goes to the very point that I think Dr Foskey has made well as to the rationale and the credibility of a motion such as this moved against me today. They knew that I would not be here. They then moved a motion against me in my absence and attacked me for not being here. How dishonourable is that?

Then, in the attack, knowing that I would not be here, they attacked me personally for an apparent want of courage or confidence in myself to be here to respond to the motion attacking me. It goes, I think, to two things—the seriousness with which we should take this motion and the honour and the courage of the opposition in deliberately choosing a moment to attack me personally by formally alleging a want of competence when they knew I would not be here.

It raises some interesting questions about the Liberal Party and the Leader of the Opposition that the Leader of the Opposition chooses this moment to attack me as the Chief Minister when he knows that I will not be present. So much for courage; so much for honour; so much for the credibility of this particular motion! It illustrates just how political, how mindless and how nonsensical is this particular motion today—this motion of grave concern as to my competence as Chief Minister and that of my government.

This government has a proud record of achievement in health, as it does across all areas of government service delivery. This year we will expend somewhere in the order of \$800 million on the provision of health services to the people of the ACT. That is a significant increase from just under \$500 million when we came to government. We have increased expenditure on health services for the people of the ACT by in the order of \$300 million over the last six years.

We have dramatically increased support for people with mental health concerns. Under the Liberal Party, we, the most well-off and most affluent community in Australia, spent less on a per capita basis on mental health than any other jurisdiction in Australia. We have righted that wrong. We have more than doubled expenditure on mental health services since coming to government.

We have, in our six years in government, replaced the 114 beds that the Liberal Party closed. The two Liberal Party health ministers, Kate Carnell and Michael Moore, closed 114 beds in government. It actually puts in some stark relief, does it not, the posturing of the last week in relation to a tragic incident in accident and emergency that the immediate response of the Liberal Party is to demand the reinstatement of 100 acute care beds. The demand by the Leader of the Opposition and the shadow Minister for Health that the government immediately increase the number of acute care beds by 100 over the next year shows a lack of self-awareness. They do not acknowledge or mention the fact that, in government, they closed 114 beds.

We have opened 147 beds since coming to government. It is interesting that in any discussion around competence, particularly economic competence and credibility, just to go to three initiatives within the space of one week, the shadow Treasurer proposes to take us straight into deficit in his first year in government. They would spend \$54 million to provide an additional 100 acute care beds. They would abolish the utilities tax, which is \$16.5 million on top of the \$22 million that the Liberal Party has previously agreed to forgo in relation to the fire levy. That is a \$91 million hit directly on the bottom line in policies expressed by the Leader of the Opposition, the shadow Minister for Health and the shadow Treasurer.

Mr Mulcahy: You are misrepresenting the facts.

MR STANHOPE: I am not misrepresenting anybody. One hundred acute care beds cost \$54 million. One hundred acute care beds require in the order of 200 nurses to staff. Five days after his leader announced this \$54 million budget commitment, the shadow Treasurer committed formally to introducing legislation, in a week obviously of stunts, to repeal the utilities tax. That is \$16.5 million a year. I do not know why the shadow Treasurer did not at the same time say that they would introduce in another stunt legislation to abolish the fire levy consistent with the policy.

Mr Mulcahy: It is not our policy.

MR STANHOPE: This is the first we hear across the table informally that Steve Pratt has been rolled on the fire levy. The fire levy now is not to be repealed, we are told. Does Steve Pratt know that? Has he actually corrected the record? Has he said he was wrong, that he did not consult—well, who would he consult, which leader or which deputy leader?

A debate such as this does beg comparison between the government and the record of the Liberal Party in government in relation to health. The Liberal Party, in its last time in government, closed 114 beds in our public system. We have increased the number of beds by 147, and we will continue to increase beds at the rate of 20 a year in a sustainable way.

The Liberal Party in government funded mental health at the lowest per capita level in Australia. We have doubled expenditure on mental health. The Liberal Party in government actually engendered and created the Gallop royal commission of inquiry into disability services, which came down, as we all know, with a most damning assessment of the provision of disability services under a Liberal government. We have reversed completely the state of affairs that we inherited in relation to disability services within the ACT.

The Liberal Party in government refused to provide nurses within our public system with the wages that they deserved. The Liberal government left us, on coming to government, with an unfunded EBA nurses agreement, which I think in our first year of government cost us \$16 million.

In any discussion on competence, we should go to the announcements that the Liberal Party have made in the last five days. The Liberal Party has previously promised to abolish the fire levy. The Liberal Party intend on Wednesday to seek to abolish the utilities tax. The Liberal Party last week promised an additional \$54 million in beds. It adds up to \$91 million. That is in the order of \$40 million more than the anticipated budgeted surplus for the next financial year.

Without going to all the other promises that they have made in relation to reopening closed schools, in the space of one week the Liberal Party has promised to reinstitute a whole range of tourism funding. They say, "We will do this and we will do that." Forget about the other \$150 million worth of promises that have been made for the last 18 months. In the last seven days, the Liberal Party have promised a \$91 million hit on the bottom line, forcing us to a \$40 million deficit in their first year in government after they win the next election. They talk about competence. (*Time expired.*)

MR PRATT (Brindabella) (11.40): Mr Acting Deputy Speaker, I rise to make my contribution to this motion expressing grave concern by listing a number of examples. But before I do that, I take the point that the Chief Minister has made about the pair. That was clearly an oversight. We regret that. But be that as it may, Chief Minister, your incompetence and that of your government overrides any concerns or niceties on the issue. What I am going to do right now is quickly summarise 25 classic examples of this government's incompetence. I will start with health.

Members interjecting—

MR TEMPORARY DEPUTY SPEAKER (Mr Gentleman): Order, Mr Pratt! Before you summarise those, I ask members on both sides to cease conversation so that we can hear your statement.

MR PRATT: That is very kind of you, Mr Temporary Deputy Speaker. Thank you for chewing up that time. The first point, of course, is health.

Mr Hargreaves: I raise a point of order, Mr Temporary Deputy Speaker. That is a clear discourtesy to the chair. He should withdraw that.

MR PRATT: I do withdraw that, Mr Temporary Deputy Speaker. Thank you, Mr Hargreaves, for pointing it out.

We have already discussed health and, quite sadly, the Osterberg case. His death in the waiting room is a classic illustration of overload of the system, an overload which tragically goes back to the heart of this government's incompetence. The ambulance service has failed to maintain full crews 24 hours, seven days a week. I will come back to that.

The independence of the ESA has been destroyed as a result of the reorganisation. Its responsiveness has now been mitigated, with a consequent revulsion on the part of the volunteers. The \$3.2 million to \$5 million FireLink project is three years late and this

fire season we have no mobile data system in place. The government failed to consult with school communities about school closures. The closure of the Griffith library and the closure of the ACT shopfront are, again, failures by this government to consult with communities.

The GDE budget has tripled to \$116 million and two years late, with four lanes going to two lanes. Road upgrades have been neglected, and I talk about Pialligo, Tharwa Drive and the Majura Parkway. The government has failed to maintain that five-year funding plan. Its management of the Tharwa bridge saga has been incompetent, from the analysis of the existing bridge and what plans might be put in place to replace it. The government has failed to upgrade footpaths, recreational parks, programs and the drainage systems, and I talk particularly about the nine-month delay to fix the Conder and the Chisholm drainage systems. The government has failed to complete the Fairbairn relocation of the emergency services agencies from Curtin to Fairbairn. This program is 18 months late, and a very, very expensive program it is with dead rent being paid.

For three bushfire seasons consecutively there has been a poor state of readiness. In December 2005, the failure to cut the grass along the urban edge directly resulted in the burning down of three houses at Yarralumla. In October 2006, on the fourth day of that fire season, 25 per cent of the frontline emergency services fleet was unserviceable. Now, in October 2007, on the fourth day, the first total fire ban day, we have seen a failure to man the fire towers. Incompetence, incompetence, incompetence!

There has been a long delay by this government in getting to grips with school violence. Frankly, a couple of classic cases have been swept under the carpet. The government wasted money on the Grassby statue and, of course, wasted \$750,000 on artworks on the Gungahlin Drive extension. Again, waste, waste, waste!

I want to go back and pick up on four of these issues. The first is ambulance services. In November 2006, the transport workers union and individual ambulance officers were complaining to the opposition that officers were working excessive overtime and that they were very, very concerned that the ambulance service was simply unable to maintain the required seven fully trained crews 24 hours around the clock, seven days a week. They were saying they were struggling to get four to five crews on deck. This was in November 2006. Now, I know that the government have talked about taking measures to try and rectify that weakness, but in October 2007 we are still seeing levels of concern expressed that little has changed. This goes to the heart of incompetence.

The government's decision to change the Emergency Services Agency from an independent authority back to an agency has been the most classic, the most stark example of incompetence. This was an incompetent decision by this government which caused unprecedented revulsion amongst the volunteers and permanent officers and resulted in an unprecedented strike by volunteers. They knew that to change the Emergency Services Authority from an independent entity back to an agency subsumed within a bureaucracy would mean that its ability to respond to protect the community would be severely impaired. That is why, in March 2007, we saw the

unprecedented sight of the RFS units parking their trucks out here in the front of this particular area and going on strike.

I want to go back to FireLink. The FireLink project was always questionable from the outset. There were concerns expressed by volunteers and by permanent officers, particularly communications officers that the FireLink project was simply going to be too complicated for the task. That is exactly how it has turned out. That project, we were told by the Emergency Services Authority at the time, had to be fast tracked. FireLink was selected as the mobile data system product of choice. We were told that there would not be a competitive tendering process because it was imperative that FireLink itself be fielded and put on the ground by the end of bushfire season 2004-05.

Well, that did not occur. Not only did it not occur then; it has never occurred. In the two and a half years since we have seen waste upon waste and neglect upon neglect regarding the analysis, the planning and the interaction of service of the mobile data system. What do we have today to show for a \$3.2 million to \$5 million budget blow-out? We have nothing. There is no mobile data system. There is no secondary communications system at this point to backup the primary radio network for the rural fire service and the SES.

The next item is Tharwa bridge. In 2006 there was an analysis by this government on what state the old Tharwa bridge was in. A decision was taken in October 2006 that the government would replace the old bridge with a new one. They told the community that. The community was so overwhelmed by the 12 month delay on that decision that they just did not know what the facts were. It is now emerging that there are very serious questions about the process that the government went through and the analysis. What do we have to show for it? We have seen an 18 month delay, the strangulation of Tharwa and an expensive concrete bridge which perhaps will be an iconic memorial to the Minister for Urban Services but which in no way will bring relief to the Tharwa community.

These 25 examples of incompetence and waste represent a litany of this government's failure to efficiently manage the economy and to efficiently manage the budget that they have to service this community. This government stands condemned for those 25 examples of incompetence and waste. They have delivered nothing to this territory. They have simply wasted time.

MR BARR (Molonglo—Minister for Education and Training, Minister for Planning, Minister for Tourism, Sport and Recreation, Minister for Industrial Relations) (11.50): It is always a pleasure to have the opportunity to stand and talk about issues of management, particularly budget management, when those opposite, particularly the shadow Treasurer, seek to express grave concern.

I think the gravest area of concern for the shadow Treasurer must be in having to work with the shadow ministry. There is Mr Mulcahy valiantly trying to steer the opposition on a course of fiscal responsibility. You have the Liberal Party arguing time after time the need to efficiently deliver government services. Time after time the Deputy Leader of the Opposition, the queen of clichés, talks about more chiefs and not enough Indians. There has been a series of claims made around management within departments and how the government seeks to deliver services in the territory.

It is fascinating that members opposite would seek to highlight education as an area where perhaps there has been a need to make some significant structural changes. The government undertook those structural changes, with the particular objective of ensuring that we deliver services more efficiently, more effectively, and that we maximise our investment in education to get the highest possible quality education system. Despite all of the rhetoric from the shadow Treasurer about that being a desirable thing in public policy terms, what do we get from the Liberal opposition? Outright opposition to a sensible measure to improve efficiency and to improve outcomes in our education system. I need only look at the comments of the Leader of the Opposition when he was education minister back in 1995:

Obviously, our government school system has to change and its programs have to be modified to meet emerging priorities. We do need to spend our education dollar where it is most needed. The education budget is not a magic pudding which will grow and grow to meet every conceivable single demand made on it.

In the context of the school closure debate that occurred in 1995, Mr Stefaniak went on to say:

You sat on your hands and did nothing. You did not want to face up to the problem. The decline has been apparent for a number of years, and it should have been apparent even to you. However, sometimes it is difficult to determine exactly who the community is.

It is interesting to hear from those opposite. Again I quote from a no more reliable source than the Leader of the Opposition, who said of the then education minister, Mr Humphries, going back a little earlier to a previous school closure debate in 1990:

I think Mr Humphries should be commended for the very hard, agonising and difficult decisions he has to take—and indeed that this government has had to take.

No-one likes closing schools. It would be lovely if we could keep that system. We cannot, unfortunately. We are standing on our own two feet now and, unfortunately, just as in the rest of Australia—just as ... those Labor States ... recognise the same problem ... rationalisation has to take place.

He went on to say that Mr Humphries “is doing all he can to ensure that this is as painless as possible and that the excellence of the education system remains”. So that is what Mr Stefaniak had to say—on two occasions, in 1990 and in 1995—on the substantive issues that this government sought to address last year. We are now being accused again of mismanagement. The government have addressed these issues. We are now investing a record amount of money in our public education system, investing in quality. But no, no; the opposition oppose that.

Mr Mulcahy: You’re collecting a record amount of tax, too, aren’t you, Andrew?

Mrs Dunne: Yes.

MR BARR: Mrs Dunne has said time after time that we are throwing good money after bad; that with all of the upgrades, the 223 upgrade projects that occurred in the 2006-07 financial year across 72 schools, it was throwing good money after bad.

But it is not just in education that we see this hypocrisy from the Liberal opposition. Mr Mulcahy is out there arguing—and I am sure he believes it—around efficiency in delivery of government services, yet you have the shadow tourism minister wanting the next million dollars spent in tourism to re-establish a statutory authority for tourism, to invest \$1 million in tourism bureaucracy. The first and most important measure for Mr Smyth is that Australian Capital Tourism immediately reinstate a ministerial liaison officer, a DLO for tourism—that is his first priority—and that we set up a bureaucracy to service an independent board. That is the priority in tourism from the Liberal Party: more bureaucracy.

Of the \$4½ million that the government saved in tourism, more than \$1 million was achieved in administrative savings from rearranging the delivery of services within tourism, and the key area there was ministerial support—HR, administration, finance et cetera through the Shared Services Centre—and the ability to integrate the media unit, for example, into the Department of Territory and Municipal Services as an overall efficiency measure.

Mr Mulcahy: How many did you sack?

MR SPEAKER: Order, Mr Mulcahy!

MR BARR: Indeed, yes—and I do not shy away from that—the number of staff within the tourism authority is less, delivering services more efficiently. You cannot walk both sides of the street. You try desperately to in so many areas, but the hypocrisy of the Liberal Party shows through.

I was attending the Housing Industry Association's forum with the shadow planning minister only about two or three weeks ago and he sought to highlight what he perceived and was clearly a Liberal Party position around taxation, but then he absolutely refused to acknowledge all of the efforts of this government in seeking to improve administrative efficiency. No, no, he said that that delivered no real savings. In the end, Mr Seselja's position was that in fact the reorganisation of education delivered no real savings.

Mrs Dunne: Well, it hasn't yet.

MR BARR: Mrs Dunne, you need only look at the budget papers. You need only look at the fact that this government has been able to reinvest the recurrent savings that have been made in the education portfolio to improve the quality of education in this city. No other government has invested more money in public education than has this government.

The point of undertaking such a significant reform process was to reinvest money in education, and that is exactly what this government has done. The opposition hate it;

they hate any mention, any thought, of an ACT government investing money in the ACT public education system. They oppose it every inch of the way: “It is throwing good money after bad, investing in public education.” That is the view of the Liberal opposition. Their only interest in education is to pursue the agenda of the federal minister Julie Bishop.

So what is the opposition’s only education policy? The only time Mrs Dunne has sought to enter the education debate this year in any serious way was to say that what the ACT needed and what our college system needed was the HSC, external exams—Julie Bishop’s agenda. That is all that we have from the Liberal opposition. They have no ideas of their own: “We will just pinch a couple of things that Howard and his mob in their last 39 days are doing up on the big hill.” That is their vision for education in the ACT. They are silent on early childhood education, silent on physical education within our schools, silent on arts programs, silent on languages. They have absolutely nothing to say—

Mrs Dunne: Who has killed the language programs in this place? What did you do to the Italian program? You’ve killed it.

MR SPEAKER: Order, Mrs Dunne! That is the last time. I warn you, Mrs Dunne.

MR BARR: about any substantive issues in education, other than parroting what Julie Bishop has to say; that is all. That is the big vision: HSC for our college system. That is it; otherwise, nothing for 18 months. In fact it goes back further than that. The only time there has been a policy on education from the Liberal opposition was when Mr Pratt was the shadow education minister, and what was his position? It was that it would be necessary to close some schools, and he said that in August of 2004. That was the last substantive policy from the Liberal opposition on education, yet they have the hide to get up here this morning and seek to express grave concern.

The grave concern that this Assembly should have is for the shadow Treasurer and the difficulties that he is going to face working with his shadow ministers, whose only policy response is either to parrot the federal government or seek to spend, spend, spend. They will put the territory back into deficit unless the shadow Treasurer is strong enough to stand up to them. But he is not the leader, is he? And we know why.

Motion (by **Mr Hargreaves**) put:

That the question be now put.

The Assembly voted—

Ayes 8

Noes 5

Mr Barr	Mr Gentleman	Mrs Dunne	Mr Stefaniak
Mr Berry	Mr Hargreaves	Mr Pratt	
Mr Corbell	Ms MacDonald	Mr Seselja	
Dr Foskey	Ms Porter	Mr Smyth	

Question so resolved in the affirmative.

Question put:

That **Mr Stefaniak's** motion be agreed to.

The Assembly voted—

Ayes 5

Noes 8

Mrs Dunne

Mr Stefaniak

Mr Barr

Mr Gentleman

Mr Pratt

Mr Berry

Mr Hargreaves

Mr Seselja

Mr Corbell

Ms MacDonald

Mr Smyth

Dr Foskey

Ms Porter

Question so resolved in the negative.

Working Families in the Australian Capital Territory—Select Committee Report

MR GENTLEMAN (Brindabella) (12.05): I present the following report:

Working Families in the Australian Capital Territory—Select Committee—Report—*Impact of Commonwealth Industrial Relations Legislation on Working Families in the ACT*, dated 2 October 2007, including a dissenting report (*Mrs Burke*), together with a copy of the relevant minutes of proceedings.

I seek leave to move a motion authorising the report for publication.

Leave granted.

MR GENTLEMAN: I move:

That the report be authorised for publication.

Question resolved in the affirmative.

MR GENTLEMAN: I move:

That the report be noted.

Prior to the last federal election, no mention was made by the Howard government of the impending WorkChoices legislation that would soon be imposed upon an unsuspecting Australia. The only real concern that John Howard—

Mrs Dunne: You've done very nicely out of it, Mick: \$20,000 for the last two years.

MR SPEAKER: I name you, Mrs Dunne.

Motion (by **Mr Corbell**) put:

That Mrs Dunne be suspended from the service of the Assembly.

The Assembly voted—

Ayes 7

Noes 6

Mr Barr	Mr Hargreaves	Mrs Dunne	Mr Smyth
Mr Berry	Ms MacDonald	Dr Foskey	Mr Stefaniak
Mr Corbell	Ms Porter	Mr Pratt	
Mr Gentleman		Mr Seselja	

Question so resolved in the affirmative.

Mrs Dunne was therefore suspended at 12.10 pm for three sitting hours in accordance with standing order 204, and she accordingly withdrew from the chamber.

MR GENTLEMAN: I will continue. The only real concern that John Howard articulated was a great disquiet in the business community about the unfair dismissal laws that were in place and the concerns of his constituency about the government changing those laws should they win government for the fourth time. It has been well documented in the media over many years that IR reform was very high on Mr Howard's wish list. He spoke often about how he believed that the system that used to exist for 100 years was the biggest stumbling block to growth for jobs and small business in this country.

When the results of the last election became known and Mr Howard realised that with total control of both houses of parliament he was able to push through his IR reform, unhindered by a hostile Senate, he jumped at the opportunity. So began the introduction of what has turned out to be the most drastic changes to the lives of ordinary working men, women and children that this country has ever seen. I will say again that this was irrespective of the fact that not one word of this legislation was mentioned in the Liberal campaign leading up to the 2004 election. There was never a mandate for this legislation.

WorkChoices was introduced in parliament in 2005. It was only then that the true impact of just how this legislation would change the face of working Australia became known. The committee was advised that unions and workers recoiled in disbelief at the destruction of the powers of what we had all considered the independent umpire, the Australian Industrial Relations Commission. This body, which had overseen the laws governing working Australia for over 100 years, was effectively disbanded. The government's push to take command of the states' IR systems using the corporation powers as set out in Australia's constitution was greeted with great alarm, as this allowed the proposed legislation to cover every worker the corporation powers affected. This change handed over the majority of IR control from all of the states to the commonwealth.

On 27 March 2006 the WorkChoices legislation was enacted in the federal parliament. Despite many protests from unions and the wider public that this level of intervention in the employer-employee relationship was a step too far, John Howard finally had his

lifelong wish granted to him by a willing and compliant government. Big business and their mates sat back, content that at last they had been able to set workers in this country back on their knees, where big business and the coalition believe they belong.

Immediately the rot set in. Workers were sacked for no reason, on the first day of this becoming law, right across this land, including workers here in the ACT. Employees in the private sector were left wondering just what would happen to them and how little it would take for them to either lose their jobs or have their work and family life disrupted by being put on an AWA which totally changed their working conditions and dropped the pay and conditions they had enjoyed, sometimes for years at the same company.

Another year on and reports are coming thick and fast of disenfranchised workers, as well as academics, unions and even churches, and about just how WorkChoices is impacting on working Australia. Statistics are proving that some of the main issues are the eroding of longstanding work conditions—hourly pay, hours worked and now unpaid overtime. “Family friendly” WorkChoices is not.

On 10 September this year a visiting professor from Harvard University, Professor Richard Freeman, told a conference in Queensland that the WorkChoices legislation is just not necessary and that in fact it regulates rather than deregulates the workplace. He cited countries such as Denmark, where there is a strong economy, strong unionism and an emphasis on collective bargaining as the main system of workplace agreements. He stated that the WorkChoices legislation is outdated by 20 years, that that sort of legislation is just not critical to a country’s wealth and that Australia’s working conditions are now worse than those in the US. We now have a new class of people for Australia, the working poor.

Over 1,000 AWAs per day are lodged at the OWS. This has been a consistent number for some time now and the OWS has been unable to deal with the content of these AWAs. On 7 May this year, in response to the general outcry from the public about the unfairness of WorkChoices legislation, the federal government introduced a system called the fairness test. This test is supposed to scrutinise all AWAs to ensure that they comply with the conditions of employment the government now deems to be legitimate. However, do not look for redundancy in these conditions, as it is no longer a requirement for an employer under WorkChoices. Also, if you had signed a workplace contract before 7 May when this fairness test became law, then tough luck if you have a raw deal; you either have to get out of the contract—and good luck on that—or live with it, because nowhere in the legislation does it say that pre-fairness-test AWAs will be looked at.

There are some contracts coming to light now, signed for a maximum of five years, with no pay increase during the whole length of that contract. Employees working under those conditions are going to hurt and so are their families. Given that the backlog of these contracts awaiting approval is so great, how are those people and their families managing to work while the Workplace Ombudsman ploughs through tens of thousands of AWAs?

Data obtained from the Workplace Authority website indicates that since the introduction of WorkChoices and for the period from March 2006 to 30 June 2007

there were 406,828 workplace agreements lodged with the Workplace Authority. The majority of those contracts have no protected conditions at all. There is so much dissenting material available now in the form of reports from eminent IR specialists, organisations such as the Human Rights and Equal Opportunity Commission and other valid opinions which articulate the negative impact this legislation has on the workers of this country and, indeed, in the ACT.

The committee was provided with evidence of many horror stories of people sacked for no proper reason or having their pay and conditions cut, with the attitude of “take it or leave it” by the bosses, who in many cases have been able to arrange a very different work contract for themselves. The committee was advised that these bosses have little interest in the social impact of treating their workers in such a shabby way. Too few people have the ability to go cap in hand and negotiate a decent and fair work contract for themselves, in spite of the Howard government continually flooding all forms of media with taxpayer-funded propaganda that WorkChoices is about choice. Only if you have the ability to negotiate your own contract successfully does choice become an option.

If the Howard government wins the coming election, the next round of workplace reform will almost certainly see the destruction or attempted destruction of the union movement. Deregistration of unions will be attempted, with even more disadvantage for working families. As I said before, given that there was no mandate for WorkChoices before the last election, every member of a working family should be aware that by voting in this federal government for another term they will be further eroding the rights at work of not just themselves but their children and even their grandchildren. Once these conditions are gone, which, by the way took 100 years to establish, the ability to claw them back is clearly an impossible task.

The ACT is every bit as much at risk as the rest of the country. The report has endeavoured to set out a list of recommendations which will help to inoculate the employees in this city from the worst aspects of WorkChoices legislation—if not to protect them against the far-reaching and imposing worst aspects of it, then to help to educate and inform workers and young people, in fact the most vulnerable, of their rights at work, limited as they now are.

Education of the workforce is a critical element of helping understand just what is protected and what is not. Employers and employees are finding it increasingly difficult to fathom where they stand within the law—what is a protected condition and what is not—and so much so that some employers, including the Local Government and Shires Associations of New South Wales and retail giant Spotlight, have in the last few weeks decided to opt out of WorkChoices and take their employees back to awards. The penalties for making the wrong choices about WorkChoices are just too great.

The establishment of the select committee on working families was an acknowledgement that this legislation was impacting on families in the ACT. The stories and reports of workers affected by Howard’s WorkChoices were appearing and the concern of our constituents was becoming apparent to the Assembly. It was a clear choice to have our own inquiry and to try to inoculate our workers against some of the

worst aspects of the legislation. Unlike the states, the ACT does not have the ability to set up its own IR system; therefore, as soon as the legislation became law, the workers of the ACT were subjected to the worst aspects. In fact, the very first day of the legislation saw a young woman in the childcare sector sacked from her job with no valid reason and with no recourse at all for the unfairness of her sacking.

One of the most important recommendations arising out of this report is the establishment of a workplace advocate. This office will be the one-stop shop for both employees and employers to seek both advice and help on all IR matters. Working through the complicated WorkChoices legislation to assist those fearful of doing the wrong thing, which, by the way, attracts severe penalties, can only assist the workforce in understanding both their rights and obligations. Potentially one of the most disadvantaged groups is young people. Most 16 to 17-year-olds have at least a part-time job, usually in the hospitality or retail sector, yet the committee was advised that very few of this group are knowledgeable about their employment contract or their entitlements. The establishment of a workplace advocate's office will greatly assist young people to understand just how the system works and their rights and obligations in the workplace.

Another important recommendation arising out of the report is that the ACT government lobbies the federal government to ensure that comprehensive data on Australian workplace agreements is gathered by the Workplace Authority and made available. A further recommendation is that the comprehensive data covering the details of AWAs that do not meet the safety net requirements are publicly disclosed by the Workplace Authority.

I did have more to talk about this report, before Mrs Dunne was ejected by the Assembly, but, in conclusion, this report is a way forward for all workers in the ACT. We believe the recommendations will assist those in greatest need. (*Time expired.*)

MRS BURKE (Molonglo) (12.21): Mr Gentleman must be very embarrassed today—or maybe not, given that he has probably just received around \$20,000 remuneration courtesy of the taxpayer. This select committee is the longest-established select committee in the history of the Assembly. Unfortunately, it is also the least productive. The original terms of reference were:

To examine the effect on working families in relation to health costs, effects of industrial relations changes, adjustments by the Commonwealth Grants Commission and the allocation of funds by the Commonwealth, impacts on current or potential ACT legislation by the Commonwealth and any other related matter.

Members will well know that the Assembly, against the good advice of the opposition, decided to amend the terms of reference to:

To examine the effects on working families in the ACT of changes to industrial relations legislation, with particular reference to:

The Workplace Relations Amendment (WorkChoices) Act 2005
 The Building and Construction Industry Improvement Act 2005
 The Workplace Relations Amendment (Better Bargaining) Bill 2005

The impact of these changes on current or potential ACT legislation and any other related matter.

The report states:

With respect to industrial relations, the Workplace Relations Act 1996 places restrictions on the ability of the ACT to make industrial relations laws because the application provisions in the Act [see sections 5, 6, and 7] indicate that federal industrial relations legislation applies to the ACT in its entirety to the exclusion of any Territory laws that may cover the same subject matter.

However, matters central to the working of the industrial relations system such as wages and conditions, unfair dismissal and agreement-making are reserved exclusively for Commonwealth legislation in respect of these issues would be invalid.

In other words, this committee has taken over two years to look at issues that the ACT has absolutely no powers to deal with. Talk about an exercise in futility! I have recommended that the Assembly and the government disregard the report and I also said, "Hold this committee till a later time." I did not ever say, "Never have a committee." And if you had done what I suggested, most of your speech, Mr Gentleman, would have been appropriate. Otherwise, it was not relevant to what we as a committee did and the people we saw.

Mr Gentleman: I think twice you voted against it.

MRS BURKE: I have done so. I have asked the Assembly to disregard the report because large parts of it are outside the terms of reference, parts of it are based on out-of-date information or not soundly based and parts of it have obviously been overtaken by events. It has all been a waste of time and resources.

I will go through the recommendations in turn. The first recommendation is that the ACT government "develop strategies, in partnership with community groups, to continue to monitor the impact of the WorkChoices legislation on the ACT community". The report notes that the ACT government is already monitoring WorkChoices just as it would also monitor any other industrial relations system. Other groups such as unions and business organisations, similarly, are already monitoring WorkChoices. This recommendation is for the government to continue doing what it is doing.

The second recommendation is that the ACT government "lobby the commonwealth government to ensure that comprehensive data on Australian Workplace Agreements is gathered by the Workplace Authority and made available". Recently the Australian Workplace Authority released assessments of AWAs lodged since May this year as at the end of August. It found that, of the finalised assessments:

6237 agreements passed the Fairness Test—these agreements commonly provided a higher rate of pay in exchange for changes to protected award conditions

the Fairness Test did not apply to 5408 agreements—either because protected award conditions did not change or because the employee earned more than \$75,000 per annum

1070 agreements were assessed as requiring changes within 14 days to meet the Fairness Test

29 agreements met the Fairness Test following the changes—in most of these cases the employers agreed to pay a higher hourly rate of pay

five agreements ceased to operate because the changes needed to pass the Fairness Test were not made so the employees go back to the entitlements they would have received, as if the agreement had never been made.

The Workplace Authority is already doing this work and of course if we have a Labor government after the election AWAs will be phased out—and just think of the nightmare that is going to create. Either way, this recommendation has been overtaken by events.

The committee recommended that the ACT government request that the commonwealth government ensure that comprehensive data covering the details of AWAs that do not meet the safety net requirements are publicly disclosed by the Workplace Authority—and so they should be. The Workplace Authority is already disclosing information about AWAs that do not meet the fairness test, as I already noted. Mr Barr would look silly if he wrote to the commonwealth minister for workplace relations asking him to ensure that the Workplace Authority release data when—guess what—they are already doing it. That is another recommendation that has been overtaken by events.

The committee recommended that the ACT government review the ACT Discrimination Act 1999 and the ACT Human Rights Act 2004 with a view to strengthening the objectives to include family responsibilities and economic, cultural and social rights. Regarding the first part of the recommendation Mr Earle of the Human Rights Commission advised the committee:

We think there is scope for beefing up the effectiveness of the Discrimination Act, and the Human Rights and Discrimination Commissioner has proposed a review of the Act, to which the Attorney-General has agreed ... One of the proposals that we flagged is the possibility of creating a statutory duty to promote equality and an obligation, for example, on employers to accommodate particular needs; for example, in relation to parenting or caring or disability.

As I said, there has been a kind of implicit right developing in the antidiscrimination sphere around the right to request flexible working, but I think it would be to everyone's benefit if it were made more explicit, rather than something that people have to discover by accident. In other words, the committee has recommended something that is already happening regarding the Discrimination Act. If you look at the recommendation on the Human Rights Act the government declined to include economic, cultural and social rights. The government looked at this a few years ago and rightly rejected it. Mr Stanhope advised the Assembly in October 2003:

At this stage, we have decided to take a more cautious approach because of the constitutional and service delivery arrangements in our jurisdiction. There are features of territory government which are unique and which limit our capacity to have full and total control over such matters.

Among these issues were service delivery agreements in education, health and housing. These will continue to be in place so it would be most unwise to do what the committee recommends.

The committee has recommended that the ACT government “provide funding for the development of resources, information and training for young people on industrial relations, workplace rights, occupational health and safety, and for appropriate delivery of this resource to young people in the ACT”. This is another area where the committee is behind the times. Work education is already one of the key perspective areas to be delivered across the curriculum and has been since at least 1997. These perspectives will be integrated into the curriculum as part of the new curriculum framework from next year. Yet again the committee has recommended something that is already happening.

The majority of the committee recommends “that the ACT government establish an independent Workplace Advocate, similar to that of the Northern Territory, to inform, educate and consult with employers and employees about their rights and responsibilities in all industrial relations matters”. The Northern Territory Workplace Advocate was established in early May 2006. As of 31 January 2007 it had received 225 inquiries, which is an average of fewer than one a day.

Debate interrupted in accordance with standing order 74 and the resumption of the debate made an order of the day for a later hour.

Sitting suspended from 12.30 to 2.30 p.m.

Questions without notice

Canberra Hospital

MR STEFANIAK: My question is to the Chief Minister. Chief Minister, on 9 October this year on ABC radio you said this regarding the death of a man in the emergency department, “There are clinical issues and staffing and systemic issues that we need to address, investigate closely. We need to ensure that when mistakes are made we own up to them in full and we seek to redress.” On the same day you again said on ABC radio, “To get bogged down in a debate about oh well, this is about bed numbers or money really belies perhaps some of the systemic issues.”

Chief Minister, what are the “systemic” issues you refer to and what actions have you taken to date to address those issues?

MR STANHOPE: I welcome the question. The events at the Canberra Hospital that are the subject of the question are, of course, incredibly tragic, and the government extends its condolences to the family and to the loved ones of the person who died in accident and emergency on that day. It was a tragedy. It is a tragic circumstance that a citizen died while awaiting treatment and care within accident and emergency at the Canberra Hospital. Indeed, it is a tragedy should such a circumstance occur at any hospital.

In the context of that, the ACT government welcomes the internal clinical review which is part and parcel of any such incident. It is an open and rigorous process that the Canberra Hospital will engage in. The government welcomes the opportunity in due course to contribute to the coronial inquest which obviously will follow the death—indeed, a coronial inquest would follow any such incident in any hospital in the ACT or indeed in Australia—and we welcome the opportunity to participate in that review and in the context of the facts as we know them. The facts are that a person presented at accident and emergency, was triaged as category 3 and was not treated within at least four hours, we are told.

It has to be said, however, that I have no advice or knowledge around the decisions that were taken in relation to the assessment of that particular patient. I am not aware, nor have I been advised, of any of the clinical incidents or responses that may or may not have been made. I do not have the capacity to make judgements about those issues. The comments that I made were made on the facts as presented: that that person presented and that some four or five hours later that person died before receiving attention or care. The facts themselves of course suggest that there are systemic issues in the context of that.

Opposition members: What are they?

MR STANHOPE: We are having two reviews: we are having an internal clinical review and we are having a coronial inquest to determine those. But, to the extent that I do not have the capacity to, nor would it be appropriate for me to, make any suggestion around any of the decisions that were taken or not taken in the context of this particular presentation; nor of course would it be appropriate for me to pre-empt or to seek to pre-empt the outcome of a clinical review, which will be undertaken within the hospital and undertaken genuinely, openly, transparently and willingly by the hospital; nor would it be appropriate for me to comment, pre-empt, prejudice or seek to influence or in any way comment on a coronial process, an open, quasi-legal process that the government will of course fully participate in in relation to the death of Mr Osterberg.

So I am not going to second guess either of those processes. I am not going to pretend that I have any information or that I can make any judgement around the decisions. Of course it is around the decision-making process and the procedures, protocols and

processes in operation at accident and emergency that would reveal the range of systemic issues—in other words, those issues relevant to the system—that actually were part and parcel of this particular incident, this particular death.

We are talking about system issues—that is what “systemic” means—and in the context of systemic issues we are talking about the system that applied, the system that was in place, the decisions that were taken, the decisions that were not taken, the clinical judgements that were exercised, the clinical judgements that were not exercised. Those are systemic issues and there is a full, open, transparent, internal clinical process looking at each and every one of the aspects of this particular case, which will be followed by a full coronial inquest into all the incidents of this particular exercise, and the government welcomes that, will participate fully and will respond appropriately to both of those inquiries.

MR SPEAKER: A supplementary question, Mr Stefaniak.

MR STEFANIAK: Thanks, Mr Speaker. Thanks, Chief Minister, for the answer. Chief Minister, why has your government been slow to recognise that the systemic issues are related to the management of our hospitals?

MR STANHOPE: The government has not been slow to recognise any such thing; it is a nonsense. It actually misunderstands the meaning of the word “systemic”. “Systemic” means “of the system” or “of the systems” and, of course, there are myriad systems in relation to the operation of the public health system and, indeed, the operation of a hospital. It is those systems that are essentially part and parcel of the conduct and operation of the hospital which will be subjected to enormous scrutiny, as they should be and as they rightly will be, because it is important that we take account of every step of the process and of the lessons that might be learnt from such a deep, clinical and objective review and assessment of the issues that are relevant to such an investigation or inquiry into this tragic death.

Hospitals—community satisfaction

MS MacDONALD: My question is to Mr Corbell in his capacity as Acting Minister for Health. Minister, could you update the Assembly on levels of satisfaction in the community with our hospital services?

MR CORBELL: I thank Ms MacDonald for the question. Given the record of those opposite, who are always focused on talking down our health system, it is timely that we consider some of the objective research which I released today into what the ACT community thinks of its public hospitals.

We are committed to accurately gauging the level of community satisfaction or otherwise with our hospitals and identifying where there are areas that need further attention—not simply relying on the constant scaremongering we hear from those opposite. Consistent with this, the government commissioned UltraFeedback to collect, analyse and report on data on satisfaction levels of patients at the Canberra

Hospital until July 2008. This long-term commitment commenced in 2006, with a series of surveys since that time.

I am delighted to say that the latest report, the wave 3 report, which analysed data collected between September 2006 and February 2007, found that 63 per cent of patients reported that they were very satisfied and a further 31 per cent reported that they were fairly satisfied with the level of service and care provided at the Canberra Hospital. That is a massive 94 per cent of patients who responded that they were very satisfied or fairly satisfied with all aspects of their stay at the Canberra Hospital. This is an excellent result for the nurses and doctors at the Canberra Hospital. We should pass on to them our congratulations on the very strong result that they have achieved for their hospital areas.

In specific areas, the Canberra Hospital performed well, including in areas such as respect of cultural and religious needs, at 97 per cent; personal safety, at 96 per cent; courtesy of nurses, at 95 per cent; being treated with respect, at 95 per cent; courtesy of doctors, at 95 per cent; helpfulness of staff in general, at 95 per cent; help received for pain, at 93 per cent; cleanliness of the room in which the patient spent time, at 93 per cent; responsiveness of nurses, at 91 per cent; opportunity to ask questions about treatment, at 90 per cent; and willingness of staff to listen, at 90 per cent. This is a strong result for our public hospital system.

This is a standardised questionnaire. The same methodology and questions are used in successive surveys. Adult inpatients who are treated and discharged from the Canberra Hospital are randomly selected and mailed a questionnaire within two to six weeks of discharge. It is interesting to note that respondents were more likely to be female and to have had an emergency admission. The highest percentage of respondents, at 39 per cent, were people in the age group 65 years and older. This particular age group is a significant proportion of users of our public hospital system.

The main areas for improvement in the previous surveys undertaken included things such as communication between doctors, nurses and other hospital staff about treatment; preparing patients for discharge; and the way hospital routine and procedures are explained. It is very pleasing to note that the most recent survey, as a result of those areas being identified in previous surveys, indicated that patient satisfaction has increased in those areas.

This is valuable information. The results of these reports will continue to be trended over time and will enable us to compare the performance of our hospital with similar large urban and regional Victorian public hospitals. We participate in a broad pool of hospitals that undertake this survey.

What is really pleasing is that overall the results show in hard data form the level of community satisfaction with our public hospital system. In any large system that deals with over 300,000 occasions of outpatient care per year, another 70,000 or so occasions of inpatient care and another 100,000 or so occasions of emergency care, you will never get 100 per cent satisfaction, nor will things go right 100 per cent of the time. But what is very pleasing about this data is that it highlights that we are

heading in the right direction—that the government’s investments are achieving better outcomes and that the Canberra community is giving the hospital the thumbs up when it comes to the level of care provided.

MR SPEAKER: Ms MacDonald with a supplementary question.

MS MacDONALD: Thank you, Mr Speaker. My supplementary question is: minister, what are the factors influencing this high satisfaction rate?

MR CORBELL: Mr Speaker, in the government’s view, the key reasons for this are because this government has invested in our public hospital system. This government has replaced the 114 beds the Liberal Party cut from our hospital system and we have restored 147 beds, with more to come.

This mix of beds includes an additional 60 acute care beds, four more intensive care beds, 51 beds for our subacute services and 17 beds in two observation wards next to our emergency departments. These have all been opened to increase capacity and address pressures in the system. On top of this, we have funded 15 intermittent care beds in our community. These extra beds deliver improved clinical treatment options in care environments not previously available in the ACT. Once again, it is the Labor government that is improving access to public health. It is the Labor government that is investing in public health and hospital services.

Mr Smyth: So you will table the report?

MR SPEAKER: Do I need to remind you, Mr Smyth, that you are on a warning?

Mr Smyth: No. I have been very careful, Mr Speaker.

MR SPEAKER: Well, be careful.

MR CORBELL: In addition, of course, we have seen the 14-bed medical assessment and planning unit and the 17 emergency department observation beds focus directly on the immediate bed requirements for the emergency departments. Again, that is our commitment to improving bed capacity in the ED, one of the busiest parts of the hospital. Of course we have continued to focus on improving patient flows and removing bottlenecks in the system. The subacute beds at Calvary, for example, provide more appropriate care for older people and free up acute care beds for those people who really need them.

We have also focused very strongly on improving the number of beds available in our public hospital system. This has jumped from 679 beds in 2004-05 to 714 beds in 2005-06—a 5.2 per cent increase.

Mr Hargreaves: An increase!

MR CORBELL: An increase, Mr Speaker. It came about at a time when the national figure for available beds dropped by one per cent. So the ACT has bucked the trend. The ACT is investing in additional bed capacity.

But we are not just focused on resources and improving capacity. We are also focused on making things work more efficiently within the hospital. For example, we have established the fast track system, which identifies patients that do not require complex care. These patients are then redirected to the fast track zone area of the emergency department where they can be provided with appropriate and timely treatment enabling their discharge within two hours.

We have implemented the 3-2-1 patient tracking system which divides the journey for patients that are admitted from the ED into three manageable time periods which cover ED treatment of three hours, inpatient handover of two hours and transfer to a ward bed of one hour. These are good examples of the government's commitment not just to improving resourcing but also to improving the administration of the hospital and improving the system itself to provide more timely care to people who need it.

The results of these initiatives are worth reciting. Access block at our hospitals in the fourth quarter of 2006-07 was 26.3 per cent, well down from the 33 per cent reported for 2005-06 and well below the 44 per cent reported for the fourth quarter of 2004-05. This is the lowest access block figure for over three years. Again, it is a strong indicator of the government's commitment to improving access to hospital services. Emergency department access block was 27 per cent. This is a reduction of five per cent from the 33 per cent access block reported 12 months ago. So access block continues to go down in the hospital as we improve capacity and improve systems.

Another very timely figure is the hospital bed occupancy rate, which in 2006-07 was 91 per cent, compared with 97 per cent for the same quarter last financial year. This is a very significant result and it further shows that we are improving the capacity of the hospital to operate at optimum level while having that essential surge capacity that is needed when things get busy. Finally, ambulance off-stretcher times continue to improve, with 93 per cent of patients offloaded from ambulances within 20 minutes of arrival at the ED. This is an improvement over the 89.6 per cent reported for 2005-06.

None of these things would have been made possible without the additional \$320 million that the Labor government has added to the health budget since coming to office. We will continue our endeavours in this regard. (*Time expired.*)

Health—overseas trained doctors

MRS BURKE: My question is to the Minister for Health and is regarding the processing of overseas trained doctors who wish to live and work in Canberra. After an international search lasting several months, Dr Thinus van Rensburg, who has a medical practice in Charnwood and bulk-bills 80 per cent of patients, found a suitably qualified applicant. Dr van Rensburg, in trying to work through the approval processes, has received nothing but conflicting information on the documentation that would be required for the assessment panel and on the assessment time lines, ranging from six to eight weeks to six to eight months. As at 11 October, nearly four weeks after the lodgement of the application, Dr van Rensburg had been advised by telephone that the assessment panel had not been formed, but he had also received a

letter from the office of the Acting Minister for Health stating that a decision would be made by the end of November, more than 10 weeks after the application was submitted.

Minister, at a time when there is a shortfall of some 70 GPs in the ACT, why does your government have such inconsistent processes and give such inconsistent advice to people who are willing to meet the challenges of skills shortages?

MR CORBELL: The government do not have an inconsistent approach. We treat public safety very seriously. We do not want to see doctors come to our community, or indeed to any community, who simply are not up to standard to provide the level of care we expect in our community.

The claims made by Dr van Rensburg are not entirely accurate. Mr Speaker, the information required for the registration of an overseas trained doctor has been consistently stated on the Medical Board website throughout this year. The Medical Board website—in particular, the application documentation required—has not changed at all during 2007. The advice has remained consistent throughout 2007 as to what information is required for the registration of an overseas trained doctor. In particular, the issues Dr van Rensburg takes issue with—which are certificates of good standing, Australian Federal Police checks and medical indemnity insurance—have all been consistently stated as requirements on the ACT Medical Board website throughout this calendar year. There has been no change in that regard.

Mr Speaker, my office and I have been in contact with Dr van Rensburg, and I have advised him in writing as to what the process is. Further, subject to all satisfactory checks being completed, there is no reason why this overseas trained doctor should not be registered and ready to practise here in the ACT at the beginning of the next calendar year. That is the time frame that Dr van Rensburg is working towards. That is what he always anticipated. The Medical Board will meet those requirements.

We make no apology, Mr Speaker, for ensuring that overseas trained doctors have the appropriate qualifications to practise in our community. We do not want to see doctors coming into our community who do not have the appropriate levels of training, or who perhaps come without the appropriate security and criminal history checks in place. That is not acceptable to us. We will insist on that information. The Medical Board has consistently advised of these requirements on its website since the beginning of this year.

MRS BURKE: Thank you. Mr Speaker, I seek your advice. I wish to seek leave to table these documents from Dr van Rensburg.

MR SPEAKER: You will need leave.

MRS BURKE: Just for members' information; I thought they may be interested.

Leave granted.

MRS BURKE: I table the following documents:

Doctor shortages—The frustrating process of trying to get a third doctor.

A supplementary question, Mr Speaker: why is it so difficult, minister, for your government to have reliable and consistent information and processes in place?

MR CORBELL: Clearly, Mr Speaker, Mrs Burke was not listening to a word I said. I have looked at this issue in some detail. Dr van Rensburg makes three claims. In particular, he claims that the requirement for a certificate of good standing from the UK and South African authorities, the Australian Federal Police check and the requirement for medical indemnity insurance are new requirements that the Medical Board introduced late in the application process. That is not the case, Mr Speaker. I am advised by the Medical Board and by the department of health that these requirements have been made clear on the Medical Board's website since at least the beginning of this calendar year, well before Dr van Rensburg contemplated making an application for a new doctor.

Hospitals—staffing

MR SESELJA: Thank you, Mr Speaker. My question is to the Acting Minister for Health. Minister, in reply to a recent question on notice from Mrs Burke, advice was provided that the Canberra Hospital has 25 unfilled doctor positions and Calvary Health Care ACT has six unfilled doctor positions. The answer goes on to say that many of these positions are filled by casuals, locums, overtime by doctors or VMOs.

Minister, why has your government created a staffing situation in the ACT's public hospitals where an assortment of casuals, locums and overtime doctors has to be used to manage the workload in these hospitals?

MR CORBELL: Mr Speaker, I thank Mr Seselja for the question, and I draw his attention to the fact that issues of workforce shortage are not unique to the ACT. In fact, any informed contributor to this debate would recognise that the availability of specialised medical and nursing staff is a challenge faced by health systems around the country and around the industrialised world.

What is very pleasing, though, Mr Speaker, here in the ACT is that our separation rate for staff leaving the health system is at its lowest level for some time. The separation rate has dropped to under 10 per cent for all staff in the public hospital system. That is a situation which I think is to be commended. We need to retain as many staff as possible. The separation rate is now at its lowest level for some time. At the same time, clearly, the retention rate has increased.

There will always be circumstances where some vacancies need to be managed through locums, overtime or VMOs. That is a normal and an appropriate response to workforce pressures in particular areas of the hospital. But at a time when the ACT is reducing its separation rate to its lowest level for some years and, at the same time, is paying its nurses and doctors very competitive rates of pay, we are seeing the very good outcomes that come from that committed approach by seeing separation rates declining.

You have got to remember that it is this government that has managed to renegotiate major industrial arrangements, rates of pay and so on with VMOs, staff specialists and nurses without any industrial disputation, without any impact on care in the hospital system, without any impact on access to services; and we have done so at a time when restraint has needed to be exercised when it comes to wage outcomes.

That demonstrates this government's commitment to a constructive and collaborative approach with our medical and nursing professionals, and the fact that we have a low separation rate is further indication that those strategies are yielding results.

Education—teacher positions

DR FOSKEY: My question is to the Minister for Education and Training and it is in regard to problems retaining and recruiting ACT teachers. I have had anecdotal evidence from multiple sources which suggests that teachers working in ACT colleges are leaving to work in the New South Wales system and that graduating teachers are choosing to apply for work in New South Wales rather than in the ACT. Could the minister please advise why teachers are choosing to join the New South Wales teaching service instead of the ACT's and why others are leaving the ACT system to work interstate or to work in other areas altogether, such as the public service?

MR BARR: I thank Dr Foskey for the question. I am not entirely sure where Dr Foskey is getting her information. It is certainly not the situation that the department of education is advising me of in relation to the latest recruitment round for the education department. In fact, I am advised that there were more than a thousand applications to teach in the ACT public education system and that somewhere in the vicinity of 200 to 250 positions are available for the 2008 school year. This continues a longstanding pattern whereby the number of applications far outweighs the number of positions that are available within our system. The ACT pays its teachers in the public education system at a rate equal to or higher than in any other jurisdiction in Australia. New South Wales is the next closest and in relation to, I think, one pay point on the scale, New South Wales teachers are about \$300 a year ahead of those in the ACT.

It is interesting to observe pay claims that have been occurring in other jurisdictions. Most recently in Victoria the Victorian education union went forward with a pay claim to the Victorian government wanting a 30 per cent increase over three years, and one of the main reasons they put forward for needing a pay rise of that level was to keep up with pay rates in the ACT. In fact, this is what occurs in most other jurisdictions: the ACT is the trendsetter in terms of salaries and packages for teachers in the public education system. We maintain our position with the most recent EBA providing for an 11½ per cent pay rise over 2½ years, which means that ACT teachers are paid more than their colleagues in other jurisdictions and, in spite of the increased productivity that was part of the last EBA, still teach fewer face-to-face hours than their counterparts in New South Wales and in other jurisdictions and, perhaps most importantly, teach fewer face-to-face hours than their counterparts in the private system within the ACT.

So whilst Dr Foskey may have had some anecdotal information or someone may have reported somewhere that a teacher has left the system, they certainly would not have done so on the basis of moving to a jurisdiction that paid them more or had them teach fewer hours, because the ACT still remains the highest paying jurisdiction as far as teachers are concerned across the spectrum—as I said with the one exception of a particular pay point where New South Wales has what I think is a 10-point pay scale compared to our nine-point scale and there is about \$300 difference at the top end. But, as a result of our most recent EBA, we remain at the top of the class, if you like, for pay rates for teachers. We have the lowest contact hours—equal to or the lowest—across all sectors—primary, secondary and college. This system remains very desirable to teach in, as is seen by the sheer number of applications to teach in the ACT public education system, and as the government continues to invest record amounts in public education. This year's budget was the largest ever education budget in the history of the ACT, the largest ever investment in public education, particularly in the provision of quality schools and quality teaching and learning environments across all public schools. All public schools in the ACT older than 12 years are receiving massive capital upgrades as part of the government's investment in public education. They are desirable places to teach in. We have an outstanding education system. The government continues to build on those strengths.

MR SPEAKER: Do you have a supplementary question, Dr Foskey?

DR FOSKEY: Yes, Mr Speaker. Could the minister please provide any available data or source data regarding the number of teachers below retirement age leaving the ACT education system, and preferably with the reasons for their departures?

MR BARR: I am happy to seek advice from my department as to whether that level of information would be available. I certainly understand that from time to time people do leave the teaching workforce in the ACT to move interstate, to teach elsewhere, if their family is relocated, or they move into another career. That is not unusual. Our teaching workforce, particularly at the college level, is skewed towards the upper end. There is a group of teachers who have been teaching in our college system since its inception in the seventies and there is no doubt that as we move forward in the next five years or so there will be a number of retirements within the college sector. But that of course provides the opportunity for younger teachers to teach in our college system. Ask anyone who teaches in the ACT about the desirability of teaching in our secondary college system. It has always been the case, and remains so, that it is a very popular area for teachers to have the opportunity to teach in and again I simply reiterate that we always have more—many, many more—applications to teach in the ACT system than we have vacancies, and this situation continues.

Hospitals—bed numbers

MR SMYTH: My question is to the Chief Minister. Chief Minister, in the Assembly this morning you said that the provision of the 100 extra acute care beds promised by the Liberal Party for the ACT's public hospitals would cost \$54 million—that is, \$540,000 per bed. In budget paper 3, on page 79, for this year's ACT budget, your

government committed to provide 20 additional acute care beds at a cost of \$3 million a year—that is, \$150,000 per bed. Chief Minister, how can you reconcile the cost of an additional 100 acute care beds in your latest budget at \$150,000 per year per bed against your claim of \$540,000 for each of the additional acute care beds committed to by the Liberal Party?

MR STANHOPE: I welcome the question on hospital beds—following, of course, the gaffe and the embarrassment that the Liberal Party now feels. I do find it remarkable, in the context of the tragic incident at the Canberra Hospital, that the Liberal Party’s response was to come out and immediately demand an additional 100 acute care beds, mindless of the fact—with no sense of self-awareness—that this was almost exactly the same number of beds which, in government, it cut.

It is remarkable, isn’t it? The sheer effrontery of the Liberal Party in this place standing up and demanding of me and my government that we institute immediately another 100 acute care beds in our public hospital system, following their period in government—a government in which Mr Stefaniak and Mr Smyth starred—during which they cut 114 beds! They stand up in this place with no sense of self-awareness or consciousness and demand of me and my government that we undo the damage that they did in government.

Mr Smyth: I raise a point of order, Mr Speaker.

MR SPEAKER: Chief Minister, resume your seat.

Mr Smyth: Under standing order 118 (b), the minister cannot debate the subject. I asked a question on the cost of various beds and the minister’s interpretation of that cost.

MR SPEAKER: You did refer to the debate this morning, too, Mr Smyth. I think you asked for it a bit. But come to the subject; come to the issue.

MR STANHOPE: I will come to the issue. As we debate these matters, as we did this morning, we are reminded of the hypocrisy and the effrontery of the Liberal Party in this place coming in here, thumping the table and demanding that we proceed to undo the damage which they did in government. Kate Carnell and Michael Moore, the two Liberal Party ministers for health, cut 114 beds in their period in government. They cut 114 beds in government. Those opposite come in here and demand of us that we seek to undo, to redress, the damage—the mischief—which they caused. We have done it. We have done it and exceeded it. We have reinstated those 114 closed beds.

Mr Pratt: You can’t answer the costings question, can you?

MR STANHOPE: We have reinstated the 114 closed beds.

Mrs Burke: What about the cost?

MR SPEAKER: Order! Come to the subject matter of the question.

MR STANHOPE: In the context of reinstating those 114 beds—indeed, funding 147 beds—we have taken expenditure on health in the ACT from under \$500 million to just under \$800 million in six years in government.

MR SPEAKER: Come to the subject matter or wind up.

MR STANHOPE: I am coming to the subject matter. In our time in government, we have replaced all of the beds which the Liberals closed—all of the beds which they closed. We have added another 30. We have actually provided an additional \$300 million of funding for health within the ACT.

Mrs Burke: Mr Speaker, I raise a point of order. I refer to standing order 118 (b). Can he stick to the question? The question was: “How can you reconcile the cost of an additional 100 acute care beds in your latest budget at \$150,000 a year with your claim today of \$540,000 for each of the additional beds,” et cetera. We just want the answer.

MR SPEAKER: Order! I am sure the Chief Minister heard the question.

MR STANHOPE: I have answered the question.

MR SMYTH: What a failure. Mr Speaker, I have a supplementary question. Chief Minister, when will you correct the record on this matter and concede that 100 additional beds, by the costing in your budget, will cost only \$15 million a year?

MR STANHOPE: The costings that I provided were provided to me by the department of health. I do not have them with me here. What I do know is that in the space of a week the Liberal Party, in promising to open immediately 100 beds at a cost of \$54 million—with the promise by the shadow Treasurer to forgo \$16½ million from the utilities tax and the promise by Mr Pratt to forgo \$22 million—will drive the ACT budget into deficit in one year. The Liberal Party has undertaken in its first year to—

MR SPEAKER: Chief Minister, come to the subject matter of the question, please.

Mr Smyth: You can't answer the question. You've misled the house.

MR SPEAKER: Order! Withdraw that.

Mr Smyth: I withdraw.

Hospitals—bed numbers

MR MULCAHY: Mr Speaker, my question is to the Acting Minister for Health. Minister, I refer to the recent publicity about the number of beds that are available in our public hospitals. On 9 October 2007 on ABC radio, Professor Peter Collignon said it was his belief that it was possible there were many areas that could be resurrected from administrative, teaching and research areas and converted back to accommodate

patients. Minister, why has an area equivalent to about 30 beds been converted into administrative areas when there is such a clear and chronic shortage of beds?

MR CORBELL: Mr Speaker, there are 147 more beds than the Liberal Party left us with. Imagine how much administrative area there was when the Liberals were in government—how much of that space was being used for all sorts of things other than hospital beds. One hundred and forty-seven additional beds is the capacity we have created in the public system. We make no apology for that.

There is, of course, always additional capacity within the buildings themselves to accommodate more beds, but that is dependent on other capital works to make those areas fit for purpose for use as hospital wards. The bottom line is that this government has increased the number of beds by 147, with more to come in future years, as outlined in the budget papers.

MR SPEAKER: Supplementary question, Mr Mulcahy.

MR MULCAHY: Yes, a supplementary question. Minister, what will the Stanhope government do to ensure that the rooms that are used to treat patients are not taken for administrative purposes?

MR CORBELL: Mr Speaker, we are not taking any rooms used to treat patients for administrative purposes.

Canberra Hospital

MR SPEAKER: I call Mr Pratt.

Mr Barr: Do you have to do the buttons up, Pratty?

MR PRATT: I like to do it in a ceremonial way, Mr Barr. I appreciate the silence while I am going through that process.

Mr Speaker, my question is to the Acting Minister for Health. Minister, you appeared recently on ABC radio regarding a recent death at the Canberra Hospital. You rejected calls for an inquiry, an Auditor-General's inquiry, in fact, stating that "the government always implemented recommendations of the coroner in this regard". In fact, the government has failed to implement some of the most important recommendations of Coroner Doogan and reneged on its promise to implement all of Mr McLeod's recommendations.

Why should the people of Canberra have confidence that you will implement all of the recommendations of the coroner, given that you failed to implement the recommendations of Coroner Doogan and Mr McLeod?

MR CORBELL: What a silly question, Mr Speaker. I will come to the detail of Mr Pratt's question shortly, but what I find most interesting about the Liberals' approach on this is that they seem to think that the coroner's investigation is not adequate for the death at the Canberra Hospital. I challenge the Liberal Party to say in

what respects are the coroner's investigation not adequate, because that is what they are saying.

This mob over here is saying, "We don't trust the coroner to properly investigate these matters." They say there needs to be an Auditor-General's inquiry. Have you ever read the Coroners Act? What is the coroner's job? The coroner's job is to investigate, and find the reasons for, the death. That is what the coroner does. The coroner not only looks at the individual circumstances but also has the opportunity to look at systemic issues if the coroner believes that those issues are relevant. It is quite extraordinary for those opposite to somehow say that the coroner, the person with the legislative responsibility to find the reasons for the death, is not adequate. What an extraordinary admission, Mr Speaker, by those opposite!

In relation to the question asked by Mr Pratt, for as long as I have been a minister in this place, as health minister, as Attorney-General and in a range of other responsibilities, I have never seen a response from the Canberra Hospital which has disagreed with a recommendation of the coroner. We treat the coroner's recommendations seriously in all circumstances.

In relation to a number of the matters highlighted by Coroner Doogan, that is a completely different set of circumstances. Mr Pratt knows that and seeks to draw a very long bow indeed. The coroner's recommendations in relation to deaths at the Canberra Hospital are always treated seriously. I have no reason—

Mrs Burke: And bushfire stuff isn't? I see.

MR CORBELL: Bushfire matters are also treated extremely seriously, Mrs Burke.

MR SPEAKER: Mrs Burke, I warn you. How many times do I have to ask you?

MR CORBELL: You will never get that level of seriousness towards you, Mrs Burke.

MR SPEAKER: Order! There are to be no conversations across the chamber. Direct your comments through the chair.

Mrs Burke: The minister should withdraw that personal imputation, Mr Speaker.

MR CORBELL: We will continue, Mr Speaker, to treat these matters seriously and to respond to them appropriately.

MR SPEAKER: A supplementary question from Mr Pratt.

MR PRATT: Thank you, Mr Speaker. Minister, will you confirm on the parliamentary record that you will implement all of the recommendations of the coroner inquiring into the death of Mr Osterberg? If not, why not?

MR CORBELL: Mr Speaker, I have not seen the results of the coroner's inquiry. Until the coroner's inquiry has been held and the coroner reports, it would be, I think, foolish to give an unequivocal commitment. But the commitment I can make, which is

the commitment I have made previously on the public record, both on radio and in other forums, is that the government treats these recommendations seriously, and I would be very surprised if there was reason not to implement recommendations.

Housing—Burnie Court site

MS PORTER: Thank you, Mr Speaker. My question, through you, is to the Minister for Housing. Minister, you recently made an announcement about the old Burnie Court site. Is it possible to provide any more details to the Assembly about what is actually going to take place there?

MR HARGREAVES: I would like to thank Ms Porter for the question. I was pleased with the recent launch of the joint venture for the redevelopment of what was once called Burnie Court. Since that launch, substantial work has been undertaken by the architects and engineers for the project. Strong initial support has been received for the proposal from the ACT Planning and Land Authority, and at this stage it is anticipated that a development application will be lodged on 16 November.

The joint venture is between Hindmarsh and the Commissioner for Housing. The site will be developed for residential and aged accommodation. It is an exciting development. Hindmarsh is a well-established firm in the ACT and is developing its interests interstate and overseas. Hindmarsh has a strong record in aged accommodation—it runs the Grange in Deakin and is developing a new complex in Bruce called Fernhill.

The development will increase housing choices in Lyons and Woden, especially around the Woden town centre, and it will complement the older persons units provided next door at the Freycinet. It will allow people who live in Lyons and the surrounding area to age in place, maintaining the important links to their community whilst giving them accommodation that better suits their needs.

Community Housing Canberra will also be involved in this development, taking out up to 12 residential units. This is in line with the government's commitment to affordable housing and is on top of the government's \$50 million line of revolving credit for community housing. That \$50 million is on top of the transfer of another \$40 million worth of properties to community housing announced in this year's budget.

Mr Speaker, this development will provide an improved return to the ACT government on its property investments. This return will be used to revitalise existing public housing and provide accommodation that better matches the waiting list. There has already been extensive consultation with the community about the proposed development of the site, which has met with general support. This consultation has been valuable in shaping the development, and it will continue. This planning has ensured that the development takes into account the nearby residential areas with sympathetic development close to other areas.

Mr Speaker, I am encouraged by the commitment of Hindmarsh to this project. They are a major developer in the Canberra market, and the fact that they are so enthusiastic

to work with housing and community services and to share their expertise in residential development and retirement living is confirmation of the government's confidence in the joint venture process.

We should acknowledge, I think, quite sincerely with our hands on our hearts the work of the former Liberal government, which took 1,000 houses out of the marketplace. We have put them back. We talked about competence this morning in the motion against the Chief Minister. You have to challenge the competence of the predecessors of those opposite—and not just the predecessors of those opposite, because, in fact, the cabinet decision to reduce public housing was taken whilst Mr Smyth and Mr Stefaniak were in cabinet. Of course, Mr Smyth will get up in time and have a go at this government about its performance in public housing.

I have just indicated to the house, Mr Speaker, how we are moving forward in partnership with business. Is that not strange? We are moving forward in partnership with business—in partnership with business. These are building businesses; I have to say that they are not cleaning businesses, Mr Gentleman.

Those folks opposite have no right to talk about competence; they are experts in incompetence, and I am happy to hear from them any time they like when they talk about their own incompetence. But they have to acknowledge, Mr Speaker, that we are actually doing things. We are moving forward in not only our public housing but also, of course, in our multi-unit properties.

MR SPEAKER: A supplementary question, Ms Porter?

MS PORTER: Thank you, Mr Speaker. Minister, what other multi-unit properties are being considered for redevelopment?

MR HARGREAVES: I thank Ms Porter for the supplementary question on multi-unit properties. Members will be aware that my department took Fraser Court and Currong Apartments to the market for joint venture developments. Following an assessment of the risk involved in developing Fraser Court, negotiations with the preferred joint venture tenderer have been ceased. I am sure Mrs Burke will be interested to hear all this. She is sitting there opposite with her ears flapping, and I am having trouble talking over the noise.

I will go again: following an assessment of the risk involved in developing Fraser Court, negotiations with the preferred joint venture tenderer have ceased. It is now proposed to proceed with a subdivision and sale of the site. Mrs Burke pops up here and she criticises this government, but she does not listen when something as important as a change in the process for Fraser Court is actually advised in this house. No, what she does is mumble away, and I just draw her attention to the fact that it is now proposed to proceed with a subdivision and sale of the site. It is anticipated that this will be put to the market before the end of this calendar year.

Mr Speaker, no reasonable offer was received for Currong Apartments. There have been discussions with industry about the release of the site, and, based on the progress achieved at Lyons, there has been strong support from the private sector for working

jointly with the government. I have asked the department to bring forward a revised market offer looking at not only Currong Apartments themselves but the surrounding land. Of course, Mr Speaker, we are not letting these apartments sit empty while the negotiations continue—they are being used for student accommodation. We try not to let any property sit empty.

Our turnaround times on vacancies have improved markedly, and we have introduced a new program, the Housing Now initiative. Under this program, properties that are in areas known to be hard to let—that is, they are offered to people on the waiting list who reject them—are put on display for anyone on the waiting list to examine. During the pilot project, seven vacant properties were shown, and six were taken up. Since then, a further 36 vacant properties in the hard-to-let-category have been allocated. Twelve of these properties had been previously refused three or more times by applicants. The government will continue to adopt innovative approaches to ensure that our housing stock is fully utilised.

The management of the public housing portfolio in the ACT is guided by the public housing asset management strategy 2005-08. Work has commenced on the public housing asset management strategy beyond 2008, and I expect that it will provide an indication of the priorities that need to be addressed for multi-unit properties. I have asked my department to prepare a strategy for my consideration. I look forward to providing further information to the Assembly in due course.

At this point, Mr Speaker, in answer to the question from Ms Porter, I would like to also acknowledge the work of officers of my department. The multi-unit real estate market is a difficult one to move within, and I think they do a sterling job. They have got a great outcome at Lyons. They have, through difficult circumstance, come up with, I think, a good outcome for Fraser Court and are working particularly well around Currong Apartments. I would like to single out, of course, Martin Hehir, Maureen Sheehan, David Collett and Kim Fischer for their work in bringing forward some innovative ideas in providing accommodation to those in the ACT who really need it.

ActewAGL—land acquisition

MR GENTLEMAN: My question is to the Chief Minister. Chief Minister, yesterday you announced that the ACT government has offered ActewAGL an option for the direct sale of land in Hume for the development of a gas-fired power station and secure data centre. Chief Minister, how does this announcement reflect the ACT government's commitment to maintaining a stable, reliable electrical network in the ACT?

MR STANHOPE: Thank you, Mr Speaker. Thank you, Mr Gentleman. This is a very important issue. It is potentially a project of enormous significance to the ACT. It is still at the stage of scoping up and investigation—decisions have not been made—but ActewAGL, with a number of partners, is pursuing again the prospect of the construction and operation of a gas-fired power station for the Australian Capital Territory, and that would be significant.

Over the last five years, there have been a number of occasions on which concerns have been raised about our susceptibility to electricity shortages or outages. These actually were very much a concern that arose, in the first instance, over vulnerability to attack by terrorists and, secondly, vulnerability that was a consequence of an event such as the bushfires. Through those particular events, consideration has previously been given to the possibility of constructing and operating a gas-fired power station in the Australian Capital Territory.

Previous work that was done to the preliminary assessment stage by ActewAGL actually led to the conclusion that the construction would not be economically feasible. The cost-benefit analysis that was undertaken at the time actually did not prove up the construction and the operation; the return simply would not have been there in terms of the size of the power station that we might develop and the electricity that might be generated from it.

The significant difference in relation to a reassessment of the viability of a gas-fired power station, of course, is the prospect presented by the collocation of the data centre, following on, I should say, from work that ActewAGL had done to actually secure electricity for the ACT by the construction of an additional line through Williamsdale into the ACT, to give us two major lines of electricity into the territory. The new assessment and a new consideration of the feasibility of a gas-fired power station is that in this instance it has been linked, through the development of a partnership with a number of leading national and international companies, with a data centre.

The collocation and the security provided by a gas-fired power station for the operation of a data centre would be quite significant. So essentially these twin projects—the potential development of the gas-fired power station with a collocated data centre—changed the dynamic or the potential costs and benefits that might be achieved both in the construction of a gas-fired power station and in the construction and operation of a data centre.

It would be a project of enormous importance to the territory in the context of widening the industry base, the economic base. It is a billion dollar project or just thereunder. It would actually generate of the order of 600 jobs and a continuing economic impact of the order of \$600 million a year, as well as enhancing our capacity to generate some power—not just to operate the data centre, which is very power intensive, but, of course, to allow for some excess power to be actually filtered into the ACT and the network here for domestic use. So it would give us significant security of supply.

Some of the other effects, of course, would be to enhance, indeed, the capacity for gas into the territory. The current capacity of the gas supply would have to be enhanced. There are a whole range of knock-on effects in terms of just the infrastructure, let alone some of the continuing or knock-on effects in relation to the encouragement of industry that would be spawned by a major gas-fired power station and a data centre.

ActewAGL is now working within Australia and, indeed, overseas on developing partnerships and is seeking to assess interest and trying to determine the extent to

which the data centre would be feasible were there this security of power supply. So the gas-fired power station depends very much on the capacity to get an achieved business case in relation to the data centre that stacks up.

It was in that context that the ACT government was approached and was prepared, as a very significant partner or an interested partner in the possibility of the construction of both the power station and the data centre, to identify land as one of those aspects of a case that ActewAGL and its partners can now go to the market with to say, “Yes, this is our proposal. It is backed by the ACT government. Land has been identified. An option has been granted. If the business case develops, then the land will be granted.” (*Time expired.*)

Mr Stanhope: I ask that all further questions be placed on the notice paper.

Supplementary answer to question without notice Hospitals—bed numbers

MR STANHOPE: Mr Speaker, I have some additional detail in relation to the cost of beds. The advice on which I relied and the notes have been provided to me. I just provide this additional information for members. The per day cost of a hospital bed within the ACT as of 2005-06 varies from \$600 per day per bed to \$3,500 per day per bed, depending on the type of bed. For example, an ICU bed costs \$3,500 a day per day to operate. Sub-acute beds, or some classification of sub-acute beds, cost \$600 per day per bed.

On the last costings available to me from the Department of Health, an acute bed—which is the promise that the Liberal Party has made and the demand that it makes of us—is \$1,460 per bed per day. Those are 2005-06 costings, which equate to the figure that I have been quoting and the figure which the Liberal Party has promised to expend. That is the cost. They are 2005-06 costings. Through recent changes in wage structures within the hospital, those costings are a little out of date. The sum would probably be just a little bit higher were we to take the latest figures available.

In the context of the last costings available in the ACT, the promise which the Liberal Party has made—and the demand which it makes—is costed at \$53.4 million. When you take into account wage rises and cost increases over the years since those costings were made, it would be more than that. So it is a \$54 million plus promise that you have made. That is the cost.

Papers

Mr Speaker presented the following papers:

Study trip—Report by Mr Seselja MLA—Liberal Party Federal Council 2007 and the Menzies Research Centre State Policy Conference—1 to 3 June 2007.

Travel report—Non-Executive Members—Sixth Assembly, up to and including 30 September 2007.

Executive contracts Papers and statement by minister

MR STANHOPE (Ginninderra—Chief Minister, Treasurer, Minister for Business and Economic Development, Minister for Indigenous Affairs, Minister for the Environment, Water and Climate Change, Minister for the Arts): For the information of members I present the following papers:

Public Sector Management Act, pursuant to sections 31A and 79—Copies of executive contracts or instruments—

Contract variations:

John Raymond Paget, dated 10 September 2007.
Philip Dorling, dated 13 September 2007.
Stuart William Friend, dated 11 September 2007.

Short-term contracts:

David Matthews, dated 4 September 2007.
David Snell, dated 17 September 2007.
Edith Margaret Hunt, dated 25 September 2007.
Elizabeth Joan Trickett, dated 14 September 2007.
Howard Douglas Wren, dated 4 September 2007.
James Arapeta Kiwi, dated 12 September 2007.
Kathleen Dorothy Goth, dated 12 September 2007.
Robyn Mary Hardy, dated 28 August 2007.

I seek leave to make a statement.

Leave granted.

MR STANHOPE: I present another set of executive contracts. These documents are tabled in accordance with sections 31A and 79 of the Public Sector Management Act, which require the tabling of all chief executive and executive contracts and contract variations. The contracts were previously tabled on 27 September. Today I present eight short-term contracts and three contract variations.

Financial Management Act—instrument Paper and statement by minister

MR STANHOPE (Ginninderra—Chief Minister, Treasurer, Minister for Business and Economic Development, Minister for Indigenous Affairs, Minister for the Environment, Water and Climate Change, Minister for the Arts): For the information of members, I present the following paper.

Financial Management Act—

Pursuant to section 18A—Authorisation of expenditure from the Treasurer's Advance to the ACT Planning and Land Authority, including a statement of reasons, dated 20 September 2007.

I seek leave to make a statement.

Leave granted.

MR STANHOPE: As required by the Financial Management Act, I table a copy of the authorisation that relates to the Treasurer's advance to the ACT Planning and Land Authority. Section 18 of the act allows the Treasurer to authorise expenditure from the Treasurer's advance. Section 18A of the act requires that within three sitting days after the date the authorisation is given the Treasurer present to the Legislative Assembly a copy of the authorisation, a statement of the reasons for giving it and a summary of the total expenditure authorised under section 18 for the financial year.

Under this instrument \$1.344 million was provided to ACTPLA to make interim compensation payments further to those made on 21 September 2007 to rural leaseholders affected by the proposed residential development in the Molonglo Valley. I commend the paper to the Assembly.

Paper

Mr Stanhope presented the following paper:

Annual Reports (Government Agencies) Act, pursuant to section 13—Actew Corporation Limited—Annual Report 2006-2007.

Tobacco control measures Paper and statement by minister

MR CORBELL (Molonglo—Attorney-General, Minister for Police and Emergency Services, Acting Minister for Health and Acting Minister for Disability, Housing and Community Services): For the information of members, I present the following paper:

Proposed tobacco control measures.

I seek leave to make a statement.

Leave granted.

MR CORBELL: On 6 June this year, the Assembly resolved that the Minister for Health report to the Assembly on the last sitting day of September on the outcomes of consultation on tobacco control reforms. Unfortunately, due to an oversight, this report was not tabled on the last sitting day in September. I table that now for the information of members and beg members' indulgence.

Papers

Mr Corbell presented the following papers:

Administration of Justice—ACT Criminal Justice—Statistical Profile—June quarter 2007.

Electoral Act, pursuant to section 54—ACT Legislative Assembly Electoral Boundaries Redistribution 2007—Redistribution Report, dated 31 August 2007.

Subordinate legislation (including explanatory statements unless otherwise stated)

Legislation Act, pursuant to section 64—

Animal Diseases Act—Animal Diseases (Exotic Disease Quarantine Area) Declaration 2007 (No. 3)—Disallowable Instrument DI2007-227 (LR, 27 September 2007).

Civil Law (Wrongs) Act—Civil Law (Wrongs) Amendment Regulation 2007 (No. 1)—Subordinate Law SL2007-25 (LR, 17 September 2007).

Dangerous Substances Act—Dangerous Substances (General) Amendment Regulation 2007 (No. 1)—Subordinate Law SL2007-23 (LR, 6 September 2007).

Environment Protection Act—Environment Protection Amendment Regulation 2007 (No. 1)—Subordinate Law SL2007-24 (LR, 10 September 2007).

Land (Planning and Environment) Act—Land (Planning and Environment) Criteria for Direct Grant Lease to Community Organisation (Educational Establishment—Forde) Amendment Determination 2007 (No. 1)—Disallowable Instrument DI2007-226 (LR, 4 October 2007).

Pest Plants and Animals Act—Pest Plants and Animals (Pest Plants) Declaration 2007 (No. 1)—Disallowable Instrument DI2007-228 (LR, 2 October 2007).

Radiation Protection Act—Radiation Protection (Fees) Determination 2007 (No. 1)—Disallowable Instrument DI2007-224 (LR, 20 September 2007).

Road Transport (General) Act—

Road Transport (General) (Application of Road Transport Legislation) Declaration 2007 (No. 3)—Disallowable Instrument DI2007-225 (LR, 21 September 2007).

Road Transport (Third-Party Insurance) Amendment Regulation 2007 (No. 1)—Subordinate Law SL2007-26 (LR, 13 September 2007).

**Hospitals—waiting times
Statement by minister**

MR CORBELL (Molonglo—Attorney-General, Minister for Police and Emergency Services, Acting Minister for Health and Acting Minister for Disability, Housing and Community Services) (3.36): I seek leave to make a brief statement.

Leave granted.

MR CORBELL: I wish to correct the *Hansard* in relation to a matter. On 27 September, during question time, I suggested that the average treatment time or average duration of a service event in emergency departments in the ACT for the 2005-06 year was one hour and 50 minutes, the lowest in the nation. I quoted that figure based on the information provided to me for question time, which I have recently learnt was incorrect. The error was due to a misreading of the relevant table in the AIHW report. The Northern Territory, rather than the ACT, had an average treatment time of one hour and 55 minutes for non-admitted patients. The ACT's average waiting time was two hours and 24 minutes, the third best in the country and still well below the national average of two hours and 55 minutes. I apologise to the Assembly for any confusion.

Canberra social plan Ministerial statement

MR STANHOPE (Ginninderra—Chief Minister, Treasurer, Minister for Business and Economic Development, Minister for Indigenous Affairs, Minister for the Environment, Water and Climate Change, Minister for the Arts) (3.38): I present the following papers:

The Canberra Social Plan—2007 Progress Report—“Building our Community”—Ministerial statement, 16 October 2007.

The Canberra Social Plan—Progress Report—June 2007.

I seek leave to make a ministerial statement concerning the progress report on the Canberra social plan.

Leave granted.

MR STANHOPE: Some 3½ years ago I launched *Building our community: the Canberra social plan* as an expression of this government's vision that Canberra should be a place where all people are able to reach their potential, are able to make a contribution and are able to share the benefits of living in this great community. Today I am pleased to table the latest published report on the government's progress towards achieving that vision. I am proud that we, as a government and community, have made substantial progress towards achieving the vision of the Canberra social plan.

Before I outline that progress, I would like to acknowledge yesterday's publication by the ACT Council of Social Service of the report entitled *Characteristics of low income ACT households*. The government was pleased to contribute to this research, through the Community Inclusion Board. Indeed, the new report builds upon earlier research commissioned by the government on the location and nature of poverty in the ACT. We contributed to this research because we believe that understanding disadvantage is fundamental to achieving the goals set out in the Canberra social plan.

The report released yesterday confirmed that, while there is room to debate the data, there is no doubt that there are Canberrans who live in poverty or who struggle to

maintain a basic standard of living. The government's implementation of the social plan has done much to address this issue and has made some very important differences to the lives of both families and individuals. We do not intend to stop now. We will continue to act unilaterally, as well as engaging with the commonwealth, to come up with better ways of responding to the root causes of poverty.

The causes of poverty and its impact are the result of a complex interplay between the individuals involved and their circumstances and, more importantly, between the commonwealth and state jurisdictions. Reports such as those issued yesterday make it clear that we all need to do better, that at both the territory and commonwealth level we need to become more proactive in addressing the needs of those experiencing disadvantage. In the midst of a federal election campaign, this is as good a time as any in which to re-energise the debate about how to do that and whether our help should be coercive in nature or whether it should predominately take the form of encouragement and facilitation.

This progress report on the implementation of *Building our community: the Canberra social plan* is the second in 3½ years, and follows the September 2005 release of *Getting on with the job*. Together, the two reports fulfil our commitment to report on a biennial basis on the social plan's progress.

It is often said that demography is destiny. Any long-term plan, particularly one focused on the community, cannot ignore change. ACT workforce participation rates for women are the highest in the country—around 69 per cent, compared with 57 per cent nationally. This gives rise to a strong demand for childcare and other family support services, and this demand is likely to grow.

Canberrans have the highest level of educational attainment in Australia, with almost 59 per cent of territorians having a post-school qualification, compared to 51 per cent of all Australians. Maintaining our educational edge will be critical to the future of the ACT economy, with its insatiable demand for highly skilled and well-trained people. This in turn is contingent upon a strong primary and secondary educational system which develops well-educated young people committed to further study. The ACT has the best education system in the country; our college system, with its model of continuous assessment, serves our students well as they move beyond school into further education or the workforce. With growing health expenditure across the country, the challenge for the ACT will be to make the most effective use of its resources, building upon its strengths and targeting its weaknesses.

It is evident that there are emerging demographic pressures that the ACT government needs to address if it is to fulfil the vision of the social plan. It remains a disturbing fact that Aboriginal and Torres Strait Islander peoples are the most disadvantaged group in Australia. In fulfilling the objectives of the Canberra social plan and reducing poverty and social exclusion, the ACT government must pay particular regard to Indigenous Canberrans. Steps are being taken to establish an elected Indigenous body to fill the gap created by the federal government's abolition of ATSIC and funding has been provided for a new integrated service delivery initiative for Indigenous families and children at risk.

Pressures on housing and the impacts of reduced affordability have been recognised by the government as consequences of our shifting demographic base. Improving affordability represents one of the most complex planning issues of our time, requiring us to balance social policy and economic considerations with the realities of the market, the limited resources of the public sector and the interests of the environment. In April 2007, this government responded with the affordable housing action plan, which provides a comprehensive road map for tackling this difficult issue.

A number of interjurisdictional challenges are increasingly occupying the attention of Australian governments, including the ACT. While water and regional planning issues are the most obvious of these, there are also a number of pressing social issues which require interjurisdictional action and cooperation. These include the literacy and numeracy of our children, the stresses placed upon our communities through poor early childhood experiences and the rise of type 2 diabetes and other chronic diseases. The release of the ACT government's human capital action plan earlier this year represents a first step in tackling these matters, which cannot be ignored by any Australian government concerned with the long-term future and welfare of its community.

The social plan progress report has set out the particular challenges ahead for us against each of the priority areas established in the social plan. The report not only identifies these pressures and challenges but also discusses some of the government's planned responses. The seven priorities of the Canberra social plan are economic opportunities for all Canberrans; respect for diversity and human rights; a safe, strong and cohesive community; improve health and wellbeing; lead Australia in education, training and lifelong learning; housing for a future Canberra; and respect and protect the environment.

There is no doubt that the ACT has a strong economy that is responding well to global and national economic challenges. In this respect there is a great deal of which we as a government can be proud. We have maintained our AAA credit rating and created 11,000 new jobs in four years, maintaining the lowest unemployment rate in the country. The ACT has recently recorded the strongest trend growth in residential building approvals across the country, and growth in retail turnover in the ACT has outstripped the national average for the year.

The strength of our retail trade and our housing market shows that Canberrans are confident in the future of the ACT economy and the financial management of this government. However, economic success should not overshadow the fact that there are Canberrans who experience disadvantage and exclusion. Promoting participation and access to economic opportunity for all is as much a social objective as it is an economic objective.

Another key challenge facing the ACT, and the nation, is the shortage of skilled workers. The ACT Skills Commission has been established to focus on developing strategies and actions to help overcome this challenge. In addition, the government will continue both the live in Canberra campaign and the development of the successful skilled migration scheme in order to attract skilled workers from other states.

Respecting diversity by protecting each other's rights is essential if all Canberrans are to have the opportunity to reach their potential. A culture of respect and inclusion helps to overcome barriers to participation. Celebrating and fostering diversity allow us to draw on a wealth of different experiences. The ACT leads Australia in providing a systematic and comprehensive scheme for the protection of rights and fundamental freedoms. The Human Rights Act is helping to build a culture where respect for fundamental human rights becomes an integral part of how the ACT public service and the wider community go about their work. I am heartened that our pioneering efforts in building a human rights culture are now being followed by other Australian jurisdictions.

Promoting respect and diversity has also been manifest in more immediate ways. For example, the government has supported older Canberrans through the Canberra gold award, the lifetime achievement award and a range of grants to promote positive ageing, encourage older Canberrans to maintain and enhance their connections with the broader community and encourage seniors to maintain active and healthy lifestyles.

Community inclusion was furthered with the opening in December 2005 of the Theo Notaras Multicultural Centre, which houses six peak bodies and 23 community organisations. The centre provides a safe, supportive environment where people from culturally and linguistically diverse backgrounds can meet and access information and advocacy services and participate in programs specifically designed to assist migrants.

We are also doing much to fulfil the goal of including people with a disability in all areas of the ACT community. Students with a disability are being assisted to transition from school and college to adult life and we are improving the access of students with a disability to existing pre-vocation resources and programs. The number of people with a disability accessing individual support packages has increased, while the new local area coordinators encourage people with disabilities to become active participants in the planning of their services.

The ACT faced a setback when the commonwealth government overturned the civil union legislation passed by this Assembly, which provided for formal recognition of same-sex relationships and for their functional equality under the law. The ACT government will continue to work to ensure that the rights of same-sex couples in committed relationships are properly respected before the law.

Evidence shows that one of the best ways to maintain a cohesive, strong and safe community is through creating a climate where individuals have the opportunity to engage in satisfying, well-rewarded work and have access to lifelong learning and cultural and sporting facilities. Such societies generate the resources to sustain their social systems and services. As much as governments can support communities, it is often communities themselves that know what they need to thrive.

Efforts to improve community safety and reduce crime have been boosted with the injection of an additional \$28.7 million to fund an extra 60 police officers for ACT Policing. This investment demonstrates the government's ongoing commitment to addressing crime and making Canberra an even safer place than it has been.

One particular challenge that lies ahead is the rapid development of information and communication technology, which has the potential to exclude disadvantaged Canberrans. The government has taken significant steps to provide the community, particularly disadvantaged groups, with access to information technology and to bridge the digital divide. For example, ACT libraries provide free access to the internet and training for those unable to afford or access such technology in their homes or workplaces, including a focus on supporting older people to become familiar with the technology.

In the 2006-07 budget, the government provided funds to deliver a 3.7 per cent indexed increase for the community sector to help address significant viability issues. We are now looking at the development of core pricing principles in partnership with the community sector.

While the general health and wellbeing of Canberrans is excellent by national standards, there are areas where further improvement is required. Changes in family structures and an ageing population also present challenges. By focusing on prevention and early intervention across the lifespan, we can improve the likelihood of positive health and social outcomes for everyone. Indicators show that life expectancy in the ACT is higher than life expectancy nationally. In 2004-05, we had lower rates of potentially preventable hospitalisations compared to other jurisdictions, and the lowest separation rates of any jurisdiction occur in the ACT for vaccine preventable conditions and acute and chronic conditions.

The ACT primary health care strategy 2006-09, released in September, sets out a strategic direction for the delivery of primary health care services across the ACT. We welcome the recent launch by Minister Gallagher of access health, the plan which sets the future direction for public health services in the ACT.

The Aboriginal and Torres Strait Islander health and wellbeing plan represents a significant collaboration between the ACT and commonwealth governments and Winnunga Nimmityjah Aboriginal Health Services. The plan, released in July 2006, aims to close the gap between the health status of Indigenous and non-Indigenous people and has a particular focus on families, pregnant women, children and people with a chronic disease. The government has allocated \$2 million over four years for combating childhood obesity in children up to the age of six, their families and carers, early childhood sector staff and teachers, with all stakeholders actively involved in project planning and project monitoring.

The government has allocated extra recurrent funding of \$638,000 for the child at risk health unit to broaden its existing services to encompass a more comprehensive range of health services, including nursing, developmental assessments and an expansion of counselling services to children and families where abuse has occurred or is suspected.

Since 2004-05, the government has funded up to 147 extra beds in the territory's public hospitals. This includes a flexible combination of overnight acute inpatient beds and bed equivalents that can be adjusted throughout the year to correspond with peaks in demand. The government has invested more than \$10.3 million over four

years, from 2006-07, to reduce the number of patients waiting for elective surgery and increase the number of elective procedures. In February 2007, work was completed on a new \$9.75 million specialised unit for elderly patients at Calvary Hospital, including a 20-bed psychogeriatric unit that will care for older patients with acute mental illness and challenging behaviour.

The government will continue to ensure that health expenditure grows at a sustainable rate, that resources are better targeted to ensure that patients receive the most appropriate care in the most appropriate setting and that we are able to respond to areas of emerging pressure, including mental health, cancer service and aged care. Health workforce recruitment and retention are significant issues in the ACT, as in the other states and territories. The government has committed \$4.2 million to develop strategies for dealing with workforce shortages and will continue to participate in national processes designed to address the issue.

The capacity of our community is enhanced whenever high levels of school completion and educational outcomes are achieved. To meet the needs of the community in the 21st century we must ensure that education is contemporary, relevant and challenging; that there are flexible learning pathways; and that we promote lifelong learning. The ACT is the most highly educated community in the country. More children in the ACT attend prior-to-school programs; and the territory has the highest year 12 retention rate, the highest population with post-school qualifications and the greatest percentage of young people attending university. ACT students continue to maintain high levels of performance against the numeracy benchmarks and the nationally agreed literacy benchmarks for years 3, 5 and 7. It is clear that the ACT public education system has historically been of high quality, with a strong philosophy of meeting the diverse needs of all students and helping all students reach their potential.

However, with an ageing and mobile population, this government has had to undertake some difficult but necessary structural reforms in order to ensure that high quality public schools will be available for all Canberra's school students now and into the future. These reforms saw the maintenance of the schooling models previously available and a renewed focus on early childhood education. The government announced new preschool to year 2 schools to concentrate on early years of schooling and also announced the amalgamation of all preschools into primary schools, to streamline learning pathways and provide better educational transitions. As part of this major reform, the government is investing over \$175 million in building new state-of-the-art schools in Gungahlin, Harrison, west Belconnen and Tuggeranong; \$90 million for upgrading existing schools; and \$20 million for new information technology for schools.

The achievements of this government in respect of housing are considerable. Canberrans have seen a \$33 million capital injection for social housing; continued accommodation support for the most vulnerable; assistance to people moving from crisis accommodation to sustainable housing options; a 207 per cent increase in government funding for homeless families, compared to an increase of 18 per cent nationally; and the launch of the ACT affordable housing action plan.

Housing provides individuals in a community with the basis for a stable, healthy and productive life. It also provides a sense of belonging and dignity. Housing affordability is a critical issue, and rental costs and mortgages in the ACT comprise a significant proportion of household budgets. Last year I decided that we could not tolerate a situation where Canberrans with decent jobs were effectively priced out of the housing market. This government set up a steering group to come up with some practical solutions. In April I accepted every one of the group's recommendations. The result is the most comprehensive plan to tackle housing affordability issues that has ever been attempted by any government in Australia. It has initiatives for those seeking to buy, those renting in the private market, those who use public and community housing and those who require emergency accommodation.

Responding to Canberra's rapidly ageing population is a challenge that the government is meeting by acquiring, as well as adapting, properties for older people. The construction of 46 public housing units in Turner specifically for older Canberrans will provide high quality, modern, secure housing located close to amenities. More than 10 per cent of public housing stock in the ACT is designated as suitable for older people.

Protecting the natural environment in and around Canberra helps to ensure that it can be enjoyed by future generations. A well-managed environment is also important to our physical and psychological health. As is evident from the progress report, in the ACT we have seen many actions that contribute to our environmental welfare. For example, we have seen the adoption of permanent water conservation measures by the community; the declaration of new nature reserves at Callum Brae and Goorooyarloo; environmentally responsive design principles guiding the new suburb of Forde; the securing of a green star 4 rating for the Alexander Maconochie Centre; and new bicycle parking guidelines.

The government's new climate change strategy, *weathering the change*, is an ambitious but achievable strategy. We will invest over \$100 million in bold actions to tackle climate change. We know that real action will cost money and resources, but if nothing is done the eventual outcome will be unaffordable in environmental, economic and social terms. We have set a realistic target of a 60 per cent reduction in our emissions by 2050. To measure our progress in reaching this target, the ACT's aim is to limit emissions in 2025 to the level of emissions in 2000. The government has made a commitment to monitor emissions and report on these emissions over the life of the strategy. We have also given in-principle support for the introduction of an emissions trading scheme and have introduced mandatory requirements that will ensure that all new dwellings in the ACT meet five-star energy ratings and thus reduce energy consumption.

There is arguably no higher priority for the government than securing Canberra's water supply, drought proofing the territory and reducing dependence on unpredictable rainfall. The government's *think water, act water* policy provides long-term guidance for the management of ACT water resources, and a host of initiatives have been pursued to conserve water and reduce demand, including the introduction of new environmental flow guidelines to better reflect the required flows of healthy

waterways and make more water available for urban use. The government is working with all schools to improve water efficiency through its sustainable schools program. We are considering a range of recommendations put to us by Actew, including enlargement of the Cotter Dam, water purification and the purchase of water from Tantangara Dam in New South Wales.

In order to highlight the government's vision for social development of the ACT and measure whether the objectives of the Canberra social plan are being met, the government established flagship commitments and set a number of long-term targets. Three and a half years is not much time for major shifts within a community; it was always envisaged that the achievement of our goals and priorities would be accomplished in the long term, over 10 to 15 years. Nevertheless, the progress report notes what changes have occurred against these commitments and targets since the launch of the plan in February 2004.

A key flagship commitment in the social plan is to establish child and family centres with a strong focus on integrated services for children and young families. I am pleased to report that our child and family centres are providing specialised local services with a focus on support and early intervention, including health, education, parenting and family support services. These services are being delivered in partnership with community organisations and professionals. The Gungahlin child and family centre began delivering services to the community in September 2004, with permanent premises opened in May 2006. The program was extended to Tuggeranong in 2005; a purpose-built centre has recently been completed there as well.

This government made a commitment to ease the financial pressure faced by low income households in the payment of their essential services bills. This government has provided additional funding of \$1.6 million since 2004 to increase energy, water and sewerage concessions and ensure as much as possible that individuals and families on low incomes are not adversely affected by utility price increases. More than 26,000 low income households have benefited from the new streamlined energy concession. The Community Inclusion Board is looking at further steps that can be taken to assist those on low incomes with the cost of their essential services.

The government has set itself the target of reducing the level of long-term unemployment to 12.5 per cent of total unemployment by 2013. I can report that the absolute number of long-term unemployed in the ACT has progressively fallen over recent years, to around 800 people. The numbers are small and the data subject to significant sampling errors, but a significant downward trend is clearly apparent. Despite this, by virtue of the equally significant recent falls in total unemployment, the percentage of long-term unemployed to total unemployed has been fluctuating just above or below the 12.5 per cent target.

The government has set itself the target of reducing income inequality. In this respect, the adopted measure, the Gini coefficient, is useful but must be treated with caution. In the short term, the coefficient is unlikely to be sensitive to measures introduced under the Canberra social plan, and has held relatively steady, between 0.26 and 0.27, since the introduction of the Canberra social plan. The ACT retains its place as having one of the most equal distributions of income in Australia.

The government has set itself the target of increasing the proportion of 19-year-olds with a year 12 certificate or equivalent to 95 per cent by 2013. The ACT continues to lead the country with high rates of school completion, and there are strong upward trends in 19-year-olds with a year 12 certificate or equivalent.

Finally, the Canberra social plan includes a target of increasing to 70 per cent the proportion of 25 to 64-year-olds with post-school qualifications. The proportion of ACT people aged 25 to 64 years with post-school qualifications has steadily increased since the release of the Canberra social plan. We have almost met the target, with 69 per cent of the population group in 2006 having post-school qualifications.

In conclusion, the ACT government remains committed to the priorities and goals it has established in the Canberra social plan. Canberrans expect and deserve the best possible health and education system and public amenities. The progress report I table today not only shows what this government has been delivering since the Canberra social plan was launched 3½ years ago, but provides ample evidence of the government's strong and continuing commitment to fulfilling its vision that Canberra become a place where all people reach their potential, make a contribution and share the benefits of our community.

I move:

That the Assembly takes note of the papers.

Debate (on motion by **Dr Foskey**) adjourned to the next sitting.

Public hospital system

Discussion of matter of public importance

MR SPEAKER: I have received letters from Mrs Burke, Mrs Dunne, Mr Gentleman, Ms MacDonald, Mr Mulcahy, Ms Porter, Mr Pratt, Mr Seselja, Mr Smyth and Mr Stefaniak proposing that matters of public importance be submitted to the Assembly. In accordance with standing order 79, I have determined that the matter proposed by Mr Mulcahy be submitted to the Assembly, namely:

The state of the public hospital system in the ACT.

MR MULCAHY (Molonglo) (4.02): I am pleased that this matter of public importance was selected today because the state of the public hospital system is—and I am sure that all members will agree with me on this much—a matter of utmost importance. Indeed, there are few greater priorities of government in the ACT than providing an efficient health service, including, of course, public hospitals that serve the needs of the Canberra community.

I have already spoken today in relation to my colleague Mr Stefaniak's motion of grave concern about the ACT government, especially in relation to the health system. Although I will mention briefly the same figures from the Australian Institute of Health and Welfare that I quoted this morning, it is my intention to focus much of my

remarks today on other evidence; that is, reports that I have received directly from constituents of where the public hospital system is failing.

In many ways, although it is disheartening to read the Australian Institute of Health and Welfare's report—and that one in particular is *Australian hospital statistics 2005-06* which shows that, for example, ACT residents can expect to wait almost twice as long as the national average for elective surgery or that only 52 per cent of people presenting themselves to an emergency room are seen on time—it is the concerns, particularly the human side of complaints that constituents present to me, that really make one understand just how bad are some people's experiences in our hospitals. Whilst we can talk here of statistics, dollars and hospital beds and speak in the abstract, it is when you start hearing of the cases such as the tragedy we heard of a little over a week ago that it brings home to you that the actions and the decisions taken in this place are, in fact, very real in terms of their impact on ordinary people's lives.

People have often said to me, "Why would you not have gone into the federal parliament? You have had a background that is more relevant to federal matters and so forth." I said that the significant thing that is lost on many people is that what happens in the ACT Assembly has far more impact on your life, quite frankly, on a day-to-day basis than many of the things that happen at the national level, because it is here that the decisions in relation to health, education, policing and urban infrastructure are largely determined as a result of legislative decision or budget allocations, which ultimately then are the responsibility of the elected government.

Most clearly, the public hospital system, under the responsibility of the territory government, is one vital area which must be a matter of concern to all elected representatives because of the most serious impact that poor management can have on the wellbeing of the people that we represent. Seeing numbers in a lengthy report is one thing but hearing from constituents, for example, that they have waited for hours in the emergency department is another thing entirely.

I will say at the outset that, in discussing these concerns, I do not intend to reflect on the capability of the individuals working in the system. I have the utmost respect for nurses and doctors and other medical professionals and the work that they do and their commitment to helping members of society when they are at their most vulnerable. But my issues today relate to the environment in which they operate, the resources which they are supplied and the systems that are in place, which inevitably leads to problems for those in the front line of medical care and the delivery of medical care. And in defence of my colleague Mrs Burke, time and time again that has been her issue. Her issue has not been with the dedication of nursing staff and medical staff. But if you tie people's hands behind their backs, if you let things deteriorate because you are cutting costs, if you ignore the concerns expressed by people who have practical, on-line and front-line experience, then you are inviting a problem.

It is a fundamental feature of good management to talk to those who have the direct contact with the customers. You should do it with your staff in terms of their dealings with electors because quite often they are the ones who first speak with the constituent. And ministers and senior bureaucrats and the like need to get themselves down and

understand what the concerns are in the front line of our health administration in order that they become acquainted with and understand the problems.

Thirty-one years ago I was involved in writing Liberal Party health policy in Hobart and I was asked by the Leader of the Opposition of the day, for whom I worked and who asked me to write his policy work, to prepare various papers. The first thing I did was go out and talk to those in the health system. I talked to the specialists. I sat down with them. We had a cup of tea and had a roundtable. I spoke to individuals. I spoke to practitioners, those involved in nursing and the like. It is often by talking to those sorts of people that are actually dealing with this on a day-to-day basis rather than relying on detached academic assessment that one knows what goes wrong in the health system.

Since this latest eruption I have had calls, some of which I have not had time to return but I hope to brief my colleague Mrs Burke on them when I get to them, from specialist medical people in the ACT health system who have got other issues to raise with me that are troubling them—troubling them enough to ring their local member of the Assembly. That is something that a lot of people would be hesitant to do but would only do so when they believe they have a serious matter warranting consideration. I believe the administration of health in this territory is a matter that requires a very high level of consideration and I believe it is an area in which there is a strong depth of public concern.

I would contend that, throughout their term in government, one Labor health minister after another has failed to address issues of concern and that as a result the people of Canberra have suffered. One would only need to look at the work that went into the public accounts elective waiting list study to see how complex and how many issues there are that are sitting before us as we try to tackle these issues. I am not suggesting they are simple. I am not suggesting that you would wander out one afternoon and fix the whole problems of public health. I understand costs are going up at about 11 per cent on an annual basis.

I come from a family in which one of my brothers is a medical specialist, and he has told me there is no amount of money you can put into the health system—there is an endless supply line you can pour into it—because he said we can save more people's lives if you put more money into it. But given the fact that governments have capacity issues in terms of what they can allocate to health, then the challenge for government is to make sure that those health funds are administered correctly, that the administration of the agencies that are overseeing the distribution of expenditure of those funds is done at the absolutely optimal levels in order that you get the best possible health outcomes that are achievable from the funds that are available. I do not believe that the ACT government has been able to demonstrate that, certainly in the time that I have been in this place.

It is distressing to hear tales of woe from residents and constituents. No-one wants to hear of residents who have suffered due to inefficiencies within the hospital system. I genuinely tell you that I become very disturbed when people tell me these horror stories out of the hospital. It does not cause me pleasure. I do not say, "This is good; this is another one we can run against the Stanhope government." I become distressed and concerned about those people.

There is a well-known cafe owner in Canberra that I know quite well and that is known to a few of my colleagues—and Mr Smyth knows him well—and I was in his cafe one night, having a cup of coffee with the wife, and he said, “Richard, can you do anything to help us? My dad’s been out there for 30 hours so far and they have not been able to get him into anything.” I thought, “I could go out and call a press conference tomorrow and make a ruckus or I could try to help him.” And I ended up ringing a medical specialist I knew and I said, “Can you do anything to help this fellow?” As it was, he was just being processed at that point and, whilst my friend was happy to help, in fact the process eventually caught up and did address his concerns.

I do not enjoy hearing those stories. They make me very uneasy. They make me worried that one day I might be one of those people. I worry that my relatives might be in that position, or my children and, indeed, any of us here in this place now, friends and colleagues. Rather than just blindly defending everything that goes on in the health system and saying, “Things were no good back in Kate Carnell’s time,” or something, I am really tired of hearing about pre 2001.

People like Mr Seselja and I have been in this place for three years. We want to know what is going on today. We were not part of the past. I am not going to sit here and debate Rosemary Follett’s, Kate Carnell’s or Gary Humphries’s administration. I want to see what is delivered in the year 2007 and what the forward plans are to ensure that the number of problems that we have been confronted with in this hospital system are diminishing and are being managed more effectively. I do not want to hear from elderly people who have been unable to receive timely care in emergency departments or from parents who have been forced to wait with a sick or injured child for an unreasonable amount of time in an emergency department of a Canberra hospital.

I am not going to use names because I respect people’s privacy, but I know of one elderly constituent who suffered a very upsetting and traumatic experience at the Canberra Hospital. By the way, I am always happy to provide the names to anyone in the government who wants them. This particular woman had suffered a broken arm, a traumatic experience that was exacerbated by the standard of care that she received. When she arrived in the hospital by ambulance, my constituent was unable to be received by the emergency department and waited for over an hour in the ambulance. The required surgery was not undertaken for two days, a period during which my constituent had to fast continually in anticipation of the surgery eventually occurring. The woman was extremely upset, as you would understand, by the whole experience and was hesitant to re-enter the health system as a result. This is a real concern. Elderly people will always need to access health care, and there should be a sufficient level of confidence in Canberra’s health system to feel comfortable about accessing those facilities.

Another constituent approached me recently during a shopping centre session at Gungahlin, and he complained that he had waited 12 hours to be seen after presenting to the emergency department at the Canberra Hospital last year. To me, this seems to be an unacceptable length of time. Unfortunately, these complaints are not uncommon. In a 12-month period until the end of July, I received 120 representations about health

issues, many from people distressed about the length of waiting time in emergency departments.

Many other constituents have raised with me concerns about the waiting lists for elective surgery. And again to provide some statistical basis, we know from the Australian Institute of Health and Welfare that in 2005-06 it took 61 days for the average patient—that is, at the 50th percentile—to have their procedure. This compares rather poorly with the national average of 32 days. Similarly, patients at the 90th percentile of the elective surgery waiting list can expect to wait 372 days in the ACT, compared to a national average of 237 days. So it is all very well to say, “It is John Howard’s fault, all the health system problems.” But I would need to know why are we having more unique problems in the ACT. Both of these figures, 61 days for the 50th percentile and 370 days for the 90th, are the highest of any jurisdiction in Australia.

I sympathise greatly with constituents who have had to wait for long periods for elective surgery procedures. These procedures are rarely fanciful options but rather are medical necessities to improve a person’s health and ability to operate and function in everyday life. I know there are people out there who do not understand what elective surgery is. Somebody contacted me the other day and said it was wrong that we had this elective surgery; if people wanted cosmetic surgery they should do it at their own expense in their own time. So in the area of health there is quite a challenge, in fact, in even the public fully comprehending the system, let alone fixing it.

Many constituents contact me about the issue and, although the minister does reply to the representations that I make on their behalf, I am afraid that the response that I receive frequently does not contain information that would alleviate a concern or convince a constituent that their problem is being addressed. A typical reply will spruik from the minister the funding that the government has given or has put into elective surgery procedures and it will not address the reasons why ACT residents wait so much longer. Here is a typical one: “Thank you for your letter”—of specified date on behalf of a particular person—“concerning waiting times for elective surgery and hospital-acquired infections,” an issue of serious concern to this constituent. And then we go:

The current ACT Labor government has invested more in funding elective surgery than any government since self-government. Over the last four Budgets, the government has added almost \$21 million for elective surgery.

And on and on and on it goes, speaking in the generic. It finally says:

Thanks for raising this matter with me, and I hope you pass this on to the constituent.

I did, and I do always but, if you put yourself in that position of the constituent who has actually expressed certain concerns about their experience, you really do not want a piece of generic propaganda. And what it does make people think is that the real concerns are falling on deaf ears, and I feel that in this Assembly because Mr Corbell gets up here and talks about, “Gee, we are all going wonderfully well.”

When I saw that release earlier today, I went to the trouble of seeking advice from a firm in Melbourne, Consulting and Implementation Services, who specialise in customer survey satisfaction ratings. And the message came back that certainly it would be interesting to look at the data and see what the actual scores were they got, how many had a bad experience and in practice what a bad experience means. My consultant here says, “Did someone die?” He is not aware of what has happened here in the ACT most recently. But I hope the minister will table that report if he is so confident, rather than presenting us a sanitised version for the media because in the health field, as the consultant has advised me, Mr Spinks says:

In the health field you really cannot afford low service levels. Also things like who did they ask and what did they ask them? Respondents may be happy on a question like “Were the people nice?” but were never asked how happy they were with the wait times. How big was the sample? And what sort of people were surveyed, and was it a broad cross-section of users?

(Time expired.)

MR CORBELL (Molonglo—Attorney-General, Minister for Police and Emergency Services, Acting Minister for Health and Acting Minister for Disability, Housing and Community Services) (4.17): I am pleased to be in a position to contribute to this discussion on a matter of public importance. Indeed, it is a very important issue. The provision of quality health care is a matter of interest to all Canberrans, and the ACT Labor government has taken a strong interest in and proactive approach to providing better quality health services to the people of Canberra.

There are a few issues that need to be addressed up front. Recently, the opposition claimed that the last Labor government closed no less than 200 beds during their time in government, and the quote on which that claim is based is actually a quote from Mrs Carnell in *Hansard* of 23 March 1999. Unfortunately for the opposition, this claim is wrong. There is no evidence that 200 beds were closed. Figures published by the Australian Institute of Health and Welfare show that there were nowhere near that number of bed reductions. So what is the source of these claims, and who do we believe—Kate Carnell or the Australian Institute of Health and Welfare? Mr Temporary Deputy Speaker, I know who I will believe.

The same press release from the shadow minister indicated that the Carnell government actually increased the number of beds left in the system by the preceding Labor government. Again, the Australian Institute of Health and Welfare figures show this is wrong. The data shows that between 1996-97 and 2000-01, the Carnell government reduced the number of beds by 100. In fact, if you count the difference in the following year, 2001-02, when we inherited the Liberal’s bed base, the cut is actually 114. Anyway, that is enough history.

Mrs Burke: What are you doing now?

MR CORBELL: What are we doing now? Mr Temporary Deputy Speaker, we are putting beds back into the hospitals—the right sort of beds, the beds that our community needs. We funded an additional 147 beds and, over the coming years, we

expect to continue to create even more capacity in our public hospital system. Mrs Burke has called for an independent inquiry into the tragic circumstances surrounding the death of a patient in the emergency department in recent weeks. She has called for the Auditor-General to investigate the emergency department. This call is totally unnecessary. As I already told the Assembly earlier today, the matter of the recent death at the Canberra Hospital has already been referred to the coroner. The coroner is independent and thorough. Is the opposition, by asking for a separate inquiry, suggesting that the coroner does not do her job properly? A clinical review is also underway, and these two processes will thoroughly look at all of the issues surrounding that tragic incident.

Mr Temporary Deputy Speaker, this government has not been sitting on its hands. We are totally focused on addressing the increasing demand pressures on our public hospitals, including our emergency department. There is no doubt that we are experiencing very high growth in demand for our hospital services. In 2006-07, our public hospitals managed over 73,500 admitted patient cost-weighted separations. This is a growth of six per cent on the level of cost-weighted separations in 2005-06. So the government has responded to this increased demand by providing an additional \$320 million to the health budget since coming to office in 2001, a 70 per cent increase in funding over just five years.

Since 2002-03, we have allocated approximately \$134 million on budgeting issues which directly support our emergency departments and greater access to in-patient beds. What did we get for this money? Well, first of all, funding for an additional 147 beds, and, most importantly, the right mix of beds, including 60 acute care beds, four more intensive care beds, 51 beds for the subacute service, and 17 beds and two observation wards next to our emergency departments. These have been opened to increase capacity and address pressures in the system. On top of this, we funded 15 intermediate care beds in the community. These extra beds deliver improved clinical treatment options in care environments that have never previously been available in the ACT.

The 14-bed medical assessment and planning unit, which opened this year, and the 17 emergency department observation unit beds, which were funded in 2004-05, focus directly on the immediate bed requirements for our emergency departments. We have increased the bed capacity of our emergency departments, and these, along with other additional acute care beds, are increasing our capacity; they are reducing emergency department access block, and they are reducing the frequency of cancelled elective surgery.

Increasing the capacity of our hospitals improves patient flow and removes bottlenecks in the system. The subacute beds—the ones located at Calvary—and the intermediate care beds provide a more appropriate care setting for older people, and they free up the acute care beds for those people who need them most. Every subacute bed filled means one more acute bed available for more urgent cases. The 2005-06 Australian Institute of Health and Welfare report that was released in May this year shows that the average number of beds available in our public hospital system here in the ACT jumped from 679 beds in 2004-05 to 714 beds in 2005-06, a 5.2 per cent increase. This increase came at a time, as I said in question time earlier today, when the national figure for available beds dropped by about one per cent.

Mr Temporary Deputy Speaker, there has been some debate about the worth of acute and subacute beds. I think it is important to recognise that subacute beds play a very important role in the overall public hospital system. These subacute beds, which provide rehabilitation and geriatric support, provide a valuable service to the ACT community. If patients were not able to access these beds they would be tying up acute care beds, forcing more cancellations of elective surgery and forcing more pressure on the public hospital system.

The government recognises that it is not just about new money, nor is it about new buildings, wards and equipment. We have done all of those things. There is also the very important issue of recruitment of skilled nursing, medical and allied health staff. ACT Health has done very well with both the recruitment and retention of nurses, particularly in an environment where there is an international shortage of skilled health professionals. Take nursing, for example: we have cut the separation rate from 14.5 per cent in 2000-01 to just 7.7 per cent in 2006-07. We have halved the separation rate for nursing staff leaving the public hospital system. That is a very strong result.

I now want to turn to the issue of emergency departments and how we are managing in our emergency departments. All category 1 emergency department presentations continue to be seen and treated on arrival, as they should. The timeliness results in our emergency departments have improved in 2006-07, with category 2 presentation timeliness—that is the second most urgent category—improving from 71 per cent seen on time in 2005-06 to 77 per cent seen on time in 2006-07. The national target for category 2 patients is 80 per cent, so we are close to reaching that target—a great result. Over the same period, timeliness for category 3 presentations has improved from 44 per cent seen on time to 47 per cent seen on time, and timeliness for category 4 presentations has improved from 47 per cent seen on time to 49 per cent seen on time. With our category 5 patients, who should receive care within two hours, we perform well above the national target of 70 per cent, with 82 per cent receiving care on time in the 2006-07 year. Due to the good results in this category, the ACT has actually set itself a target above the national target—that is, 85 per cent of category 5 patients receiving care on time.

Of course, our ongoing concern is category 3 and 4 presentations, where care should be provided within 30 and 60 minutes respectively. We have seen improvements in these areas, but there is still work to do before we reach the targets. We are doing that work. In order to improve these results we have introduced a number of initiatives to reduce pressures on our emergency departments and improve the flow of patients from the emergency department into other areas of the hospital. These initiatives come from the access improvement program introduced in the 2005-06 budget when I was minister. The access improvement program is based on the concept of the patient journey, and it builds on the input of front line nurses and doctors, as Mr Mulcahy says. We draw on their immediate expertise and experience, and it is about overhauling and redesigning the processes of care, doctors and nurses working to improve care by focusing on the patient's journey.

Some of these initiatives I have already mentioned, Mr Temporary Deputy Speaker, such as establishing the fast track systems program, which identifies patients that do

not require complex care. These patients are then redirected to the fast track zone of the emergency department where they are provided with appropriate time for their treatment enabling their discharge within two hours.

We have introduced the 3-2-1 patient tracking system, which divides the journey for patients that are to be admitted from the emergency department into three manageable time periods, which cover: every treatment, three hours; inpatient handover, two hours; and transfer to a ward bed, one hour. We have established a medical assessment and planning unit, which provides 14 additional beds for the quick transfer of more complex patients arriving at the emergency department to a specialist unit that is able to better manage the care of these patients. Surely this is evidence enough of a government working hard to improve access to our public health systems. Surely this is evidence enough of a government not only investing but focusing on improving systems and work processes to improve access to public health for the Canberra community.

Mr Temporary Deputy Speaker, there is more that we are doing: for example, on top of all of this, we are investing in health services to reduce the demand for emergency and acute hospital care, such as after-hours GP services and clinics. We have expanded home and community care services to keep people healthy and well in their own homes. We have focused on prevention, such as our very successful initiative to prevent elderly people having serious falls that can see them hospitalised for months. We have introduced the chronic disease management program, which targets those most at risk of preventable admissions to the emergency department and admissions to the hospital, and we have also boosted the staffing in our emergency departments with over \$1 million extra allocated in 2006-07 to employ more nurses and doctors in our emergency departments. All of these measures reduce pressures on our emergency departments by unblocking the system and enabling better patient flows. This is better for the patients and it is better for the staff in the emergency department.

Another area of increasing pressure is elective surgery. We have absolutely no control over the demand for elective surgery; all we can do is meet the demand with extra dollars and improve efficiency. Additional resources have been provided to help to better manage surgery services and help ensure quicker access to health care. There has been an eight per cent increase in the demand for emergency surgery in 2006, well above the estimated increase of just three per cent. This increased level of demand has resulted in increased demand for beds and operating theatres. To address this, the government has provided \$2.5 million in 2007-08 to enable the Canberra Hospital to commission another operating theatre, bringing the total number of theatres available at the hospital to 10. This is on top of the additional \$22 million that the government allocated in the previous four years for these services.

The additional resources will help the Canberra Hospital to better manage surgery services and help to ensure quicker access to care. In fact, annual elective surgery throughput was 9,326 in 2006-07, up from 7,661 in 2002-03, or a massive 22 per cent increase in annual throughput. These measures should result in improved waiting times for care in 2007-08. All of this has been made possible through the additional \$320 million that the government has added to the health budget since coming to office in 2001. It is not just about money; it is about resources, it is about training, it is

about system improvements, it is about all of the things that improve access to our public health system. We have made that investment and that commitment.

The government acknowledges that there will always be more that needs to be done. However, this considerable increase in investment in health services has helped manage the increase in demand for health care. Our emergency departments provide a very efficient service once patients commence treatment. The recent report by the AIHW reported that the average treatment time in emergency departments was two hours and 24 minutes, which is well below the national average of two hours and 55 minutes. Mr Speaker, the government will continue to invest in improving access to public hospital systems for the ACT community.

MRS BURKE (Molonglo) (4.32): Mr Speaker, members are well aware, of course, of the disquiet amongst the people of Canberra about the management of our public hospital system, which has been beset by crises in recent weeks—actually, it is recent months. This is something that has not just happened overnight; it has been building progressively over a series of months and months. Staff at the Canberra Hospital have made magnificent efforts to meet the various demands placed on them, but, of course, they are working in extremely difficult circumstances, and it is imperative that management and the government take every step possible to support them, which those on the front line report, unfortunately, is still not really happening. People being asked to do things and, having said no, still being asked by management to do them is simply not working well with your staff. Something serious needs to be done. We have heard the rhetoric; let us see the action.

The Chief Minister put on record last week that there are clinical issues and staffing and systemic issues that we need to address and investigate closely. These are the processes we need to go through. To get bogged down in a debate about, “Well, this is about bed numbers or money,” really belies perhaps some of the systemic issues that need to be investigated. Mr Stanhope must be aware of these issues, as he identifies the fact that there are problems within the system. So, that being the case, why has nothing effective been done in this area during his term as Chief Minister? I have been saying for months, as, indeed, other groups have as well, that it is about management. Mr Corbell has just borne that out by saying it is not about beds, it is not about money. There is a whole raft of things now the government is talking about where, originally, it was all supposedly the commonwealth’s fault.

Why did it take a death in the emergency department at the Canberra Hospital to trigger an announcement of some action? Why? The people of Canberra and its region are sick and tired of the present system where delays are the order of the day and no guarantee of timely attention can be given. The ACT Health Services Commissioner says there has been a 28 per cent increase in the number of complaints fielded in the first four months of this year—that is, 2006-07. The opposition, together with nursing and health groups, has been raising serious concerns about staffing levels, workload problems and inept management at the hospital. The minister, Katy Gallagher, or the Chief Minister must now reassure the public that there are no more disasters waiting to happen within our public hospital system. This is called confidence, and people are fast losing confidence with the hospital system—certainly not with the staff that are there—and certainly with the management by this government of this vital area. They

must reassure nursing staff and doctors that more is being done to ameliorate the pressures they face day by day.

Under the terms of the 2003-08 Australian Health Care Agreement, the ACT receives considerable commonwealth funding and agrees to provide a range of hospital services to public patients. Yet recent figures released in the report entitled *The State of our Public Hospitals*, June 2007, show Canberra is lagging behind other jurisdictions in almost all major indicators. Simon Corbell says it is not a case of being able to put in further resources. Clearly, there continue to be challenges and difficulties that need to be overcome in management and in the way the hospital works as a whole. This confounds me.

We have had statement after statement now that the reality has hit home that the government cannot keep blaming former administrations or the federal government. It has actually now fessed up to the fact that there are management problems, which, I guess, is a good start. We have heard from this government excuses, including a lack of funding from the commonwealth and blaming the last Liberal government, which left office in 2001. We have called for the health minister to take responsibility for the crisis in the ACT public health system and, in particular, within our public hospitals. Mr Speaker it has come to the point where the Chief Minister, I believe, must determine if the health minister is really up to the job, and I have said that before.

The ACT has had six years of this government, three health ministers and too many health plans to count. According to the Australian Institute of Health and Welfare, the ACT is still 146 beds below the national average. Now we have heard in this place, too, about the annual budget for health being the biggest since self-government. One would have to ask what is actually happening to all the money. What the health minister does not say also is that they have had record revenues thanks to the commonwealth GST, for example. The ACT will, for instance, receive no less than \$823 million in GST alone in this financial year—that is, 2008-09. The average annual growth in GST since 2001-02 has been a staggering 7.9 per cent, and, of course, as I have said before, it has been agreed by the Australian Taxation Office that the states and territories should receive all GST, which should be targeted to things like health and education.

Mr Speaker, put plainly and simply, we as a territory are paying more and getting less. There has to be something wrong somewhere if we have got the biggest budget and yet we have got the biggest problems in key major areas within our public hospitals. What is going wrong? The health of patients continues to be at risk, and the morale of the front-line nurses and doctors continues to be challenged. Notwithstanding more money being poured into the system by the ACT government, we are not seeing, nor are the people out there who come to my office or who call my colleagues, any commensurate value from the spending. They are wondering what additional value their higher taxing is having on the system, particularly in health, because it is close to everybody's heart.

The ACT government, like the other Labor governments, should be embarrassed by their own ineptitude. The fact is that no amount of money would ever be enough for this government, as they have no idea how to spend it to get the best value. Labor

governments seem to have a peculiar ability to be able to pour money down the drain and then blame everyone else for their incompetence. The people of Canberra, for example, were promised a \$15 million robotic surgical facility at Canberra Hospital as part of a pre-election promise in 2004. Where is that? That was going to save the world. That was going to improve systems like there were no tomorrows. But the people of Canberra have simply been let down on that.

I am just wondering how many people came to Canberra on the basis of that announcement, because Mr Corbell lauded that. He said, "Come and learn on state-of-the-art equipment in a well-resourced hospital where the government provides funding to support its development and, therefore, your development as a health care professional." I am very concerned to see that that has not eventuated, and I have heard—and if I get the evidence I will give it to the health minister or the Chief Minister—of a doctor that came here on the basis of that announcement and reports to me that it still has not been implemented. Just how many health professionals has the Stanhope government wrongly enticed here on a false promise?

Last month the federal government announced it will invest \$170 million additional funds over five years to create 25 Australian hospital nursing schools. This is a positive move to provide additional training opportunities for enrolled nurses in the ACT. Put plainly and simply, it is critical that the government urgently address the key areas of management and the systemic issues. We have had this little directive from the Chief Minister this afternoon for those that did not know what systemic issues were—we do now. I thank him for that. It is about the system, of course, and we knew that full well. So we need to look at management and systems and we need to look at staffing levels and morale.

We also need to touch on—which we have not said much about before, but I have talked about it today—cleaning standards and infection control at the hospital. My understanding is that we have the highest level of MRSA in Australia at the Canberra Hospital, and that is a concern. I know it is a concern to the profession. I know it is a concern to Professor Collignon. I am also concerned about the day-to-day cleaning of the hospital. We cannot have things like this happening. As a government, as a legislator, that is simply not right. We have to be able to put those things right. We also need to look again—and Mr Corbell has just made an announcement about it—at waiting times in the emergency department. We also need to look at elective surgery. There are a raft of things, but these things seem to have just been building and building and building, with the government giving nothing but rhetoric. We have heard lots of things and had lots of plans, but we are not seeing that really being turned into action.

Mr Speaker, I will finish there, but I would just urge the government really now just to get down to it and genuinely talk to those people on the front line, not through their groups or advocacies but face to face with people who are there day in, day out, who are seeing the patients firsthand. It is no good getting second and third-hand information. I am imploring the government to take this MPI seriously this afternoon, and I welcome all the comments that Mr Mulcahy has made as well. It is a serious matter and it is time that this government really did start taking health more seriously, rather than giving some sort of flim-flam overview of, "Aren't we wonderful—this is

what we are doing". It is concerning that we are not listening to those people who can help us to make the changes necessary. I thank members.

DR FOSKEY (Molonglo) (4.42): I thank the Liberal opposition for bringing up this issue today, but I see that we are to talk about it again tomorrow. And we did talk about it this morning. I am hoping that all this talk does result in some action. I am aware that the government's response is often not to even acknowledge that there are problems and to instead give us a list of initiatives that it has taken. And everyone here will be aware that I understand the extreme difficulties in running a hospital system. Certainly I would acknowledge that it is absolutely impossible to avoid things going wrong. I think it would be really good if we could all start off from that premise. But, of course, every measure should be taken to reduce that likelihood to a minimum.

I note that there will be a coronial inquest into the death of Allan Osterberg—and that death has clearly had a part to play in bringing on a litany of concerns about the emergency services—and that there will be an internal review. It is very, very hard to put in place permanent changes when we are looking at the kind of continual staffing turnover that we see in emergency services, a place where I have been more often than I would have liked, including recently, and where I find that certainly the immediate concerns of people waiting are looked after.

Perhaps there is a lesson—and I consider that this is probably because of the terms of reference that the emergency centre is just to deal with that emergency—but I do not feel that people always walk out of emergency services, not just here in the ACT but elsewhere, with an understanding of their condition and how to deal with it in the future. Nonetheless, emergency services are there to deal with emergencies, and obviously this is one of the places of vulnerability in the hospital system. Therefore, I will hope that the internal review and the coronial inquest come out with useful recommendations that the government is prepared to listen to.

I note also that Mrs Burke has asked the Auditor-General to look at the issue of emergency departments, another hot potato issue for the Auditor-General to deal with. And I guess there would need to be an understanding of the limitations with which the Auditor-General can approach a topic like emergency departments.

While the ACT government funds emergency wards, it is the federal government that funds GPs through bulk-billing and by assisting some practices in the setup costs. And it looks very much as though in the ACT people often go to emergency by default. In my own experience, anything that ever happens medically happens on the weekend. I can say that that is almost 100 per cent, and when I lived in the bush that often meant driving for two hours to the nearest doctor or hospital, finding they were not open and then driving for another hour to the next one. So these are issues that everyone is grappling with across Australia.

But I guess it is a little bit of a surprise that in this comfortable capital city we have a shortage of about 60 general practitioners, and that is an awful lot. When you think of how many patients each doctor handles, then that is an awful lot of people who do not have their own doctors. And unlike everyone else, I have now found a doctor whose books were still open—they are probably not anymore—but the incredible

relief that I felt was that my daughter and I had someone who actually had some case notes and there would be some continuity of care.

It does seem absurd—and I am someone who grew up in a world where the doctor actually came to your house when you were sick and was more of a family friend than anything else—that our health care, generally speaking, has moved down many, many rungs on the ladder. I think that each time we make a change it seems as though our horizon is a little lower and I think it is a great pity if we cannot look back to what is the ideal health system which services the needs of clients and hopefully prevents people having to go to emergency because emergency should be a place of last resort.

It is a real pity that it has become, for many people, the place of first resort. Of course, these days one goes to the doctor with an issue and is sent on to emergency anyway. So that is, I think, another complicating factor. What, of course, happens is that it can take so long to get to see a GP, if you are so lucky that you can, that the conditions worsen and then people present to emergency rather than having that condition treated before it becomes an emergency.

Also, some people go to emergency first because they simply cannot pay the upfront fees for the doctors. And this is probably at the heart of our problem. We should reduce the number of people who present at emergency simply because they do not have a doctor, they cannot afford a doctor, it is the weekend so bulk-billing doctors are not available.

Perhaps there is a lack of understanding of how CALMS works. I noticed when I went to emergency, unfortunately just a week or two ago, that, while the CALMS clinic is quite close to emergency, I certainly did not know whether I should go to CALMS or whether I should go to emergency. So I went to emergency. But how clear is it to people where they should go when they have a need for medical care?

I know that Katy Gallagher has asked the federal government for more money so that we are in the category where we can induce more GPs into our territory. Unfortunately, we are competing with places that might seem more attractive to GPs coming to the country from overseas. And I am concerned about our creaming off good doctors from countries which probably need them a lot more than we do. That is the reality of recruitment of overseas doctors.

But also I am aware that, according to a program that I heard on the radio recently, overseas doctors are actually not applying to come to Australia as their first preference, by a long shot. There are a couple of reasons for that. One is the incredible examination and scrutiny of overseas doctors under Australian government regulations; and secondly, of course, I do not think we can dismiss the effect of the Haneef case.

I have actually got quite a lot more to say, but I am very pleased that now there is something left for me to say tomorrow when we debate Mr Stefaniak's motion, because I was a little afraid that I would have said everything I had to say about health before we came to that. Of course, I hate to be silent in a debate. So I would be very happy to go on with the rest of the relevant material that I have tomorrow when debating Mr Stefaniak's motion.

MS MacDONALD (Brindabella) (4.51): I would also like to thank Mr Mulcahy for putting this on the notice paper, bringing this matter of public importance forward, because, unlike the suggestions that have been made, this government does care about the hospital. As Mr Corbell said before, this government does acknowledge that there will always be more that needs to be done within the health system, but I would actually say as well that the healthcare system is complex; it requires constant maintenance; and unfortunately there will be times when things go wrong. But these need to be looked at with a level head and not treated in an hysterical fashion. Nor can the health system's letdowns be dealt with by simplistic solutions. There is no quick fix; we need to look at the system as a whole, not in pieces.

I would also just say: Mrs Burke made some comments about the ACT having the second highest rates of MRSA. I was not aware of that, and I would be curious to know where she got that information from or whether she is just getting that from talkback that has gone on, because I am aware that discussion about MRSA has happened on talkback radio in the last few days. So I would actually question the accuracy of that.

The minister has already reported to the Assembly on previous occasions about the results of initiatives. These include access block at our hospitals in the fourth quarter of 2006-07, which was 26.3 per cent, well down from the 33 per cent reported the previous year and well below the 44 per cent reported for the fourth quarter of 2004-05. In fact, I understand it is the lowest reported for over three years.

I know that the acting minister also made the following comments today in answer to my question: in August 2007, the emergency department access block was 27 per cent, which is a reduction of five per cent from the 33 per cent access block reported 12 months ago in August 2006. Our hospital bed occupancy rate in 2006-07 was 91 per cent, compared with 97 per cent for the same quarter in 2005-06. This is a significant result and further evidence of the success of our initiatives in increasing access to care.

Ambulance off-stretcher times continue to improve, with 93 per cent of patients offloaded from ambulances within 20 minutes of arrival at ACT public hospitals in 2006-07. This is an improvement over the 89.6 per cent reported for the 2005-06 period. It is essential to have proper staffing levels to support our services and we need to keep working on staffing shortages in our emergency departments to build on the good outcomes I have just mentioned.

There has been a lot of talk about staffing problems in our emergency department. Unfortunately, this is an international problem. Our hospitals have been busy undertaking activities to increase medical staffing. These include the identification of emergency department services as an area of need which enables ACT Health to attract overseas-trained doctors to our services. We are currently proceeding with an offer of appointment of two senior physicians from America. It is expected they will join our services within the next four to six months.

Another thing that is being done to deal with this is the introduction of special employment agreements in the ED that provide better conditions and pay for

emergency department specialists and registrars within the ED; further, employing general practitioners to manage lower acuity patients.

Mr Corbell previously mentioned the access improvement program, or the AIP, in 2005-06. The AIP uses the experience and knowledge of the people on the ground in our health system to identify barriers to effective care and to develop solutions that improve access to our public hospitals.

During the 2006-2007 year, the program assisted clinicians and managers with the ACT health system to complete a range of projects, including establishment of the medical assessment and planning unit or the MAPU; a 14-bed acute unit for complex older patients; improvements to the surgical patients journey, which has cut the number of people who had their elective surgery cancelled by almost 50 per cent during a period of increased demand for surgery. There was an eight per cent increase in emergency surgery and a record level of throughput.

Improvement of bed management practices at the Canberra Hospital, also previously mentioned, was supporting the introduction of the 3-2-1 model of care in our emergency department and was further assisting with the redesign of the fast-track model of care in the emergency department. We will continue to build on the capacity of our hospitals to meet the demand and pressures of our health system. The government will continue to increase our investment and, over the next two years, the number of beds available will grow to over 800. Again the rate-limiting step is staffing, and these bed numbers will continue to gradually build up.

We have made the commitment to a long-term overhaul of our acute care system and an investment in the capacity to achieve this. This government has provided the investment to continue improving our services in our emergency departments. I know Dr Foskey alluded to the issue in her speech, but there is also the issue of a lack of GPs. Probably the biggest factor behind the increased demand for emergency departments is the lack of access for general practitioners. As you know, general practitioners are a commonwealth responsibility and unfortunately, due to the failures of the current federal Liberal government, we are 60 GPs short in the ACT.

The result of all of this is that the ACT has the second highest per capita usage of emergency departments in Australia. In fact, the utilisation rate is approximately more than 20 per cent above the national average. Yes, that is right, Mr Deputy Speaker; we are shouldering the consequences of a lack of planning at the federal level.

I wanted to also mention CALMS. In May 2005, the ACT government launched a new model of after-hours general practice service in the ACT. The Canberra After-hours Locum Medical Service, or CALMS, provides the new model of care delivery for after-hours GP services in the ACT. GP locum services are now available to members of the ACT community from 6.00 pm till 8.30 am every week day and over the entire weekend period from 6.00 pm on Friday to 8.30 am on Monday. The service also operates on all public holidays. The clinics are located at both Calvary Hospital and the Canberra Hospital and, on weekends, a third clinic operates from the Tuggeranong Health Centre.

The ACT government funds CALMS to provide this service for the ACT community. The current service funding agreement between ACT Health and CALMS is for the period July 2006 until June 2009, for an amount of up to \$288,132 per quarter or over \$1 million per annum. This is just one example of how the ACT government has invested in health services to help reduce the demand for emergency department services and acute hospital care.

Other initiatives include the access improvement program, which has already been spoken about, better hospital discharge practices, expanded home and community care services to keep people healthy and well in their own homes and a focus on prevention, such as successful falls prevention in the elderly initiatives.

But that is not all we have been doing. We have also been lobbying for more GP assistance. The ACT government has repeatedly written to the Australian government telling them that the district-of-workforce shortage, a strategy that attempts to ensure that there is an effective and equitable system for the distribution of the medical workforce, does not work in a place the size of the ACT.

The Australian government will only grant overseas trained doctors a Medicare provider number to practise medicine in Australia if they are working in areas classified as a district-of-workforce shortage. There is a strong argument for declaring the ACT a district-of-workforce shortage so that the lack of GPs can be addressed as quickly as possible, but our health system will always be struggling if the Australian government refuses to fix this.

The ACT government has been working long and hard to get the Australian government to understand this situation, but its effort has been falling on deaf ears. What this means for the ACT public is that if we only have the national average number of GPs there would be an additional \$15 million of Australian government funding. If we account for the additional services that GPs order, which would include items such as X-rays and private pathology, the shortfall is more like \$18 million.

Mr Deputy Speaker, I do not have enough time to go through the rest of my notes, but I think I have highlighted that there are a number of things that we are doing.

MR SMYTH (Brindabella) (5.01): Thank you, Mr Deputy Speaker. It is great the Chief Minister has returned because I am going to start by reading from the ministerial code of conduct which says:

Ministers should take reasonable steps to ensure the factual content of statements they make in the Assembly are soundly based and that they correct any inadvertent error at the earliest opportunity.

Today we have heard that the cost for an acute care bed is \$1,460 and, based on that—

Mr Stanhope: On a point of order, Mr Deputy Speaker: this is a direct, actual aspersion suggesting that I misled the Assembly and that I need to correct the record. I did no such thing, and I would ask that the member actually withdraw it. In fact, it is

Mr Smyth that has misled the Assembly in relation to this issue by wrongly claiming that my costings were wrong. In fact, my costings in relation to this issue were perfectly correct and it is he that needs to withdraw for misleading the Assembly.

Members interjecting—

MR DEPUTY SPEAKER: There is no point of order at all. The discussion is concluded.

Assembly business

MR DEPUTY SPEAKER: I call Mr Seselja.

Mr Seselja: No, Mrs Burke was still speaking.

MR DEPUTY SPEAKER: It appears that unless somebody suspends standing orders, we cannot return to the item debated earlier. At this point we are due—

Mr Seselja: I am happy to. Is someone going to suspend standing orders so that Mick and Jacqui can debate it? I do not mind.

MR DEPUTY SPEAKER: Is somebody going to suspend standing orders to return to that item?

Suspension of standing orders

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

That so much of the standing orders be suspended as would prevent order of the day, Assembly business relating to the report of the Select Committee on Working Families being called on forthwith.

MR DEPUTY SPEAKER: The question is that the motion be agreed to. Those of that opinion say “aye”, to the contrary “no”. I think the ayes have it. The ayes have it.

Question resolved in the affirmative, with the concurrence of an absolute majority.

Mr Corbell: Mr Speaker—

Mrs Burke: Don't you want to talk about it?

Mr Stanhope: We want to talk about poverty.

MR DEPUTY SPEAKER: The ayes have it or do we call a division?

Mr Corbell: The noes have it.

Mr Smyth: Too late, you missed it.

Mr Corbell: On a point of order, Mr Deputy Speaker. I just indicated to you that the noes have it and that you need to call a division.

MR DEPUTY SPEAKER: No, no. You made that call after I asked whether you wanted to call a division. You were somewhat slow, Mr Corbell. There is no point of order.

MR CORBELL (Molonglo—Attorney-General, Minister for Police and Emergency Services, Acting Minister for Health and Acting Minister for Disability, Housing and Community Services) (5.04): I move:

That so much of the standing orders be suspended as would prevent the vote from being called again.

Mr Smyth: Mr Deputy Speaker, I would like to speak to that motion.

MR CORBELL: I will speak to my motion if that is okay, Mr Deputy Speaker. It is the courtesy in this place that when members indicate that there is a disagreement on a vote the matter is put to a division. The nicety that you put forward, Mr Deputy Speaker, was not reasonable. It is entirely reasonable, given that the view of the government is that that matter should not be brought back on for debate, that the matter be recommitted to ensure that the will of the Assembly is properly recognised in the records. I have moved that this matter be recommitted so that the vote can be properly recorded and the views of government members can be properly recorded. They have not.

MR SMYTH (Brindabella) (5.05): The problem, Mr Deputy Speaker, is that Mr Corbell was asleep and he got caught out. You declared the vote and they do not like the decision. I am quite amazed that they simply do not want to discuss a report that was delivered to the Assembly this morning by a committee that is dominated by the government into one of the government's favourite issues and which should be one of their favourite issues in the lead-up to the federal election. I think it indicates their level of embarrassment about the report that Mr Gentleman has delivered. I would be embarrassed, too, about a report—

Mr Corbell: I raise a point of order, Mr Deputy Speaker.

MR SMYTH: called working families that does not even mention working families in the body of the text.

MR DEPUTY SPEAKER: Mr Smyth, resume your seat.

Mr Corbell: Mr Deputy Speaker, the motion before the chair is that standing orders be suspended. It is not about the substance of the committee report itself. It is about standing orders being suspended. Mr Smyth should restrict his comments to—

Mr Mulcahy: What standing order? What is your point of order?

Mr Corbell: Debate needs to be relevant to the question before the chair. This is a procedural motion and the question before the chair is that standing orders be suspended to enable the vote to be recommitted. It is not about the value or otherwise of Mr Gentleman's report. It is not about the content of that report. It is about whether or not the vote should be recommitted. That is the question before the chair.

Mr Mulcahy: Mr Deputy Speaker, on the point of order: it is extraordinary for the minister to get up in this place and say that Mr Smyth should not be allowed to address the rationale for his motion because it lacks relevance. This is a most extraordinary interpretation of the standing orders. I urge you to rule against Mr Corbell.

MR DEPUTY SPEAKER: Thank you, Mr Mulcahy. Mr Smyth, I will ask you to resume, but you should talk about the procedural issues around this particular motion.

MR SMYTH: The procedural issues are quite clear. There is a debate before the Assembly. The debate started this morning. It has been interrupted by lunch. It is quite appropriate that, following question time, the MPI and the delivery of papers, we return to it. The vote was called. You called that the majority of people in this place paying attention were in favour of returning to the debate. The vote should stand. This is ridiculous.

MR STANHOPE (Ginninderra—Chief Minister, Treasurer, Minister for Business and Economic Development, Minister for Indigenous Affairs, Minister for the Environment, Water and Climate Change, Minister for the Arts) (5.07): Mr Deputy Speaker, today is a day for executive business. It is now 10 past five. Today is characterised as a day for dealing with executive members' business.

Mr Smyth: It is headed "Assembly business".

MR DEPUTY SPEAKER: Order!

MR STANHOPE: It is now 10 past 5.

Mr Smyth: Assembly business.

MR STANHOPE: We are due to adjourn in 50 minutes.

Mr Smyth: Assembly business.

MR STANHOPE: We are yet to get to the first item of executive business. We have yet to address a single item of executive business—

Mr Smyth: How is that relevant to the select committee report?

MR DEPUTY SPEAKER: Order!

MR STANHOPE: on a day dedicated to the business of government.

Mr Smyth: No. It is Assembly, committee, the government.

MR STANHOPE: Today is dedicated essentially to the business of government.

Mr Smyth: No. Read the blurb.

MR DEPUTY SPEAKER: Order, Mr Smyth!

MR STANHOPE: We reserve executive members' day, with some exceptions. We allow Assembly business within our standing orders, in this case, a single item, a select committee report on working families. We have yet to get to significant pieces of legislation. We have not addressed a major motion of executive business regarding Anti-Poverty Week and our commitment to addressing poverty within this community. We are yet to debate, and will not debate today, the Occupational Health and Safety Amendment Bill. We are yet to get to the Canberra Institute of Technology Amendment Bill. We will not get to those bills today. We will not debate them today, primarily, of course, because of the absurd stunt that was called this morning. Actually, this amazing notion of a want of competence in the Chief Minister—

Mr Smyth: I raise a point of order, Mr Deputy Speaker.

MR STANHOPE: on a day that it had been agreed he would not be present—

MR DEPUTY SPEAKER: Chief Minister—

Mr Smyth: If Mr Corbell is going to claim that comments have to be relevant to debate, so does the Chief Minister.

MR STANHOPE: a motion that consumed the first hour and a half of Assembly business—

MR DEPUTY SPEAKER: Chief Minister, resume your seat. Mr Smyth has raised a point of order.

Mr Smyth: Mr Deputy Speaker, you upheld Mr Corbell's point of order, and my point of order is on that basis. The Chief Minister has to debate the substantive motion, which is to suspend the standing orders. It is not a waffle or a trawl through the morning.

MR DEPUTY SPEAKER: Thank you, Mr Smyth. Chief Minister, please stick to the relevance of Mr Corbell's procedural motion.

MR STANHOPE: I am. The relevance of Mr Corbell's motion is that it is essential that this Assembly respect the need of the government of the day to have its legislation debated, legislation that is important to the people of Australia and that the executive have the capacity to debate motions in relation to anti-poverty and our commitment to dealing with poverty within the ACT. The government needs to be able to debate and pass within the parliament—

Mr Smyth: I raise a point of order, Mr Deputy Speaker.

MR STANHOPE: legislation such as the occupational health and safety bill or the Canberra Institute of Technology—

MR DEPUTY SPEAKER: Order, Chief Minister! Resume your seat. There is a point of order.

Mr Smyth: This is not a speech relevant to the suspension. It has to be relevant or he should sit down.

MR DEPUTY SPEAKER: Chief Minister, take note of the relevance of Mr Corbell's procedural motion.

MR STANHOPE: I am. What is relevant is the need, and this is the purpose—

MR DEPUTY SPEAKER: Well, I hope you do, Chief Minister. I hope you do.

MR STANHOPE: The purpose of Mr Corbell's motion is to allow the executive, the government of the day, to proceed with its business, to debate and pass legislation in the interests of the people of the ACT. It is legislation which you obviously do not want to debate. We know you do not care about occupational health and safety.

Opposition members interjecting—

MR DEPUTY SPEAKER: Order on the opposition benches!

MR STANHOPE: We know you do not want to debate the Canberra Institute of Technology Amendment Bill. We know you are not interested. What we do know and what we see increasingly, actually, in the interventions of Mr Smyth in any debate is the very good sense that you do show on some issues; namely, at least, the decision led by Mr Mulcahy. It is certainly the wisest thing that Mr Mulcahy has done in this place—

Mr Smyth: I raise a point of order, Mr Deputy Speaker. This is entirely out of order.

MR STANHOPE: and perhaps the most courageous—the knocking off of Brendan Smyth as a leader.

MR DEPUTY SPEAKER: Resume your seat, Mr Smyth.

MR STANHOPE: It is the one thing where I think actually every member of the Assembly is in accord with Mr Mulcahy—

Mr Mulcahy: I raise a point of order.

MR DEPUTY SPEAKER: Chief Minister!

MR STANHOPE: He had the sense and the courage—

MR DEPUTY SPEAKER: Chief Minister!

MR STANHOPE: to actually convince his colleagues they had absolutely no hope—

MR DEPUTY SPEAKER: Chief Minister, resume your seat.

MR STANHOPE: with Mr Smyth of winning the election.

MR DEPUTY SPEAKER: Chief Minister, resume your seat or I will have to stand up. Chief Minister, you are straying from the procedural nature of Mr Corbell's motion. You were on track there for a little while, but you have now strayed. We are debating, surely, the procedural matter here.

MR STANHOPE: And that is what I went to.

MR DEPUTY SPEAKER: Please stick to that line. Chief Minister, you have the floor.

MR STANHOPE: I have finished the cogent argument.

MR MULCAHY (Molonglo) (5.12): I will just say a few words, Mr Deputy Speaker. The Chief Minister has said that we are taking up the government's time and that they want to debate certain things. Predominantly, this program is the wish of the government of the day. It was the wish of the government today to lead off with a report on working families presented by Mr Gentleman. I fail to understand how the opposition, in wishing to continue that process and therefore resisting an attempt to shut down debate, is doing anything other than adhering to today's program.

I understand that the Chief Minister was not happy about the procedural motion that disrupted this particular program this morning. I am afraid that essentially it is an item that has been placed on the program with the full acquiescence of the government and it is an item that obviously members here want to speak to. Mrs Burke is ready to make some remarks, I want to speak about the matters and I would be thrilled to hear what Mr Gentleman has got to say in relation to his extraordinarily long assignment chairing this committee on an issue that is running headlines in Australia as we speak.

MRS DUNNE (Ginninderra) (5.13): It is obvious that the government is extraordinarily sensitive about the whole nature of this report. But we have to remember, as Mr Mulcahy has just pointed out, that this item of business was put on the program today with the compliance and agreement of the manager of government business. That is what he does. He orders the program. Obviously he needs to take a Bex and have a good lie down because somewhere in the course of the afternoon he has found that the program is inconvenient for him.

All that this Assembly is doing, apart from having its time wasted by Mr Corbell, is going through the program as it was set out by the manager of government business. Suddenly the manager of government business is having a hissy fit about this. This is precisely because the government is embarrassed by the fact that Mr Gentleman has

been on a boondoggle for two years, earning \$10,000 a year extra to produce 12 recommendations, none of which refer to working families. That is \$1,666 per recommendation.

Mr Corbell: I raise a point of order.

Members interjecting—

MR DEPUTY SPEAKER: Order on both sides of the house! I am very close to warning somebody. This is descending into a chaotic exchange. I call Mr Corbell on the point of order.

Mr Corbell: My point of order was as to relevance, Mr Deputy Speaker, but I note that Mrs Dunne is finished, thankfully.

MR DEPUTY SPEAKER: I do not need you to—

Mr Mulcahy: She is not finished.

Mr Corbell: If Mrs Dunne is not finished, I raise a point of order, Mr Deputy Speaker.

MRS DUNNE: No. You stood up to raise a point of order, so I sat down because that is the right thing to do.

Mr Corbell: Mr Deputy Speaker, I draw your attention again to the issue around relevance. What Mr Gentleman is paid as a committee chair has absolutely nothing to do with the motion before the chair. I direct your attention to the standing order as to relevance.

MR DEPUTY SPEAKER: I know, Mr Corbell. I know.

Mr Corbell: I ask you to ensure that Mrs Dunne abides by it.

Mr Seselja: On the point of order, Mr Deputy Speaker, you gave the Chief Minister a hell of a lot of latitude here. He was able to speak about how much time we had used up this morning. The Liberal Party leadership was mentioned, as well as the purpose of executive business days. Given the amount of latitude that was given to the Chief Minister in speaking to this motion, I think Mrs Dunne is well within your early ruling.

MRS DUNNE: As I was saying, Mr Deputy Speaker—

MR DEPUTY SPEAKER: Both sides of the house should stick to the procedural nature of this debate.

MRS DUNNE: Okay, and on the procedure I want to know why the government is suddenly so embarrassed about 12 recommendations costing \$1,666.66 each. Suddenly we do not want to talk about it. Is it because Mr Gentleman was embarrassed that I was kicked out—suspended—this morning?

Mr Gentleman: You weren't here. We were talking about it before, but you were ejected. Don't you remember?

MRS DUNNE: Mrs Burke had not finished her remarks. Those remarks would automatically continue, as is always the practice in this place, except when the Chief Minister and the manager of opposition business have a hissy fit.

Question put.

The Assembly voted—

Ayes 8

Noes 7

Mr Barr	Mr Hargreaves	Mrs Burke	Mr Pratt
Mr Berry	Ms MacDonald	Mrs Dunne	Mr Seselja
Mr Corbell	Ms Porter	Dr Foskey	Mr Smyth
Mr Gentleman	Mr Stanhope	Mr Mulcahy	

The Speaker having declared that the motion had not been carried as an absolute majority of Members had not voted in its favour, as required by standing order 272—

Question so resolved in the negative.

Working Families in the Australian Capital Territory—Select Committee Report

Debate resumed.

MRS BURKE (Molonglo) (5.21): Before the Assembly rose—

Mr Gentleman: I raise a point of order. My understanding is that Mrs Burke's time to speak in this debate has expired.

MRS BURKE: No. I have six minutes and 52 seconds, thank you.

MR DEPUTY SPEAKER: You have six minutes 52 seconds, I am advised, Mrs Burke.

MRS BURKE: Thank you, Mr Deputy Speaker. I could have done this 10 times over but for the churlishness of the government. Before the Assembly rose for lunch, I was mentioning the Northern Territory Workplace Advocate. The Northern Territory Workplace Advocate was established in early May 2006 and, as of 31 January 2007, it has received 225 inquiries, which is an average of less than one a day. It does not seem that the Northern Territory Workplace Advocate has been rushed off its feet. Therefore, an ACT workplace advocate would be a toothless tiger, as opposed to the federal Workplace Authority, which has powers to act. It would be a waste of time and money to set up.

The majority committee recommended that the ACT Attorney-General liaise with the ACT Law Society to secure permanent funding for a full-time women's employment lawyer for the women's legal centre, and a youth employment lawyer for the youth legal centre. I do not have a particular problem with this, but I note that the success of the Workforce Authority in implementing the fairness test has probably reduced the urgency.

The majority of the committee recommended that the ACT government develop strategies to ensure that tenders and subcontracting arrangements are assessed on the provision of fair pay and conditions of employment and do not compete on the basis of labour costs. This recommendation was based on the *More work, less choice* report based on interviews with a small sample of 14 employees and the evidence from a small business operator who has never tendered for an ACT government contract. At this point it is really shocking that I do not recall, and the committee never saw or heard directly from, one working family during the two years the committee was in existence. It is not a strong basis to suggest replacing the criteria of providing value for money as the basis for selecting tenderers. We all saw what happened when the Stanhope government ignored value for money as a criterion in selecting FireLink. It was a fiasco, as outlined in the Auditor-General's report.

There are recommendations on youth unemployment, disabilities, mortgage and finance brokers and workers compensation, which are outside the terms of reference. That one-third of the recommendations are outside the terms of reference speaks volumes for the usefulness of this committee. Mr Gentleman and Ms Porter are like lazy school children who are padding out an essay to try and cover up that they have not done the work. Unfortunately, this committee has been an abject waste of time from the beginning. It has also been a waste of tens of thousands of dollars of taxpayer money and an absolute abuse of the Westminster system and what the select committee process actually stands for.

I have recommended that select committees should focus their attention on matters for which the ACT Legislative Assembly has legislative responsibility, and we had an example of this afternoon. The Chief Minister thinks global, acts global. He forgets what he is doing half the time. He is more interested in international affairs than where the rubber meets the road here in the territory. This committee had its focus outside this Assembly. We have no role and responsibility—

Mr Gentleman: Who wrote this rubbish?

MRS BURKE: We are unable to do anything about this report. In fact, it is useless. It is not worth the paper it is written on. I have recommended that select committees should focus their attention on areas where the ACT Legislative Assembly has legislative responsibility. This will avoid situations where committees spend months or, in this case, years looking into something that the Assembly has limited powers to act on. Unfortunately, Mr Speaker, the only Canberra working family to benefit from this committee has been Mr Gentleman's.

MR SMYTH (Brindabella) (5.25): Mr Speaker, this is an interesting report, because it is a report that floundered several times in its production. This report has taken two years to write, but when you look for the term "working families" in the body of the

document, it does not appear. It is there in the headers; it is there in the title; it is there in the footers, but it does not appear in the report. Mr Gentleman, in his search to protect working families in the ACT, has not found one “working family” to come forward and tell him that they feel threatened by this legislation. That is the debacle that this report is. If you go to the introduction, the words “working families” appears once, and it is in a quote from the previous document. If you go to the conclusion, it appears in the second last line.

Apart from that, there is no analysis of how many working families there are in the ACT; there is no analysis of what the impact of this legislation is; there is no analysis of how many working families are impacted and to what degree. In fact, there is no analysis at all. This is a he-said-she-said report, where Mr Gentleman has got his list of union colleagues to turn up to give their view of the world in the 14 hours and 21 minutes of public hearings over two years, for which Mr Gentleman received an allowance of \$20,000—\$10,000 a year. That works out at about \$1,700 an hour. It is actually \$28 a second per public hearing. There were 14 hours and 21 minutes of hearings in two years to deliver up 12 recommendations.

If members of the Assembly go to the recommendations, they will see that they do not mention working families either. The term “working family” does not appear in a recommendation; there are no recommendations that look at the effect of what this legislation has done for them. So, from that, you can only conclude that after two years of exhaustive activity from Mr Gentleman—or perhaps exhausting activity for Mr Gentleman—he cannot prove that WorkChoices has hurt working families. Therefore, you have to conclude that the changes that the federal government has put in place have actually benefited the working families of the ACT, because Mr Gentleman could not find one—not one—working family to appear before his committee to tell them of the negative impacts on them of the WorkChoices legislation. It is a terrible indictment of Mr Gentleman that he has allowed this to go on for so long.

You have to remember, Mr Speaker, that the committee had a false start. Yes, that is right; he got to the barrier, but he hesitated. The original terms of reference for the select committee—they are on page III—were: to examine the effect on working families in relation to health costs, the effect of industrial legislation changes, adjustments by the Commonwealth Grants Commission, and the allocation of funds by the commonwealth. None of those get mentioned in the report either. So, we started in May 2005. We had to change it in June 2006, because we could not find any evidence on the first terms of reference.

If you put the word “health” into the word search and look for something about the impact on the health of the people of the ACT of WorkChoices, the only time the word “health” appears is when the Occupational Health and Safety Act is cited. Obviously, there are no negative health impacts from the federal government’s changes; therefore, one can only conclude that is a positive for the working families of the ACT. We also looked for adjustments from the Commonwealth Grants Commission. It does not appear either. So, perhaps Mr Gentleman should get up and tell the Assembly and the taxpayers of the ACT what he discovered between 5 May 2005 and 8 June 2007, because it is not written up in his report.

There is no reference to the original terms of reference in the report, and I think that is an indictment on the analytical skills, the research gathering skills, of Mr Gentleman. We know the committee went out and told people about the public hearings, because there is a list of ads in the *Canberra Times*, and we know that some people wanted to turn up, and they are there—the AEU, the Public Sector Union, the CFMEU. The list is long and horrible. Thank God the Chamber of Commerce turned up and that a small business turned up to tell the committee how it really was. But the sad reality of the 12 recommendations is that they come down to costing about \$1,666.66 each. For the 14 hours of public hearing over more than two years that Mr Gentleman chaired, that was at a cost of about \$1,700 an hour. You can only hope that Mr Gentleman has some sense of personal shame and offers to return the money. If ever there were a member hunting around for a select committee with a chair's allowance attached, that was Mr Gentleman. This is a sham, and he has been caught out.

We know the government is caught out, Mr Speaker, because it did not want us to come back and discuss the detail of this report. If I were the government, if I were Simon Corbell or Jon Stanhope, I would not have wanted to have the report discussed either, because it is absolutely appalling to have a report that does not actually focus on those that it was meant to inquire into. We know that is the case by going to paragraph 1.4 in the introduction. Remember, this is an inquiry with terms of reference to examine the effects on working families of changes to industrial relations legislation, but is that what they inquired into? No, because paragraph 1.4 says:

This report does not attempt to analyse all aspects of this complex legislation, but concentrates on the key areas of the legislation that have been brought to the attention of the Committee. In particular, the Committee focuses on individual workplace agreements and changes to unfair dismissal laws, as they pertain to people in the ACT. The report also touches on changes to the award system and right of entry.

Well, I must have been reading the wrong report, because the terms of reference were to examine the effects on working families in the ACT of changes to industrial relations legislation, with particular reference to a number of acts. But that is not what Mr Gentleman did, Mr Speaker. He fesses up—he says, “This is a witch-hunt on AWAs and WorkChoices, but we have dressed it up. In the original dressing up, instead of mutton dressed up as lamb, we got turkey, and then we changed it to goose!” That is the problem with this report; it is a report that does not do any credit to the committee system of the ACT Assembly. One of the great strengths of the committee system of the ACT Assembly used to be that we tried to take a bipartisan approach to ensure that we could come up with recommendations that an ACT government could actually implement.

Now, let us go to the recommendations. Recommendation 1:

The Committee recommends that the ACT Government develop strategies, in partnership with community groups, to continue to monitor the impact of the WorkChoices legislation on the ACT community.

It has worked on it for two years, and what is the number one recommendation? Let us keep watching! Now, I fully expected a select committee to be set up on Thursday

to put Mr Gentleman back into the chair's seat so that he can monitor this stuff. After two years, they have not found a single thing wrong with the system. It then goes on to say that:

The Committee recommends that the ACT Government lobby the Commonwealth Government to ensure that comprehensive data on Australian Workplace Agreements is gathered by the Workplace Authority and made available.

Well, it has been gathered and it has been made available. It has been studied; it has been hung, drawn and quartered; it has been hung up; it has been stripped down. So—wow!—one, we want to monitor, two, we want more data. What have you been doing for two years, Mr Gentleman? Well, we know you have not been doing much, because you only met for 14 hours to hear what the public had to say. Then what does the committee want? It wants to monitor, then it wants more data. What is recommendation 3? Here is the killer:

The Committee recommends that the ACT Government review the *Discrimination 1999* (ACT) and the *Human Rights Act 2004* (ACT) with a view to strengthening the objectives to include family responsibilities and economic, social and cultural rights.

So there we are—20 grand as the chair is the allowance that came with this position. That is the bill; that is the allowance that Mr Gentleman has picked up, and what are the three recommendations of the committee? Firstly, it wants to monitor; secondly, it wants more data; thirdly, it wants to have a review. Is that not just so symptomatic of the ACT government? Is that not just a revelation of the Stanhope approach to things? If you do not have an answer, monitor, get data, review. This is a sham; it is a farce; it is an absolute debacle. It is a disgrace to the committee system, and it disgraces the Assembly. If Mr Gentleman had any sense, he would give the money back.

MR MULCAHY (Molonglo) (5.34): Mr Speaker, when this report came out today, I was waiting for a powerful document in the context of the current political climate in this country. I have to say, if I were a member of the Labor Party—as you are, Mr Speaker, with a long history in industrial relations matters—I think I would be hanging my head with shame and embarrassment if this were the best we could produce. As Mr Smyth has pointed out, this is a lightweight and disappointing exercise, and the committee chair owes this Assembly an explanation as to why something that went on for so long and cost the taxpayers more than \$20,000 in chairman's fees ended up with something of this calibre. I have only been here for three years, like my colleagues Mr Seselja and Ms Porter, but I have to say that this is one of the most ordinary reports that I think has ever been presented in this place. If you go to the dissenting report of Mrs Burke it is worth looking at some of those recommendations, and I will come to them in a moment.

This report was presented, of course, in the background of a political landscape that we were told would be the ruination of this country. It has its origins, indeed, back in the mid-90s when Stephen Smith, the then federal Labor shadow industrial relations minister, said:

The Howard model is quite simple. It is all about lower wages; it is about worse conditions; it is about a massive rise in industrial disputation; it is about the abolition of safety nets; and it is about pushing down or abolishing minimum standards. As a worker, you may have lots of doubts about the things you might lose, but you can be absolutely sure of one thing: John Howard will reduce your living standards.

And what do we find here in 2007? A level of prosperity that is unsurpassed in the last 33 years with the lowest unemployment we have had—the lowest unemployment, in fact, in the country being here in the nation's capital at 2.5 per cent—wages at record levels, industrial disputation at record lows, and a level of confidence in people in this country in terms of their own employment future that is just extraordinary. We have not seen this situation since the early 1970s when people, as I have said in this place before, could walk out the door and, in fact, pick and choose what job they wanted. Well, we are back in that position, and we are back there thanks to the fact that we have had sound economic management. I know the Labor Party loves to say, "Well, this is somebody else's credit. It is the mining boom or it is some development overseas." But, in fact, I was listening to ABC radio earlier on today, and I heard an academic just dismiss that nonsense and say that much of the success has been because of the economic direction this country has enjoyed.

I will go to Mrs Burke's dissenting comments, and she talks about the committee's recommendation that the ACT government develop strategies in partnership with community groups to continue to monitor the impact of the WorkChoices legislation on the community. As Mr Smyth said, more of the same; more justification for ongoing doing nothing. As Mrs Burke has pointed out, this recommendation acknowledges that the Office of Industrial Relations is continuing to monitor the impact of workplace legislation in the ACT, and it would have done so irrespective of this recommendation. Similarly various community groups representing employee and employer interests in this territory will monitor the impact of workplace relations legislation on their membership. Neither the ACT government nor community groups needed the select committee on working families to draw this to their attention. It is a very lightweight and disappointing and superfluous recommendation.

Then we have got this other great proposal—the ACT government should lobby the commonwealth government to ensure the comprehensive data on AWAs is gathered and made available. I know that Mr Hockey, the federal minister, will be sitting there waiting for this phone call with advice from Mr Gentleman with his recommendation. But, as Mrs Burke has again pointed out in her recommendations, this is an example of a select committee being overtaken by events. The Workplace Authority recently published the first statistical analysis of the Australian workplace agreements applying to working families—the term that has been missing from the overall recommendations—based on 12,749 agreements at the end of August. Indeed, Mrs Burke then goes on in some detail to explain that analysis and how those agreements were applied against the fairness test. She makes the very good point about what is the purpose and where is the role of this committee in these matters.

We go further into the report and Mrs Burke's analysis, which she provided for the benefit of the Assembly. The report talks about the safety net provisions, and the

majority of the committee recommends that the ACT government requests that the commonwealth government ensure comprehensive data covering the details of AWAs that do not meet the safety net requirements are publicly disclosed by the Workplace Authority. As Mrs Burke says, it is noted earlier in the report that the Workplace Authority has just publicly reported on agreements submitted since 7 May 2007. So here we are in October—talk about wake up Australia—and the ACT is suddenly saying this is something that ought to be done. Well, I watch television occasionally and catch a news bulletin. I have heard about this for weeks. But the ACT has just suddenly come up with this bright idea. I would urge that Mrs Burke maybe should call Mr Hockey and let him know about this, because I am sure he will be absolutely poised waiting to hear this recommendation!

There is more in the dissenting report in terms of Mrs Burke's comments. She has highlighted the recommendation about people with disabilities, and I am keen to see people with disabilities given every opportunity we can give them, because the cards are stacked against them. But she does point out that the recommendations are outside the terms of reference of the committee, and I must say that was my initial reaction in terms of the recommendation regarding regulation of the mortgage industry. I think there is a need for regulation probably in terms of mortgage and finance brokers, but I am struggling to understand how that ties in with the industrial relations legislation and its impact on working families in the ACT. Talk about a long bow. Why do we not review the tax system as well? Why do we not review the health system, and on and on we go? Everything in the entire country that comes out of the commonwealth impacts on people in Australia? But I would have thought this committee could find enough work—if it were serious about the assignment—in coming up with some recommendations that were novel and clever and relevant to the contemporary industrial relations issue in this nation.

It is proposed that the ACT government should establish an independent workplace advocate—yet another body—similar to that in the Northern Territory. Again it has been cited by Mrs Burke as another recommendation that has clearly been overtaken by events. The office of the Northern Territory Workplace Advocate was established in May 2006, and, as of January this year, it has received a grand total of 225 inquiries averaging one a day. So we are going to put some highly paid official—no doubt, with staff and offices and facilities—to pick up one problem a day when we have already got federal authorities looking at this stuff. There are industrial organisations, both employer and employee, who are equipped to deal with these issues, but the ACT government wants to move into this area where there is no need. If I may, with respect to Mrs Burke, quote from her comments again. She says:

The Workplace Advocate would be a toothless tiger competing with a Commonwealth agency whether the Workplace Authority or Fair Work Australia with actual powers. It would be a waste of taxpayer's time and money setting it up given that it would have to refer issues to the Workplace Authority.

Finally, we get this other interesting recommendation that the ACT government should develop strategies to ensure that the tenders and subcontracting arrangements are assessed on the provision of fair pay and conditions of employment and do not compete on the basis of labour costs. As Mrs Burke has pointed out again, this

recommendation is not soundly based, as it is based largely on the *More work, less choice* report, which was, in fact, based on interviews with 14 employees and a small businessman who had never tendered for a government contract in the ACT. The report offers no evidence that ACT government tenderers and subcontractors do not offer fair pay and conditions or that government tenderers and contractors are decided on the basis of labour costs.

There is this extraordinary notion that every employer out there is trying to rip off their workers. Everyone I ever speak to in business tells me that the biggest problem is that they cannot get people; this is the biggest single problem that people face in this country. So, here we are going into this whole process of recommendations as though there is some massive exploitation going on when, in fact, it is very much a case of employees picking and choosing. They are in a position now that is without precedence in the history of this country. I understand the unions are struggling for relevance, because people realise themselves that they can very often name a pretty substantial price, which will be accepted because of demand. I think that the point is completely lost in terms of the overall recommendations of this committee.

In conclusion, Mr Speaker, I must question the balance in this report. The only employer representatives who appeared before the committee were the Norris Cleaning Company and the ACT Region Chamber of Commerce. It hardly surprises me that most people thought that this was a monumental waste of time and money, and I am embarrassed to see it tabled in the Assembly.

MS PORTER (Ginninderra) (5.45): While the committee began its inquiry looking into a broad range of issues impacting on working families in the ACT, it was WorkChoices that generated the greatest interest and responses from those who made submissions and those who appeared before the committee. The committee was not able to analyse all aspects of the complex legislation, but concentrated on key areas of legislation that were brought to the committee's attention. It was these issues that the committee considered to be having the greatest impact on low-skilled, low-paid workers and their families in the ACT. For this reason, the committee focused its inquiry on members of the ACT community who are potentially at risk of being adversely impacted. We heard evidence concerning young people, women, and people with disabilities in particular, and we found the changes to unfair dismissal laws have created fear and instability for many workers in low-paid positions.

The committee was disturbed to hear evidence of an increase in numbers of unfair dismissal cases in the ACT. As you will see from the report, the committee made 12 recommendations with a strong focus on the provision of comprehensive and appropriate information and legal advice. A number of recent research reports have highlighted the loss of award conditions and take-home pay for many workers, particularly for those in retail and hospitality where they are most reliant on awards. That is highlighted in the ACT by a comprehensive qualitative study of interviews with 14 women who have experienced adverse changes in their employment conditions since the introduction of WorkChoices, part of a national study of 120 women across Australia.

Mrs Burke's comments about training young people are simplistic, I am afraid. Yes, we do have renewal, even though her colleague, Mrs Dunne, would like us to ignore

the 21st century and remain, like her soon-to-be-disposed federal leader, firmly in the middle of the 20th century. Does Mrs Burke seriously expect the education system to be able to deliver the level of detail necessary to assist ACT young people to protect themselves from the minefield called WorkChoices in the course of our students' busy academic year? Some businesses, as Mr Gentleman said earlier, are throwing up their hands in despair of ever getting it right, and they are going back to the tried and true method of reaching agreement with employees. How are our young people able to prepare themselves for their very first interview for a job with the negotiating power stacked against them from the start? There is information provided through the Workplace Authority website and national phone line, but this is not always easy to access, and the more vulnerable members of our ACT community are suffering from this.

The committee noted that most state and territory governments have set up independent information services of one kind or another and recommends that the ACT government establish an independent workplace advocate, similar to that of the Northern Territory, to inform, educate and consult with employees and employers as well, as Mr Gentleman said. The committee considers that, as more and more employers take up the opportunity provided by WorkChoices, demand for such a service in the ACT will grow. The committee believes such a service will greatly assist employers who are also struggling to make sense of the new laws, let alone employees. Recent information about the number of AWAs that have failed to meet the test of fairness certainly confirms the complexity of these laws in comparison to what some employers now say were simpler laws and simpler processes prior to the introduction of WorkChoices. How many agreements did not meet the basic requirements of this test? It is thousands. What an indictment on the legislation; what an indictment on those businesses and employers.

The committee would also like to see more detail and disaggregated data made available through the Workplace Authority on all aspects of AWAs, including the reasons behind the failures of AWAs in the fairness test. The data currently available lacks the depth or detail necessary for rigorous scrutiny. Mrs Burke pours cold water on the recommendation that the ACT lobby the federal government to ensure that comprehensive data on AWAs is gathered and made available. If the benefits of WorkChoices to employees and employers is as good as the commonwealth government would have the Australian community believe, then it is their responsibility to provide the comprehensive data to support those claims. To date, the committee has heard little evidence to suggest that employees in low-paid and low-skilled jobs are doing better since the introduction of WorkChoices. In many incidences, the evidence would suggest the opposite. The committee would be keen to hear from the ACT business representatives in the post-WorkChoices environment. Unfortunately, business representatives were not keen to come forward. The committee was unable to determine whether the predicted outcomes of award simplification had delivered the expected business growth.

While the ACT government cannot legislate on matters to do with these industrial relations, there are a number of areas where the ACT government can act to protect the most vulnerable members of our community. Surely we have a duty to our citizens to do that. Although it is difficult to predict the outcome of the upcoming federal

election and changes that may ensue, the committee expects that the ACT government will give due consideration to the recommendations made in this report.

I know Mrs Burke found differently, and she has outlined the reasons why. However I do not believe that sitting on our hands and saying, “Well, we can’t do anything about this, so we’ll just have to let it run its course and see what happens,” is either sensible or fair. Maybe Mrs Burke and her colleagues, like many other people, are just hoping the whole thing will go away. Well, be careful what you wish for, as the Australian people may well just demonstrate how they feel about this unfair legislation in the next little while. However, we can only deal with what is in place at the moment, and to ignore it is akin to the boiling frog approach which, up to now, Mrs Burke’s federal colleagues have employed in regards to climate change. If we employ that approach, then we are always reactive instead of being proactive. This is neither fair nor sensible, Mr Speaker, as I said. The ACT deserves better.

Debate interrupted.

Leave of absence

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

That leave of absence be granted to Ms Gallagher (Deputy Chief Minister) for this sitting week.

Working Families in the Australian Capital Territory—Select Committee Report

Debate resumed.

MRS DUNNE (Ginninderra) (5.51): This is a sad little report from an inquiry that has gone on for two years—actually more than that; it is 2¼ years. It is supposedly the report of the inquiry into the impact of industrial relations legislation on working families in the ACT.

It cannot be said too often that working families do not get a look in in this. Mr Speaker, you have only to turn to the list of witnesses who came and took up the extremely valuable time of the chairman over the 14-odd hours that the committee took evidence. Let us look at the list of witnesses—the people who appeared and expressed their views on the legislation in relation to working families. They are: UnionsACT; UnionsACT again—they came back for two bites of the cherry; the human rights office; Creative Safety Initiatives; the Transport Workers Union; the Youth Coalition of the ACT—I suppose that there is youth in families, but they are not families; the Women’s Legal Centre—ditto: they do represent some members of families, but do not represent families; Norris Cleaning Company; the National Foundation for Australian Women; Women with Disabilities ACT; the ACT government; the CFMEU ACT division; the AEU ACT branch; the TWU Canberra sub-branch; the ACT Council of Social Service—well, they would have a perspective on families; the ACT and Region Chamber of Commerce and Industry; and UnionsACT, for the third time.

Where, anywhere in this, are Mr and Mrs Waramanga and their kids being represented? Mr Gentleman could not bring to this inquiry one working family—one representative of a working family—to point out that they were affected one way or the other by this, either adversely or positively. There is not one second of evidence taken from a working man or woman in this territory.

Mr Speaker, this member has been on the gravy train for two years and some months, taking a stipend as a chairman of a committee inquiring into the impacts of industrial relations legislation on working families. The really interesting thing is that this was all spurred on by the prospect of the introduction of WorkChoices. For most of the time that this committee was meeting, what was the status of WorkChoices? It did not exist as law. This was an inquiry into something that for most of the time that this committee was inquiring did not exist as law in this country. Then, after it came into law, we had a few months of getting on with it and we have come up with some recommendations.

As Mr Smyth said, we have got recommendations to continue to monitor things, to get the commonwealth to provide information to review legislation within the ACT. Recommendation 4 is asking the commonwealth to get comprehensive data. I do not know what the difference between the comprehensive data in recommendation 2 and recommendation 4 is.

I have to pay tribute, however, to the writers of the report. It is only a slim report; it is only 70 pages. I left my glasses upstairs, but it is big print so you can read it even without any glasses—unlike Mrs Burke's comments, which are a bit hard to read without your glasses because there is more substance to them.

Recommendation 5: reviewing current initiatives targeting youth unemployment. Not a bad thing. But is this the forum for such a recommendation? Recommendation No 6: develop resources, information, et cetera. That is okay as far as it goes.

Recommendation No 7 is an absolutely laudable recommendation—that the ACT government should be doing more to employ and retain people with disabilities. However, I question why it comes up in here. Perhaps it was the only forum for this recommendation to come forward in, but I suspect that it does not comply with the terms of reference. When I have been a chairman of a committee, there have been cases where someone says "I would like to come and talk to you" about something that seems to relate to the terms of reference. What a good chairman does is say, "Thank you very much; we will note it, but it does not actually comply with the terms of reference." It is a laudable recommendation—probably the best recommendation here. It is a shame that it probably does not comply with the terms of reference.

And then we have the comrades' jobs. We have the independent workplace advocate. The reasons why we should not have that have already been addressed by Mr Mulcahy. And then there are the comrades's jobs—a full-time women's employment lawyer to work for the women's legal service. That is a very, very specialist qualification.

The government also recommends the development of more strategies. I think that is the third recommendation about developing strategies and is the one that comes completely out of left field—again topical, but I do not see how it complies with and fits in with the terms of reference. In fact, this is already happening at a commonwealth level. I suspect that Mr Gentleman thought, “Gosh, I’ve got to put something in, and mortgages are a problem. I suppose I should say something about mortgages.” They do not relate in any way to the terms of reference or the legislation that he is supposed to be reviewing.

Then we have another community awareness thing. We have strategies; we have monitoring; we have reviewing; we have collecting information. We have more strategies and a targeted community awareness program. There are a couple of laudable recommendations in relation to youth and people with disabilities and a few jobs for the comrades.

This is the result of two years and some months work by Mr Gentlemen. Actually, you could not call it work. It is filthy work but somebody has to do it. Obviously Mr Gentleman stepped up to the plate and said, “Chief Minister, I will take one for the team. Just make sure I get well remunerated for it.” What this has been about, and I will say it again, is Mr Gentleman’s boondoggle. It is a very, very prosperous and well remunerated boondoggle but it does not do anything—

Mr Stanhope: On a point of order, Mr Speaker: in that allegation, that accusation, there is a suggestion that I think is unparliamentary, that impugns Mr Gentleman’s integrity. The suggestion is being made quite baldly and bluntly by Mrs Dunne that Mr Gentleman was motivated by a desire simply to be remunerated in his role as a member of this Assembly, this parliament. I think it is a scandalous accusation. It is a scandalous suggestion and Mrs Dunne should be ashamed of herself.

Each and every one of us can stand in this place and pick apart any report that is produced under the stewardship of anyone else. We can make that same allegation. There are reports in this place in relation to which, from time to time, any of us, if we chose, could stand for this sort of shallow political purpose that Mrs Dunne has sought to pursue here—to impugn the motivation and the reason.

The suggestion being made today, in that comment just now, is that Mr Gentleman was motivated by nothing other than a desire to be paid to chair a committee. That is a scandalous allegation. It impugns his integrity. It impugns his reputation. It demeans the Liberal Party and Mrs Dunne. It should be withdrawn.

Mr Gentleman: Mr Speaker, on the point of order: can I just point out as well that it was the Assembly that formed the committee; my chairmanship role was a result of being elected from the committee that was formed. It is important that I point that out.

MR SPEAKER: I think you should withdraw the word “boondoggle”.

MRS DUNNE: “Boondoggle”?

MR SPEAKER: My dictionary says “to fritter away one’s time on work that is unnecessary”. The work was determined by this Assembly and he was appointed. The committee was established by the Assembly and instructed to go away and do things. The committee itself then appointed the chair to chair the meetings of the committee which was instructed to go away and do things by the Assembly. I think there is an imputation, so I would ask you to withdraw it.

MRS DUNNE: On your ruling, Mr Speaker, the whole premise of my speech today has been that much of what the committee did does not relate to the terms of reference. If it does not relate to the terms of reference, perhaps the committee did fritter its time away on unnecessary work. Are you actually saying that to use the term “boondoggle” is unparliamentary?

MR SPEAKER: No, no. What I am saying is that you impute that the committee had no basis. Of course, it was decided by this Assembly that it should be established. I do not think you should use the word “boondoggle” for members in this Assembly who are appointed to do certain duties. I think it is unparliamentary. He was appointed by the Assembly, through the committee, to carry out the chair’s position. If you want to move a substantive motion against Mr Gentleman, that is another matter. But impugning people without a substantive motion is something we have never tolerated here. Withdraw the imputation.

MRS DUNNE: I withdraw it, Mr Speaker, but can I just seek your ruling: if there is a substantive motion against Mr Gentleman, am I allowed to use the term “boondoggle”?

MR SPEAKER: Yes, of course.

MRS DUNNE: Okay.

It being past 6.00 pm, in accordance with standing order 34, the debate was interrupted and the resumption of the debate was made an order of the day for the next sitting. The motion for the adjournment of the Assembly was put.

Adjournment Anti-Poverty Week

DR FOSKEY (Molonglo) (6.02): Mr Speaker, I have been waiting all day and dying to give a speech on Anti-Poverty Week. I hope that that does not drop off the agenda, because it is a really important.

Mr Stanhope: It will not. We will bring it back tomorrow in private members’ business.

DR FOSKEY: I suspect an element of revenge in that, and I regret that. Nonetheless, I want to use the adjournment debate this time to talk about a report that arrived on my desk on Friday. No doubt it arrived on other people’s desks on the same day. I am sure that, in particular, the Ginninderra members will be most interested in this report

called *Living on the edge: an overview of the community of West Belconnen and the services and service gaps of the area*. The report was done by Uniting Care Kippax on behalf of the West Belconnen Inter Agency Liaison Group; it was funded and supported by Belconnen Community Services.

It was very instructive for me to read this report before we went into Anti-Poverty Week. West Belconnen is a little unique in Canberra, in that this is a city that has not had pockets of poverty. We have not, for instance, had a suburb of which we have been able to say, "That is a disadvantaged suburb," as people do about western Sydney and parts of Melbourne. That is because the ACT has been developed under a planning ethic which says that public housing should be dotted all around our city—we should have a social mix.

That is not forgetting that once upon a time most of Canberra was public housing. But we would all be aware that there were lesser and greater public houses, with the senior executives housed up towards the top of hills while the workers were housed in the valleys. Sad to say, in my time in Canberra I have been able to afford only the houses in the valleys, but I imagine the views from the hills possibly contribute to the prices.

West Belconnen is an area on the north-western suburban fringe of the ACT. It houses approximately 20,000 people, or six per cent of the ACT population. It includes the suburbs of Higgins, Holt, Macgregor, Charnwood and Dunlop. These are suburbs that lost their high school a couple of years ago—Ginninderra high school. Reading this report makes me wonder about the suitability of a super school in a population that is so disadvantaged by comparison with other Canberra people. For instance, there are 400 families in west Belconnen that do not have a car. If those families have children, we have to think about how they will get those children to school. There are no buses that go directly to Civic. To go anywhere, people have to use irregular bus services—go to Belconnen and then go on from there. If they need to go to the south side or other places beyond Civic, I am not quite sure how they manage that. We can be talking about a 1½ or two-hour trip to access community services.

This document is a plea for better transport services, better located community services, more adequate and affordable medical services, a holistic approach to service delivery, a stronger emphasis on primary care and early intervention and a focus on community development and enhancement to reflect the effects of social isolation. There is a very high percentage of sole parent families here and a very high percentage of families where there is no paid worker, and there is a real lack of access to services.

If the ACT government wants to do something about poverty in the ACT, I suggest that some consultation with Uniting Care Kippax and Belconnen Community Services could lead to better services in that precinct.

Health—oral and maxillofacial services

MRS BURKE (Molonglo) (6.08): Almost a month ago to the day, I put out a media release on an ACT Health report which has apparently been languishing and gathering dust since it was released in December 2005. That report reviewed the provision of

oral and maxillofacial plastic and reconstructive services. Put simply, it refers to problems concerning the jaw and mouth area. People who get assaulted or sustain injuries during sports often get fractured jaws, for example, and need urgent attention. The report states, “The Canberra Hospital provides a high level trauma service to residents of the ACT and Capital region but lacks an oral and maxillofacial service.” The report goes on to state, at page 4, that “it is both urgent and essential to re-establish the proper direction and balance of service commitments in the specialties of oral and maxillofacial and plastic and reconstructive surgery”. The report states that “the population of the ACT is sufficient to justify a full oral and maxillofacial ... service”.

The cases of 14 patients who have had botched surgery or were seriously misdiagnosed for mouth and jaw problems have come to the attention of the opposition. We understand that there have been misdiagnoses and botched surgery that has had to be corrected by other surgeons—not at the Canberra Hospital—going back to 2001. And we know from this report and an earlier one—the Reid report, commissioned by the now Chief Minister, Mr Stanhope—that the government is well aware of these problems.

The nub of the problem is that the Canberra Hospital does not have dedicated oral surgeons and that plastic surgeons and dentists are performing oral surgery instead. This is despite the 2005 report describing the practice as “insufficient and inappropriate” and calling for the urgent appointment of an oral surgeon. A number of patients—the opposition knows of at least 14—have had to go elsewhere for remedial treatment and have experienced avoidable pain and ongoing medical problems because of either misdiagnosis or incompetent surgery.

We are talking about pain, disfigurement in the form of patients left with misaligned jaws and overbites, infection, damage to nerve tissue, and loss of teeth. In cases of remedial work, patients have found that they have had to have their jaws rebroken and reset; in one case at least, what should have taken six weeks to heal took 18 months. Financial costs to patients to remedy the original treatment at the Canberra Hospital have been considerable, often running into thousands of dollars. Patients have taken longer to recover and have experienced more complications than they might have, because of botched operations or misdiagnoses. As one patient’s relative wrote in a complaint in 2002:

It seems absolutely unbelievable that you are not able to be treated by a doctor specializing in your condition when admitted to Canberra’s main public hospital.

It is understood that currently the ACT Health Clinical Privileges Committee is investigating the treatment of at least 14 maxillofacial patients.

The first requirement of medicine is to do no harm; unfortunately some patients are being harmed by the treatment they are receiving or have received. One of these is Leeann Bell, who says that the operation to fix her broken jaw at the Canberra Hospital was botched. It was done by a plastic surgeon. She has been told by a private specialist that it needs another operation. Another is Vincent Nguyen, who endured two failed operations on his broken jaw at the Canberra Hospital in August this year before turning to a private oral surgeon who fixed the problem.

Has the Clinical Privileges Committee arrived at a conclusion regarding the 14 cases it has been looking into? When will the government appoint an oral and maxillofacial surgeon to the Canberra Hospital? When is that likely to be? Why has nothing been done, despite the 2005 report stating that the situation is urgent and the service is an essential one?

Death of Kim Beazley Snr

MRS DUNNE (Ginninderra) (6.11): I would like to note and draw to the attention of the house the passing on Saturday of a great politician and great contributor to Australian life, Kim Beazley Snr. Mr Beazley was, as all members would know, the Minister for Education between 1972 and 1975; he was responsible for the appointment of Peter Karmel and the implementation of the recommendations of the Karmel inquiry into education funding that resulted in the establishment of the schools commission, the higher education commission and the commission for further education.

The work that was conducted by Kim Beazley in his time as Minister for Education was, I believe, fundamental in changing the attitude of Australians and changing policy setting in Australia in relation to the funding of schools. It was Kim Beazley who took the aspirations of many people on both sides of politics and turned it into reality. It was Kim Beazley who presided for the first time over a commonwealth organisation that was interested in the funding and the advancement of all sectors of schooling in this country and recognised the value and the contribution made by all teachers and all schools, whether in the government or the non-government system.

As a product of the non-government school system when I was finishing my schooling in 1973 and 1974, it was as if a huge burden had been lifted from parents, bursars, headmasters, school boards and P&Cs. The work of Kim Beazley ushered in a new age of funding for education in this country. All of us who are interested in the development of education in this country, in Australia, owe a huge debt of gratitude to Kim Beazley.

Kim Beazley was a man of extraordinarily high principle. He was for many years one of the patrons of the Australian Family Association. I was privileged to share a platform with him on a couple of occasions and I was always struck by his great charm, his great urbanity and his great humanity. As someone who tries to do the right thing in politics, I think that he is an exemplar for all of us. Unfortunately sometimes we do not live up to the example of our role models, but in Kim Beazley all politicians on either side have a great role model. His passing is a great loss to the Australian political scene.

Health—oral and maxillofacial services

MR STANHOPE (Ginninderra—Chief Minister, Treasurer, Minister for Business and Economic Development, Minister for Indigenous Affairs, Minister for the Environment, Water and Climate Change, Minister for the Arts) (6.15): Mr Speaker, I had not intended to speak but I will just take the opportunity to respond to the

remarkable presentation which Mrs Burke gave. Once again it strikes me as remarkable that a member of the Liberal Party, with no sense of self-awareness or culpability, would stand in this place and launch a very directed attack in relation to oral surgery or dentistry within the ACT—or indeed anywhere in Australia.

I think we have all acknowledged—and we acknowledge it again today in response to Mrs Burke's rant—that, after 11 years of Howard government, if one were to seek to identify one amongst many nasty, unjustified, vicious cuts in budget, it would be the slashing by the Howard government of the public dental funding that would rank as the most vicious, the most unnecessary and the most calculated decision that the Howard government has taken in its 11 years—in a context of unheralded prosperity, in a context where a \$17 billion budget surplus that was anticipated just three months ago has now expanded to a \$22 billion surplus.

With a surplus of \$22 billion, the Howard Liberal government still cannot find a way to restore funding for public dentistry. Yet we have a member of the Liberal Party—the shadow minister for health and Deputy Leader of the Opposition—standing in this place and seeking to make suggestions about issues that members within this community face in relation to oral health and dentistry. The implications for anyone with untreated oral or dental issues are quite remarkable. It indicates to me—indicates and illustrates—a complete lack of self-awareness or consciousness of the responsibility that has to be sheeted home to John Howard, Peter Costello and 11 years of Liberal government for the absolute slashing, under that government, of funding for public dentistry within Australia, including here within the ACT: funding which my government has to some extent sought to restore. Indeed, in the last budget we increased funding for dental services by \$1.7 million, seeking to make up some of the shortfall.

In the context of the Howard Liberal government's commitment to health, some of the statistics and the information that have been released in the last week or so by the Australian Bureau of Statistics is sobering. We find that in its 11 years in government the Howard government, the Howard-Costello team, have effectively reduced commonwealth expenditure on public health by 10 per cent over 10 years. In a period of unheralded growth, increased demand and an ageing population—an exponential increase—we find the federal government actually decreasing expenditure on health whilst the states and territories, without the same access to revenue streams, have been desperately seeking to hold back the flood of demand.

In her presentation, Mrs Burke went to an internal report into oral and maxillofacial and plastic and reconstructive services. It was an internal report. Mrs Burke stands again, as she has done previously, and seems to suggest that there is some secret report—a report that she says was gathering dust. It was an internal review undertaken by the hospital around service development and quality improvement in ACT Health. It was not a report to the government, nor was it a report that was requested by the ACT government. It was an internal investigation, within oral maxillofacial and plastic and reconstructive surgery, into issues around that particular service within the ACT.

A number of stakeholders were consulted. A number of recommendations were made. The government has accepted many of those recommendations and acted on many of

those recommendations. It is the same as in any internal review where there are a range of stakeholders and a range of views. The government did not—surprise, surprise!—accept every one of the recommendations. But this conspiracy atmosphere or suggestion that Mrs Burke makes is simply that: a conspiracy.

There was no report. The ACT government commissioned no report. No report was delivered to government. There was an internal review within the facility looking at how the service might be developed and improved and how quality improvement could be undertaken. A significant number of the recommendations have been acted on. This nonsense about seeking reports and conspiracies is just that: nonsense and a conspiracy. (*Time expired.*)

World Mental Health Day

MR GENTLEMAN (Brindabella) (6.20): World Mental Health Day fell on 10 October 2007. I was fortunate enough to attend “World Mental Health Day 2. Mental Health in a Changing World: the Impact of Culture and Diversity” at the National Museum of Australia. The event was well attended and it was encouraging to see so many people supporting this cause, including, of course, the mental health association of the ACT.

As a side note, let me say that it was encouraging to see that the ACT government has continued its support for raising awareness by announcing funding so that the second mental illness awareness play, titled *Imperfectly Sane: Delusions of Splendour*, can be held later this year. It was great to catch up with some of the organisers of the mental health awareness play *Imperfectly Sane: Delusions of Splendour*, which I was cast in earlier in the year. We were able to get together for a breakfast last Friday.

I would like to inform members of some alarming statistics that I have learned regarding migrants and mental illness. One person out of 35, or three per cent of the global population, is an international migrant. The World Health Organisation estimates that more than 50 per cent of all migrants experience mental health problems that range from chronic mental disorders to trauma and stress. Studies show that a sizeable number of migrants and their families do not seek help for their mental illness. How do they know if they are suffering from a mental illness?

While the precise cause of mental illness still remains a mystery, what we do know for sure is that mental illness does not come down to the personal attributes of people who suffer from it. There is not anything inherently wrong with the people who suffer from mental illness; it is not a weakness on their part. There are, however, a number of factors that are believed to contribute to mental illness. These include changes in brain structure or mental chemistry that affect the feelings, thoughts and behaviour of individuals. There are environmental factors too; these might include family and friends, relationships, traumatic experiences or physical abuse. There are biological factors such as genetic disposition to mental illness. There is also substance, drug or alcohol abuse and, finally, negative thought patterns.

Mental illness is a very serious problem directly affecting about 20 per cent of Australians at some stage in their lives. Young adults are particularly susceptible to

mental illness, with 25 per cent of people in this age bracket suffering from a mental illness.

It can be difficult to watch out for warning signs of mental illness, as they will differ from person to person. Fortunately, there are some symptoms common to almost all people who are beginning to suffer from a mental illness. Changes in the behaviour of individuals, either immediately or gradually over time, may indicate that such a person is suffering from a mental illness.

We had a presentation from a chap who was suffering. He came to Australia with no English, separated from his wife as he arrived in Australia and struggled for quite a long time to gain some sort of position in the community. He indicated that he had thought of suicide a couple of times, but now, with assistance, he has come back into the community and is operating in a normal frame of mind.

The symptoms suffered by people with a mental illness can make life very difficult, including work, study and social relationships. In combating mental illness it is recommended that a combination of medical treatment, to redress the chemical imbalance, and some physiotherapy, psychology and counselling take place. Also important in helping those with mental illness are compassion and understanding from others around them; life can be very difficult and isolating otherwise. The environment in which people with mental illness live will have a huge impact on their quality of life and their recovery from that illness.

On days like World Mental Health Day we can show our support in raising in all members of our community awareness that mental illness is not something to be afraid of and not something to turn a blind eye to; and, if we work together, we can help those who need it most.

Question resolved in the affirmative.

The Assembly adjourned at 6.25 pm.