



# Debates

WEEKLY HANSARD  
SEVENTH ASSEMBLY

Legislative Assembly for the ACT

24 FEBRUARY 2010

[www.hansard.act.gov.au](http://www.hansard.act.gov.au)



**Wednesday, 24 February 2010**

Legislative Assembly—unparliamentary language .....	547
Privileges 2010—Select Committee .....	547
Litter (Shopping Trolleys) Amendment Bill 2010.....	559
Hospitals—services.....	563
Questions without notice:	
Canberra Hospital—alleged bullying .....	590
Child deaths .....	592
Health—abortion advice.....	593
Health—system .....	594
Community services .....	598
Road safety—cyclists .....	602
Canberra Hospital—alleged bullying .....	606
Water—Murrumbidgee to Googong pipeline.....	608
Health—palliative care .....	610
Water—Murrumbidgee to Googong pipeline.....	611
Road safety—drink driving .....	612
Road safety—drink driving.....	615
Points of order (Statement by Speaker) .....	619
Privileges 2010—Select Committee .....	619
Hospitals—services.....	620
Canberra Hospital—proposed board of inquiry .....	622
Women—equity of remuneration .....	652
Home insulation program .....	666
Adjournment:	
St Anthony’s primary school.....	692
Our Wellness Foundation—fundraiser .....	692
Mr Orlando Zapata Tamayo—death.....	692
Ovarian Cancer Australia .....	694
Raize the roof.....	695
Canberra area theatre awards.....	697
Our Wellness Foundation .....	697
Softball Australia.....	697
Bilingual symposium.....	697

## **Wednesday, 24 February 2010**

**MR SPEAKER** (Mr Rattenbury) took the chair at 10 am and asked members to stand in silence and pray or reflect on their responsibilities to the people of the Australian Capital Territory.

### **Legislative Assembly—unparliamentary language**

**MR SPEAKER:** Members, before we proceed with private members' business for the day, there are a couple of matters we need to return to from yesterday's business. The first is that during debate yesterday Mr Hargreaves drew my attention to what he believed was unparliamentary language. I undertook to review the transcript. I have reviewed the Hansard tapes and Mr Hanson did make a comment in relation to Mr Corbell: "You misled the Assembly." This is unparliamentary language and I invite you to withdraw it, Mr Hanson.

**MR HANSON** (Molonglo): Mr Speaker, I withdraw it.

### **Privileges 2010—Select Committee Membership**

**MR SPEAKER:** I have been notified in writing of the following nominations for membership of a select committee on privileges. The nominees are Mr Barr, Ms Bresnan and Mrs Dunne.

I would like to make a brief statement with regard to the appointment of members to the privileges committee.

Standing order 222 requires that a minister is to move that members who have been nominated to a committee be appointed to that committee. I do not believe that a minister has any discretion on whether or not he or she can move the motion. However, it is for the Assembly to agree to the appointments.

The appointment of a member who raised an alleged breach of privilege to a committee to investigate that allegation is unprecedented in the Assembly's history. It also appears to be unprecedented in comparable legislatures.

The House of Representatives establishes a committee of privileges at the commencement of each parliament, with a permanent membership. It is the practice of that house to discharge any member of the privileges committee for the duration of an inquiry if that person raised the complaint.

In the Assembly, prior to 1995, the administration and procedure committee considered privilege matters. This proved unsatisfactory when members found themselves the subject of complaints. Procedures were changed so that on each subsequent occasion a select committee on privileges is appointed to "ensure that none of the members involved in the inquiry has any involvement in the matter under

discussion". That is from the *Companion to the Standing Orders of the Legislative Assembly*.

**MR CORBELL** (Molonglo—Attorney-General, Minister for the Environment, Climate Change and Water, Minister for Energy and Minister for Police and Emergency Services) (10.03): Mr Speaker, consistent with your statement, I move:

That the Members so nominated be appointed as members of the Select Committee on Privileges 2010.

Mr Speaker, today you have drawn to the Assembly's attention the fact that the nomination of Mrs Dunne is without precedent in the history of this Assembly given that she is the person who has raised the complaint that has led to the establishment of the privileges committee.

The government has been cognisant of the fact that a number of its members are close to or have a responsibility for areas relating to the areas that Mr Sullivan is responsible for. For that reason, I was not nominated on the privileges committee, as I am the portfolio minister for water and I have regular dealings with Mr Sullivan. Equally, other ministers, such as Ms Gallagher and the Chief Minister, have direct ministerial responsibilities that see them engaged with Mr Sullivan on a regular basis. For that reason, the government nominated Mr Barr, given that he does not have any direct ministerial or other engagement with Mr Sullivan.

Of course, the issue does not arise in relation to Ms Bresnan as the Greens member. But the issue clearly does arise in relation to Mrs Dunne. Mrs Dunne has made a series of statements, publicly and in this place, about what her view of the matter is; and she is also the instigator of the privileges process.

Given your advice, Mr Speaker, and given your statement today, I would suggest that, when the Assembly comes to vote on this matter, the question be divided and the Assembly vote on the membership of each member separately. I would invite the opposition to perhaps avoid the necessity for doing that by withdrawing Mrs Dunne's nomination and nominating another member who does not face this same conflict, which has been drawn to the Assembly's attention by the Speaker.

**MRS DUNNE** (Ginninderra) (10.06): I hear the statement that you have made, Mr Speaker. I draw members' attention to page 747 of the *House of Representatives Practice* in relation to membership of the Standing Committee on Privileges in the House of Representatives. It says:

A member may be discharged from the committee and another appointed in his or her place for the consideration of particular inquiries ... This may occur if a member of the committee has raised the matter being inquired into in the House ...

In *House of Representatives Practice*, there is no overriding injunction that a member who raises a matter should not be a member of the committee. That is the only reference in *House of Representatives Practice* that I can find on this issue. I cannot find an instance where it actually says that it is practice for a member who raises an issue to stand aside.

This is a slightly different issue from what has happened in the past, when the person who raises the matter of privilege is often the person offended against. It just so happened that I was the person who did the investigation, who was able to bring to light this issue. I am not an offended party in this—any more than any other member of this place who has concerns about whether or not a witness speaks truthfully to a committee. In that sense, we are all offended parties in this matter.

I draw to members' attention the outbursts of Mr Corbell at about this time last year, or a little later, in the privileges matter in relation to Mr Cormack. It was not a pretty display; it was a pretty bad day. Mr Speaker, it was a bad day for Mr Corbell when he sought to move dissent from your ruling over precedence. When he realised that there was no ruling on this matter, he attempted to move dissent from the ruling that there was no ruling. He called it a sham process; he called it a kangaroo court. And by the end of the day he was a member of that committee. Mr Corbell, by any test of the practice, had made up his mind on the matter.

If I am elected as a member of the privileges committee, I will be one of three members on the committee. I think that I have been put forward by my colleagues on the basis that I have the experience and the parliamentary experience to sit on a privileges committee. And, in relation to privileges committees, in the *House of Representatives Practice* it also says that for the most part members of a privileges committee should have longstanding parliamentary experience. On the basis of that, of those people put forward I have without a doubt the longest parliamentary experience.

**MR HARGREAVES** (Brindabella) (10.09): I thank the Chief Minister for allowing me to be able to speak. Yesterday I was a little critical—in fact, I was more than a little critical—of your own position, Mr Speaker, in relation to this particular matter. But I did actually pay the point, and I would like to reiterate it here, that when you were faced with a perception of conflict you did the absolutely right thing: you deferred the matter to the Deputy Speaker.

Mr Speaker, what we have here is the perception of fairness at risk as well as the possible conflict of interest from Mrs Dunne. The issue at hand is really that Mrs Dunne has actually made judgemental comments in the public arena—which, to the casual observer in this place, would seem to mean that procedural fairness is not possible. The minister is seeking to allow the opposition to substitute so that there is the perception of procedural fairness here. I would suggest to them that they take a leaf from your book, Mr Speaker. I congratulate you on what you did.

I think Mrs Dunne's position that you have to be a member of long standing in this place is a little bit thin. Mr Smyth has senior service in this place compared with Mrs Dunne. There is, I would hope, no shortage of knowledge of parliamentary process with those opposite—although sometimes you would think there might be. But it is not appropriate that the perception of procedural fairness not be out there in the public arena. We are talking about senior officials here. We are talking about a complex issue. It is not a witch-hunt. If it is to be regarded as anything else then Mrs Dunne should do the honourable thing and not submit her name.

I could easily have suggested to the manager of government business that I sat on it, but I was not there at that hearing, because I had some knowledge of the issue. I could easily have said that, because I was not there, I would be in a position to sit on such a committee. But I said to the manager of government business, “I should not be considered for that because of the perception of fairness.”

I urge those opposite to consider the perception of fairness as much as the reality of fairness.

**MR STANHOPE** (Ginninderra—Chief Minister, Minister for Transport, Minister for Territory and Municipal Services, Minister for Business and Economic Development, Minister for Land and Property Services, Minister for Aboriginal and Torres Strait Islander Affairs and Minister for the Arts and Heritage) (10.12): I think there are some quite fundamental principles involved here, and it is as a result of the existence of those very fundamental principles around equity and justice that the *House of Representatives Practice* provides as it does, and that is a very clear signal to all parliaments in Australia.

Certainly, whilst we all accept and understand and know that there is a fundamental tenet in relation to justice—whether it be in the administration of justice or indeed in relation to the provision of procedural fairness—that every accused is entitled to face their accuser, it would be an intolerable and unheralded expansion of that fundamental right for an accused to have the right to face their accuser. What Mrs Dunne and the Liberal Party propose here is that the accused be judged by their accuser. That would be, as I say, unheralded and it would be intolerable. It is the case—and it is not over-egging but an attempt to simplify—that in this case, the accuser, Mrs Dunne, then becomes the judge, the jury and the executioner.

We have the person who raised the issue, who lodged the accusation, who has been very public in this place and in the public domain in airing her conviction that the case is already made, being the judge. There has been nothing measured in Mrs Dunne’s articulation of her concerns in relation to this issue. She has at no stage said, “There is an issue here that requires investigation.” Even after the privileges committee was established, she still talked in terms of the fact, not an allegation, of misleading. She has done it again today, describing all of us as victims. She again today repeats a concluded opinion before the investigation commences in terms of her view of the culpability of Mr Sullivan.

It would simply be unheralded in a privileges committee anywhere in Australia and intolerable that the member that lays the accusation then sits in judgement of the accused. That is simply intolerable, and it flies in the face of every tenet of justice or natural justice that a member with an issue moves the establishment of a privileges committee and then sits on the privileges committee in judgement of the issue and of the accused.

Just put yourself in Mr Sullivan’s shoes as he walks in to present evidence to a privileges committee and sitting there on the privileges committee is the person who made the allegation—the accuser. It is absolutely unheralded that a person should be

expected to present themselves to a committee of inquiry, a privileges committee, to be subjected to cross-examination by their accuser. That is just unheralded, and it abandons and abrogates any sense of fairness or fair play or natural justice or procedural fairness that a person, Mrs Dunne, can stand up, make allegations, accuse a person of certain behaviours, move to the establishment of an inquiry into that behaviour and then adjudicate.

Mrs Dunne thinks that that is fair, that that is right, that that is appropriate. The Liberal Party support her in that view—that it is right and appropriate for her to adjudicate over an allegation that she laid. Could anybody have any confidence, let alone the accused, in the integrity of that process? Absolutely not. I find it remarkable that the Liberal Party believe that that is appropriate behaviour.

**MR SMYTH** (Brindabella) (10.17): It is interesting how things change when it does not suit the government because the man who called the last privileges committee that this Assembly faced called it a kangaroo court. He said it was a witch-hunt. He said, “This is just politics.” But after that man, Minister Corbell, had said that, the government put Minister Corbell on that committee.

**Mr Stanhope:** A point of order, Mr Speaker: Mr Corbell did not lay the allegations or actually move for the establishment of that privileges committee.

**Mrs Dunne:** That is a debating point, Mr Speaker, it is not a point of order.

**Mr Seselja:** He can’t debate it. He’s had his go.

**Mr Stanhope:** No, the statement was false.

**Mr Seselja:** You’ve had your go. Sit down.

**MR SPEAKER:** Mr Stanhope, what is the point of order?

**Mr Stanhope:** The point of order is that Mr Smyth has just falsely alleged that Mr Corbell moved for the creation of the last privileges committee. That is simply false.

**MR SPEAKER:** Mr Smyth, I do not think I heard you say that Mr Corbell moved for the establishment —

**Mr Seselja:** No, he didn’t.

**Mr Stanhope:** Yes, he did.

**Mr Seselja:** No, he didn’t.

**Mr Stanhope:** Yes, he did, Mr Speaker.

**MR SPEAKER:** There is no point of order. Mr Smyth, you have the floor.

**MR SMYTH:** Look, I know—

**Mr Stanhope:** Well, will you review the *Hansard*, please, Mr Speaker, in relation to that matter in due course?

**MR SPEAKER:** I will. I am pretty sure I heard Mr Smyth correctly, but for your confidence, Mr Stanhope, I will check the *Hansard*.

**Mr Stanhope:** Thank you.

**MR SMYTH:** I know this hurts the Chief Minister. He talks about equity and justice and he talks about integrity of the process, but he is the man that allowed his party to nominate Mr Corbell for the last privileges committee when Mr Corbell had said it was basically going to be a kangaroo court. Now, if that is Jon Stanhope's notion of integrity of the process, if that is Jon Stanhope's notion of equity and justice, then he has got a very poor understanding of both the issues of equity and justice.

Indeed, it flew against the standard practice of this place to actually have a minister on that sort of committee, let alone any committee at all. If we are going to start quoting the companion to the standing orders then members might look at paragraph 16.59 where it says that it is not the normal practice to have a minister on a committee. Indeed, in the last sentence it says:

However, during the Fifth Assembly a Minister was appointed as a member of the Select Committee on Privileges.

You have to ask why one of the two members of the Labor Party backbench cannot be on this committee. Mr Hargreaves just made the case for it. He actually said: "I can't be on it because I sat in cabinet. I've seen these documents. I'm on the committee. I know about this stuff." On the same basis, Mr Barr should not be on this committee, because Mr Barr sat in the same cabinet where those decisions were made. Indeed, Mr Barr was the minister who called in the dam. He is an integral part of the process in dealing with the dam project.

So if you go to paragraph 16.59, it really does explain that the standard procedure is not to have a minister on committees at all. We all appreciate that the Assembly is small in numbers and it is often difficult for governments; it has been difficult over time. But there is a member who is quite free to be on this committee from the Labor Party, and that is, of course, Ms Porter, who has not been in cabinet and has not been part of this process.

**Mr Corbell:** I think you are arguing against your own nomination.

**MR SMYTH:** No, no, no, I am arguing against your nomination, Mr Corbell, and the hypocrisy of the Labor Party on this issue. It was hypocrisy in the last appointment when an individual who said it was going to be a kangaroo court then became part of the process. If that is Mr Stanhope's idea of equity and justice then it shows him up for not being committed to the principles which he espouses. But the point is this: there is to be a committee, and this Assembly often does things that are not the same as other jurisdictions. But if you want to lay the charge against the Liberal Party then

you should look at your own house and get it in order first, because you are the ones that have broken the principles of committee appointments before this time—clearly, I suspect, you will do so again—even though there are members on the Labor Party backbench who are quite able to be appointed to the committee.

The question is: why would the government appoint Mr Barr against the *Companion to the Standing Orders of the Legislative Assembly of the Australian Capital Territory* and against what has occurred in this place for a long, long time? That is a question for them to answer, and perhaps they will do the right thing and withdraw the minister. It will be interesting to see. I suspect they will not. I suspect this is hypocrisy. This is about muddying the waters. This is exactly the same tactic Mr Corbell adopted last time when the issue of privilege came up in this place. Under what standing order—

**Mr Corbell:** On a point of order, Mr Speaker, I fear that Mr Smyth may be reflecting somewhat on the statement that you made. It is not the government that has raised this issue; it is you, Mr Speaker. Perhaps this is a somewhat vague area and perhaps this is not formally a ruling on your part; nevertheless, reflections on the chair are grossly disorderly. To suggest that this is driven by the government ignores the fact that you have made a statement drawing this problem to the Assembly's attention.

**Mr Hanson:** Mr Speaker, on the point of order, this is not a point of order; this is a debating point.

**Mr Hargreaves:** No, it's not; it's about reflections on the chair.

**MR SPEAKER:** I actually believe—

**Mr Seselja:** What's a reflection on the chair? What words?

**MR SPEAKER:** Order! In response to you, Mr Hanson, I think Mr Corbell actually has a standing order under which he is raising a point of order.

**Mr Smyth:** The member is meant to quote the number.

**MR SPEAKER:** Well, if you want to start applying that rule, Mr Smyth, we are going to have some very long days while members flip through the standing orders.

**Mr Seselja:** Perhaps, Mr Speaker, I could assist. Perhaps Mr Corbell could actually point to the words that are a reflection—

**MR SPEAKER:** I am in the middle of ruling, Mr Seselja. Whilst I think Mr Corbell has raised a point of order that comes under the standing orders, I do not think Mr Smyth was seeking to reflect on my statement. My impression was that he did not intend to, and I am sure he will make sure he does not from this point on. Mr Smyth.

**MR SMYTH:** Mr Speaker, thank you for the words. I am not sure what standing order that was raised under, and somebody like Mr Corbell, who has been here the longest of all of us, knows the rules. When a member is having a point of order taken against them, you are actually meant to quote the rules so that you know what standing order to make the judgement against.

**MR SPEAKER:** Mr Smyth!

**MR SMYTH:** But I go back to the point: again, Mr Corbell runs interference, and you know it is stinging when Mr Corbell starts jumping up with his strings of points of order and his counterclaims. But the point is this: this is the standard set by the government; this is the approach of the government when they are under pressure—they start to obfuscate, they start to muddy, so that when the decision of the privileges committee, whatever that might be, comes down, they can say that it was a flawed process from the start, that it was a kangaroo court.

We saw it the last time there was a privilege matter in this place. Mr Corbell attacked the process and then deigned to sit on the committee that was going to make the inquiry. I do not know how people view that. The word “hypocrisy” does spring to mind, but it is standard operating procedure for this government to act in this way. They do not like a decision of the Assembly, and let us face it, they do not like the decision of the Assembly yesterday. Instead of going to the matter and correcting the record and having ministers come forward and make formal apologies—which is the normal practice if you want to avoid this—instead, they attack the messenger. That also is standard operating procedure for this government—when you have nothing of substance, you go after the people involved, and they do it all the time.

Privilege is a very serious matter. If we cannot believe people that have appeared before Assembly committees and trust that what they say is accurate then everything that we are told is under question and everything that comes as a consequence of that is undermined by what has occurred. There are serious concerns about this issue, and it is a very serious matter and the opposition take it very seriously indeed. But if the government want to, as Mr Stanhope said, look to equity and justice and the integrity of the process then they need to look at their own appointment. If they feel so strongly about this, they should immediately withdraw Mr Barr—a minister; a minister who called in the dam; a minister who, in the past, has not come back before the estimates committee. To give Ms Gallagher her due, at least she had the courage to come to a recall day for last year’s estimates committee. She came back and explained her actions. But we have got Mr Barr who refuses to do that.

If you follow the logic of Mr Hargreaves as to why he wanted to volunteer but could not volunteer—that is, he had knowledge and he had been in cabinet and he had sat on the committee—then exactly the same logic applies to Mr Barr. Mr Barr should be removed from the committee. Mr Barr, in fact, has more knowledge about this than anybody else who would potentially sit on the committee. In that regard, if Mr Stanhope’s statements about equity and justice and about the integrity of the process are to be even vaguely believed then perhaps he should stand up and withdraw Mr Barr at this time. That would be the appropriate thing to do.

The *House of Representatives Practice* and the companion to the standing orders make it clear—that is, the practice has been long held that ministers should not sit on committees that investigate information that ministers have seen or know of or have access to through their role as ministers in the cabinet. This is blurring the separation of powers to such a degree—it is now unfortunately an established practice courtesy

of the low standards of the Stanhope Labor government—that it does cast doubts upon this process; it does cast doubts on how we operate things; it does cast doubts on the Chief Minister and the standards that he sets. If we go to the *House of Representatives Practice*, if we go to the companion to the standing orders, it is quite clear, Mr Speaker, that Mr Barr should not be on this committee.

**MS HUNTER** (Ginninderra—Parliamentary Convenor, ACT Greens) (10.28): It is not the practice of the Assembly for an MLA who has made a complaint to be a member of a privileges committee that is investigating that complaint. We have heard that clearly laid out here this morning.

I agree with Mr Smyth that privilege is a very serious matter. Therefore, I think it is important to follow what has been a practice in this place. In this Assembly the practice is based on *House of Representatives Practice*. It is the guide to which we must turn if there is a question relating to procedure or the conduct of business of the Assembly that is not provided for in our own standing orders.

While it is the case that the House of Representatives has a standing committee of privileges, we often use select committees. However, it is stated on page 747—the page that Mrs Dunne referred to:

A member may be discharged from the committee and another appointed in his or her place for the consideration of particular inquiries. This may occur if a member of the committee has raised the matter being inquired into ...

This is the practice of the House of Representatives and we should follow that guidance. This privileges inquiry was set up to ensure the integrity of Assembly committees and to ensure that respect for them is maintained. Therefore, it is vital that we ensure procedural fairness, that we ensure natural justice. That is incredibly important in the way that this committee is going to operate.

We have 20 years of practice in this place: people who raise a privileges matter do not sit on that committee. I do support the argument that you cannot be the prosecutor as well as being a member of the jury. It is incredibly important that if this is about ensuring the integrity of the committee process, we need to ensure that we follow all procedural fairness and natural justice. It is incredibly important in this matter. It is about the integrity of committees, it is about the integrity of this Assembly.

**MR SESELJA** (Molonglo—Leader of the Opposition) (10.30): It is worth reflecting on some of the conflicts that people have argued in this place. We only have to look to the estimates committee—

**MR SPEAKER:** Sorry, Mr Seselja, just one moment. Members, there is a very high level of background noise in the chamber. Can you keep the level of conversations down a little, please?

**MR SESELJA:** Thank you, Mr Speaker. We only have to look to the estimates committee which has just been set up. The chair of that committee will be the leader of a party who has to pass the budget. The chair of the committee that is going to be

examining the budget will have ticked off on the budget. It is in the parliamentary agreement. They will tick off on it. If it was a blank piece of paper and it said “please turn over” they would tick off on it.

We can go to all of the conflicts that are in a small parliament. We saw the position of Mr Corbell. Mr Corbell was on the last privileges committee after having slammed the process. He said that it was a political witch-hunt. He said it had no merit. He argued it had no merit. Yet he was on the committee that made determinations as to whether there was a breach of privilege.

We have got Mr Barr being nominated by the Labor Party despite being part of the cabinet that would have been briefed throughout the process. Mr Hargreaves said that he had a conflict in asking questions of ACTEW on this process. But Mr Barr, who is a member of the same cabinet, apparently can be part of this committee.

The argument that has been put forward and accepted by the Labor Party and the Greens is that there is a conflict for Mrs Dunne because, in Mr Hargreaves words, she raised allegations and because she made public statements. We have had public statements right across the board.

In the last privileges committee we had Mr Corbell making public statements. In fact, Ms Bresnan is part of the party whose spokesman has made comments about this. Is there a conflict there? These apparent conflicts that are being argued by the Labor Party in this place today, and being accepted by the Greens, would essentially conflict virtually anyone out.

Mr Smyth and I were on the estimates committee where the information was given. Mr Smyth and I were on that estimates committee. Would we be conflicted? We have got members of the cabinet who are going to be part of the process and have been part of the process. As Mr Smyth has pointed out, if we are going to go to practice, the practice is not for ministers to be on committees. That is not the practice. That has not been the practice in this place until recently and it has not been the practice in most other parliaments for ministers to be on committees.

The conflicts and the hypocrisy of the argument that has been put forward by the government on this matter are breathtaking. It is breathtaking hypocrisy to claim that Mrs Dunne has a conflict that Mr Corbell did not have or Mr Barr did not have—or, indeed, a number of other members potentially would not have.

Mr Speaker, we will not be supporting the splitting out of these nominations. If these nominations are split I would say to the Greens and to the Labor Party that if they are going to vote against Mrs Dunne being on the committee, as it appears they are, they should also be voting against Mr Barr being on the committee. Mr Barr should not be on this committee as he has a conflict. Mr Hargreaves has highlighted that he believes there is a conflict. Mr Hargreaves has put it on the record that members of the cabinet have a conflict on this issue.

So the Labor Party and the Greens, if they vote to accept the Labor Party nomination and not the Liberal Party nomination, will be showing their bias and will be showing

their rank hypocrisy when we know that they will soon be chairing a committee to examine the budget which they have already ticked off on. They will be apparently inquiring into that budget with an open mind but they are committed at the end of that process to passing it no matter how bad it is, no matter what is in the budget, no matter how ridiculous this budget is. It could send us into deficit; it could cut services; it could do any number of things, but they will pass it.

They have committed to pass it. They have committed to passing it but, no, we can trust Ms Hunter, apparently, to bring an open mind to it and to ask the hard questions because she is different. Ms Hunter is different from Mrs Dunne. She can put aside her apparent conflicts. It is breathtaking. It is absolutely breathtaking, the hypocrisy that we are seeing from the Labor Party and the Greens.

This is a stitch-up because they do not want Mrs Dunne on the committee. That is what this comes down to. They do not want Mrs Dunne on the committee for whatever reason. It will be seen for what it is. They are taking out an experienced parliamentary performer who will have subject matter knowledge and be able to ask key questions. They are saying that they do not want her on that committee. Yet Ms Hunter can chair the estimates committee, having signed off on the budget.

Mr Barr, who was part of the cabinet, can sit on the committee. Mr Corbell, who calls it a kangaroo court, can sit on the committee. But, no, apparently there is only a conflict when it is a Liberal member. It is an outrageous argument. It has not passed the first hurdle, particularly when Mr Hargreaves got up and highlighted the hypocrisy of Mr Barr being on the committee.

Mr Speaker, we will not be supporting the splitting. If the motion is split we will vote in favour of Mrs Dunne. If the Greens have any integrity on this, if they are going to vote against Mrs Dunne, they should also vote against Mr Barr being on the committee because he is a member of the cabinet.

**MS PORTER** (Ginninderra) (10.36): I would just like to put on the record that to ensure procedural fairness is seen to be done as well as actually done, I believe it is inappropriate that I sit on the privileges committee. I heard my name being thrown around by those opposite. I made the decision, as you well know, to give the matter precedence.

**MR CORBELL** (Molonglo—Attorney-General, Minister for the Environment, Climate Change and Water, Minister for Energy and Minister for Police and Emergency Services) (10.37): Despite all the bluster we have heard from the Liberal Party this morning, they cannot escape the fact that there is precedence in *House of Representatives Practice* when it comes to whether or not a member making an accusation in relation to privilege should then hear the matter. That is the question before us today.

There is precedence. There is precedence in *House of Representatives Practice*. *House of Representatives Practice* is one of our guiding documents where our standing orders are otherwise silent. That is the fact of the matter and that is what the Liberals have failed to grasp.

**Mr Seselja:** What a hypocrite!

**MR CORBELL:** Mr Speaker, I would ask that Mr Seselja withdraw that.

**Mr Seselja:** I withdraw, Mr Speaker.

**MR CORBELL:** Thank you, Mr Speaker. That is what they have failed to grasp. There is precedence. The member making the allegation should not be a member of the privileges committee. It is that simple.

Of course, the Liberal Party has also failed to recognise that in the House of Representatives there is effectively a standing committee of privileges. There is a standing membership. Therefore, there needs to be a mechanism for members to be excused should they, themselves, bring an allegation around an issue of privilege or contempt. That is what *House of Representatives Practice* quite clearly sets out.

The Liberal Party has had the opportunity to show some good grace this morning, to recognise that they made a mistake, to recognise that the nomination of Mrs Dunne was grossly improper. They have failed in that test this morning and the government will be asking that the question be divided. We will not be supporting Mrs Dunne's nomination for this committee. At the closure of that, should the Assembly agree with our position, I will be moving a motion inviting the opposition to nominate a member other than Mrs Dunne to sit on this committee. Mr Speaker, I ask that the question be divided by each member.

Ordered that the question be divided.

Question put:

That Mr Barr be appointed as a member of the Select Committee on Privileges 2010.

The Assembly voted—

Ayes 11

Noes 6

Mr Barr	Ms Hunter	Mr Coe
Ms Bresnan	Ms Le Couteur	Mr Doszpot
Ms Burch	Ms Porter	Mrs Dunne
Mr Corbell	Mr Rattenbury	Mr Hanson
Ms Gallagher	Mr Stanhope	Mr Seselja
Mr Hargreaves		Mr Smyth

Question so resolved in the affirmative.

**MR SPEAKER:** The question now is that Ms Bresnan be appointed as a member of the Select Committee on Privileges 2010.

Question resolved in the affirmative.

Question put:

That Mrs Dunne be appointed as a member of the Select Committee on Privileges 2010.

The Assembly voted—

Ayes 6

Noes 11

Mr Coe  
Mr Doszpot  
Mrs Dunne  
Mr Hanson  
Mr Seselja  
Mr Smyth

Mr Barr  
Ms Bresnan  
Ms Burch  
Mr Corbell  
Ms Gallagher  
Mr Hargreaves

Ms Hunter  
Ms Le Couteur  
Ms Porter  
Mr Rattenbury  
Mr Stanhope

Question so resolved in the negative.

**MR CORBELL** (Molonglo—Attorney-General, Minister for the Environment, Climate Change and Water, Minister for Energy and Minister for Police and Emergency Services) (10.45), by leave: I move:

That the Opposition nominate a Member, other than Mrs Dunne, to be a member of the Select Committee on Privileges 2010, the Member so nominated be advised in writing to the Speaker by 12 noon today.

Mr Speaker, the motion that is being circulated in my name at this time simply requires that the opposition nominate a member other than Mrs Dunne to be a member of the Select Committee on Privileges and that that member be advised in writing to you, Mr Speaker, by midday today.

Question resolved in the affirmative.

## **Litter (Shopping Trolleys) Amendment Bill 2010**

**Ms Le Couteur**, pursuant to notice, presented the bill and its explanatory statement.

Title read by Clerk.

**MS LE COUTEUR** (Molonglo) (10.46): I move:

That this bill be agreed to in principle.

I present the Assembly with the Litter (Shopping Trolleys) Amendment Bill 2010. This bill amends the existing Litter Act to create a regime for managing trolleys which are left on public land in the ACT. Trolleys are a problem in our city. They are a form of litter which is unsafe, unattractive and sometimes damaging to the environment and human beings. Managing trolleys is costly to the territory and therefore to territory ratepayers.

Many public areas in our cities accumulate trolleys. This is particularly true in areas away from roads—in parks, on walking and bike paths, in the bush and under bridges, for example. They are a hazard to residents and commuters. For example, some Canberrans have been seriously injured while riding their bikes on bicycle paths and crashing into abandoned trolleys.

The problems become worse the longer a trolley is left in a public place. Trolleys in public places are, unfortunately, a catalyst for vandalism or for general dumping of rubbish. It is quite common to see abandoned trolleys surrounded by other litter. This is bad for the local environment, for local amenity, and it decreases the liveability of our city.

Trolleys themselves are frequently vandalised or used as a tool for vandalism. One constituent has complained to me, for example, that abandoned trolleys are often rammed into his fence, leading to expensive repairs being needed. Unfortunately, trolleys often end their life in Canberra's waterways. This can cause damage or erosion, block water flow and also leach pollutants into the water. Occasionally trolleys end up lodged in trees. I have seen some rather wonderful photos of them. This presents a danger to people walking nearby as well as, unfortunately, damaging the trees and disrupting the wildlife that may be living in the trees.

The existing regime we have for regulating trolleys is clearly inadequate. Residents tell me that trolleys remain in public places for weeks or even months. This is so, even after repeated calls to the retail managers. A number of years ago, TAMS surveyed trolleys in Belconnen and observed that one-fifth of them remained uncollected after two days. I have observed this myself. I have also personally informed Trolley Tracker, which is a third party contractor that passes on information to retailers, of the location of trolleys. Weeks later, the trolleys still had not been collected.

I look forward to support from the government for this bill. I am aware that the government has listed abandoned trolleys as an issue on its autumn sitting program. I am happy to hear this but, unfortunately, I have heard it a number of times before. At the beginning of 2009, the government also said abandoned trolleys were an issue that it would address during the 2009 autumn sitting program. But nothing happened. Back in 2008, the government promised to amend the law to combat trolley dumping. Nothing has happened since then either. It is now over two years since the government first announced that it intended to do something about this problem.

As the Greens spokesperson for territory and municipal services, I thought it was important to do something about this problem and that the appropriate thing to do was to introduce the legislation that I am introducing today. I began this process with consultation with retailers on this issue in September last year. I wrote to retailers, as well as meeting with a number of them, requesting comments and advice on this issue. MLAs may also remember that I announced to the media last year that I was considering legislation essentially the same as the bill I am introducing now. I have also sent, yesterday, a copy of the bill to the retailers I was discussing this with.

The bill takes a fairly straightforward approach to the problem. I expect support for this approach, especially given that Mr Stanhope has, in effect, already endorsed it. In

January 2008, Mr Stanhope declared that he wanted to introduce a regime that required retailers to clearly mark their shopping trolleys. He said that owners who did not collect dumped trolleys within a time limit would face a retrieval fee. As I will explain in a moment, this is very similar to the approach that the bill takes.

In recognition of the problems caused by trolleys, the bill sets up a regime to encourage retailers to take more responsibility for their trolleys. First, retailers will need to mark their trolleys with a unique identification number as well as their contact details. They will also need to mark the trolley with a telephone number for a trolley contact service operated by the territory. I expect that this number could simply be Canberra Connect or possibly a relevant part of TAMS.

Marking trolleys with this information will make it easy for the public and authorities to identify the owner of trolleys and to make contact. Members of the public can then contact the retailer, or the territory, to alert them to the abandoned trolley. When an authorised territory officer, or a police officer, identifies a trolley abandoned in a public place, they can attach a removal notice to it. The removal notice will contain details about the trolley, the location, the requirements for removal and the penalties for failure to comply. The notice also lets the public know that the trolley is, in fact, being dealt with by the authorities.

The officer must then give notice to the retailer, via telephone, alerting them of their obligation to remove the trolley. The retailer has 24 hours from the time of this notification to collect the trolley. The unique identifying information marked on the trolley allows authorities to be certain of which trolleys have been left in public places in breach of this requirement. A retailer who still fails to collect the trolley can then be issued an infringement notice. The maximum for an offence is 10 penalty units. However, the bill sets out a scheme for infringement notices, to avoid prosecution. The initial infringement penalty would be \$100 or \$500 for a corporation. The officers may then impound the trolley.

Once a trolley is impounded, the Uncollected Goods Act applies. Retailers are again notified that their trolley is impounded and that they can collect it. They will then be responsible for the reasonable costs the territory incurred in removing the trolley. An additional amendment under the bill also requires that any trolleys eventually disposed of under the Uncollected Goods Act must be recycled. This ensures they do not simply go to landfill. The bill recognises that in certain circumstances safety concerns mean that a trolley should be removed from a public area straightaway. In these cases officers do not have to leave the trolley for 24 hours. These are situations, for example, where a trolley may be up in a tree or near a busy road.

Importantly, under the scheme, retailers who operate a trolley containment system at their store are exempt from fines. Trolley containment systems are devices or actions taken to prevent trolleys leaving the retailer's premises in the first place. An example is the refundable coin system, where trolleys are locked until a \$2 coin or token is deposited. Evidence suggests that these systems can make a significant difference to wandering trolleys. I received feedback from Supabarn about the coin lock mechanism, for example. They said:

The coin mechanism is simple, cost effective to implement and has a huge impact ... there is no doubt the positive effect it has had not only in our city store but in our Five Dock store in Sydney. Apply these results across all stores in the ACT and I have no doubt the results would be outstanding.

The containment system exemption is intended to encourage retailers to take private measures to prevent wandering trolleys. But it does not take the approach of mandating any particular system, as some other local councils have done. In fact, if stores have a responsive collection system in place, they do not need any containment system at all, as they clearly would not receive any fines because the trolleys were collected. In this way, the bill affords flexibility to retailers and allows tailored measures for different situations.

The bill also recognises that retailers with few trolleys could face a disproportionate burden. It therefore allows for regulations to exempt small retailers from the fine. I expect this regulation would prescribe that retailers with, say, 25 trolleys or less would not be subject to fines. The bill also recognises that part of the problem is, of course, individuals taking trolleys and leaving them in public places. The bill therefore clarifies that abandoning a trolley in a public place is an offence. Under the existing law, a person dumping a trolley would have to be charged under the general littering offences.

The bill allows police and rangers to stop a person who is leaving a trolley in a public area, or who they reasonably suspect will leave a trolley, and direct them to return the trolley to its owner. Only if that person fails to comply with this official direction will they be issued with a fine. This approach recognises that it is commonly people who are at a socioeconomic disadvantage who take trolleys from retailers and dump them. The bill seeks to make people aware of the laws, and to require them to return trolleys, rather than apply punitive measures. This is good for individuals and good for retailers.

The bill sets the penalty for this offence at \$60. This is comparable to a minor littering offence. Currently, under the existing Litter Act, a person leaving a trolley would be fined \$200 and there is no provision for a warning or an order to return the trolley. The tailored offence set out in this bill is more appropriate and I believe will be more effective. A maximum penalty of \$1,100 remains available for special situations when the offence is prosecuted.

On this note, I also wish to encourage the government to consider further steps to help keep rogue trolleys out of public places, especially since this is a hard offence to enforce. It is hard to spot people who are leaving trolleys. The provision of trolley bays in key areas, such as taxi ranks, high frequency bus stops, car parks or multi-unit apartments, would assist trolley collection and help keep trolleys from roaming into dangerous and inappropriate areas. This is something for the government to work on. It is not really something that can be addressed in this bill.

Before concluding, I wish to point out that a number of councils around Australia have taken efforts to address the problems with shopping trolleys. Some councils have

introduced mandatory coin lock requirements. Ashfield Council took the approach of fining people observed dumping trolleys in a public place. At the same time, Ashfield Council rangers were given new powers to notify retailers of abandoned trolleys. If a retailer does not collect the trolley within 24 hours, the retailer is fined and the trolley impounded. After a couple of months of operating this system, Ashfield Council said that it had noted a vast improvement in the number of abandoned shopping trolleys. It also said the council was very happy with the public response to the campaign and the increased level of compliance.

The ACT should also take action on this issue. I am confident we can achieve an improvement if we take action with this legislation and have other action from TAMS. I commend the bill to the Assembly.

Debate (on motion by **Ms Gallagher**) adjourned to the next sitting.

## **Hospitals—services**

**MS PORTER** (Ginninderra) (10.59): I move:

That this Assembly:

(1) notes:

(a) the decision of the Little Company of Mary Health Care (LCMHC) Board to withdraw from negotiations over the proposed sale of Calvary Public Hospital to the ACT Government;

(b) the need to invest \$200 million over the next six years to build up capacity for hospital services on the north side of Canberra; and

(c) that the budget implications of maintaining the current arrangements pose significant challenges to the Territory's overall budget position;

(2) calls upon the Minister for Health to continue to work with LCMHC to examine all options available to the parties to deliver the investments required on the Calvary site that protects the investments made by the Territory and ensures that the investments are able to be made in a financially sustainable way; and

(3) thanks the Sisters and the Board of the LCMHC for their preparedness to work with the Territory to prepare for the future health care needs of our community.

I am happy to stand in this place today to acknowledge the efforts of the sisters and the board of the Little Company of Mary Health Care in their negotiations with the ACT government in relation to health care in the north of Canberra. As a member for Ginninderra, I understand that maintaining health facilities in the north of Canberra is of the utmost importance and I cannot fathom, for the life of me, how my fellow members for Ginninderra did not support the Minister for Health and indeed have actually played a role in scuttling these negotiations, as we have seen.

Only yesterday in this place, Mr Doszpot stood and spoke to the report of the health committee's inquiry regarding general practitioners. Anyone who was listening would have thought that effective healthcare provision would be uppermost in the minds of those opposite. However, it is not long ago that certain members of this Assembly, I am sure, went to bed delighted that the negotiations had been foiled. The government's desire to see a significant capital investment in health care in the north of Canberra was stymied. No doubt the success of their oppositional tactics would have been foremost in their minds—opposition for opposition's sake.

The best interests of Canberrans—all Canberrans—would have been nothing more than an after-thought, I suspect—business as usual for those opposite. Some seem decidedly happy that the government has been prevented from delivering real health benefits to Canberra, gloating about the collapse of the negotiations, not concerned about the difficulties that will face the ACT budget as a result of this decision.

This is not about us; this is about the people of Canberra. It is about the future of our health care in the north of Canberra and I imagine this debacle that we have recently seen over this matter is why our profession is often viewed with a degree of suspicion. And I find this situation deeply regretful. This is why the opposition are patently unfit to govern and why they will remain firmly entrenched in their seats opposite. To be in government, you need the courage to take the hard decisions and to work for the welfare of all Canberrans, not to pander to one section of the community or to put one's political ambitions above the interests of that community. The best efforts of Ms Gallagher, and indeed this government, were stymied by the continual negativity of the debate by those opposite and their constant undermining behaviour.

I understand how those opposite have claimed to have at heart the best interests of the community who would be directly affected by the proposed changes. And I know from my work in the community that the people in my electorate were looking forward to the government's plans for health care. However, I see no evidence of that concern for the community from those opposite.

Yesterday health was indeed the subject of many questions during question time. However, it did not seem to be because the opposition care about the effective provision of health care. No, they only care about how many political points they believe they can score on any given day rather than their constituents. In this instance, the interests of 350,000 Canberrans have been neglected.

What we, as a responsible government, have been trying to achieve in these negotiations is an arrangement that would literally lay the foundations for a significant government capital investment on the Calvary campus and an integrated health service that is sustainable in the face of increasing budget and workforce pressures and never-before-seen changes in our demographics over the next 20 years, requiring significant boost to the capacity of our health services. We all know what is facing us with the ageing of our population in the ACT.

This investment of substantial funds in the hospital site would have been implemented in a sustainable way that would have had the least impact on the ACT's budget. This

government is committed to creating a public health system that is the envy of the rest of Australia, if not the world. Of course, as a member of this government, indeed a member for Ginninderra, were such a significant investment to be made in the hospital in my electorate, I would be extremely happy.

In 2008, the government announced an ambitious program to provide the ACT with the health facilities needed to meet the challenge of health care in our future. The health minister has stood in this place a number of times and outlined this program to us. And I congratulate her on her foresight in developing that program. Known as your health—our priority, the program is the first stage of an estimated \$1 billion-plus health system infrastructure program to revitalise and ready the ACT health system to be able to respond to the growing demand for services expected up to 2022 and beyond. As I said, one of the factors that we must face in this challenge is the factor of the ageing of our population and all that will bring.

In the 2008-09 budget the government committed \$300 million as the first tranche of its investment into your health—our priority. Projects included in this first tranche range from the new women's and children's hospital, additional beds—of course replacing some of those beds removed by the Liberal Party—a suite of new mental health facilities and new and refurbished community health centres. New announcements in the 2009-10 budget totalling \$148 million related to e-health, the Belconnen enhanced community health centre, the walk-in centre at the Canberra Hospital and the PET/CT scanner, and represent the government's ongoing commitment to your health—our priority.

Included in this vision for future health services is a public hospital on the north side of Canberra, the subject of this debate. I hope that Ms Gallagher will continue to work with the Little Company of Mary Health Care to deliver on this vision, notwithstanding the difficulties that we have experienced to this point and notwithstanding the opposition that has been continually happening from those opposite—as I said, opposition for opposition's sake.

**Mr Hanson:** Bingo!

**Mr Smyth:** But you haven't made your case, Mary; make your case.

**MS PORTER:** To date, the government has committed \$11.4 million for a new 16-bed critical care unit—not that those opposite want to listen to that. This unit will replace the current outdated facility and is on budget and on time for completion later this year.

**Mr Hanson:** That would be a first.

**MS PORTER:** But of course all they want to do is interject, and they do not really care about health facilities on either side of Canberra, whether it is north or south.

The planning undertaken by ACT Health indicates that further expansion of Calvary hospital is required to provide additional emergency department treatment rooms, more ambulatory care space, increased theatres, hospital beds and car parking, and the

estimates suggest that this will equate to the investment of over \$200 million. I cannot actually see, for the life of me, why those opposite would not want to see this investment take place. They are always standing up in this place and speaking about the way that they believe that our health service should be delivered and how they believe that our emergency service departments should respond and our operating theatres should have more throughput. And yet when this government puts forward a plan to actually enable that to happen and for it to be improved—because, as the health minister said, we can always improve even though we have an excellent health service here—the opposition decide that they want to stymie that plan. And they have successfully done so so far.

The status quo is not sustainable, and it is not the supported option of this government. Indeed much of the feedback we have received during the public consultations on this matter indicated that this is a view shared by a range of stakeholders. As the minister has said on a number of occasions, she believes there may be a number of options that the government can consider as we work with the Little Company of Mary Health Care over the months ahead to continue to provide high-quality healthcare services to the community. I know Ms Gallagher will take advice from across government and update the Assembly at the appropriate time. And I will play my role in representing my constituents in this process.

A particular disappointment in this is that the opportunity to integrate the management of service delivery and the management of the ACT's two public hospitals has now been lost. While acknowledging the excellent work of the Little Company of Mary Health Care in running Calvary hospital, the separation of responsibilities will continue to reduce the capacity for coordinated public hospital service delivery across the ACT.

Further work is now needed on the funding agreement that reflects the operating arrangements in place between the Little Company of Mary Health Care and the ACT government. This needs to take place in order to minimise these problems and to update the contractual arrangements that date back to the 1970s.

Finally, as the motion suggests, I would like to express my thanks to the sisters for their preparedness and their determination to work with the ACT government, despite what has happened in the recent past, and to prepare for the future healthcare needs of our community, which I am sure is their aim and which, of course, is the government's aim.

**MR HANSON** (Molonglo) (11.10): Firstly, let me say something in response to a couple of points that Ms Porter made. First, she said, "This is not about us." Well, it is; it is all about Labor Party ideology. She tries to say that there is some broader aim in terms of delivering health to the residents of the north of Canberra. We all want that to occur, but this was a narrow, ideological agenda that has been driven by this party since at least 2005.

The second point is that she has pointed her finger very squarely at the opposition—I assume that she is pointing it at me—for stymieing this deal. As much as I would probably like to take credit, I think that it would be a little bit ambitious to say so. I

just point to a letter from Mr Tom Brennan, the chairman of the Little Company of Mary, to me, dated 7 February. I will read from that. It says:

I attach a statement released by us today.

This announcement is a matter of regret for us and the LCM Sisters. It has nothing to do with political processes and everything to do with Church deliberation.

So, Ms Porter, you seem to be at odds with the main protagonist in this, the person that understands the reasons why it fell over better than you do, I would assume. I suggest you give Mr Brennan a call to correct the *Hansard* and the record which you have just spoken about.

The sad reality is that the government's proposal to purchase Calvary and sell Clare Holland House has been an ideologically driven farce that has distracted the minister and, sadly, many ACT Health officials, the staff of the Little Company of Mary and the community from their core jobs. Katy Gallagher is the architect of this fiasco. She needs to stop blaming others, or getting Ms Porter to blame others, and making veiled threats, and she needs to accept responsibility.

The deal has failed because the minister mishandled the process from start to finish. Let me outline why. Prior to the last election, the government and the Little Company of Mary were engaged in secret discussions. This led Katy Gallagher to write to the chairman of the Little Company of Mary in August, outlining a deal in some detail, and requesting that a heads of agreement be signed before the caretaker period. So when Katy Gallagher said, on the eve of the ACT election, "All our plans are on the table", this was, to put it simply, not true.

Katy Gallagher failed to get a mandate for this proposal from the electorate and is now living with the consequences of that. The deal came to light only in April last year, six months after the election, when details were leaked to the *Canberra Times*. Many people in the community have asked me why the proposal was not taken to the election. I agree with them that it should have been.

If you do your business in secret and hide your plans from the electorate, you should not expect the support of the community or the Assembly. The consultation the government did conduct was an exercise in advocacy and public relations rather than a genuine attempt at consultation. Ms Gallagher admitted this at a public forum—that no amount of public opposition to the proposal would prevent the government pursuing its agenda.

The Canberra Liberals attempted to establish a proper process of consultation through the Assembly in June 2009, but this was blocked by Labor and the Greens. In October last year, we attempted to refer the proposal to the Auditor-General for an independent review; however, again this was again blocked by Labor and the Greens.

The substance of the deal was also flawed. The proposed deal would not have resulted in improved health services to the ACT. It is vitally important to remember that Calvary is already a public hospital that currently delivers health services to the ACT

and will continue to do so regardless of the ownership arrangements. Changing the ownership of the hospital will not improve that health service one iota.

To illustrate my point, I refer to the following exchange in the chamber between myself and Ms Gallagher on 17 June 2009 during debate on Calvary and Clare Holland House. I said:

... we are struggling to find any record of the decisions that have led to a point where it looks as though a deal is going to be signed on something that is going to have such a huge impact on the future of Canberra and on our budget.

Ms Gallagher said:

It is going to have no impact on the future of Canberra, you fool.

I replied:

It is going to have no impact?

Ms Gallagher responded:

No impact. Nothing will change for the people of Canberra.

If, in Ms Gallagher's own view, nothing will change for the people of Canberra, why was she so keen to push the proposal through and spend \$77 million dollars for no impact? If there was any evidence that health outcomes would be improved or that our hospital would be any more efficient or effective as a result of the proposal, why was that evidence not presented? The Treasury analysis and the government's consultation papers failed to provide any evidence that that would be the case.

The simplistic argument that our hospital system would be less complicated and more effective if Calvary was owned by ACT Health was not made out. This point was made in the *Canberra Times* editorial of 5 October. I quote:

... if there are public benefits to having Calvary brought under a public roof, it must be said that it is highly doubtful that there will be many benefits, or any savings, by bringing it under one management with Canberra Hospital ... More likely than not, however, Calvary will continue best if managed separately ... All too often amalgamation leads to more, not less bureaucracy, stifles rather than allows innovation, and restricts rather than increases opportunity. If that is a consequence of the takeover, it will have been a bad thing.

The next motion before us today, dealing with current concerns of the Canberra Hospital, illustrates that point clearly.

Given that the minister admitted that there would be no health improvements, the next question is: were there financial benefits to the deal? The answer is no. The fact is that \$77 million worth of cash would need to be borrowed or taken from government savings in order to own an asset that is already providing a public health service. This would have resulted in an opportunity cost of the same amount.

The cash versus asset bookkeeping argument has been used as a major part of the government's rationale for the whole deal. The argument is that if the government owns the asset, being the hospital, then it appears on the government's books and therefore the \$77 million required to purchase it would be neutral in terms of accounting.

The argument goes that any additional money invested in the site would appear on the government's books rather than the Little Company of Mary's and would make the books look better in about 20 years and that they must move those assets to the balance sheet before making any additional investment in the hospital. This is the point where Ms Porter is saying, "We do not want the additional money spent on Calvary. We would not invest in Calvary." That is simply not true.

The minister's argument has not received support from anyone. She commissioned a review by Ernst & Young, but the terms of reference were extremely limited and the report was not an endorsement of her policy position. I will quote. Ernst & Young have said there is:

... no assurance over the independent transfer value attributed to Calvary public hospital or the associated accounting treatment.

They further state:

... key elements of the data and assumptions are based on information received from ACT Health and not validated by Treasury. We have not checked the validity of this source data with ACT Health, nor have we undertaken an audit or validation of the data.

That is all they got with the money that they paid for. It is damning. That was the best the minister could come up with after 18 months, and she had to pay for it.

The respected RMIT economist Professor Sinclair Davidson described the government's budgetary arguments as "simply nonsense". And he described the Treasury analysis as "the snow-job the ACT government is pulling over the numbers". His assessment is that, rather than supporting the government's case, "the ACT Treasury analysis shows that cost-effective manner to be the maintenance of the status quo".

Terry Dwyer, an economist with a PhD from Harvard, has made damning analysis of the government's financial arguments in his Calvary consultation submission. He makes the case that:

The accounting "analysis" has nothing to do with the real economic cost to the community—which is the cash cost.

He says:

It does not matter who owns the assets so long as they are used for health care in the ACT ...

That is the point to remember: that the hospital will remain a hospital providing public health services to the ACT. Terry Dwyer's assessment of the government's Treasury analysis is that:

... the Treasury analysis shows that, far from saving money, the proposed Government takeover of Calvary Hospital means the people of the ACT are to be made to pay extra tax to the tune of \$160 million extra in cold hard cash ...

Tony Harris, in his advice provided to the minister, advice that would never have come to light if we had not asked for it, has described Katy Gallagher's accounting arguments—

**Ms Gallagher:** It was not advice to the minister; it was advice to the archbishop.

**MR HANSON:** It was advice that was provided to you by the archbishop—

**Ms Gallagher:** But it was not my advice.

**MR HANSON:** It was advice that was provided to the minister. Anyway, it is specifically—

**Mrs Dunne:** You did not pay for it and you did not like it so it was inconvenient.

**MR ASSISTANT SPEAKER (Mr Hargreaves):** Order, members! Mr Hanson has so far been heard in silence. I would like it to continue that way, please. Everybody will have an opportunity to debate.

**MR HANSON:** His description is that aspects of the argument are, as he describes it, a contrivance. We all know what Katy Gallagher said about Tony Harris and how everybody should listen to him, particularly those on the estimates committee. I will not go into that in detail; unfortunately I do not have time.

Tony Harris also makes the point that the budgetary effect of owning Calvary would be in essence eliminated by the need to spend \$77 million and the flow-on reduction in the government's cash position. Mr Harris has offered some suggestions for a way forward; they are worth looking at in detail. Others have made suggestions also.

I think that a better service agreement and funding agreement with the Little Company of Mary can be achieved. I think there are ways that it could be negotiated so that we could get a better outcome that would see government investment in Calvary but not necessarily mean that our balance sheet is affected. Tony Harris has outlined those options, as I have said. But that should not be allowed to dictate the level of investment in Calvary Hospital. It should be driven by the need for health outcomes, not bookkeeping arguments.

Ms Gallagher has admitted that she will have to negotiate a new funding arrangement with the owners of Calvary Public Hospital now that the deal to buy it has collapsed. She is quoted in the media as saying that she will work with the Little Company of

Mary to find a compromise. “I’m just not sure what the answer is at this time,” she said. What a waste of 18 months. Why was she not having these discussions back in August 2008? Why was she not developing contingency plans in the event that her proposal to buy the hospital fell over? She clearly lacks an understanding of how to manage negotiations of this scale and how to plan properly.

The minister and her colleagues have been driven and blinded by ideology. She has denied all the time that there are any other viable options, but now what we see is that that is not true. There are other options, and she knows it. She is currently working with the Little Company of Mary to formulate those. It is a matter of sitting down with the Little Company of Mary and doing the hard work to develop a funding model and a service agreement that will support the north of Canberra into the future. The Little Company of Mary have said that they are open to a constructive discussion.

In my view, we will eventually see a satisfactory agreement reached between the government and the LCM. I am sure of it: there is too much at stake not to. When we do, all of Canberra will see that this exercise in the attempt to buy Calvary was an unnecessary political indulgence. The minister must now find a satisfactory outcome for all parties and accept that she has led the Canberra community up a garden path for the last 18 months.

At least we are now in a position where the threats of compulsory acquisition or building a third hospital seem to have been toned down. When this was first revealed, the minister spoke on *ABC News*. She said:

We have to go back to the drawing board and look at all the other options if there are any from compulsorily acquiring it to the status quo.

The next morning she backed this up, put it on the table again. She said, “We’re going to have to look at it seriously, from compulsory acquisition to the status quo.” Bizarrely, hours later, when the Greens brought this issue up—Ms Bresnan brought this issue up—the minister turned on the Greens and said:

I think it’s a crazy option ... It would tie up 30 per cent of our public health system ...

Literally in the space of two hours she went from saying “it’s on the table” to “it’s a crazy option”. It was bizarre, to say the least, and it illustrates just how incoherent this whole process has been. If I were Amanda Bresnan, I would be somewhat dismayed by what occurred that day and the government’s response. My position is quite clear: we do not support compulsory acquisition. But I think Ms Bresnan’s response would quite rightly be one of amazement.

I turn now to the government’s desire to purchase Clare Holland House. That, again, has highlighted the flawed nature of this proposal. It upset many in the community and was simply being used as a sweetener or a bargaining chip by the government to get the Little Company of Mary over the line. I will quote Peter O’Keeffe. In his article, “ACT Government is stepping away from palliative care”, he argued that Clare Holland House should not simply be sold off as a sweetener to the Calvary Hospital deal. I could not agree more.

The reality is that the minister's plan would have delivered no better health outcomes to the people of Canberra and it would have cost us \$77 million. The actions of the government, from secret negotiations before the last election through to the threats to choke funds from the hospital and build another hospital and the use of Clare Holland House as a sweetener really speaks of very poor public process.

Our priority should be to deliver the best possible public health services to the people in the north of Canberra. This can be done without threatening to withhold funds to Calvary in the future, without threatening compulsory acquisition, without spending \$77 million on a public hospital that is already there and without selling Clare Holland House. The minister failed to develop a plan B. She now has a lot of work to do to restore the confidence of the community.

I have proposed a number of amendments, which I have circulated. I move:

Omit all words after "That this Assembly", substitute:

"(1) notes:

- (a) the Government's plan to purchase Calvary Hospital and sell Clare Holland House has collapsed;
  - (b) that the plan would have delivered no health benefit to the ACT and would have cost ACT taxpayers \$77 million; and
  - (c) the ACT Labor Government has not developed any alternative proposals despite the high risk of their plan failing;
- (2) calls upon the Minister for Health to work with Little Company of Mary Health Care (LCMHC) to deliver the necessary investments at Calvary Hospital that will provide enhancements to health services required to meet the demands of an aging and growing population in the north of Canberra;
- (3) calls on the Minister for Health to rule out compulsory acquisition of Calvary Hospital;
- (4) calls on the Minister to examine funding options in partnership with LCMHC that would mitigate the Government's concerns in relation to budgetary implications of future capital investments; and
- (5) thanks the Sisters and the Board of the LCMHC for their preparedness to work with the Territory to prepare for the future health needs of our community."

**MS BRESNAN** (Brindabella) (11.26): The Greens recognise and support efforts by the ACT government to expand public health care on the north side of Canberra. It is unfortunate that a solution could not be found via earlier discussions.

The Greens have never expected a perfect outcome, and each party to this sale has expressed different ideas about what is the perfect outcome. We were working to

broker an outcome that addressed the concerns raised by the community and we entered into negotiations with the ACT government in good faith. We were still working in good faith when Little Company of Mary Health Care decided to pull out of the sale.

The Greens did support the ACT government's proposed purchase of Calvary Public Hospital as we do believe that public health should be in public hands. Linking the purchase of Calvary to the sale of another public health asset understandably raised significant concerns from a number of community organisations and the public in general. The Greens do not believe that you solve one problem by creating another.

A significant proportion of the community had to be considered in regard to the Calvary and hospice debate. At any given time, around 220 people in the ACT receive palliative care at the hospice or in the community. We treated the concerns raised about the sale of Clare Holland House on their merits. The Greens still believe an independent review of palliative care in the ACT is relevant, given our ageing population, the concerns expressed by the community around one service provider being responsible for the delivery of over 200 palliative care places and as it is something that peak health groups in the ACT had been calling for prior to the Calvary sale.

The Greens are hopeful but cautious about the government's ability to negotiate an outcome with LCM. As such, we retain the position that compulsory acquisition is an option that should be considered. The Greens think it is in the best interests of ACT taxpayers and health consumers if the north side public hospital is under public ownership. The health minister has already indicated that the ACT government is likely to invest \$200 million in Calvary, despite not being able to purchase the hospital. I acknowledge that compulsory acquisition has risks involved. It is high risk; but it is also high gain, and upon initial inspection legal precedence is in the territory's favour.

At the heart of Ms Porter's motion is a call on the Minister for Health to work with LCM to develop a solution whereby the ACT government can invest money at the Calvary site and have that investment protected. While the Greens do hope that this can be achieved, we wonder if that is possible.

The Auditor-General found through the 2008 investigation into the Calvary agreement that LCM and the ACT government were unable to achieve consensus about what a new and improved operating agreement would look like. I do not envy the ACT government's position in these ongoing negotiations, as LCM does very much hold the cards in this situation.

Suggestions that a third hospital be built present a great challenge. It would potentially require withdrawing of resources from the current Calvary hospital, cause greater uncertainty for staff and possibly require a rethink of the capital asset development program. We already have a functioning hospital site in Bruce and it makes sense to concentrate efforts for future hospital plans on the existing site. Of course, no option should be ruled out.

If the government believes that it is in a position where it can reach an agreement with LCM that does not compromise the government's financial investments, we support those negotiations. I note, however, that the ACT government may still have ongoing difficulties with LCM with regard to the delivery of public health services and I urge the government not to completely discount options such as compulsory acquisition if an agreement cannot be achieved in the next round of negotiations.

I think we do need to acknowledge that in this situation we are dealing with powerful individuals and organisations that may hinder the ACT government's advancements towards public hospital expansion. Take, for instance, back in 2004, when there were struggles between the then Minister for Health, Mr Corbell, and LCM. I would like to reflect on statements made by the chair of LCM in a letter to the *Canberra Times* printed on 23 November 2009:

... I met with Ms Bresnan MLA on Friday last week ...

I advised Ms Bresnan that Little Company of Mary Health Care would respect and work with whatever decision is made by the ACT community expressed through the elected members of the Legislative Assembly.

I assume that the meaning of this statement is that, if the Assembly had voted on my motion to decouple the sales of Calvary hospital and Clare Holland House, LCM would have respected that vote and gone ahead with hospital discussions without including Clare Holland House. The LCM chair never made any such statements in his meeting with me or said anything that even alluded to such a statement. I do not seek to denigrate the LCM sisters by raising any of the concerns or issues I have today or at any other stage during this debate. The nature of their order is quite distinct from the board of LCM. I do wish to share these concerns with my fellow MLAs to encourage acknowledgement of the difficulty we, as members representing the ACT community, and the government, face in representing and protecting our constituents and seeking improved health services for them.

The government appears to have a very difficult case on hand when it comes to negotiating an outcome on the Calvary site with LCM. Given the situation the ACT government is in and given that the current and past attempts to purchase Calvary hospital have been unsuccessful, the ACT government should seriously be considering a range of options in this case.

The Greens will be supporting Ms Porter's motion today and I would urge both LCM and the government to consider a range of options. To not do so in the current situation would seem to be the wrong path to take.

I will finally add that I do not resile at all from the stance that the Greens took on this issue. There were significant concerns with the proposal as it stood and it was incumbent on us to respond to those concerns. It was not a small number of people or a narrow representation of groups expressing those concerns. I do not think anyone in this place or any of the other parties involved took any satisfaction from the way the recent situation unfolded.

I would also like to note that I received the same letter from Mr Brennan that Mr Hanson referred to earlier and it was clearly stated in this letter that the decision of LCM was not due to politics.

**MS GALLAGHER** (Molonglo—Deputy Chief Minister, Treasurer, Minister for Health and Minister for Industrial Relations) (11.33): I welcome the opportunity to talk about this very important issue and I thank Ms Porter for bringing this motion to the Assembly today.

I must say, having listened to Mr Hanson's contribution, I did reflect on how easy it must be to be in opposition and to never, ever have to consider difficult issues or issues where 100 per cent of the community may not be in total agreement. I think it is an indication of just what sort of minister he would be—if he ever got the opportunity—given the hypocritical, embarrassing position that he has found himself in over this. The fact that he is not prepared to let LCM relinquish their role at the hospital because they are so fantastic and it is the best way to operate everything, but then he is not prepared to let them have the same role at the hospice because they are not as fantastic down that side of the lake as they are on the north side, is completely hypocritical and embarrassing—

**Mr Hanson:** Then your argument is hypocritical, isn't it?

**MR ASSISTANT SPEAKER** (Mr Hargreaves): Order, Mr Hanson, please! I gave you protection.

**MS GALLAGHER:** and it is not an issue that he was able to respond to in the course of the consultations.

Mr Hanson draws my attention to the fact that he is alleging my position is hypocritical. The main difference is that we had no problem with LCM operating the hospital, and we have no problem with them operating the hospice. The difference is that the hospice does not require \$200 million worth of investment and the hospice does not require a doubling of activity on that site within the next six to 10 years. That is the main difference that Mr Hanson avoids in all of his analysis.

Mr Hanson's continuing to allege that there is an ideological pursuit on the part of the Labor Party ignores the very clear evidence from the chair of LCM Health Care, who agreed with the position that the ACT government had. They are a larger health provider than the ACT government—they are a much larger health provider than the ACT government—and they see the benefit of a networked system of services, as they provide around the country. Indeed, in their letter to me of 6 February, Mr Brennan again goes to those issues:

There are three ... issues affecting our work in Canberra:—

and really he is going to the point of what he wanted to see come out of these discussions—

the need for very substantial capital investment in the public hospital so that it might become the public hospital that the residents of the north side of Canberra deserve;  
sustaining a viable and vibrant private hospital ...

That is very important. Let us remember that the private hospital that operates with the good will of the ACT government, and probably this Assembly, within that public hospital will have to go because we will have to resume that site. So let us just think about that problem. We will not have a private hospital on that site. Their third point was providing a solid basis for them in the future in Canberra in their area of specialty in palliative care.

The government, of course, had some major financial issues to consider in terms of: how do we make this investment in an asset we do not own? Mr Hanson has gone to that in terms of his rigorous analysis of the financial advice and has, again, attempted to ridicule Treasury and, I believe, Ernst & Young, who provided the peer review—

**Mr Hanson:** No. I was ridiculing you, minister.

**MS GALLAGHER:** which Mr Hanson sought and now is criticising me for commissioning.

I think Mr Hanson uses the economist Sinclair Davidson and the other economist, Terry Dwyer. And, if you go to Terry Dwyer's analysis, Terry Dwyer's analysis looks at one consideration: cash. That is all he looks at. He does not look at the operating budget. He does not look at the balance sheet. And the government cannot ignore that. A government looking at making the investments that are required has to look at a whole range of indicators across the financial statements.

The position the opposition have put themselves in now is saying: "Don't worry about any of those. Just fund this from the operating budget. Just fund \$200 million from the operating budget."

**Mr Smyth:** Who said that?

**MS GALLAGHER:** That is what is being put forward by Davidson and Dwyer. They are saying: "You don't need to own the asset. You just fund it. It's yours anyway. It's a public hospital." Okay, that \$200 million will hit our bottom line. So on the one hand you want us to return the budget to surplus earlier than seven years. And where is that \$200 million going to come from? Are we going to raise it in taxes or are we going to cut services? That is the question for the opposition, because that is the reality of the situation we face if we do not change the status quo. And I think there is general agreement across pretty much the entire community, apart from the Liberals, that the status quo cannot continue. Indeed, the archbishop himself accepts that the status quo cannot continue.

The government will pursue a whole range of options in discussing with LCM Health Care how we move forward on this. Obviously the proposal as it stood is not going to

go ahead. I still believe that—and indeed LCM in their letter to me, and I imagine their letter to other members, indicated—their preferred option would still be the one that we put to the community. However, we acknowledge the reality of the situation—the fact that the archbishop did not support that and was not ever going to support that. In not prolonging that process, I completely understand the decision of the sisters themselves, who I believe have always put the interests of the ACT community at the front of their minds when they are making decisions about how to proceed with it. I think they did that when they agreed with the government to pursue the proposal and I think they did it when it became clear to them that the archbishop would not support any proposal on its way to the Vatican or indeed through the Vatican processes.

I think it is a huge loss for the people of the ACT—that we have been unable to determine the future of our public hospital services; that that choice has been taken away from us—and the fact that the opposition have supported it is an indictment on them and a guilt that they will have to carry for some time.

But we need to move on and we need to work through what the other options available are. As I have said, a third hospital is not the preferred option. Compulsory acquisition is not the preferred option. I did say that in my media comments right from the beginning—

**Mrs Dunne:** That you were going to look at it anyhow even though you don't propose to do it.

**MS GALLAGHER:** I said that options across the spectrum needed to be considered but that it was not the preferred option of the government to pursue that—and it will not. The government have always sought to take the responsible decisions here. We are faced with the need to invest over \$200 million on the north side of Canberra. We would like a brand-new public hospital. We would like a brand-new private hospital. Unless we are able to buy the hospital, a private hospital will be unable to be built on that site because LCM Health Care will not have the funds to do it. If we do not buy the hospital, we will need to resume large parts of the hospital which are currently used for private hospital services and we will reduce the capacity of the private health system in the ACT to deliver services—yet again, another bad outcome for the people of north Canberra.

So the status quo cannot remain. LCM Health Care agree that it cannot remain. The government agree that it cannot remain. It is only the Liberals that stand in the way of the significant change that needs to occur. And I must say, in all of the meetings I have been to, I have not heard one idea come out of Mr Hanson's mouth about what he would do. I do not even think the Liberals have considered it. I do not think those ideas have appeared in the *Canberra Times* and therefore they are without an idea, because we all know from the way they conduct themselves that the only ideas they have are the ones that they read about in the *Canberra Times*. Then they think: "Oh, good. There we go." A lazy opposition: "There's our story for the day."

**Mr Smyth:** Easy lines.

**MS GALLAGHER:** Well, come up with an idea. Come up with an alternative.

**Mr Smyth:** You're the minister.

**MS GALLAGHER:** You have had the briefings. You have had—

**Mr Hanson:** What happened to my random drug testing legislation this morning?

**MR ASSISTANT SPEAKER:** Mr Hanson, come to order!

**MS GALLAGHER:** I am talking about Calvary here, Mr Hanson. You do have another portfolio. You have been to all the meetings. You have had all the briefings. You have met with all the players. And what do we see? Absolutely no idea.

**MR SMYTH** (Brindabella) (11.43): I thank Ms Porter for bringing this motion on today, because I think what it does is highlight that there are concerns inside the Labor Party about this proposal and this process. It is interesting that in paragraph (2) Ms Porter calls on the Minister for Health to continue to work with the Little Company of Mary to examine all options available. That is something the minister did not do at the start. There was a fixation by the minister.

It is interesting that the Treasurer has been handling this issue, not the Minister for Health. We know that there are no extra health outcomes out of this. This was a deal done in secret. It was a bad idea from the start, it was bad process from the start, and we all should remember that this process started before the last election at a time when the minister said all her plans were on the table.

Now we know from 2004 that the minister did not have all her plans for school closures on the table, even though it was said that the government would not close schools. We now know that the minister, true to form, in the run-up to the last election, did not take this idea to the people. Why did she not take the idea to the people when she obviously had the opportunity to? Because she knew then that it would not fly unless it was done in secret.

Now the minister says, and she continues to say, that the information supplied is unassailable. But it is interesting that the only people who have supported the minister are those who have been paid by the minister. That is not to cast an aspersion on Ernst & Young. Ernst & Young gave answers against the questions that they were set, but they were questions set by the minister. Yet there are at least four individuals, and others, who have put forward ideas, but they are people that do not agree with the minister, so she says, "Well, they're just wrong." People like Sinclair Davidson, Dr Dwyer, Andrew Podger—well respected round this neck of the woods—and Tony Harris are all saying there are other ways to do this, but the minister still says that the numbers she put forward are unassailable.

Obviously the minister has not read it, but it would be nice to have it on record, so I would like to table Sinclair Davidson's analysis of the proposed purchase of a public hospital, Mr Assistant Speaker, and I seek leave to do so.

Leave granted.

**MR SMYTH:** I table the following paper:

Calvary Public Hospital—Analysis of proposed purchase of Calvary Public Hospital, prepared by Sinclair Davidson, dated 28 October 2009

Even though I have only got seven minutes remaining, I might read as much of Sinclair Davidson's appraisal of the proposal as I can into the record. He goes:

On 28 October I posted on the ACT government's purchase of the Calvary Hospital.

The ACT government are buying the Calvary Public Hospital in Canberra. The **Calvary Hospital** is owned and operated by the Little Company of Mary Health Care Limited who subcontract health services to the ACT government.

The motivation behind all of this is a bit suspect. The ACT government claim that this is all about making a greater investment in public health *and* about building up the value of their own balance sheet. But it is not clear that governments are in the business of maximising their own balance sheet values—government is about providing services to citizens. So what is really going on here?

What makes this case all the more interesting is the snow-job the ACT government is pulling over the numbers. The ACT Treasury has produced an analysis of the costs of three alternatives. The status quo is that the ACT government continue to subcontract with the **Calvary Hospital**. The second option is to buy the **Calvary Hospital** and the third option is to build a new **hospital**.

Contrary to what they imply *the ACT Treasury calculations do not support the purchase of the Calvary Hospital*—rather they support the status quo or base case. The argument that the ACT government should maximise the value of assets on its own balance sheet is quite simply nonsense. It is the function of government to provide services to its citizens and to do so in the most cost-effective manner. The ACT Treasury analysis shows that cost-effective manner to be the maintenance of the status quo.

The ACT Treasury have provided four charts in their analysis (at page 3).

Three of these charts are entirely meaningless. It is not clear what 'Operating Impact' is, nor is it clear what 'Balance Sheet Impact' is measuring. The change in Net Assets is also unclear. After all we might expect that the difference between the two options 'Buy' and 'Build' would be the current purchase price of the buildings under the 'Buy' option. Looking at the graph, Chart 3, this appears to be (approximately) the case. The only graph that makes any sense is the Chart 4. That graph shows something called a 'DCF' and 'Cashflow' without explaining the difference between the two. However, it is clear that the Base Case (the current situation) has the better spending outcome for the ACT government. In other words, for a given level of health outcomes, the cost to the ACT government is lower with the Base Case than with either of the alternatives. Of course, it could be argued that the Base Case might not offer the same 'given level' of health outcomes—but if that is the case, then the entire analysis is fatally flawed because it does not compare like with like.

Now that sounds like a reasonable analysis of what the Treasurer is proposing, but, of course, we have had the minister saying that no-one has done any analysis. Let us read further. What does Sinclair Davidson say? He goes on to quote some text:

In their classic finance text Richard Brealey and Stewart Myers indicate that only cashflow is relevant for discounted cashflow analysis. Furthermore they indicate that cashflows must be included on an incremental basis. This, in turn, breaks out into six rules that guide the inclusion of items into a cashflow analysis.

Again, a fairly detailed understanding of the situation:

- Do not confuse average with incremental cashflow
- Include all incidental effects
- Do not forget working capital requirements
- Forget sunk costs
- Include opportunity costs
- Beware of allocated overhead costs.

It is my opinion that the ACT Treasury have not followed these criteria when undertaking the analysis that supports the purchase of the **Calvary Hospital**. This is almost certainly true for the analysis that looks at 'Operating Impact'. The ACT Treasury say

The favourable operating impacts associated with the Territory owning the assets under "Buy" and "Build" are primarily due to capital investment expenses being recognised over a long period through the depreciation of the assets.

But depreciation is not a cashflow item and should not be included in the cashflow analysis. It should only be included to the extent that it contributes to the creation of a tax-shield. The ACT government, however, is not a taxpayer and so should not include depreciation in any cashflow analysis.

It simply goes on and on, and it is worth reading just the last couple of paragraphs:

It seems that the ACT government are concerned that the public **hospital** may be cross-subsidising the private **hospital**. Yet it is not clear why they have this concern or why they would care if that did in fact occur. The ACT government does not own the **Calvary Hospital** and contracts on a fee for service basis. At best, the ACT Government has a view that they are paying too much for the service that they receive. But if they wish to reduce ACT health expenditure they should state that desire clearly. The ACT government needs to demonstrate that they are not getting value for money from the current arrangements at the **Calvary Hospital** and as best I can see they have not made that argument nor have they produced any evidence to support that view. Indeed anecdotal evidence suggests that ACT residents prefer the **Calvary** to the Canberra **Hospital**.

He concludes by saying:

Today the ACT government put out a press release saying, in part, "But no one has been able to dispute the Treasury analysis or provide any alternative, any solution, to the dilemma facing the Government." Of course, that is simply not true. The Treasury analysis is not just in dispute; it is just disreputable.

Now, I know that the minister does not—

**Ms Gallagher:** Is that what you think, Brendan? That the Treasury analysis is disreputable?

**MR SMYTH:** No, you have simply said that nobody disputed your analysis, nobody has touched it. Well, I think that is a pretty damning indictment of it. If you want, I can read Tony Harris. If you extend my time to speak, I will read Tony Harris. Tony Harris, the man the Treasurer praised after estimates last year, outlines a number of ways, and it goes to the nub of what Ms Porter says—that is, that the minister examine all options available. There are a number of options put forward by Tony Harris. Now, these are the sorts of options that the minister must now look at having discarded them before. But the important thing in the conclusion of the Tony Harris advice is:

If some of these options seem to be a contrivance, although defensible and valid under Australian accounting standards, it is only because the fundamental premise that the government's direct funding of needed improvements to Calvary's capital assets weakens the government's credit rating is itself a contrivance.

Mr Harris, the man the Treasurer thought the estimates committee last year should have quoted more, the man the Treasurer last year said offered good advice, the man the Treasurer last year quoted herself because she thought it supported her case, says that what the Treasurer has delivered is a contrivance, and that is all it was. Go back to what Sinclair Davidson was saying. What is the government really trying to do here? They have picked the wrong option if it is to improve health in the ACT. What is Tony Harris saying? He is saying that it is a contrivance.

I think we need to look back at the agreement and the way health operates around this country where various governments fund capital works, some on a major scale, on properties they do not own. At the heart of it is that we have got a Treasurer who had no ideas. We have got a health minister who had no options but one, and we have got a motion from a member that says that the minister should look at other options. *(Time expired.)*

**MS PORTER** (Ginninderra) (11.53): The government will be opposing the amendment proposed by Mr Hanson. Changes to paragraphs 1(a) to 1(c) appear to just change the tenor of the language from one of acknowledgement of this situation today and its budgetary implications that we have been discussing to one of negativity, which is their style of course and this is what we have seen continue today. This amendment does nothing to aid the debate, to add to the debate, to inform the debate, nor does it accurately describe the situation as it stands today.

The second part of the amendment suggests that the minister work with Little Company of Mary Health Care to enhance the health services of Calvary, yet it removes the words “to protect the investments made by the territory”. This would suggest those opposite are happy for the government to continue to contribute to the

asset holding of Little Company of Mary Health Care with no guarantee that such assets will be owned by the territory. They refuse also to acknowledge the continued negative effect on the territory's bottom line.

The third amendment requires the ruling out of compulsory acquisition. This possibility does exist in the self-government act and is a valid position for any government. However, as we have said in this case, it is not our preferred option.

**Mr Seselja:** So it is on the table?

**Mrs Dunne:** So it is on the table. It's crazy, but it's on the table.

**MR ASSISTANT SPEAKER** (Mr Hargreaves): Order! Members of the opposition, Mrs Dunne, please.

**Mr Seselja:** Are you considering it, Katy, or not?

**Ms Gallagher:** We're considering all the options, Zed, as any—

**Mr Seselja:** You didn't do that before, though, did you?

**MR ASSISTANT SPEAKER:** Members will come to order. Ms Porter heard everyone in silence. Ms Porter.

**MS PORTER:** Thank you, Mr Assistant Speaker. The fourth part of the amendment calls on the government to examine funding options in conjunction with Little Company of Mary Health Care to mitigate the government's concern over the implications of future capital investments. This is really absurd. Does this mean that the government would need the agreement of Little Company of Mary Health Care before entering into capital investments? I think not. Anyway. The fifth part is almost identical to my motion, and I am not sure why we need to amend it when it is clearly there. Again, the government will be opposing Mr Hanson's amendment.

**MRS DUNNE** (Ginninderra) (11.56): I am not going to thank Ms Porter for bringing forward this matter today. If you look at the tenor of this motion, Ms Porter should have brought this matter to her caucus long before this became a public issue. This is the sort of motion or the sort of issue that Ms Porter, as a member for Ginninderra, someone who says that she is interested in the hospital system in her electorate, should have taken to her caucus. This is because what it actually does is ask the Minister for Health to do the job now which she should have done long before this became a public issue—long before Ms Gallagher went out and said that the only way forward for our relationship with Calvary is to buy the hospital.

Ms Porter should have been there putting the brakes on in caucus saying: "Listen here, minister. Are you sure this is the only way forward? Are you checking? Are you checking to see if this is the only way forward? Are there other ways to deal with this? Is this just an accounting contrivance?" Mr Harris says that it is just an accounting contrivance. Mr Podger has said that it is just an accounting contrivance. Did she ever challenge anyone in the caucus to check the facts, go through the issues, before this became such a divisive issue in the community?

I think it is ironic that we actually have a member here today claiming her interest in her electorate in this way. It is just the standard performance from Ms Porter. She will be able to put out a press release saying, "I stood up for Calvary hospital and health services; look at the motion I moved." The question the people of the ACT and the people of Ginninderra should be asking Ms Porter is this: why did she wait until this proposal fell over before she did anything? If she was really interested in the subject, she should have been questioning the minister in caucus long before this became a public issue.

She should have been insisting that the minister put this on record before the last election. She should have been going out and saying to the people in her electorate: "Look, we have got real concerns about this. We want to discuss this issue. What do you think? When you go to the ballot box in October 2008 think about the future of Calvary hospital." Did Ms Porter do that? No, she did not, because it was a secret deal. She has been complicit with her minister. When she said, "All our plans are on the table," we now know that they were not. Ms Porter has to answer to her constituency as to why she did nothing to bring this to light before the last election.

She is acting now in the interests of the people of Ginninderra, so she says in her opening remarks. This is just another sham display from Ms Porter. But it is also ironic to consider that in this motion that Ms Porter is bringing forward we are talking about the future of Calvary Public Hospital. The next order of business is Mr Hanson proposing an inquiry into the operation of the public hospital that the ACT government owns and operates.

It is quite ironic that we have a minister who has to come in here when the next motion is debated and justify the complaints of a toxic work culture at the hospital that she manages at the same time as she is proposing to take over another hospital. Does she want to infect Calvary hospital with that same apparent toxic work culture?

**Ms Gallagher:** Oh, right.

**MRS DUNNE:** If that is what Ms Porter wants for the people of Ginninderra, she needs to justify that.

**Ms Gallagher:** Keep going, Mrs Dunne. Keep going. Staff at TCH will be very keen to hear that.

**MRS DUNNE:** The complaints that have been aired in the public arena over the last 10 days or so and the complaints that have come to the opposition, the problems that we have with long waiting lists and delayed surgery at the Canberra Hospital—

**Ms Gallagher:** It doesn't happen at Calvary? No complaints at Calvary?

**MRS DUNNE:** will be replicated if this government takes over Calvary hospital.

**Ms Gallagher:** You are a disgrace. You are outrageous. You should be ashamed of yourself.

**MRS DUNNE:** Ms Porter needs to justify this to her electorate

**Mr Hanson:** On a point of order, Mr Speaker, throughout the previous speeches, including the minister's, the Assistant Speaker was demanding that members of the opposition remain silent.

**Ms Gallagher:** No-one did, though, did they, Jeremy?

**Mr Hanson:** Could you ask the minister to remain silent while Mrs Dunne speaks, please?

**MR SPEAKER:** I invite all members to listen to Mrs Dunne in silence. I call Mrs Dunne.

**MRS DUNNE:** Thank you, Mr Speaker. Ms Porter needs to justify to her electors why the proposed takeover of Calvary hospital, which she seems to think is such a good move for her constituents, would be a good move in light of the poor performance that has been alleged in relation to the Canberra Hospital over the past few days. I refer to the fact that the minister has herself agreed to a somewhat limited inquiry into the toxic work culture in parts of the Canberra Hospital. Do we want the toxic work culture in the obstetrics unit at Canberra Hospital also translated to the obstetrics unit at Calvary hospital?

We need to address some of the issues that Ms Porter has raised. Of course, her opening comments were that the whole deal over the sale of Calvary hospital fell over because of the intervention of members in this place. Ms Porter has been challenged, and I challenge her again, to set the record straight. It has been made perfectly clear by both the opposition and the crossbenches that Mr Brennan himself has made it perfectly clear that the announcement, while being of regret to the Little Company of Mary, had nothing to do with political processes and everything to do with church deliberations.

This is the thing: Ms Gallagher went into this like a bull at a gate. There has been a culture in the Stanhope Labor government to take over Calvary at any cost. It has been obvious to the people of the ACT since as early as 2005 when Mr Corbell made attempts to take over the hospital. It is obvious in the rate at which Calvary expresses concerns about the level of funding. It has been obvious year after year.

Since Mr Corbell's stint as Minister for Health, Calvary officials are not permitted to attend estimates hearings, not permitted to give evidence. It is increasingly difficult for members to inquire into what is going on at Calvary hospital because of the interference from ministers. When Ms Gallagher decided that she would have her attempt at taking over the hospital, she went at it like a bull at a gate. She showed a complete lack of understanding of what was required.

This was not a simple purchase of real estate. She did not understand the processes involved. Ever since she failed in her attempt, she spent a lot of time attempting to blackguard those members of the church who she thinks, or she would like to contend, have stood in her way and stopped her getting her way in relation to Calvary hospital.

She did not understand the processes; she did not understand that this was not a simple sign-off by the LCM Health Care board or LCM Australia. She did not understand the processes. If she cared to take advice from anyone who had a little more understanding than her, she would have understood that this was a difficult process and it was bound to be protracted.

She actually received that advice, I understand, from the archbishop, but she did not like to hear it. Since this process has fallen over she has spent a lot of time attempting—well, not attempting; she has been playing the sectarian card here and trying to blame the church authorities for putting the kibosh on her plans for our hospital. We have to remember, Mr Speaker, that the Calvary Public Hospital is simply that: it is a public hospital. It provides services to the people of essentially Belconnen and north Canberra and it is well loved. The work done by the Little Company of Mary at Calvary hospital is appreciated by the people of the ACT.

The people of the ACT, generally speaking, have been scratching their heads wondering why this minister wanted to spend \$77 million of cold, hard cash to take ownership of something which, by her own admission, would change nothing. He admits that it would change nothing. People are scratching their heads asking why we are spending this money. (*Time expired.*)

**MR SESELJA** (Molonglo—Leader of the Opposition) (12.06): I take up the matter from where Mrs Dunne left off. I would just like to add a few words. This is essentially a lead-with-your-chin sort of motion from Ms Porter. It is taking the monumental failure that has been Katy Gallagher's handling of this issue and putting it in the spotlight. It is putting it back up in the spotlight and highlighting again, for everyone to see, the failure that this process has been. It has been a significant policy failure by Katy Gallagher.

She has presided over a debacle which has set back by many, many months any real progress on this issue by pursuing something that apparently was never going to fly. Apparently, she had no plan to actually get it done, no ability to actually make this deal happen. Having failed to do that, we will go to the process. I think the process that Katy Gallagher went through on this is worth reflecting on. But having failed, she blamed everyone else. Everyone else is to blame; not her. It has got nothing to do with this government or this minister; it is everyone else's fault. Who is on the list to blame? Well, there is any number.

**Mr Hanson:** Me first.

**MR SESELJA:** I will get to you, Mr Hanson. In no particular order, there is the church, the archbishop in particular, no doubt the Pope. There is the Palliative Care Society. There are pesky people like Tony Harris and Sinclair Davidson and others who opposed it in one form or another. To a degree, I think the Greens are to blame; there is no doubt about it in the minister's opinion. Of course, the Liberals; there is no doubt that we are to blame for everything, if you were to listen to this minister.

Of course, this is despite the fact that we have had Tom Brennan writing that it was not because of concerns in opposition raised in this place. It was because they could

not get it done. They could not get it through the process. The failure to take responsibility for what has been a monumental stuff-up, I think, is breathtaking. We see, over and over and over again from this minister, that she will not take responsibility. Who else do you blame? I am sure there are others that she could blame. What about Mr Berry and Mr Hargreaves? They had a few things to say about it. They raised concerns about the deal. Are they to blame? Is, indeed, Mr Hargreaves to blame for daring to speak out in his opposition to this deal?

There is any number of culprits, but the minister never looks at her role and whether or not this was something that she was ever going to be able to achieve. Did she look at other options or did she just blindly pursue something without any thought for what might happen if she could not get the deal done? That is where we are at the moment, Mr Speaker. Ms Gallagher says no-one disputed the analysis. Mr Smyth has laid out a whole list of people who disputed the analysis. There is any number of individuals. We have talked about Sinclair Davidson, Tony Harris, Terry Dwyer and Andrew Podger.

If someone like Tony Harris, a former New South Wales Auditor-General, is raising concerns, I think that is something we take seriously. Ms Gallagher obviously does not. When the opportunity was given for the Auditor-General to scrutinise this, the Labor Party and the Greens did not support that. The Labor Party and the Greens would not support that. The minister had the opportunity for some independent scrutiny of the deal and she was not prepared to go through the process.

That suggests that it is not something she thought would stand up to scrutiny. If she thought it would actually stand up to scrutiny, to serious scrutiny, what would be the problem with the Auditor-General looking at it? There would be nothing. The only reason you would not want the Auditor-General to look at it is because the Auditor-General might not agree with your conclusion. The Auditor-General may not agree with your analysis.

We will never know. We will never know because the Labor Party and the Greens did not want that scrutiny. They were not prepared to allow that scrutiny. We were just meant to take this minister's word for it. We see how she has handled so many areas of her portfolio and she says to us, "No, take my word for it." Frankly, we do not.

Mr Speaker, we do need to go back to the process. The secretive nature of the way this was handled was one of the major flaws. Before the election Ms Gallagher said that all the plans were on the table. That was not true. This was, I would think, a pretty significant plan in relation to health in the ACT. Agree with it or not agree with it, it is significant; it is noteworthy. It is something that people have a right to know about before an election, but it was kept secret. It was only made public through a leak. It was not made public because even after the election the government went out and made an announcement. It was kept secret and it was only made public through a leak. It was made public, despite what the government wanted.

We have seen a pattern of this from Ms Gallagher, because it was Ms Gallagher before the 2004 election who said, "No school closures." So before 2004, no school closures; before 2008, secret plan for Calvary, but never being up-front with the

community. The honest answer would have been that maybe there will be school closures or maybe there will need to be school closures. That would have been being up-front, but we did not get it. In 2008 we were told that all plans were on the table, except this major plan, which has now blown up in the minister's face.

This is the minister who wants to be the next Chief Minister. She wants to take over when Jon calls it quits. She wants to get the handover. We see the outcomes and we will no doubt debate some of the outcomes in health again in later motions. But we see the struggling health system. We see the problems in our health system under her leadership, but it is never her fault. We see it again with Calvary hospital.

Katy Gallagher is seeking to blame everyone else but herself. It could be the church, it could be the Liberals, it could be the Greens, the Palliative Care Society or those pesky economists who do not agree with the analysis. It could be members of her own party who speak out publicly against the deal. It is everyone else's fault except hers.

It is time, I think, that we actually saw some acknowledgement and heard some acknowledgement that this has been a monumental failure, because what we are left with is a government that has no plan B. It has no plan B. It now has to go back to the drawing board as to what it is going to do in health on the north side of Canberra. It has to go back to the drawing board because it never really seriously considered any of the other options. It talks about some other options, but they were never seriously considered.

They had one option. They had their preferred option and they were going to get it. Maybe some prudent analysis would have said: "Well, can we actually get it? We have tried it before and failed." They tried it under a previous health minister and they could not get it done.

With that knowledge, you would have expected that the minister would have been prudent and said, "Even if this is a preferred option, let us seriously look at all the other options. Let us look at how we can pursue them," instead of now having to, essentially and effectively, go back to the drawing board.

They are going back to the drawing board because they put all of their eggs in this basket. They had put all of their plans for the hospital in north Canberra into the plan to buy Calvary. We have seen some erratic comments since then. We saw it encapsulated when the minister went on television on Sunday night and said: "Look, we are looking at all options. Compulsory acquisition, that is something we will consider."

Then the next morning we heard: "That is a crazy option. Are you serious?" I think that was when the Greens raised it. That is a crazy option. So it went within the space of 12 hours from being an option that they would seriously consider to being a crazy option.

**Mrs Dunne:** But it is still on the table.

**MR SESELJA:** Now we are getting the flip-flop and we are being told, "Well, no, it still is on the table." If this crazy option is on the table, what are the other crazy

options that are on the table? Is this how we are doing policy now? It looks erratic; it looks disjointed; it looks like the minister is now struggling to get it done, and this has been a monumental failure of public policy. (*Time expired.*)

**MR SPEAKER:** The question is that Mr Hanson's amendment be agreed to. Ms Porter, I think you have spoken on Mr Hanson's amendment.

**Ms Porter:** I was going to close the debate.

**MR SPEAKER:** I think we have to deal with Mr Hanson's amendment first.

**Ms Porter:** All right. Yes, we do.

**Mr Seselja:** She can speak.

**MR SPEAKER:** Sorry, my mistake, Ms Porter. If you would like to speak now, we can just deal with all the motions—

**Ms Porter:** Together?

**MR SPEAKER:** Yes. I will have to deal with them sequentially, but you can speak now if you wish. Sorry, that was my mistake.

**Ms Porter:** Go through the right process and I will stand up to close the debate in a minute.

**MR SPEAKER:** I will come back to you then.

Question put:

That **Mr Hanson's** amendment be agreed to.

The Assembly voted—

Ayes 6

Noes 11

Mr Coe

Mr Doszpot

Mrs Dunne

Mr Hanson

Mr Seselja

Mr Smyth

Mr Barr

Ms Bresnan

Ms Burch

Mr Corbell

Ms Gallagher

Mr Hargreaves

Ms Hunter

Ms Le Couteur

Ms Porter

Mr Rattenbury

Mr Stanhope

Question so resolved in the negative.

Amendment negatived.

**MR STANHOPE** (Ginninderra—Chief Minister, Minister for Transport, Minister for Territory and Municipal Services, Minister for Business and Economic Development, Minister for Land and Property Services, Minister for Aboriginal and Torres Strait

Islander Affairs and Minister for the Arts and Heritage) (12.21): I have listened with some dismay most particularly to the absolutely outrageous attack which Mrs Dunne has just made on the staff of Canberra Hospital and on the quality of care. Describing Canberra Hospital—perhaps the leading public hospital in the nation—as a hospital infected with a toxic work environment, a hospital that is toxic in its operations, cannot be described as anything other than an attack on the staff of Canberra Hospital. This is an unsubstantiated, vicious attack on Canberra Hospital, on all of the staff of Canberra Hospital. There is no way now of diluting or diminishing what it is that the Liberal Party, and most particularly Mrs Dunne on behalf of the Liberal Party, have just done.

**Mr Hanson:** Is anybody listening to you, Jon?

**MR STANHOPE:** They are listening. I can tell you now that all of the staff in ACT Health, all of the staff at the Canberra Hospital, have listened. They will now be responding individually to the description of them and the service that they provide to the people of Canberra as toxic. And then, of course, to extrapolate that it is the government's determination to transplant this toxic community from the Canberra Hospital to Calvary hospital—there is no diminishing it and there is no walking away from it. There is no pretending that you, the Liberal Party, through Mrs Dunne, have not just made the most remarkable and offensive attack possible or imaginable on an exemplary hospital that provides outstanding service to the people of Canberra. It always has and hopefully will in the future as it responds on an individual and collective level to these unsubstantiated and vicious attacks on the quality of service provided to the people of Canberra. I believe the Canberra Hospital to be the best hospital in Australia. I do not believe there is anybody that can seriously or objectively dispute that. To have this self-serving—

**Mr Hanson:** The nine doctors who left might.

**MR STANHOPE:** Mr Hanson disagrees with that. The shadow spokesperson for health disagrees with me publicly. He does not believe it is a good hospital. He does not believe that it is staffed by good, professional, hardworking, dedicated people. We need to ensure that the record shows that there is no ambiguity in the interpretation of the remarks which Mrs Dunne and the Liberals have made today. They believe it appropriate to describe the atmosphere and the people who create that atmosphere—the people who work and give their all through the Canberra Hospital to the people of Canberra—as a toxic workforce that has produced a toxic environment and that it is a hospital that does not deserve the respect or the support of the Liberal Party.

It is perhaps the most unfortunate, unforgivable, vicious and vitriolic attack imaginable on an outstanding organisation and an outstanding group of people that a political party, in my experience, has ever made. The Liberal Party will now live with their description that the Canberra Hospital, the services that it delivers and the people who deliver them, is toxic—a toxic organisation, staffed by toxic people, delivering—in the view of Vicki Dunne—a toxic, substandard, dangerous service.

You need to understand the damage that you do through these sorts of attacks. You need to understand the extent to which you are being manipulated by forces in the

community who have an axe to grind. You are being used; you are being manipulated. You know it and do not care about it because you believe there is a political point to be made. But in doing it, you need to have regard to the enormous damage you are doing to morale and to the reputation of the Canberra Hospital. Do not delude yourselves that you are not having an effect on the staff and morale within the hospital. Do not delude yourselves into thinking that you are not talking down the quality of service delivered by the Canberra Hospital. Do not believe or delude yourselves that you are not damaging the Canberra Hospital and people's confidence in the Canberra Hospital, because you are.

The sad part of all of this is that you do not care. You believe the opportunity of scoring a puerile, shallow political point is more important than working with the government to maintain this community's confidence in that place. You need to understand the extent to which you are being used and manipulated by people within this community seeking to settle personal scores and to make a point about the Canberra Hospital.

**Mr Seselja:** Once again, that's all it is—just personal scores. What a joke.

**MR STANHOPE:** No, it is more than that. The minister has described in detail her proposed responses to that. You are being derelict in your responsibilities, as members of this legislature, by your constant attacks and your constant talking down of the quality of service and the confidence that people can and should have in the Canberra Hospital.

*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 12.28 to 2 pm.**

### **Questions without notice Canberra Hospital—alleged bullying**

**MR SESELJA:** Mr Speaker, my question is to the Minister for Health and relates to recently raised allegations of bullying, harassment and intimidation at Canberra Hospital. Last week on ABC 666, the acting chief executive of ACT Health said that there are a range of ways in which bullying can be reported. Minister, what complaints were received by Canberra Hospital management in the last two years prior to 16 February 2010 in relation to bullying, harassment or intimidation?

**MS GALLAGHER:** I will have to take that question on notice; I do not have a figure in front of me. The interim chief executive's comments were quite right: there is a range of ways staff can pursue concerns within the hospital. Those are well documented through the harassment, bullying and discrimination policies, guidelines and procedures that are widely available on the ACT Health intranet and indeed are promoted very widely across ACT Health.

**MR SPEAKER:** Mr Seselja, a supplementary question?

**MR SESELJA:** Minister, do you have confidence in the hospital complaints system, given comments made by doctors in the past two weeks?

**MS GALLAGHER:** From my experience, yes, I do. I have faith in the complaints procedures as they are set out, and I think any reading of them—I presume the opposition will have done their homework on that—will see that they are very clear. They have recently been reviewed and they are widely promoted across the hospital.

I think the concerns that have been raised have been about complaints that have not been brought through the established processes for one reason or another, and that is what we need to examine. We want to ensure that there is a culture at the hospital. Certainly in the frank discussions that I have with hospital staff, it is not a workforce that is full of shrinking violets, that is for sure. But I want to make sure that there is not any issue or concern that staff have about legitimately pursuing concerns. Some of that has come out over the past few days, and that is exactly what we need to have a look at, and we will.

**MR SPEAKER:** A supplementary, Mr Hargreaves?

**MR HARGREAVES:** Thank you very much, Mr Speaker. Minister, given that the subject of the question was about bullying, do you not find it a bit strange that those opposite would be talking about bullying when two of their staff who left this Assembly got compensation because they were the victims of bullying?

**Mrs Dunne:** On a point of order, Mr Speaker: that question was entirely out of order. It does not relate to a current member of the Assembly and it does not relate to the subject matter of the question, which was the Canberra Hospital.

**Mr Hargreaves:** On the point of order, Mr Speaker—

**MR SPEAKER:** Yes, Mr Hargreaves.

**Mr Hargreaves:** I thank Mrs Dunne for the answer.

**Mr Hanson:** On the point of order, Mr Speaker: if Mr Hargreaves is going to continually ask questions that he knows are out of order simply to suck up the opposition's question time then I would ask that you note what Mr Hargreaves is doing, which is asking erroneous questions deliberately out of order just to simply waste questions.

**MR SPEAKER:** The question is out of order, Mr Hargreaves. I am sure you are surprised to hear that!

**Mr Hargreaves:** I accept your ruling with alacrity, Mr Speaker.

**MR SPEAKER:** Further supplementary questions. Mr Hanson?

**MR HANSON:** Minister, why did you assert that no complaints had been made by doctors, despite the fact that Dr Gallagher stated in the media on Monday that she had made complaints to the general manager of the Canberra Hospital?

**MS GALLAGHER:** The advice provided to me by my department a number of times, between probably early December and last Wednesday, was that there had been no complaints. I was acting on that advice. People have brought forward, and indeed Dr Gallagher brought to my attention on Monday, when I met with her, that she felt she had brought complaints to management's attention, and those issues will be thoroughly examined.

### **Child deaths**

**MS HUNTER:** My question is to the Minister for Children and Young People. Minister, it is my understanding that in 2008 the ACT government committed to the exploration of child death review processes to be established in the ACT. Can you advise where this process is up to?

**MS BURCH:** I thank Ms Hunter for her question. I am aware that there was a child death review team. It is something that my department has looked at and on which it has had early discussions with me. I understand that, in January last year, there was a memorandum of understanding signed between ACT Health and the ACT Department of Disability, Housing and Community Services to look at a joint approach to the investigation of adverse events that involved both agencies. This will relate to where a child or a young person has been involved in a significant incident.

I understand it will be conducted under auspices of the health clinical audit committee, a quality committee approved by the ACT health minister, which operates under protective qualified privilege. There have been reports providing recommendations relating to a system improvement from a joint and individual agency perspective. To date, one joint review has been completed. That followed a formal endorsement by a clinical audit council executive and chief executives. Recommendations will be actioned, again through a joint process across agencies, as well as at an individual agency level.

I understand that a second joint review process is currently underway and a third review is planned to commence in 2010. We also conduct individual internal reviews. Our department engages with external experts, as appropriate, to do a case-by-case practice. At the moment we are continuing to explore a joint process and engage experts on a case-by-case basis, as we need to.

**MR SPEAKER:** Ms Hunter, a supplementary question?

**MS HUNTER:** Minister, do you continue to be committed to the establishment of a child death review team?

**MS BURCH:** I am committed to ensuring that any review, any incidence of injury, harm or death of a child needs to be explored and investigated to determine what are the system learnings that we need to gain from that. At the moment ACT Health and DHCS are working through joint review processes, and I support that until I am advised that that is not satisfactory.

**MR SPEAKER:** Ms Le Couteur, a supplementary question?

**MS LE COUTEUR:** Minister, do you acknowledge that there is an urgent need for a child death review mechanism in the ACT?

**MS BURCH:** I think we have a system in place. We engage with experts on a case-by-case basis. We will do that until advice comes out of the joint review that, indeed, we need to reconsider our current position.

### **Health—abortion advice**

**MR HANSON:** My question is to the Minister for Health. Minister, yesterday, in answering a question relating to the Canberra mother who was allegedly pressured to have an abortion by the Canberra Hospital, you said that you were unable to answer questions on the issue due to it being pursued through legal avenues. However, according to reports in today's *Canberra Times*, the lawyer representing the patient has advised that there have been no legal proceedings issued. What exactly is the legal avenue being pursued that is stopping you from answering questions? Who advised you not to answer questions?

**MS GALLAGHER:** I thank Mr Hanson for the question. This question is not unexpected from a lazy opposition that only manage to identify their campaigns through the pages of the *Canberra Times*. I would encourage members to try and reflect and recall one single campaign the Liberals have run that has not appeared in the *Canberra Times* prior to them being interested in it. It is no surprise—I know Mr Smyth will enjoy this answer—that I was advised by my department—

**Mr Smyth:** I will enjoy it.

**MS GALLAGHER:** Aside from the issues about the Health Records (Privacy and Access) Act, which restrain me anyway from discussing individual clinical matters about any patient, I was advised by my department and in a discussion I had with the Government Solicitor. I have checked that, because I was surprised—although maybe I wasn't surprised that someone, a barrister, pursuing a case against the government, or intending to, was encouraging me to be rather open and frank in this forum. That was not that much of a surprise. But I have been advised again that notices have been served by the claimants under the Civil Law (Wrongs) Act, which enlivens a process for the claimants and the territory to exchange information about the claim as a necessary preliminary to commencing legal proceedings if the matter is not otherwise resolved. It was on that advice that I made those comments yesterday.

**MR SPEAKER:** Mr Hanson, a supplementary question?

**MR HANSON:** Minister, why is information regarding when you knew of the incident legally sensitive?

**MS GALLAGHER:** As I said yesterday, I am not going to talk about information relating to this case, for the reasons I have outlined. I am unable to do so under the Health Records (Privacy and Access) Act.

**Mr Seselja:** When you knew is not covered by that. You know that's not true.

**MS GALLAGHER:** Legal proceedings, certainly in the government's view, have commenced.

**Mr Smyth:** Which section covers that?

**Mr Seselja:** It's a simple question.

**MR SPEAKER:** You will have a chance to ask questions in a minute.

**MS GALLAGHER:** At the right time, the other side of the story will be put.

**Mr Seselja:** Why won't you say when you knew?

**MR SPEAKER:** Mr Seselja.

**MS GALLAGHER:** I think members will be very interested to hear that side of the story when it emerges.

**Mr Smyth:** We will.

**MRS DUNNE:** A supplementary question, Mr Speaker.

**MR SPEAKER:** Before you continue, Mrs Dunne: members of the opposition, if you want to ask further questions, you have a chance to ask supplementaries. I do not expect to hear them being shot across the chamber constantly while the minister is answering the question.

**MRS DUNNE:** Thank you, Mr Speaker. Minister, have you reviewed the alternative advice that the patient claims to have received from six other specialists that was counter to the advice you received from the Canberra Hospital?

**MS GALLAGHER:** No, I have not. To my best knowledge, the patient has not provided me with any of that information and I have not sought to inquire into that patient's individual health record. I have seen a case presented to me on ABC news and I have sought advice from my department about the facts as they see them. Those facts are different and I think it is appropriate that the established processes to deal with differences of opinion about facts are followed.

**MR SPEAKER:** A supplementary question, Mrs Dunne?

**MRS DUNNE:** Yes, Mr Speaker. Minister, given that you have cited the health records act here today, have you initiated inquiries or investigations into whether or not items were deleted from that patient's file? And, if not, why not?

**MS GALLAGHER:** I have taken a detailed briefing on this case, Mr Speaker.

### **Health—system**

**MR SMYTH:** My question is to the Minister for Health. Minister, yesterday you said:

... the ACT health system performs very well against a whole range of measures.

Minister, is having the worst elective surgery rate in the country, the longest wait times in the emergency department and the worst bulk-billing rate in the country performing well? If not, which measures were you referring to?

**MS GALLAGHER:** Mr Smyth's question is wrong. We do not have the worst elective surgery rate in the country. The median waiting time, if that is what you are referring to, in the latest ROGS data is 73 days. But that is measuring the time that a person has been removed from the list. That is not the worst elective surgery rate.

**Mr Seselja:** It is the longest wait.

**MS GALLAGHER:** The question is wrong. We do not have the worst elective surgery rate.

**Mr Smyth:** Oh, the question is wrong!

**MS GALLAGHER:** We do not, Mr Smyth. Whoever is drafting your questions just needs to lift their game a bit. If they would like to say—

**Mr Stanhope:** Stop being so lazy. Do your homework.

**MS GALLAGHER:** We have a long and established program of removing long waits from our elective surgery list, Mr Speaker. I could improve the elective surgery median waiting time tomorrow if I decided not to remove anyone who had been waiting for longer than a year for surgery. If I put out a direction that said the only elective surgery that is to be performed in the territory is on patients who have recently joined the list, that measure would improve out of sight.

But is that good public policy? No, it is not; so it is not a decision I take. We are improving our scores against that indicator. If Mr Smyth is looking for areas where the government does well in reports on government services—the ROGS data—I think you will know that the ACT is the healthiest community in the country, and for that we should be extremely proud.

If you look at our expenditure, that has come down 24 per cent while running an efficient health system. It has improved by 24 per cent since you were in government, Mr Smyth. We have finally reached the national average for beds for our population after 114 of them were ripped out under the previous government.

Yes, it takes time to improve a health system, but our health system is improving against all the indicators. Our health system is improving and will continue to improve because of the investments that we have made and the work that has been done by the staff across the Canberra Hospital and Calvary.

In relation to bulk-billing rates, this is really just a silly, petty campaign by the Liberals to try to imply that the ACT government can improve bulk-billing rates. To

actually mislead the community by implying that it is within the ACT government's powers to improve the bulk-billing rate is a mislead of the community.

**MR SPEAKER:** Supplementary question, Mr Smyth?

**MR SMYTH:** Yes, thank you, Mr Speaker, given that she could not answer that question. Minister, why do you consider that the system is performing very well when we have people waiting years for elective surgery?

**MS GALLAGHER:** Our elective surgery program is running to full capacity. I think there are always ways we can improve and look at ways to improve the service. We are providing 10,000 elective surgery procedures this financial year and, whilst we are delivering 10,000, around 11,000 people will join the list. Our theatres are running to full capacity, with our staff running to full capacity—

**Mr Smyth:** Are they all open?

**MS GALLAGHER:** You cannot run all the theatres all the time—unlike the Liberal Party, who pretend that they could run all the elective theatres all the time. It is simply incorrect. Our theatres, our theatre lists, are running to full capacity. Our emergency work is busier than ever before. The people who need urgent access to elective surgery get it. Our emergency access to elective surgery is, I think, the best in the country, and we should be proud of that.

That is not to say that you cannot improve or that you cannot do more or that you cannot change the way you do things. But, as our community ages and the demand for elective surgery grows, this is going to be a challenge for governments to manage. I do not stand here and pretend that it is not a challenge. But what you continue to do is increase your throughput, increase your capacity, increase your staff, and that will deliver the improvements in elective surgery—and that is what we are doing. You do not measure the performance of your elective surgery on the median waiting time. It is one way of looking at it. It is one way of measuring the elective surgery program; but it is not the only way.

**MR HARGREAVES:** A supplementary, Mr Speaker?

**MR SPEAKER:** Yes, Mr Hargreaves.

**MR HARGREAVES:** With respect to the elective surgery rates, could the minister please tell us whether or not the closure of 114 beds by the Carnell government, of which Mr Smyth was a minister, had a detrimental effect on that waiting list and what effect it did have on the cost?

**MS GALLAGHER:** It has taken this government, I think, eight years to get back to a national average bed number. I think you will see in all the latest data those numbers have been increasing all the time. I know those opposite cannot bear to hear that the outcome of their handling of the health system, which was to reduce bed numbers across the city, is something that this community has paid for ever since.

Every year we have invested in beds, because you cannot increase your elective surgery program unless you are increasing your bed capacity in the hospital, unless you are increasing your workforce, unless you are increasing your intensive care capacity. We are building an intensive care unit at Calvary hospital just so that we can provide that level of support.

It is so simple for those opposite just to present one set of data and not see it in the complete picture of the health system. The elective surgery program is interrelated with a whole range of other factors at the Canberra Hospital and at Calvary hospital, and it does take time. It has taken, I think from the last data that I saw, eight years to replace the beds that you took out.

**MR SPEAKER:** Mr Hanson, a supplementary?

**MR HANSON:** Yes, Mr Speaker. Minister, if our health system is so efficient, why is it that our health costs are the second highest per capita in the country and are increasing at 11.1 per cent, which is the highest rate in the country?

**MS GALLAGHER:** It does give us the opportunity to reflect on the costs that were being run at the time that we took over. I can see from comparing the ROGS data that in 2002-03 it was 30 per cent higher than the national average. Thirty per cent is what this community was paying for the same level of cost that it is now. Our hospitals are busier than ever before; we have got more people working in our public health system delivering more services. We could not afford to do it at 130 per cent of the national cost. It is incredibly important for the sustainability of the health system that we bring our costs down. We have been doing that whilst we have been increasing services at the same time.

**Mr Hanson:** Point of order, Mr Speaker: I did ask the minister to address why our current health costs are increasing at 11.1 per cent, which is the highest rate in the country right now. I ask her to turn to that point of relevance.

**MR SPEAKER:** Minister, the question.

**MS GALLAGHER:** Because we are investing in the health system. I do not think anyone in the community is sad about that. We are investing in the health system. We are building new buildings; we are building a new hospital. We are delivering more services; we have opened more units. We have got services being offered across our hospitals that have never been offered in this town before. People had to go interstate and leave their families for treatment; we are changing that. We are reforming and revolutionising the health system, and it costs money.

There are areas we could improve. We could improve emergency department waiting times. They have improved every quarter for the last two quarters, and I imagine that we are going to see continued improvement in that area. We are doing new models of care, changing the way we are doing things: employing nurse practitioners, employing more doctors in new fields and new specialties, working with research institutions—partnerships with the ANU. This health system is undergoing immense change. On reflection—(*Time expired.*)

## Community services

**MR HARGREAVES:** My question is to the minister for community services. Can the minister please outline what the government is doing to support the community sector?

**MS BURCH:** I thank Mr Hargreaves for his interest in the community sector, which is, indeed, an important sector for services in the ACT. The ACT has implemented a range of measures to strengthen the sustainability of the community sector. We have focused on staff retention, industrial relations support and other capacity-building measures.

Each year the ACT government provides approximately \$119 million in funding to the community sector. Through our partnerships with community organisations, we are building more sustainable community services. We have already invested funds to support the community sector to attract and retain a skilled workforce through the development of a portable long service leave scheme for the ACT community sector. We aim to implement this scheme during 2010.

The ACT government has amended the indexation level for community organisations to an 80 per cent wage price index and a 20 per cent consumer price index amount. The community service indexation amount was adjusted to better reflect the cost pressures facing community organisations.

The ACT government has continued to find ways to support community organisations, and we have committed to supporting improved industrial relations advice to these organisations across the ACT. This commitment will reduce the administrative burden of navigating the federal industrial relations system and will support community organisations and their employees to access specialist industrial relations advice. As part of this commitment, the ACT government will also review community service wages and conditions and explore new funding approaches to support a more sustainable sector.

We also understand that opportunities exist with other industries to support the delivery of services to vulnerable clients. The private sector also contributes valuable resources and support to community organisations. The ACT government explores opportunities to promote philanthropic giving in the ACT by individuals and businesses.

We know that access to information and resources can be time consuming and deter groups from seeking new partnerships, which is why we have established a site to support improved access to philanthropic information and resources in the ACT. The ACT government has established a community support and infrastructure grant program, and this program offers one-off funding for projects that build community sector viability, update office equipment and enhance our community infrastructure. The ACT government has a forward agenda that has a strong focus on sustainable infrastructure.

This government has revitalised former schools sites into regional community hubs and will create up to eight neighbourhood halls. The revitalised community facilities will sustain our valuable community arts programs, community services and health and wellbeing programs.

The ACT government value the important role of the community sector. We will continue to work collaboratively to deliver services to vulnerable members of our community.

**MR SPEAKER:** Mr Hargreaves, a supplementary question?

**MR HARGREAVES:** Thank you, Mr Speaker. Can the minister please inform the Assembly how the government is supporting the community sector with infrastructure, including for playgroups and play schools?

**MS BURCH:** Thank you, Mr Hargreaves, for your interest in playgroups and play schools. This government provides the community sector with a variety of infrastructure support, including community tenancies and grants through a number of agencies. These include the Department of Disability, Housing and Community Services, the Department of Land and Property Services, the Department of Education and Training and the Chief Minister's Department.

In the past two years the government has focused infrastructure works for the community sector on the \$29.8 million regional community facilities project, undertaking work at nine former school sites and two greenfield sites. The centrepiece of this work has been the transformation of sites at Holt, Cook, Chifley and Weston into community hubs for the community sector and the use of the local community.

Thirty-seven organisations will take occupancy of space as community tenants in these hubs. Some moved in recently. Other occupants will be moving in from now until the end of this financial year. These community sector organisations include peak bodies, community housing organisations, disability support organisations, arts organisations, health and wellbeing organisations and organisations providing support and services for women, youth and children. Some of these new community tenants will experience significant cost savings as a result in rental payments to government, as they will no longer be paying commercial rental rates.

Organisations are meeting together in their hub groups to decide how they will work together and create better collaborations across the community sector. A list of the organisations is available for those interested on the DHCS website.

I am quite proud of the work that the department is doing to support services for children provided by the community sector, and particularly playgroups and play schools. A number of these are within the regional hubs. The refurbishment of the Noah's Ark Children's Resource Centre at the former Rivett primary school was completed last October.

**MR SPEAKER:** A supplementary, Mrs Dunne?

**MRS DUNNE:** Thank you, Mr Speaker. Minister, how many community sector organisations wrote to the government to voice their concerns about the portable long service leave scheme before it was implemented?

**Mr Hargreaves:** On a point of order, Mr Speaker: my original question and my supplementary talked about the community sector with infrastructure, not about portable long service leave, which is not infrastructure.

**MRS DUNNE:** Mr Speaker, on the point of order: Minister Burch referred to portable long service leave in her answer.

**MR SPEAKER:** Yes, the question is in order. Ms Burch.

**MS BURCH:** I think we may have touched on portable long service leave in this place once or twice before. I do not quite understand what Mrs Dunne—

*Mr Barr interjecting—*

**MS BURCH:** Thank you. You took the words right out of my mouth, Mr Barr: what problem Mrs Dunne has with portable long service leave across the community sector if she has a particular interest in portable long service for people that work within the child services. This is an obligation that community sectors and childcare services have to their workers. They have an obligation to put aside—

**Mrs Dunne:** Mr Speaker, I rise on a point of order. My point of order goes to relevance. It was a simple question. I asked how many organisations wrote. The minister can either give that number or take it on notice.

**MR SPEAKER:** Minister Burch, the question, thank you.

**MS BURCH:** No, I am not going to waste the opportunity to go back and—

**MR SPEAKER:** No, Ms Burch, you will pass the opportunity.

*Mr Smyth interjecting—*

**MS BURCH:** focus on Mrs Dunne's obsession with portable long service leave. She feels that it disadvantages—I am not quite sure—

*Mr Smyth interjecting—*

**MS BURCH:** It certainly advantages the worker in the community sector in the childcare services. I am unclear on her aim to undervalue workers in the community sector.

**Mr Hanson:** Mr Speaker, on the point of order raised by Mrs Dunne, which you gave a ruling on.

**MR SPEAKER:** Stop the clock, please.

**Mr Hanson:** If the minister is going to defy your ruling then she should move a motion of dissent rather than continue to make some points that are not relevant to the question.

*Members interjecting—*

**MR SPEAKER:** Minister Burch, the standing orders require an answer to be directly relevant. Obviously ministers are entitled to set a context. I certainly did not appreciate, on my suggestion that you return to the question, the rather dismissive tone in which you continued on your previous line of context. I might invite you in the remaining 45 seconds to endeavour to answer the question.

**MS BURCH:** I will get to the answer. The community services that I have spoken to welcome the portable long service leave. The question was: who had made contact with me? I am saying that those that have made contact with me are supportive of the portable long service leave. If Mrs Dunne wants me to go back through my diary and list name by name every community organisation that I have spoken with that supported the portable long service leave, I am willing to do that. But one thing I can say is that not one has approached me and said it is a bad deal for workers.

**MS PORTER:** A supplementary, Mr Speaker?

**MR SPEAKER:** Yes, Ms Porter.

**Mrs Dunne:** You had better go back and review your documents, and then come back and correct the record.

*Ms Burch interjecting—*

**MR SPEAKER:** Order! Ms Porter has the call!

**MS PORTER:** Thank you, Mr Speaker. Could the minister please outline how the government is supporting the community sector workforce?

**MS BURCH:** Thank you. We do support the community sector workforce, as opposed to those over there. The ACT government is working towards creating a sustainable community sector workforce. In November of 2009 our government introduced portable long service leave.

**Ms Hunter:** I raise a point of order, Mr Speaker.

**MR SPEAKER:** Stop the clock. Ms Hunter.

**Ms Hunter:** I am sure that Ms Porter's question was pretty much exactly the same as Mr Hargreaves's original question, if you could just review that.

**Mr Hargreaves:** No, it wasn't.

**MR SPEAKER:** Order! Ms Hunter, I thought the same thing, but Ms Porter's last word was somewhat inaudible and she actually said "community sector workforce", so, Ms Burch, please continue.

*Opposition members interjecting—*

**MR SPEAKER:** Order, members!

**MS BURCH:** I will just go to the interjection, where they are dismissive of the community sector workforce. In 2009 this government introduced portable long service leave for the ACT community sector, which will take effect from 1 July this year. Access to a portable long service leave will be an incentive to encourage employees to either remain with individual organisations or stay within the community sector generally. It is anticipated that employees will be able to transfer within the sector, having a stronger career path within the sector, and this will assist in retaining a professional workforce in the sector. This incentive has been recognised by other industries, including construction workers and cleaners, and we believe it is appropriate for the community sector workers.

We have introduced the scheme to develop the community sector workforce, improve quality of services, reduce training costs and encourage retention of staff in the sector. The scheme will protect the basic entitlement to long service leave for all community sector and childcare employees. This is one part of the ACT strategy to improve the sustainability of the community sector.

In 2006-07 a new community sector indexation rate was introduced to better reflect the cost pressures. To better understand the community sector workforce issues, this government has engaged HBA Consulting to complete an industrial relations review of the community sector that considers wages and conditions in the ACT. We understand that this initial—*(Time expired.)*

### **Road safety—cyclists**

**MS LE COUTEUR:** My question is to the minister for TAMS and it is about cycling safety. Are you aware of the ANU report that revealed the hidden statistic of cycling injuries and showed that, unfortunately, almost one-quarter of hospital episodes due to road trauma in Canberra are cyclists? And what are you doing to make our roads safer for cyclists?

**MR STANHOPE:** I thank Ms Le Couteur for her question. Yes, I was aware of that particular report. It is a report on which I do require some additional analysis. There is the raw figure by the ANU in relation to the number of hospital presentations by cyclists. I think it was a national report for here and other places around Australia. One of the pieces of information or analysis that I am not sure was done as part and parcel of that work was how many of those presentations were as a result of accidents involving other road users, most particularly cars.

Certainly I am a quite keen cyclist. I acknowledge that I have come off my bike a number of times and have injured myself, but every accident I have had on a bike

was a result of rider error and did not involve any other road user. None of the accidents I have had, on all occasions I have fallen off my bike, was attributable to the quality of the road or the cyclepath. I think, in any analysis of the sort of data provided by ANU, we need perhaps to refine it to better understand the cause of accidents, whether the surface, whether it was a road or a cyclepath, was a contributing factor to the accident or the injury.

Certainly in the context of this government's support for cyclists, I think it is fair to say that the ACT can now boast perhaps the best network of pathways and cyclepaths of any significant-sized city in Australia. Indeed, we are expanding that network and upgrading it at levels and to an extent that has never been assisted, supported or upgraded certainly since self-government.

I take the opportunity to acknowledge that some of the very significant funds currently being dedicated to pathways, cycleways and on-road cycleways certainly were a result of decisions that we took on coming to government when we first began, in the face of enormous opposition from the Liberal Party, to provide on-road cycling within the ACT. We have progressively increased our funding.

Much of that funding was funding as a direct result of our parliamentary agreement with the Greens. I acknowledge that. We have, in this particular parliamentary cycle, I believe, committed \$16 million for pathway and cycleway upgrades. You will see, after this first year, the enormous fruits of that.

I believe, and I am going somewhat on memory here, that we have expanded—I am not quite sure of the time frame now—the cycleway and pathway network by 700 kilometres. I believe that is since coming to government. We are upgrading and increasing the network and seeking to make it safer for cyclists continually. It does not just extend, of course, to the cycleways, their location, the quality of the upgraded service that you will have noticed. I again acknowledge an enhanced program of signage, an enhanced program that was also born out of discussions with your party, Ms Le Couteur. You see the fruits of that all over Canberra. Canberra cycleways are now better posted than they have ever been.

**MR SPEAKER:** Ms Le Couteur, a supplementary question?

**MS LE COUTEUR:** Given the dangers to cyclists revealed in the report, will the government commit to building off-road cyclepaths on any new major collector roads?

**MR STANHOPE:** Thank you, Ms Le Couteur. I would probably have to take some advice on what the government's current plans are in relation to cycleways and the mix of investment that we propose in relation to both on-road and off-road cycleways and an enhancement of the overall off-road network as opposed to investment in the on-road network. There is now, almost as a matter of course, provision made on all new major roadways in the ACT for a cycleway. Indeed, that is the case with John Gorton Drive, the contract for which was just announced in this last week.

I would have to take some advice, Ms Le Couteur, in relation to the mix of investment decisions that have been taken in relation to on road versus off road. I discuss these

issues with Roads ACT, and we do seek wherever we can to consider this issue, particularly in relation to pavement upgrades. I do not know whether you have recently ridden, Ms Le Couteur, down to the Cotter, but the Cotter Road from Weston to Camp Cottermouth has recently had a significant pavement upgrade. We did not go to the extent of providing an on-road cyclepath all the way to the Cotter in a traditional sense, but I did, in discussions at the outset with Roads ACT, ensure that we not just enhanced the pavement but widened the verges.

I think you will find at your next meeting with Pedal Power that the attention that has been given just on that roadway to the needs of cyclists is something that is significantly appreciated. It is not a formal bike way, but those cyclists who ride regularly to the Cotter are responding to me in relation to the enormous improvement in road quality and cyclist amenity on roads such as the Cotter.

**MR HARGREAVES:** A supplementary, Mr Speaker.

**MR SPEAKER:** Yes, Mr Hargreaves.

**MR HARGREAVES:** Thank you, Mr Speaker. Does the Chief Minister recall, in the lead-up to the 2001 election, that in fact the Greens' position was to support a cyclepath between Dickson and Woden, as articulated by the current Speaker, Mr Rattenbury, at the Hellenic Club? It was also supported by the Labor Party but it was opposed, in fact, by the then Minister for Urban Services, Mr Brendan Smyth.

**MR STANHOPE:** Thank you for the short history lesson. These things are relevant; this context is relevant in relation to support for this community.

**MR SPEAKER:** Mr Stanhope, I have been advised that the question is out of order.

**MR STANHOPE:** Well, that is a party-poopers sort of response.

**MR SPEAKER:** You cannot be asked about the Greens' policy. That is the advice I am given, and, as you might imagine, I sought advice on it.

**MR STANHOPE:** I was asked whether I recalled it; I was not asked to respond to it.

**Mr Hargreaves:** On a point of order, Mr Speaker, the question did not go to whether the Greens' policy was correct or incorrect; it was merely about whether a certain event in history actually took place.

**MR SPEAKER:** Yes, a fair point, Mr Hargreaves. Mr Stanhope.

**Mr Coe:** On the point of order, I think it is a very long bow to go from the original question to what Mr Hargreaves just asked. I ask that you review the original question and what correlation there is to the question that Mr Hargreaves asked.

**MR SPEAKER:** Before you continue, Mr Stanhope, I am thinking about that one.

**MR STANHOPE:** I could probably answer the question while you are mulling it over, in the interest of time.

**MR SPEAKER:** Thanks for the offer but it is fine; just have your seat. Ms Le Couteur's original question was about the incidence of injuries to cyclists. I think Mr Hargreaves has picked up on a particular measure that was designed to improve safety for cyclists, so I will allow the question to remain. Mr Stanhope.

**MR STANHOPE:** Thank you, Mr Speaker. I will not labour the point. In any discussion in a political context in relation to cyclist safety and cyclepaths, it does need to be recorded that this has always been this government's policy. It was a policy that we pursued before being elected in 2001, a policy that was opposed, root and branch, by the Liberal Party, the then government, and most specifically by the then minister for territory and municipal services, Mr Brendan Smyth—an ardent, vocal, virulent opponent of onroad cycleways, an opponent then and probably secretly still an opponent now. And never forget it: with respect to the then government, the network that we inherited was a network that did not support onroad cyclepaths in any shape or form, and we introduced the first onroad cyclepaths, particularly from that very important Dickson to Woden tranche, with the support of the Greens, and in the face of virulent opposition from the Liberal Party.

**Mr Hargreaves:** Virulent.

**MR STANHOPE:** Virulent opposition from the Liberal Party, and never forget it.

**MR SPEAKER:** Ms Hunter, a supplementary question?

**MS HUNTER:** The AAMI report showed that, compared to the national average, ACT drivers were more critical and less supportive of bike riders than drivers in other states. What action are you taking to reduce this tension between cyclists and motorists?

**MR STANHOPE:** I note and acknowledge the level of antipathy. Interestingly, Ms Hunter, and I am sure you are aware of this in relation to the consultation that the government has recently undertaken in relation to the introduction of the 40 kilometre per hour speed limit in a number of places around Canberra, one of the unsettling aspects of the community consultation was the real level of antipathy between motor vehicle drivers and other road users—not just cyclists, but pedestrians.

The issue you raise is an issue that has been identified, as you say, Ms Hunter, through AAMI but also identified more recently, just in this last month or two, in relation to associated or similar consultation in relation to road issues. It is quite clearly an issue which, as a community, we need to address. There is an us-and-them mentality between some car users and other road users.

Through the work that we are doing, most particularly in relation to the adoption of a new philosophy or approach to road safety through vision zero, we are seeking to address—as we develop a new five-year road safety campaign and strategy to deal with the need for each of us as members of this community to accept our personal and individual responsibility for making our roads safe, adopting individually and as members of this community a commitment that we will seek to achieve a sense of

road use that would lead to nobody suffering death or injury on our roads. It is about accepting personal responsibility and accepting a new view around road safety.

It is a serious issue. The issue you raise is obviously a serious issue for us as members of this community.

### **Canberra Hospital—alleged bullying**

**MR COE:** My question is to the Minister for Health. Minister, last week when serious allegations were raised in the media about workplace bullying, intimidation and a toxic environment at the obstetrics unit of the Canberra Hospital, you dismissed them as “doctor politics” and “mud-slinging”. However, this week you announced that the government would commission two external reviews to look into these allegations. Minister, why are you conducting two external reviews when you previously stated that the allegations are simply “mud-slinging” and “doctor politics”?

**MS GALLAGHER:** I think there is a fair bit of doctor politics and mud-slinging in how it has unfolded in the media over the past week. The comments I made and, indeed, all the interviews I gave also included a caveat. The words I expressly used were that I am not saying there are not issues. I think if you watched the media you would have seen that grab replayed. However, there has been a long and troubled history in obstetrics in the ACT. It has gone on for far too long. The obstetrics community have not dealt with it across private and public well. My hope out of all of this, out of the damage that has been done, particularly to the Canberra Hospital, is that the war that has existed in obstetrics for in excess of 10 years—

**Mr Seselja:** A war?

**Mr Smyth:** A war? It is now a war.

**MS GALLAGHER:** Yes, I believe it is. I think when you talk to obstetricians they will agree as well. It is over.

**Mr Hanson:** Oh, the war is over; thank God!

**MS GALLAGHER:** No, I have expressly asked that all the players that are involved put aside their differences—

**Mr Seselja:** It is fixed.

**Mr Hanson:** So the 10-year war—you said put it aside; the war is over now.

**MS GALLAGHER:** Mr Speaker, could I please answer the question I was asked? I believe that something good can come out of the way that this mud-slinging has occurred, and I do believe it is mud-slinging. It is an approach that I have not seen—the nature of the attacks on the credibility of hardworking individuals within the Canberra Hospital—before in my time in this place. I think it is immensely regrettable and has done extraordinary damage to a number of individuals. I regret that.

However, if there is something good to come out of it, I hope that the issues that have existed between visiting medical officers and staff specialists will end. I think we are mature enough and our city is growing to the point where we actually need that to occur. I have certainly been given commitments from doctors to agree to work to that goal.

I do not think anyone who works in the industry or who has a deep understanding of the long and complex issues that are involved in some of the issues that will be dealt with will discount that there are doctor politics in this, and there are doctor politics in a number of different areas. The focus at the moment has been on obstetrics.

**MR SPEAKER:** Mr Coe, a supplementary question?

**MR COE:** Minister, given your prejudgements, what confidence can the community have that you will act on any recommendations made by the reviews?

**MS GALLAGHER:** My frustration last week was a situation where I had been written to by four doctors expressing concern with “the work environment”—the words they used. Those letters I received on 21 and 22 December. I responded to those letters and asked that they expand and provide whatever concerns they had to ACT Health. None of them chose to do that. The next time this was raised was in an expose on ABC TV. That was my frustration—the way the process was being handled and the way reputations were being slurred without any procedural fairness or natural justice or any ability for those that had been slurred to defend themselves. I was frustrated with that.

**Mr Seselja:** You didn’t know about it, and it was going on for 10 years.

**MS GALLAGHER:** If the opposition find it a surprise that there have been disagreements in the obstetrics community in excess of 10 years, then none of them are doing their jobs properly. If you have got your heads so far in the sand that you pretend that there were no issues between visiting medical officers and staff specialists then you have been ignoring the facts.

My frustration, as I expressed in those interviews, was real. Indeed—I do not think I am breaching any confidences here—when I met with doctors on Monday morning, when I raised issues of clinical standards, safety, the training program and relationships between midwives and doctors as being issues that need to be investigated, I was told that those matters were not urgent and were not really the substance of the issues. Well, too late. They have to be interviewed, because reputations have already been damaged.

**MR HANSON:** A supplementary, Mr Speaker?

**MR SPEAKER:** Mr Hanson has the call. Before you continue, Mr Hanson: members of the opposition, I have already spoken today about interjections and continual questioning. We have twice as many supplementary questions as we used to have. I would invite you to use that opportunity and not constantly call across the chamber.

**Mr Smyth:** On that basis, we—

**MR SPEAKER:** I am sorry, Mr Smyth, is there an issue?

**Mr Smyth:** I was talking to my leader.

**MR HANSON:** Minister, why did you wait for doctors to go to the media if you were aware that there was a long and troubled history in obstetrics and a 10-year war?

**MS GALLAGHER:** I did not wait to go to the media. I think the long and troubled history in obstetrics, as would be well known to anybody who spent any time looking at them, always appears to rise when vacancies are advertised at the Canberra Hospital. That seems to have been what has angered the doctors who went to the media last week. It seems to have inflamed those concerns.

But it appears, as far as I can see, they wrote to me on 21 and 22 December. I responded. I asked them to expand on their concerns. They chose not to do so. I do not know why they did not. I was in the process of arranging a meeting, to meet with them, when they had not responded on my return from leave. The story hit the media and the rest is history.

**MR HANSON:** A supplementary.

**MR SPEAKER:** Yes, Mr Hanson.

**MR HANSON:** Minister, when did you first become aware of this 10-year war and this long and troubled history in obstetrics?

**MS GALLAGHER:** My first real understanding of it was probably in 2005, when exactly these same issues were raised. I was not the Minister for Health at that time but there was an own-initiative investigation by the Health Complaints Commissioner, who looked into them and reported.

### **Water—Murrumbidgee to Googong pipeline**

**MR DOSZPOT:** My question is to the Treasurer. You were present at an estimates committee on 18 May 2009 when Mr Sullivan, the Managing Director of Actew, provided incorrect information to the estimates committee on the cost of the Murrumbidgee-Googong pipeline. Mr Sullivan provided the correct advice to shareholders, including yourself, a few days later. The estimates committee was still active. Why did you take no action to correct the record when you had the correct information while the estimates committee was still sitting?

**MR SPEAKER:** Mr Doszpot, under standing order 117(e), questions shall not refer to proceedings in a committee not yet published or anticipate the outcome of a committee inquiry. As we have just established a privileges committee into the exact matter to which you are referring, I will have to rule the question out of order.

**Mrs Dunne:** Mr Speaker, on your ruling, I seek your indulgence.

**MR SPEAKER:** Yes.

**Mrs Dunne:** The Assembly specifically voted yesterday to not include Ms Gallagher in the inquiry. There was a specific vote on that subject. Therefore I think that there is no inquiry in train in relation to Ms Gallagher's role. I think therefore that it would be reasonable to reconsider your—

**Mr Stanhope:** On the point of order, Mr Speaker.

**MR SPEAKER:** Yes, Mr Stanhope.

**Mr Stanhope:** The question made an assertion around what Mr Doszpot purports to be facts. They are facts that have not been established. They are facts that, if they are to be established, will be established by the privileges committee. The entire preamble of the question was around an interpretation of evidence given by Mr Sullivan to a committee. The privileges committee actually will determine whether or not it was Mr Sullivan, or indeed Mrs Dunne, that misled the committee. Those are claims that are yet to be tested before the privileges committee. The entire basis of the question involves an assertion of facts that we simply do not accept. So your ruling is entirely appropriate and correct, Mr Speaker.

**MR SPEAKER:** Mrs Dunne, the reason for my pause was to think about exactly the point you were making. Having reflected on it for the time I had available, my view is that the committee will have to look at the entire circumstances, including Mr Sullivan's role, as well as Ms Gallagher having the potential to be called as a witness. On that basis, I have formed the view that Mr Doszpot's question is out of order.

**Mr Smyth:** So when would it be appropriate to ask Ms Gallagher questions about her activities as the Treasurer? The Assembly decided yesterday that she would not be the subject of the inquiry. Could you rule or at least tell us when it is appropriate to ask such a question?

**MR SPEAKER:** I will give that some further consideration, but my initial response would be that, whilst we have a privileges committee on this matter, it does preclude questions.

**Mr Smyth:** I thank you for what you say, but the privileges committee is not looking at Ms Gallagher's activity. Privileges committees are quite accurate in what they do. I seek your guidance. On the basis of that, if the planning minister is to appear before the planning committee for any matter, does that exclude us from asking the planning minister questions? I would like an interpretation or an explanation of your application of that ruling.

**MR SPEAKER:** As I said, Mr Smyth, in my answer to Mrs Dunne I gave some indication. I have given you some further indication. I will come back with further advice. But I think the distinction you draw with the example from Mr Barr is more general. In this case, we have a very specific matter before the privileges committee and I think it is quite possible to draw that distinction.

**Mr Smyth:** But the specific matter is about Mr Sullivan, not about the Treasurer.

**MR SPEAKER:** I have made my ruling, thank you, Mr Smyth.

### **Health—palliative care**

**MS BRESNAN:** My question is to the Minister for Health and concerns palliative care. During the government's consultations with the community about the possible sale of Clare Holland House, a number of concerns were raised about palliative care more generally, and you indicated that the government will commission an independent review of palliative care. Minister, is the government still committed to that independent review? If so, what steps are being taken towards commencing that review?

**MS GALLAGHER:** I think I have signed off a letter to you today on this subject. I think you have written to me. At this point in time, and having regard to the proposal that had led to those concerns being raised, I do not think it is an urgent priority for the government to pursue an independent review of palliative care. I think we can look at something smaller than what was being asked for. It was quite a broad ranging inquiry that was being looked at. We are not looking to change any of the arrangements with palliative care in the near future. Indeed, at this point in time, they have not been subject to any of the ongoing discussions that I have been having with Little Company of Mary.

The calls for the independent review came around concerns regarding a potential change to the way palliative care services were run in the ACT, and now that we are, certainly at this point in time, not looking to change those arrangements, I think some of the urgency about that review has dissipated. I am happy to look at it again. I have not received any correspondence from anyone wanting to pursue this review. I think my office is meeting with Health Care Consumers in the next few days, or maybe a week. At my last meeting with them, they were very keen on it, but I am interested in inquiring further with them about what they would now be after, considering the changed proposal.

**MR SPEAKER:** Ms Bresnan, a supplementary question?

**MS BRESNAN:** Given that the concerns which were raised during the consultation process were around one service provider providing palliative care and given that that situation still stands, what processes have been used to determine whether or not this is an urgent matter, and has it involved any community input?

**MS GALLAGHER:** As I said, I am meeting with the healthcare consumers in the next week or so, or my office is—I am not sure if I am personally. I will discuss it further with them. The arrangements for palliative care provision now that the proposal has changed really are that, for the foreseeable future, the Little Company of Mary will be remaining as the sole provider, other than the Palliative Care Society, of course, which receive about \$300,000 a year to provide palliative care services in addition to services provided by the community health centres and by GPs. The

contract that exists for palliative care services, on my understanding and from some of the advice I have, is going to continue for the next 61 years.

**MR HANSON:** A supplementary, Mr Speaker?

**MR SPEAKER:** Yes, Mr Hanson.

**MR HANSON:** Minister, will you now rule out selling Clare Holland House to the Little Company of Mary?

**MS GALLAGHER:** No, I will not. That is really because LCM Health Care and the government are in continuing discussions about the best way forward, just like I will not rule out compulsory acquisition. I think it is crazy to rule things out just for the sake of political convenience.

I understand that, if Mr Hanson was health minister, he would never take a decision that upset anybody for fear that he might have to stand up at a meeting and stand for something. Hopefully, I think, the community will ensure he is never in a position where he has to make a tough decision. You cannot ask governments to rule this in and rule this out. It is not the way good public policy decisions are taken, to exclude something just because someone in the community does not want you to do something.

I am afraid that at times tough decisions have to be made. All options have to be on the table. Hard discussions have to be had. That is the reality of being in government—something that Mr Hanson will never be.

**MR SPEAKER:** A supplementary question, Mr Hanson?

**MR HANSON:** Thank you, Mr Speaker. Minister, will you continue to consider options that you have already described as crazy?

**MS GALLAGHER:** I have said a number of times, and indeed in this place, that all options remain on the table in our discussions with Little Company of Mary Health Care. Ultimately it will be a decision for the cabinet about the best way to go forward. I will provide my own views within that forum, but this is a collective decision-making process at the end. Those processes have not been taken so I am not going to pre-empt them.

### **Water—Murrumbidgee to Googong pipeline**

**MRS DUNNE:** My question is to the Minister for Environment, Climate Change and Water. Minister, will you table in the Assembly by the close of business today the initial plans for the route of the Murrumbidgee-to-Googong pipeline, any variations that have been considered to that initial plan and the current final proposed route? If not today, when would you table them?

**MR CORBELL:** I will take the question on notice.

**MR SPEAKER:** Mrs Dunne, a supplementary?

**MRS DUNNE:** Thank you, Mr Speaker. Minister, has Actew Corporation prepared and submitted for approval the environmental impact statements as required by all relevant commonwealth, New South Wales and ACT government authorities? If no, why, and when will those statements be prepared and submitted?

**MR CORBELL:** Actew are preparing those documents. There are detailed requirements they will need to meet for assessment by relevant ACT and New South Wales authorities. The exact position in relation to the finalisation of those documents I will take on notice and I will provide further advice to the member.

**MR SPEAKER:** A supplementary question, Mr Seselja?

**MR SESELJA:** Minister, were those statements prepared and submitted based on the final proposed route? If no, why, and on what route or routes were the statements prepared?

**MR CORBELL:** I will take those questions on notice, Mr Speaker.

**MR SPEAKER:** A supplementary question, Mr Smyth?

**MR SMYTH:** Thank you, Mr Speaker. Minister, have all relevant commonwealth, New South Wales and ACT authorities approved the environmental impact statements? If no, why, and what work remains to be done to satisfy the requirements of those relevant authorities?

**MR CORBELL:** I am fairly certain that EIS approval has not been given yet either by the ACT or the NSW authorities. Actew, as I indicated to Mrs Dunne earlier, are in the process of preparing, documenting and providing that information. As I indicated in my previous answer to Mrs Dunne, on the exact sequence I will come back to the member and provide further information.

### **Road safety—drink driving**

**MS PORTER:** My question is to the Minister for Transport. Minister, this morning you announced a package of initiatives to tackle the high levels of drink driving in the territory. What are these reforms?

**MR STANHOPE:** I thank Ms Porter for the question. I have announced today a number of very significant reforms that the government proposes to have drafted for introduction into the Assembly in relation most particularly to drink driving and the need for us to respond to the very high levels of Canberrans being detected driving with above the prescribed levels of alcohol.

Indeed, in the last year 1,800 Canberrans were caught drink driving. It is interesting to put that in some context: that is 50 per cent higher than just three years ago. A very worrying aspect of the analysis of those figures of 1,800 people charged is that almost one-third of the 1,800 charged with drink driving in the last year were repeat offenders. I think that is a stunningly high number of people charged in the first

instance, but it is most alarming that, of the 1,800, one-third or nearly one-third were repeat drink-drive offenders.

It is in that context and as a result of growing concern within the government and indeed within agencies such as ACT Policing and the courts that our attempts at deterrence, most particularly, are simply not being successful, and advice to the government through an extensive consultative program in relation to this proposed raft of law reform, particularly involving the police, the DPP, the courts and a range of other stakeholders reflected most particularly in the roundtables on road safety that the government has now convened, we have determined that we should now develop legislation that seeks to change the culture, the culture of complacency as I have previously described it, around, most particularly, drink driving.

The government, therefore, does propose to remove some of the access rights to a restricted licence. We do propose for first-time offenders that a first-time offender who exceeds the applicable blood alcohol limit by more than double, by more than 0.05, should not be eligible for a restricted licence, and that all repeat drink-driver offenders should not be eligible for a restricted licence. We propose to amend the definition of "repeat offender". There have been loopholes, we believe, where a person previously charged and convicted of drink driving for five years subsequent to a repeat offence is not categorised as a repeat offender, and indeed that people that are charged with drink driving where guilt is established but no conviction recorded are also not included within our understanding of repeat offender. It is proposed that the allowable blood alcohol limit for special drivers, including learner drivers, heavy vehicle and public passenger vehicle drivers, and people giving driver instruction or assessment, whether professionally or otherwise, should be subject to a zero alcohol limit, and we propose to proceed with that.

It has also been decided, actually in the face of that very high level of recidivism or repeat offender behaviour in relation to drink driving, that all people that are convicted of drink driving will be required to undergo an alcohol awareness course before they can apply for a new licence; and for repeat offenders it is proposed that they undertake a formal alcohol and drug program assessment before they are eligible to apply to be relicensed. The government has also determined that police should be given the power to suspend on the spot the licence of a person who exceeds the applicable blood alcohol limit by more than double, so that they are removed from the roads immediately the offence is detected.

**MR SPEAKER:** Ms Porter, a supplementary question?

**MS PORTER:** Minister, what consultation did the government undertake when developing these anti drink driving and drug-driving initiatives?

**MR STANHOPE:** I thank Ms Porter for her question. The government, as I have just indicated, undertook quite extensive consultation in relation to all the initiatives it proposes. I have just outlined a number of proposed changes explicitly related to drink driving. The consultation, as I say, did include the courts, the police, the DPP, health authorities, JACS, the NRMA, the Road Safety Trust and a significant number of other very important stakeholders in relation to road safety.

Through that consultation, we have determined to proceed with the amendments that I have just outlined. We have also, through that consultation, identified a number of other areas where we believe there should be reform in relation to roads and road safety which should be pursued. We are taking further advice on some of those other proposals before formalising our position, and we will consult further.

It has been proposed to the government, and we are taking the proposal seriously, that police should, in relation to a range of high-level offences, particularly repeat drink driving, excessive or recidivist speeding, driving unlicensed—and there are very high levels of recidivism in relation to unlicensed drivers—have the power to impound and confiscate vehicles. This is a potential reform that the government is taking seriously but we do acknowledge there are some significant human rights issues in relation to the confiscation that need to be further consulted on and further considered.

The government have previously floated the prospect of naming and shaming provisions. Similarly, we are conscious of some significant privacy issues or implications. (*Time expired.*)

**MR SPEAKER:** Ms Bresnan, a supplementary question?

**MS BRESNAN:** Thank you, Mr Speaker. Minister, you have said the proposed drug-driving legislation will contain a presence/non-presence test for drugs. What technology has your department investigated that can conduct such tests?

**MR STANHOPE:** I thank Ms Bresnan for the question. The issue of drug testing is a very complex and fraught issue. We are all aware of proposals that have been advanced before the Assembly previously, proposals that have been advanced by the Liberal Party, proposals that are based on a safe concentration, or a prescribed level, which presumably equates to a safe level—a prescribed concentration of drug approach to drug-driving random testing.

The approach that the government are currently exploring, which we are attracted to but which we wish to explore further—we have actually reduced it to an exposure draft of drug-driving legislation, which I will table in our next sitting for the information of members and the broader community—proposes the adoption of the Victorian methodology in relation to drug testing and the Victorian scheme. There is a significant difference.

One of the issues that we have with the proposals in relation to a drug testing regime that goes to a prescribed concentration relates to very serious concerns that have been advanced to us by technical experts that the technology is simply not good enough or will have the capacity to produce in a timely fashion drug concentration levels in drivers. It would be difficult, uncertain, and I think most importantly in the context of deterrents and law enforcement, extremely time consuming. It has been suggested to me that under a prescribed concentrated level approach it could be, for instance, that a random roadside drug testing facility would test perhaps no more than five or six drivers an hour. In that context it would have absolutely no utility as a deterrent or law enforcement policy.

**MR SPEAKER:** A supplementary question, Mr Hanson?

**MR HANSON:** Chief Minister, are you aware that the legislation you just referred to actually says that for the purpose of illicit drugs, the prescribed concentration of the drug is for any concentration present in the blood and that, therefore, the statements that you have made in the chamber just now and in the media today are false and misleading?

**MR STANHOPE:** I was aware of the tortuous approach that the Liberal Party's bill proposes in relation to roadside drug testing. It is a fact. Nothing that I have said is not factual. What I said, and it is the fact, is that Mr Hanson's bill—which is a straight take from Steve Pratt's bill, which was previously not supported in this place—is a model that actually prescribes a safe concentration of illicit drugs as the basis on which decisions will be taken.

The major difficulty, the technical difficulty, is that we cannot, with the available technology in a roadside testing environment, test for a proscribed concentration. You can test for the existence of the presence of drugs, and then, under the Liberal Party model, you then have to drag the person in whom a proscribed drug has been detected off, presumably, to a police station. The Liberal Party scheme is a two-part scheme—it is based on a prescribed concentration model. We do not have the technology available to actually determine a prescribed quantity in a roadside test.

It would be necessary for the test to be undertaken through an oral swab to detect the presence of a proscribed substance. That test takes, I believe, a significant period of time. The person would then be transported on, presumably, to a police station, where it would be possible then to pursue the prescribed concentration test, which might take some hours. So the person is stopped, tested, drugs detected, taken to the police station and subjected to tests to determine the prescribed concentration, which I am told could take hours. It is enormously resource intensive. Subject to the outcome of the test, the person is then driven back to the car and allowed to leave.

What deterrent effect does a scheme like that have? How does that assist in enhancing road safety? It does not. The scheme is totally flawed.

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

### **Road safety—drink driving** **Answer to question without notice**

**MR HANSON (Molonglo):** Standing order 118 states:

A Member who believes a response given to a question was in the form of a ministerial statement may seek leave of the Speaker to respond to the statement at the conclusion of Question Time for a period not exceeding five minutes.

That is under temporary order 9. I believe that the initial answer given to the question asked of Mr Stanhope and the supplementary clearly took the form of a ministerial

statement. Mr Speaker, I seek leave of you to respond for a period of not more than five minutes to the Chief Minister's ministerial statement.

Leave granted.

**MR HANSON:** Turning first to the points about random breath testing that were made in the form of a ministerial statement with respect to the question, I will just make the point that this government has presided over the worst drink driving statistics in the history of the ACT. What we are seeing now are rates of positive random breath tests which are increasing year by year. We, the community—and everybody—have been calling for action to occur. There have been numerous discussion papers, including, actually, a very good one released by the Chief Minister's Department in 2008. There has been broad discussion.

Every time results come out that are so damning for this government, what we see is: "Here are some ideas. Let's discuss them and let's send them to a roundtable." And that is all we have seen today. We have seen no action; we have seen no decision; we have simply seen some ideas that have already been mooted before and passed to a roundtable.

With regard to random drug testing, the Chief Minister's statement and his garbage that he spoke before are untrue. The legislation—

**Mr Stanhope:** A point of order, Mr Speaker.

**MR HANSON:** Stop the clock, please.

**MR SPEAKER:** Yes, stop the clock.

**Mr Stanhope:** That was actually an allegation, an aspersion, that was unparliamentary, the suggestion that I was not telling the truth, and I ask that Mr Hanson withdraw the allegation.

**MR SPEAKER:** Mr Hanson, I invite you to withdraw the unparliamentary language and make your point nonetheless.

**MR HANSON:** Mr Speaker, on the point of order, the fact is that the things that Mr Stanhope said were not true and I am about to outline, in black and white, in legislation that has been tabled in this Assembly, that what he said was not true.

**Mr Seselja:** It becomes ridiculous if we can't. How do you disagree with someone?

**MR SPEAKER:** Do you want to have a say, Mr Seselja, or do you just want to backchat?

**Mr Seselja:** Sorry?

**MR SPEAKER:** Do you want to actually speak—

**Mr Seselja:** I am happy to add to the point of order, Mr Speaker.

**MR SPEAKER:** Do not do it from your chair. If you want to speak to the point of order then rise and speak.

**Mr Seselja:** On the point of order—

**MR SPEAKER:** Did you hear me?

**Mr Seselja:** Am I able to speak to the point of order, Mr Speaker?

**MR SPEAKER:** Yes, but if you want to comment on it, seek the call. Do not backchat from your seat.

**Mr Seselja:** I am doing that.

**MR SPEAKER:** Okay.

**Mr Seselja:** Mr Speaker, I put this to you: if Mr Hanson is not able to question what another member in this place is saying then what is the purpose of debates? If Mr Hanson believes something to be untrue and he is going to set out why he believes it to be untrue, how can that possibly be unparliamentary? And if it is, many debates in this place will be stifled.

**MR SPEAKER:** Mr Hanson?

**MR HANSON:** Yes. I am just getting a copy of the legislation so that I can show you—

**MR SPEAKER:** That is fine. Mr Hanson, I have sought some clarification. I think that you are free to proceed.

**MR HANSON:** Thank you, Mr Speaker. The point of the matter is that my legislation does talk about prescribed limits. That is true. I agree, actually, with what Mr Stanhope is saying, that to try to say, for illicit drugs—and you have been at the briefing that I have given, Mr Speaker, as have other members—that this amount of marijuana is okay and that amount of marijuana is not, that one joint is fine and two joints are not, or the same for methamphetamines, would be patently ridiculous. They are the two drugs that are prescribed in the legislation. We do not attempt to do that in the legislation.

What the legislation says, and I can quote, with regard to illicit drugs, is that any concentration of the drug present in the blood would be an offence. That is the point. So when Mr Stanhope stands here in this Assembly and says in the media today that the Canberra Liberals' legislation would require a prescribed level that would be determined then that is patently false.

In this legislation, what I have prescribed are two drugs. One is cannabis; one is methamphetamines.

**Mr Stanhope:** Only two. What about the other drugs?

**MR HANSON:** That is a debating point.

**Mr Stanhope:** On a point of order, Mr Speaker.

**MR SPEAKER:** Stop the clock.

**Mr Stanhope:** On the point of order then, on the claim that it was untrue, what I said, clearly he has just admitted that it was not untrue. He has only got two prescribed drugs. He believes that only two—

**MR SPEAKER:** Mr Stanhope, you cannot argue the point during a point of order.

**Mr Stanhope:** I just draw your attention to the fact that what Mr—

**MR SPEAKER:** You are debating the substance, Mr Stanhope.

**Mr Stanhope:** What he just said is untrue, Mr Speaker, and I just think the record should show that what he is saying is untrue.

**MR SPEAKER:** What standing order is that, Mr Stanhope? Mr Stanhope, we have had this a couple of times in the last couple of days. You cannot use points of order to debate the substance. You need a point of order about procedure. There is no standing order that enables you to stand up and dispute the facts.

**Mr Stanhope:** I was just testing whether there was.

**MR SPEAKER:** Mr Stanhope, I am sure you know well enough that it is not open to members to frivolously use points of order to interrupt debate and the Speaker will be forced to act if that sort of behaviour continues.

**MR HANSON:** If Mr Stanhope were to refer further to the legislation, he would see that I prescribe the drugs for which this applies, and that is methamphetamines and cannabis. Certainly, if other drugs were to be included in the testing regime, it is simply an amendment to include those drugs as part of the legislation.

This is a Chief Minister who has previously described—

**Mr Stanhope:** There are only two.

**MR HANSON:** There is certainly scope to prescribe more but the reason that I have limited it to two drugs is that they are well-known drugs; they are well-known drugs that are prevalent in our society; and they are well-known drugs which we know cause impairment to users of our—

**Mr Stanhope:** So you are happy for people to drive—

**Mr Coe:** Do you like dangerous roads too?

**Mr Stanhope:** Do you think people should be able to drive after taking ice, Alistair?

**MR HANSON:** Will you stop the clock, please?

**Mr Coe:** What do you think? What are you going to do about it?

**MR SPEAKER:** Order, Mr Coe, Mr Stanhope! Mr Hanson has the floor. I expect to be able to hear him.

**MR HANSON:** The point is that they are two well-known drugs. I could have gone through and exhausted the list. But to do so would, I think, cause problems through the system and cause technical arguments about “not this drug but we should have that drug”. I would be willing to accept any amendment from Mr Stanhope if he says, “No, we should have ecstasy. No, we should have a range of other drugs in there.” That is a very simple amendment to add those to the list of the drugs in this document. And by doing so, that would achieve everything that Mr Stanhope is doing. It already does it for cannabis and methamphetamines and it would do it for any other drug of his choosing.

Why doesn't he do that? Why doesn't he actually say that in the media and in this Assembly, rather than trying to ridicule and rather than trying to dismiss this legislation as something other than it is? This is a Chief Minister who has previously described the random drug-testing regime that was proposed as redneck. He has dismissed it. And, when we brought this in in December, he described it as a low priority. It was not a priority for this government. And Mr Stanhope, rather than working, as the Greens have, with the Canberra Liberals to bring in effective legislation, to make sure our roads are safe, rather than inquiring of me how he could work with me by putting amendments to make this better legislation, decided to attack the legislation, to dismiss it, when he has no legislation of his own on the table and in fact has got nothing to offer other than rhetoric and political spin and attack.

### **Points of order Statement by Speaker**

**MR SPEAKER:** Members, I would like to turn to a couple of matters outstanding from this morning, now that we have finished question time. The first is that I undertook, on Mr Stanhope's request earlier, to review the *Hansard* regarding a comment Mr Smyth had made. I did do that. I also, as I have just alluded to, checked the standing orders. There is no point of order on the basis that—as I have just outlined, Mr Stanhope, in the previous matter—you cannot actually make a point of order on whether somebody said something factual or not. You cannot dispute the substance of that as a point of order; it has to be done as a matter of debate.

### **Privileges 2010—Select Committee Membership**

**MR SPEAKER:** I have been notified in writing of the nomination of Mr Coe as a member of the Select Committee on Privileges 2010.

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

That the Member so nominated be appointed as a member of the Select Committee on Privileges 2010.

## Hospitals—services

Debate resumed.

**MR HANSON** (Molonglo) (3.29), by leave: Mr Speaker, I will be brief. The comments that were made by Mr Stanhope in speaking to Ms Porter's motion demand a response. It was an attack, a vilification, directed towards Mrs Dunne. The point is that there have been significant allegations of a toxic workplace culture. These are not Mrs Dunne's words; these are words from others connected to the allegations about what has occurred at Canberra Hospital.

Today, in this Assembly, Ms Gallagher said that there had been a 10-year war at obstetrics at Canberra Hospital and that there has been—and I will find the quote—“a long and troubled history in obstetrics”. We also have a situation where nine doctors, that is, four registrars and five obstetricians, have left the Canberra Hospital.

I think there are legitimate concerns that Mrs Dunne raised in debate and for the Chief Minister to try to draw the bow that any criticism or concern raised by Mrs Dunne about a government service—in this case, an area in Canberra Hospital—is somehow a broad attack on health staff is patently ridiculous. And I want it put on the record that it is a wild assertion and it is characteristic of Mr Stanhope. Rather than listen to the points of fact and present reasoned debate, his normal tactic is to attack the person, to play the man and not the ball. He is hiding behind the public service.

He is blaming the doctors by saying in his speech that the Canberra Liberals are being used. We are not being used. We have listened to a broad range of complaints at Canberra Hospital, arising from nurses, from doctors, from other staff and from people representing those doctors. We are not being used. We are representing the concerns of a section of the community.

There will be more debate on this on my motion that follows and more will be discussed then. But this is a point that needed to be expressed specifically in relation to this motion that has been brought forward and the response by Mr Stanhope.

**MS PORTER** (Ginninderra) (3.32), in reply: In closing the debate, I do thank members for their contributions. It is an important issue and the community is much more informed today about what the opposition, in particular, think about our hospitals in the ACT. If people did not know before, they do now. Maybe people thought I was being a bit OTT, as the could-have-beens would say—that is, over the top. We have heard it all again today—pure negativity and pure opposition, of course, from the opposition.

Mr Seselja is continually running down this government's plan for health care in the ACT, with no suggestion of an alternative plan from him. He is asleep on the job again. Do some work, Mr Seselja. What is your plan? Of course, we have seen here

again today an opposition that run totally negative campaigns and claim to be a group of little innocents, hand on heart, “We’re not guilty, your honour,” knowing full well what damage this negative debate would eventually cause. They claim they are blameless.

Mr Hanson says that he is not to blame. Yet strangely, following that statement, he came up with a comment that he would have worn such a responsibility like a medal of honour. I need to check the *Hansard* but it certainly left me with that impression.

**Mr Hanson:** No, that was the impression.

**MS PORTER:** Well, there you go. So he would like to be blamed for the negotiations falling over. The fact remains that people are quite often affected by, or influenced by, the political debate that goes on inside or outside this place. The sisters are—I am sure they have been—very conscious of the negative oppositional campaign run by Mr Hanson. So for those opposite to say they are blameless is laughable. I am not sure what ideological pursuit Mr Hanson thinks we are on about. This is not about ideology; this is about the delivery of health care—the delivery of health care in the north of Canberra, in this instance.

I found Mr Smyth’s remarks about the advice the minister has received offensive. What are you saying, Mr Smyth, about the people who have provided this advice? However, what is most offensive—and the Chief Minister addressed this matter before lunch—is Mrs Dunne’s shocking accusation about the Canberra Hospital and its staff. Mrs Dunne’s particular use of the word “toxic” is offensive and unfortunate in describing the staff of the hospital. That description of staff of any hospital, let alone that one, the one that the Chief Minister and the Minister for Health have often said delivers one of the best health services in Australia, is outrageous. Mr Hanson was at pains to point out that he thought Mrs Dunne’s comments were not offensive. I think they were offensive, Mr Hanson.

Those sitting opposite have obviously lost all hope of being in government. If they held even the remotest hope of governing the ACT, they would be more prudent in their comments about public servants. This week, it feels as though they have declared open season on bureaucrats of high standing and those who work in our hospitals. As a person who was once a registered nurse and midwife, I take great exception that someone can come into this place and use their privileged position to undermine each and every staff member of the Canberra Hospital. This is stomach-turning. Who will be next?

Of course, Mrs Dunne has got to preach to me about how to represent the people of Ginninderra. That is a bit rich. That is all I can say about that. Mrs Dunne, if the best you can do in this place for the people of the ACT is undermine the staff at Canberra Hospital and indicate that you consider one public hospital is better than another, and to deride my efforts on behalf of the people of Ginninderra, you deserve to be pitied. Maybe you are trying to prove yourself in the rabble of the boys club opposite.

I thank Ms Bresnan for her remarks and note her willingness to work with the government to find a resolution. I would reiterate that the Little Company of Mary

have always had, and continue to have, the interest of health care and the welfare of the people of Canberra as a priority. Again, I would express my thanks to them for their preparedness to work with the ACT government to prepare for the future healthcare needs of our community. We do know on this side, of course, that these healthcare needs will be considerable.

Motion agreed to.

## **Canberra Hospital—proposed board of inquiry**

**MR HANSON** (Molonglo) (3.37): I move:

That this Assembly:

(1) notes:

- (a) the grave concerns raised by current and former staff within the Obstetrics Department at The Canberra Hospital (TCH) of a culture of bullying and intimidation, of poor communication, of poor relationships between clinical staff and management and of a toxic workplace environment;
- (b) that allegations have been made regarding poor clinical outcomes and allegations that patient safety has been compromised or could be compromised in the future if systemic issues are not addressed;
- (c) that as a result of these concerns, nine doctors have recently left the Obstetrics Department and other doctors have stated that they are unwilling to work at TCH;
- (d) that although the allegations have centred on the Obstetrics Department at TCH, a number of allegations of a similar nature have been made by staff and ex-staff across other areas of TCH;
- (e) that a number of staff at TCH have expressed an unwillingness to make formal written complaints due to a fear of retribution and hostility that is directed against complainants by some senior staff at TCH; and
- (f) that a number of staff at TCH have indicated that although they are prepared to make anonymous complaints, they would not appear before any review conducted by the Government through fear of the consequences;

(2) calls on the government to:

- (a) appoint a Board of Inquiry pursuant to the Inquiries Act 1991 into the serious concerns that have been raised at TCH;
- (b) ensure that the persons appointed to the Board are independent of TCH and of ACT Health and are acknowledged independent by all parties connected to the allegations that have been made;
- (c) appoint at least three persons to the Board, including a clinician, a health administrator and a legally qualified member;

- (d) ensure that the Board of Inquiry's scope include allegations of poor clinical outcomes, bullying and intimidation, poor communication, poor relationships between clinical staff and management, and of a toxic workplace environment across all departments of TCH; and
  - (e) appoint the Board of Inquiry by 15 March 2010 and to provide a copy of the Board's report to the Assembly on completion of its inquiry; and
- (3) calls on the government to issue the Board of Inquiry with the following terms of reference:
- (a) to investigate, report and make recommendations on allegations made by current and former staff of TCH in relation to:
    - (i) workplace misconduct including bullying and intimidation;
    - (ii) dysfunctional communication and relationships between clinical staff and management;
    - (iii) hostility and retribution directed towards staff who make complaints; and
    - (iv) poor clinical outcomes, or the potential for such outcomes, arising from an alleged dysfunctional workplace environment;
  - (b) to review the existing staff complaints handling procedures within TCH and make recommendations for improvements as necessary.

This is a very serious issue that has arisen of late at the Canberra Hospital. Serious allegations have been made and obviously a lot of concerns have been expressed. The first and key concern that I have is that of patient safety. Specifically, it is for the safety of women and children and it is a concern not in the quality of the clinicians but a concern that a dysfunctional workplace, a "toxic workplace environment", which is the way it has been described, will lead to death, or possibly could lead to death, or serious injury, if it has not done so already.

We need to make sure that the workplace culture is such that it provides a safe environment. Allow me to quote from Andrew Foote. Dr Foote is the Chairman of the ACT branch of the Royal College of Obstetricians and Gynaecologists and in that role he represents the clinical expertise of obstetricians and gynaecologists here in the ACT. In the *Canberra Times* on 23 February, he is quoted as saying:

We were concerned that the minister was trivialising this issue and writing it off as doctor politics, but it's really about patient safety and the safety for women and babies.

That is the issue, and it is a serious issue. The second concern I have, and I am putting them right up front, is that about sustainability of staff at the Canberra Hospital. We know that we have had doctors who have left; at this stage, to my understanding, it is nine doctors, of whom four were registrars and five were qualified obstetricians. The long-term implications of that are dire. We are seeing that other doctors are writing to

the minister, as I understand it and she can clarify, to say that they are not going to work at the Canberra Hospital because of the environment there.

If we are to build a women's and children's hospital, if we are to have a sustainable healthcare workforce, we need to address the issues, or the perception of issues, at the Canberra hospitals to make sure that staff do not leave and that staff are able to be recruited to be employed at the Canberra Hospital.

In relation to the staff that left, Dr Foote said:

It's unheard of ... Basically, when you've only half finished your training—

and this is in reference to the registrars—

you don't have a qualification ticket and you are clearly at risk of never getting your qualification certificate if you walk away from the training program.

So things must be pretty difficult for a registrar to do that.

And I concur: these are not people that could go anywhere else. These are people that left halfway through their training. So what we know is that five obstetricians and four registrars have left. We know that we have received and seen in the media allegations of poor medical outcomes. The two that were aired on the ABC—and I commend the ABC for its long and detailed investigation into this matter—were of a patient at the Canberra Hospital who was advised to have a late-term abortion despite six separate specialists' opinions that stated that the baby would be born healthy, and a Canberra woman who almost died three years ago when she was treated for a molar pregnancy in which foetal cells turned cancerous. The procedure was carried out by an unsupervised registrar and it went wrong. I quote from her mother:

“Perforated my uterus multiple times and then in doing that they pulled my bowel down and nicked that six times ... They had to pull my complete insides out and empty them and cut out 30 centimetres of my small bowel.”

In the rush to repair the damage, pregnancy tissue was left inside ...

I will not name her—

Despite two more procedures to remove it, she developed a life threatening bacterial infection five months later.

These are most grievous, serious issues and they are not to be dismissed as the minister has spent so much of her time, even today, dismissing them. I think it is fair to say that expectant mothers in the ACT would be concerned and they would be demanding the most rigorous investigation into these complaints.

We know that letters were written to the minister last year by doctors outlining their concerns. We know —

**Ms Gallagher:** No—wrong, wrong.

**MR HANSON:** Well, you can have the time to correct the record if you did not receive letters from doctors—or registrars, as I understand. The minister can correct the record, but I believe four registrars lodged formal complaints with the Royal College of Obstetricians, and they have been forwarded on as well. There have been allegations of a toxic work culture. I will quote from an obstetrician in the *Canberra Times* of 18 February:

“There is constructive criticism and there is destructive criticism. I think every registrar had been in tears ... there were snide remarks and constant putting down.

Although the allegations have centred on obstetrics at TCH, a number of allegations of a similar nature have been made by staff and ex-staff across other areas of TCH to my office, and I am aware that several media outlets have received numerous similar complaints, not just from obstetrics but broadly from across the Canberra hospitals. Rather than accept these complaints at face value, the minister attacked the doctors and denied that there was any problem. I will quote again from her statements in the media on 18 February:

“If there is an issue let’s deal with it. But if there aren’t any issues that can be substantiated, stop throwing stones and damaging the unit,” Ms Gallagher said.

“Obstetrics in the ACT has a long and troubled history over a number of years, the politics go back 15 years. I don’t want to discount anyone raising issues ... at this point all I’ve seen is a lot of mud being slung around and no substantiation.”

So basically she said there were no complaints. She said this was mud-slinging and internal doctor politics and that the allegations were without substance. She cast aspersions also on the letters that had been written to her, claiming that because they contained similar words some form of conspiracy must have been in play.

Let me quote from Dr Elizabeth Gallagher, who said in the *Canberra Times* of 23 February that she had actually raised verbal complaints and concerns about harassment with the General Manager of the Canberra Hospital in 2007:

“I resigned in 2008. I felt that I could no longer work at the hospital to the best of my ability because I was very concerned about what was going on around me. I started to lose sleep, I was not wanting to go in and not being as enthusiastic about my input over there, and I felt that it was not in my best interest to keep working there,” ...

She said she was not told that a verbal complaint was not a formal complaint.

“My hope for that outcome would be that people can tell their stories so that their grievances can be heard and listened to, which I think has been a problem in the past. And also that a new process is put in place—

I will say that again: that a new process is put in place—

within ACT Health and the structure of the hospital to actually deal with people’s grievances in a much better way than has been done over the last few years.”

So quite clearly Dr Gallagher raised serious concerns and made complaints to the General Manager of the Canberra Hospital in 2007—so serious that she resigned. But what have we seen? There is denial that there have been any complaints. Was what Dr Gallagher said and raised a complaint? Peggy Brown, who is the Acting Chief Executive of ACT Health, said on Triple 6 radio: “There are a number of ways that they can raise their concerns. They can raise them through the management of Canberra Hospital.” So quite clearly the chief executive is saying that if you raise concerns with the management of Canberra Hospital that is a complaint; that is a way to raise it. And that is exactly what Dr Gallagher and others did. They raised their concerns directly with management at the Canberra Hospital. But as late as 17 February the acting chief executive denied that any complaints had been made. This is from ABC Online:

ACT Health acting chief executive Peggy Brown also says the department has not received any formal complaints.

Dr Brown says she would be happy to investigate any concerns.

“We have an open approach and if there are concerns we clearly want to address them but we can’t address them,” ...

“But we can’t address in the absence of information about what the concerns are.”

Dr Brown says they have spoken to staff currently working in the unit and no issues were raised.

“I don’t believe all the people who’ve left in the last 15-18 months are disgruntled with the system,” she said.

I do not understand what is happening here. We have Dr Gallagher saying that she raised these issues with the General Manager of Canberra Hospital—serious issues; so serious that she then resigned. Then we have the chief executive saying that those concerns raised with the general manager would constitute a formal complaint. And then we have the acting chief executive and the minister saying that no complaints had been made. So I do not know what is going on. Either somebody is not telling the truth or the system has broken down. I am willing to believe the former. But, when you have numerous obstetricians making complaints to management and the Acting Chief Executive of ACT Health is denying that any complaints have actually been made, you have some serious problems. Something has gone very seriously wrong with the management and the procedures of making complaints at the Canberra Hospital. That is beyond question.

The denial by the minister that there were any complaints was also wrong. Maybe she had not been informed of the complaints that were made to the General Manager of the Canberra Hospital. Maybe Peggy Brown was unaware of those complaints. But somewhere in the chain of command, in the line of communication between the management of the Canberra Hospital and the minister, there has been a breakdown in communication that has meant that the minister and the chief executive have misled

the community about whether complaints were actually made. And that is a most serious thing to have occurred.

I am not here saying that it has occurred intentionally. But, if you draw the lines together, if you look at the dates and the times and you see what has happened, there has been a most serious breakdown in what has occurred at the obstetrics department in the Canberra Hospital.

We know that there have been problems there before, because the minister has told us. She said that there has been a war going on for 10 years and that this has been a most serious problem. So any sort of issue that was raised in that area should have put the red flag up and the minister should have known that there was a likelihood that these complaints should be taken seriously.

It is no wonder that people are scared to make complaints—if they are so easily discounted or covered up. I spoke with someone who is a victim of the complaints system and their words were that you have to have rocks in your heads to complain, because you get crucified. Funnily enough, that person does not want to go on the record, because of what they have been through, which was a most appalling set of circumstances.

Ms Gallagher is saying that people are prepared to throw stones and raise allegations but no-one is prepared to go on camera and nobody is prepared to outline their concerns. But they did outline their concerns. They did so in the proper manner to the management of the Canberra Hospital, and they were either ignored or they were covered up. And when they were forced to go to the media, through the chairman of the royal college of obstetricians, what was the response? The response was to be vilified, to be attacked and to have their claims discounted and ignored.

There is a real problem here. The college has done the right thing in representing the obstetricians. I know that there has been some flak towards Dr Foote, but if he was a union representative I think the minister would be less critical. But what he is doing in effect is providing a voice, providing representation for his constituents, for his members, the obstetricians.

**Ms Gallagher:** Well, for some of those members, Jeremy, against other members of his constituency.

**MR HANSON:** As you would find in a union.

**Ms Gallagher:** You don't usually find unions fighting each other.

*Opposition members interjecting—*

**MR HANSON:** The obstetricians who have spoken to me directly—

**Ms Gallagher:** You don't—representing a member against another member.

*Opposition members interjecting—*

**MR SPEAKER:** Order!

**MR HANSON:** If I can summarise the conversations I have had—

*Members interjecting—*

**MR HANSON:** Mr Speaker, would you stop the clock again?

The concerns are that nepotism has put patients' safety at risk, that clinical mistakes are being covered up, that there is a culture of abuse and bullying and a deliberate strategy not to put anything on paper, that there are problems between bureaucracy and clinical staff.

The question of whether there are problems at the Canberra Hospital at this juncture I think would be difficult to maintain an argument around. I am very concerned that more broadly the problems at obstetrics are playing out in other departments. Since this issue has arisen, I have had numerous complaints at my office, as have media outlets I am aware of, of a similar culture, of similar concerns with the complaints process in other departments and of staff who are facing a toxic workplace environment, and staff who have been threatened, who have been bullied, who have tried to make complaints and have been treated very shabbily and have got to the point where they have resigned.

This is a small jurisdiction, though, and people are not willing to come forward publicly necessarily—because they do want to keep their jobs and they know it is difficult to get their jobs elsewhere.

**MS GALLAGHER** (Molonglo—Deputy Chief Minister, Treasurer, Minister for Health and Minister for Industrial Relations) (3.52): The government will not be supporting this motion. I can think of two occasions when an inquiry has been established under the Inquiries Act. The first one was to deal with VITAB and the second one was to deal with disability services. The allegations that are on the table here are largely around bullying and harassment. I cannot think of any other area where bullying and harassment—unsubstantiated at this point in time, may I remind people—in the workplace would be sought to be examined through an inquiry established under the Inquiries Act.

I guess some of my disappointment with this is how the opposition have hoped for some political gain through this process. They have seen an opportunity and seized it. They do not care about the issue at all. They do not care about all of the different parties involved and the different perspectives. If you listen to Mr Hanson, there is actually no need for an inquiry under the Inquiries Act because he has got all the established facts, he has made his decision and the findings are in. I do not even know why we are spending time debating this motion when all of those facts and findings are so clear to Mr Hanson.

I need to correct a few things. I think Mr Hanson led in by saying his concern is for women and children; he is concerned that death or serious injury may occur, if it has

not already done so. Again, it is a pretty serious allegation to make, Mr Hanson, that death or serious injury has occurred in the obstetric unit.

**Mr Hanson:** May have.

**MS GALLAGHER:** You said, “If it hasn’t already done so.” When I met the doctors on Monday I put down these issues. I said: “In relation to clinical standards at the unit, on all of the data available to me, it is probably the highest performing unit in obstetric care in the territory. On the data available to me, the training program is operating very well. On the data available to me, relationships between midwives and doctors are harmonious, and that information is coming from various sources. In relation to safety for women and babies, the information to me is it is a very safe unit, and that is on benchmarked data from across the country.”

The response from the doctors I met with was: “Well, yes, they’re not really issues. They’re not the issues we’re worried about. We’re worried about the bullying and harassment.” I said: “Well, too late. Those issues have been raised. I was approached by a woman on the weekend who was very distressed. She felt she could not go to the Canberra Hospital to have her baby because she was worried.” I said to the doctors that, by raising these allegations without any evidence, that is the damage that is being done to this unit, and that is my frustration. Indeed, the doctors in that meeting confirmed to me that if anyone went around amongst their patient load it would be quite easy to establish two patients who were unhappy with the level of care they received from each one of them. All of the doctors in that meeting accepted that.

That is why the review needs to occur. It is a validation of the quality of the service because we know from all the data available to us, from a clinical standards point of view, what an excellent service is provided at Canberra Hospital. To have Mr Hanson say that he believes that the lives of mothers and babies could be at risk and that death or serious injury could occur, based on the information available to date, is extremely disappointing. It perpetuates something that nobody else is trying to perpetuate or seeking to perpetuate any longer—nobody. The doctors I spoke to, who have raised the concerns headed by Dr Foote, told me that all of those other issues were not urgent and in their view did not need to be examined. Bullying and harassment did, but they regretted that all of these other issues had even been raised. I do not want to breach anyone’s confidence in this meeting, but that was the content of the meeting.

In terms of sustainability of the workforce, I can tell you that the biggest thing that would deter any doctor from working anywhere across the health system is an inquiry under the Inquiries Act. I can tell you that right now. Yes, we are trying to recruit and we have two very highly skilled doctors who, as I understand it, have agreed to come and join the unit. They are on their way to joining the unit. The politics that Mr Hanson is playing around with for his own convenience, as opposed to dealing with the substantive issues, is the fastest way that we will have people not wanting to work at that unit. Yes, the sustainability of the workforce is important.

In relation to the letters that I have received, Mr Hanson has said that those letters outlined the complaints. They did not outline the complaints; they did not outline concerns. They simply said, “We have concerns around the workplace environment.”

I wrote back and said, "Please elaborate." That did not occur. So do not say that they wrote to me outlining their concerns. They did not. I responded and asked them to.

In relation to Dr Gallagher's situation, I would ask Mr Hanson to go back and ask her what was the reason she gave for leaving. You might be interested in her answer. I do not want to breach her confidence on that issue, but go and check. Mr Hanson has decided that Dr Gallagher resigned after her complaint was not dealt with or insinuated that because her complaint was not dealt with she resigned. I became aware of Dr Gallagher's concerns on Monday morning. That was the first time and that is why we need a review into the processes around this, which is what I have already agreed to.

I agreed in correspondence to the interim chief executive on these two reviews on the weekend, prior to meeting with the doctors, based on information that I had received and meetings I had held with a number of people between Wednesday and Sunday, when I signed off a letter to the interim chief executive. When I met with the doctors on Monday morning they agreed that that was a suitable process to follow. They asked me for time frames for commencement. I gave them a commitment around ensuring, hopefully, that we will have terms of reference determined by the end of this week and that both processes will be well underway within four weeks, which is the time that they gave me.

In relation to my comments about difficult relations in obstetrics, I think Mr Hanson did not understand what I was saying. The difficulty in the relationship, dating back a number of years, is across the sector; it is across the private and public sector. I was not saying there is a war in obstetrics at TCH. I never said that. There are difficulties that date back a number of years that all parties agree exist. My belief, when we finalise these terms of reference, is that we need to look at obstetric services in the public and private sector as well. We need to examine what is happening at Calvary public, Calvary private, John James and the Canberra Hospital. If we are going to bring the obstetric community together, I do not believe this can just be a finger-pointing exercise at TCH.

In relation to Dr Foote representing the college, he is certainly the chair of the local branch. I have not received confirmation from the college nationally that he represents their interests. He also represents a number of the doctors who are having the finger pointed at through this process. So when you say, "He is representing the obstetric community," he is not representing the entire obstetric community here. In fact, there are a number of members of the college who have concerns—let us leave it at that—at the way things are being handled here by the college. I do not know that you can say that a member of the national college, which is the representative body of obstetricians, is putting forward this view as strongly as Dr Foote is.

I have had a long and very positive working relationship with Dr Foote. From my time as minister he was the president of the AMA. I have always found him very reasonable to deal with. But I have to say that I think some of the ways in which this issue has been handled have been unfair to other parties. I do not care about me. I can stand up for myself. I have got a public forum. I can defend the words I have used, the language I have used, the comments I have made. But there are people who are not

able to do that, who are unable to put their side of the story forward and who are unable to challenge the allegations. I think that is extremely unfortunate.

What Mr Hanson has picked up is one side of a much more complex picture that deserves the full attention of external processes. I have agreed to that. The first process is to validate the service, because I think that is important. We do not need anyone wandering around saying that women and children are going to die or have serious injury if they attend the Canberra Hospital, which is what Mr Hanson thinks.

We need that service validated, we need the benchmarking data to be made public and we need to have a look at what is happening in the private system. I think maybe we should go as far as looking at whether there have been complaints to the medical board across the community. Let us examine that. Let us get everything out on the table and explore these issues and perhaps some of the different perspectives that exist.

In relation to the concerns around workplace culture, including allegations of bullying and harassment, that will be a separate process which will start immediately. We are still finalising the terms of reference for that and the expert that we will use. I know that that is well underway. I will be speaking with Health probably tomorrow with details of that. I now move an amendment to Mr Hanson's motion:

Omit all words after "That this Assembly", substitute:

"(1) notes:

- (a) that allegations have been raised in the media about the Obstetrics and Gynaecology Unit at The Canberra Hospital (TCH) covering clinical standards, safety, the relationships between midwives and doctors, and the sustainability of the registrar training program;
  - (b) that allegations have also been raised about the workplace culture, including bullying and harassment within the Obstetrics and Gynaecology Unit at TCH;
  - (c) that the ACT Government has responded to these allegations by announcing two external processes to investigate all of the allegations that have been raised to date, including whether there are broader systemic issues which should be considered;
  - (d) that the Minister for Health is considering the terms of reference and scope for review of these two processes prior to finalising the details and will report back to the Assembly on the detail once finalised; and
  - (e) that the Government commits to establishing processes which are inclusive, supportive and protective of everyone who participates in them;
- (2) acknowledges the importance of establishing processes which allow for procedural fairness and natural justice principles to be followed for all parties involved;
  - (3) calls on all of those working in Obstetrics and Gynaecology across the ACT to commit to work co-operatively and collaboratively across the public

and private systems to ensure that women in the ACT have access to the highest quality obstetrics services; and

- (4) notes that findings of the external opinion on clinical standards, safety, relationship between midwives and doctors, and sustainability of the registrar training program will be made publicly available.”.

The amendment goes to the issues that have been raised. It acknowledges the importance of establishing processes which allow for procedural fairness and natural justice. I strongly believe that an inquiry under the Inquiries Act would be a witch-hunt. I think that is what would happen. I am not certain that people would feel more comfortable about participating in a public inquiry before judicial officers. If that is your concern, there are more protections available to witnesses raising concerns through public interest disclosure.

The Inquiries Act protects people while the inquiry is underway and, I think, protects the judicial officers involved. But it does not have the longer lasting powers of protection that the Public Interest Disclosure Act has, for instance. If your real issue is providing protection and support for employees who may want to come forward, I would suggest that the Public Interest Disclosure Act is there for that reason and offers much greater protection and longer lasting protection for staff.

The issues for the individuals involved need to be very clear in terms of procedural fairness and natural justice, which I believe have not been followed at all in the prosecution of the arguments that have been put to date. I am concerned, as well, that if an inquiry was established under the Inquiries Act it would seriously jeopardise the public obstetric service because I think some people would resign. I cannot say that for sure, but that would have ramifications for how we provide a public service to the community. Part of what we have to do whilst we go through these processes is ensure that the public service, which I hope—and I think it is—is the premier choice for women in the territory, remains so.

In relation to my amendment, I also ask the Assembly to note that the findings of the external opinion on clinical standards, safety, relationship issues between midwives and doctors and sustainability of the registrar training program will be made publicly available when it is completed. I have committed to an external process, which is what people have asked for. I note that at the meeting the doctors indicated they were happy with that process. Their requirements were that it should be external, independent, protect witnesses and ensure fairness. My process does exactly that.

**MS BRESNAN (Brindabella) (4.07):** We have come to this motion today largely due to allegations of bullying and harassment within the maternity unit of the Canberra Hospital. In order to examine the best means for resolving these problems, we need to examine the nature of bullying and harassment itself. Bullying and harassment, at its core, is a health and safety issue, but due to the complex nature of the human interactions involved it is much more difficult to deal with than traditional safety issues.

Bullying and harassment cannot be dealt with in the same manner as other workplace accidents or incidents. Addressing bullying and harassment at an individual level

requires tact and discretion. It needs to recognise that bullying takes place in an environment of power relationships between the victim and the perpetrator, or perpetrators.

It is, sadly, easy to dismiss bullying as harmless fun or tough management. It is even sadder that many organisations and people do not recognise that the harms caused are very real and impact upon the workplace and home lives of all those affected. Occupational health and safety legislation, by its current nature, is not very suited in its application to cases of bullying in the workplace. The procedures in legislation often concentrate more on hazards that can be fixed through changes in operating procedures and physical environments. However, unlike an exposed wire or a set of slippery stairs, the hazard in a case of bullying is a person, with all the rights that are then conferred.

As such, unlike traditional safety concerns, bullying cases cannot be solved with a health and safety representative issuing an improvement notice and notifying management. There is a need for natural justice, a transparent system and a right of response. The nature of the claim means that bullying and harassment cases more resemble workplace disputes than traditional safety claims.

Furthermore, it must be acknowledged that bullying takes place in a broader environment than the people directly involved. Workplace culture plays an important role. Since the allegations of bullying, harassment and malpractice at the maternity ward have come to our attention, my office and I have received a number of briefings from the department and the minister's office and spoken to Dr Foote and other medical representatives, including the AMA.

In developing a response to this situation and Mr Hanson's motion, I have approached the issue from both a health perspective and an industrial relations perspective, which brings us to the crux of our objection to the motion before the Assembly today and the reasons why the Greens will be supporting the health minister's amendment. The Greens appreciate what Mr Hanson is attempting to achieve through his proposed board of inquiry. We acknowledge that it will be more difficult to obtain evidence without a board of inquiry's power to compel.

However, the ACT Greens feel that it is highly inappropriate to drag victims, potential victims or accused bullies under the power of subpoena. Whilst it is a regrettable fact that bullying frequently goes unreported, we should not exacerbate what people are going through by forcing them to talk about their situation against their will. Pulling people out of the maternity unit and compelling them to testify on the record will do more substantial harm to the workplace environment of that unit than any that currently exists.

You need to create an environment where people feel comfortable in coming forward. Making people come forward and forcing them to do so will not encourage people to disclose. As to conducting a public forum, people will just not come forward in that case. Mr Hanson has referred to using the Inquiries Act 1991 and said that his proposal will offer legal protection. People can get legal protection currently, as has already been discussed, with the public interest disclosure, not just under the Inquiries

Act. Therefore, the process we should be pursuing should be one that offers the best path of natural justice for all parties involved. People may get direct protection under the Inquiries Act but they will also be forced to give evidence, which will not encourage disclosure, as I have already stated.

The Greens will support the government's proposal for two external reviews to be conducted, the first into matters mostly regarding clinical standards and the second into workplace culture. The AMA have this morning confirmed to all three parties in this place that they wanted the reviews to be external, independent, able to protect any witnesses and able to ensure fairness to those accused of various matters. We think these points are best addressed through the government's proposal. I would note that Dr Foote said on Monday that he was happy with the government's proposal for two external reviews.

As I have already noted, the Greens will support the minister's amendment. I appreciate that the amendment ensures, in paragraph (1)(b), that the key words "bullying and harassment" are included and also, in (1)(c), that broader systemic issues be considered if they are determined to be a contributing factor to any problems that have occurred. The minister will report back to the Assembly on the terms of reference and scope once they are finalised. We believe that it is important to consider if there are broader systemic issues at TCH and that the terms of reference for the review and the scope be made available to members in the Assembly.

Paragraph (3) of the minister's amendment is an important one because we must remember that, while conflict occurs between staff and the maternity unit, their patients are being affected. We have heard recently of women, as the minister said, asking whether they should use the maternity unit. It is vitally important that women going through the birthing process are able to trust in those people who are providing the services to them. I hope that, as a result of these reviews, trust and confidence in the maternity unit and amongst the staff can be restored to high levels. Providing a public service of a high standard to the community should be of utmost importance in anything that we are considering.

**MR HANSON** (Molonglo) (4.14): We will not be supporting the government's amendment. We have made a case for the need for an inquiry, and I and my colleagues will speak further on it. We have not as yet seen the terms of reference, but the outline of the nature of the inquiry indicates, in my view, that they will not be sufficient, and that is because of the gravity of the concerns that have been raised and the response that we have seen from the minister. I do not think people will take her intent as seriously as perhaps they would have if she had treated this more seriously when it first arose. I think there will be some degree of scepticism about how thorough she wants this review to be. I think that the way she has dismissed so many of the claims, the way she has been dismissive of any concern about clinical outcomes, would lead one to suspect that she is not going to be pursuing this with the sort of rigour that would be the case if it were conducted under the Inquiries Act.

I do have real concerns about safety. Ms Bresnan just outlined the real effect of bullying and intimidation in the workplace, the consequences of it, the effects it has on people, the effects it has on people's lives and, without question, the effect it has

on people's work performance. Now, if bullying is occurring—and it certainly seems that the allegations point to that situation—and if, as Ms Gallagher asserts, there has been a 10-year war occurring in various obstetrics units within the territory and between obstetricians, it is difficult for me to envisage how such a culture, how such systemic problems and how such cultural bullying could then, in turn, not lead to a significantly increased risk of negative medical outcomes. I think that that is a very reasonable—

**Ms Gallagher:** Well, check the data, Jeremy, and you'll see that you're wrong.

**MR HANSON:** The problem with data is that it is statistical analysis that will show you statistical outcomes. It is very difficult to interpret from statistical outcomes whether, as a result of the bullying and as a result of the culture in the workplace, there have been incidents of negative clinical outcomes. I cannot simply look at a set of outcomes, a set of statistics, to determine whether that is the case or not.

What are the reasons for any negative events that have occurred? Without question, there will have been negative outcomes. I accept that in any practice of medicine, in any practice of surgery, there will be negative outcomes that occur, and often for very legitimate, unexpected, unforeseeable and unpreventable reasons. But what we are concerned about here are negative outcomes that have occurred that could have otherwise been prevented if you did not have that workplace problem and making sure that that is not the case going into the future.

I am concerned about the clinical outcomes not because I question the ability of the doctors or midwives or their levels of training and standards; it is about that negative culture. I think Ms Bresnan made the point well with regard to the effect that it has on people's ability to do their jobs.

An inquiry under the act would be more broad. I have said in my motion that it would not simply be legal staff, as Ms Gallagher asserted. I have set down that it would contain a clinician, a health administrator and someone with legal standing. But a board could comprise people with skills complementary to that also.

With reference to the specific amendment, which we will not be supporting, we argue to see the terms of reference. That is of concern to me. I would ask that the minister consult with the opposition and with the Greens on this sensitive matter—as I understand it, the Greens will be supporting it—to make sure that those terms of reference are not cause for further dispute and allegations and denials that there is a problem or that it has been responded to effectively. It would be a very useful process, minister, if you were to consult with us on that process, and that the report, when it is finally completed, were to be provided to members of the Assembly. I am sure we would all grant the minister leave to respond to those issues.

The amendment proposed by Ms Gallagher at paragraph 1(c) notes that it will include whether there are broader systemic issues which should be considered. That is something that does have appeal to me. But my concern then again is what that actually means in terms of the terms of reference. Is she talking about investigating obstetrics more broadly or is she saying no? If there are management cultures in the

Canberra Hospital that arise, problems in other departments, are they the broader issues that will need to be addressed? That is unclear, and that is why, in part, we will not be supporting the amendment. If it does get up then I would ask that the inquiry that is conducted under the minister's terms of reference be done so that it is able to look at broader systemic issues across the Canberra Hospital and not just be limited to obstetrics in the ACT. If a culture of bullying and harassment and intimidation and failure in the complaints procedure can occur in one department then, without question, it can occur in others.

The opposition will not be supporting the amendment. As much as I understand it, I think the Greens will be, and that is disappointing, because I think the proper way forward is an inquiry under the Inquiries Act. That would give the confidence to the community that the minister has alluded to and also to the doctors in question. I would counsel the minister then to make sure that, as quickly as possible, we can see the terms of reference. I would like, as I am sure Ms Bresnan would, to be involved in or consulted on the formulation of those.

**MR SESELJA** (Molonglo—Leader of the Opposition) (4.21): I thank Mr Hanson for bringing this forward. I think that there is no doubt that there was a lot lacking in the initial response from the minister on this issue when it was first raised recently. We had, unfortunately I think, the knee-jerk reaction, which is to criticise the complainants and to say that there is nothing to see here. That, unfortunately, has been a bit of a consistent pattern from this government. They hide behind the public service. If you criticise what is going on, you must be attacking the public servants or you must be attacking this person. We will get to some of those problems that have been aired, some of those allegations that have been raised and some of those concerns that have been drawn to the attention of the media, some of those concerns that have been drawn to the attention of the opposition and, no doubt, some of those concerns that have been drawn to the attention of the government.

It must be said that Katy Gallagher today said that there has been a 10-year war going on. She acknowledged that there have been deep-seated problems for many years yet seemed surprised when these allegations first started airing. It is a bit rich to pretend that there is nothing wrong and that any claims of a toxic culture must be wrong when the minister today in question time said that this has been going on for 10 years, that there have been problems for 10 years, there has been a war going on for 10 years. We can only imagine what kind of cultural problems that leads to when we have, according to the minister, different warring parties in our health system. If we have different warring parties and the minister has been aware of these and has been aware that the war has been going on for 10 years, it is exceptionally rich to be claiming some sort of surprise that these allegations have been raised.

It is worth going through some of what has been said. I think Dr Foote actually picked up on the minister's initial response. We are seeing Katy Gallagher back away somewhat from this to at least move to some form of external review. We believe that should be comprehensive; we believe that that should be under the Inquiries Act; we believe that it should have the full powers that go with that to get to the bottom of this. If you are talking about longstanding problems or feuds or wars, to use the words of the minister, then getting to the bottom of that is critically important going forward. It

is critically important not just for the confidence in our health system but, indeed, for the ability of the health system to properly function.

It is worth first quoting Dr Liz Gallagher, who worked at the hospital until 2008 when she resigned. She says:

I was starting to lose sleep, I was starting to not want to go in and I just felt it was not in my best interest to continue working there.

Dr Gallagher says she previously raised concerns about bullying with the hospital's general manager, and she is relieved workplace issues will be investigated. She says:

My hope for that outcome would be that people can tell their stories so that their grievances can be heard and listened to which I think that has been a problem in the past.

It is worth reflecting on that. Why has that been a problem? We have had people coming to us and saying, for whatever reason, that they are concerned about speaking out but that they have issues. The minister acknowledges that there has been a war going on for a number of years, and Dr Gallagher says that they want to be listened to but they have not felt that they could speak out. Well, why not?

One of the things we need to get to the bottom of is why a culture has been allowed to exist under the leadership of this government, this minister, for the past several years which has caused a significant number of people within this system to feel they cannot speak out, to feel they cannot raise their grievances, to feel they cannot raise their concerns. For senior doctors to be saying that should be a concern to all of us.

Dr Gallagher goes on to say about what she hopes will come:

And also that there is new process put in place within ACT Health and the structure of the hospital to actually deal with the people's grievances in a much better way than has been done over the last few years.

Dr Andrew Foote from the Royal College of Obstetricians and Gynaecologists says that the reviews will give doctors the chance to tell their harrowing stories of going on antidepressants and crying. Dr Foote says he hopes the maternity unit can now move forward:

I would hope that the workplace is turned around and that it becomes a supportive environment where people want to work.

I have got no doubt about the goodwill of a number of players within this, and I am sure that that is true of people who, in some cases, will find themselves on opposite sides of the fight. But simply because there are two sides to every story is not a good enough reason to simply dismiss the claims. That was, unfortunately, I think, what we saw earlier on in the piece from the minister. We heard the harrowing personal stories in terms of some bad outcomes and the allegations that were raised there. They are serious allegations and they need to be very carefully considered. We do not know, because we have not been told, exactly what processes have been followed there and what legal processes are going on, but they need to be very carefully looked at.

They were harrowing stories that we were hearing, but then we also had the stories about systemic cultural issues. I think Dr Foote summed it up very well in terms of the minister's response to this and perhaps the attitude that pervades from the minister in her office, because this is about leadership. Dr Foote says:

But I am concerned that there seems to be this ongoing view from the minister that there is nothing wrong and that you guys are all exaggerating. My concern is that if nothing is done there will continue to be an exodus of senior staff from there and that the safety of the place and particular training of the next generation of doctors will significantly deteriorate.

For all the talk about it being Jeremy Hanson who is raising these concerns and how terrible it is that he is raising them, these concerns did not originate from Jeremy Hanson. The concerns that went to air on the ABC were not made up by the opposition. When doctors and doctor representatives come forward, when staff members go on radio—and we will get to that—and raise these concerns, there is a lot that goes before that for people to get to the position where they are prepared to raise some of those concerns publicly. We have had a number of emails since then, and I hope the government is receiving them as well. We have some where they say, “Well, we simply can't be identified because we're concerned about the repercussions.”

Dr Foote went on to say that some of Ms Gallagher's comments were uncalled for. He said Ms Gallagher challenged the doctors to back up their claims by saying:

If there is an issue let's deal with it. But if there aren't any issues that can be substantiated, stop throwing stones and stop damaging the unit.

So the first instinct was to attack. No wonder there are concerns about coming forward if the first thing the minister does and her first instinct is to attack those people who are raising the concerns.

Dr Foote is also concerned that the resignations at Canberra Hospital have lessened the ability to cope in an emergency. There is less expertise and fewer senior doctors than 12 months ago. He said that if things are corrected it will not affect mothers and babies, but that if they continue, they have a potential to lead to problems. The heart of this matter is not about doctor politics; it is not about whether you are in favour of one group or another within the health system; it is about what poor workplace culture can lead to in a hospital environment. That is what Dr Foote is raising.

We heard it from Michael on radio station Triple 6. Michael says he works with obstetricians across Canberra and considers himself a friend of the registrars who have recently left. He said:

Probably every single one of the registrars has been approached by people from large metropolitan hospitals elsewhere and been offered work because they're aware the situation down in Canberra had become so toxic.

So we get these concerns from staff, concerns from patients, concerns from senior doctors—it is not the opposition making up these concerns. The concerns are

legitimate, and to date we have not had a minister who is prepared to take them seriously. We hope that this external review will lead to people being able to tell their stories and get to the bottom of these issues. (*Time expired.*)

**MR SMYTH** (Brindabella) (4.31): Some years ago when there was a crisis in GP numbers, we had a health minister who threw her hands in the air and said, “Don’t you know there’s nothing I can do about this.” As a result of the actions of the then shadow health minister, we actually got lots of action. We got action because it was brought to the attention of the public that there were plenty of things that could be done, including this place setting up a committee, which came up with a number of recommendations. It was only when others acted that this minister suddenly realised she had some responsibility and she had something to do, so she set up a GP task force, immediately giving the lie to the statement that there was nothing that she could do. This is the problem that we face now.

This problem is about leadership and the problem is about confidence in the system. Today in question time the minister said that there has been a 10-year war in obstetrics and that there was a long and troubled history in obstetrics. The Minister for Health admits that she became aware of this long and troubled history, this war in obstetrics, in 2005. She became the Minister for Health in April 2006, and yet she apparently has done nothing to rectify this situation, this war, this long and troubled history, for almost four years.

It goes to ministerial responsibility and it goes to what actions ministers undertake when they know there is something in their portfolio that needs action. The simple answer is that this minister, who freely admitted in this place that she was aware of the problems in obstetrics, has done nothing for four years. We are now at a stage of frustration on behalf of some doctors and we now, I suspect, have a sense of absolute and total dismay on behalf of some patients who have had adverse outcomes.

**Ms Gallagher:** Alleged.

**MR SMYTH:** Alleged adverse outcomes. Alleged. There we go.

**Ms Gallagher:** Well, just be careful. Don’t say that outside the chamber.

**Mr Seselja:** I think the adverse outcomes are either there or they’re not. It is about what caused them.

**MR SMYTH:** Well, you know, I would have thought a perforated uterus and a perforated bowel was a little bit more than alleged. I would have thought it was a little more than alleged, and I think the minister should be a little bit more careful in what she says.

Again, her initial response was to attack those who sought to hold her accountable: “There’s no problem here. There’s nothing wrong here. This is the best it can be.” Yet, by her own action in admitting that there has to be a number of external reviews, we now know that there is something wrong. The minister likes to attack Mr Hanson. Well, Mr Hanson did not put this story on ABC; people who were affected went to the ABC.

**Ms Gallagher:** No, you guys over there don't do anything. What a surprise.

**Mr Stanhope:** That would require work.

**Ms Gallagher:** Yes, you actually have to get out and do some work.

**Mr Hanson:** We put some random drug testing legislation on the table. You liked that, didn't you?

**Mr Stanhope:** Why did you exempt LSD and cocaine?

**MADAM DEPUTY SPEAKER:** Mr Stanhope!

**Mr Hanson:** Put them in there as an amendment.

**MADAM DEPUTY SPEAKER:** Mr Hanson!

**Mr Stanhope:** Why do you think it is safe to drive with LSD?

**Mr Hanson:** Put them in there. Go on.

**MADAM DEPUTY SPEAKER:** Resume your seat, please, Mr Smyth. Stop the clock.

**Mr Stanhope:** Just explain why you left LSD off your list.

**MADAM DEPUTY SPEAKER:** Mr Hanson, Mr Stanhope, Mr Smyth has—

**Mr Stanhope:** I am just intrigued. And cocaine and ice.

**MADAM DEPUTY SPEAKER:** Mr Stanhope!

**MR SMYTH:** He can't ignore you, Madam Deputy Speaker.

**MADAM DEPUTY SPEAKER:** Mr Smyth has the floor. Would you please stand?

**Mr Stanhope:** Remarkable, that LSD is safe to drive with.

**MADAM DEPUTY SPEAKER:** Mr Stanhope, please.

**Mr Stanhope:** Remarkable.

**MADAM DEPUTY SPEAKER:** Thank you, Mr Smyth.

**MR SMYTH:** Thank you, Madam Deputy Speaker. This is the problem with believing anything this minister says, and this is why Mr Hanson's motion for an inquiry under the Inquiries Act should be supported. The Greens have said that there potentially is not enough protection. I refer them to division 3.2 of the act dealing with

the powers to hold hearings. They can be done in camera, and the release of information can be restricted. There are plenty of protections under the Inquiries Act.

**Ms Gallagher:** Not as strong as public interest disclosure.

**MR SMYTH:** Well, you might like to address that. But the problem is that people are afraid to go through public interest disclosure because of the kind of bullying and fear, the toxic workplace. “Toxic” was not our word. “Toxic” was from somebody that knows this field. “Toxic” was used by somebody in this field on public radio. He knows people who were affected by this who do not like it.

It is good of the minister to try and restrict this by saying, “It’s just a bullying issue; it’s just a bullying issue that doesn’t affect outcomes,” when you have got doctors who are saying they are nervous, who do not sleep at night, who do not go to work, who are unhappy. I would like not to be operated on by a nervous, sleepy doctor, because these are issues of life and death in the end.

The minister says that she will cover all of this in her inquiries. But if you look at this minister’s history, firstly, of denial and then the blame game and the fact that she is dragged to this position of having her own inquiries—because she knows, at the end of the day, that they are worthy—and her admission that she has known about this since 2005, I am not sure that we can actually have any confidence in the minister and her ability to set up and conduct these inquiries and deliver outcomes. If you want to bring parties together, if you want to start with a clean slate, the best way to do it is to take it outside the system and give it to an independent person or people to conduct the inquiry.

We have got a minister who, until she has no other options, in effect, does nothing. If you look at the way that she reacted to this, instead of examining the allegations, instead of following up—sometimes you have to follow up people once or twice—then you do not get to the heart of this.

**Ms Gallagher:** Yes, well I did.

**MR SMYTH:** Well, I am sure you have got the ability—the same as I have got the ability—to go and meet these people. But until this was publicly aired and until the minister was more or less forced to meet these people because she had no other options, nothing happened. That is the problem with this minister, and that is the problem with this government.

What she says is that we do not want to jeopardise obstetrics and that an inquiry under the Inquiries Act would be seen as a witch-hunt. If you listen to the reports on the radio from people in the industry—and often they know far better than any of us ever will the nature of this—they are saying the potential is already there for people to be poached because people around Australia and further afield in countries like New Zealand know there is generally unhappiness in the whole area here in the ACT. Again, you have got a minister who said she knew about it in 2005. Upon becoming the minister, you would have thought that in her four-year term there she might have attempted to do something about it, but she has not.

That is the problem with accepting what it is that the minister wants to do. The minister has had her chance. She has had four years to fix this problem, this ongoing 10-year war in obstetrics, this long and troubled history in obstetrics. But she has done nothing about it. Therefore, she should not have our trust and, in many ways, we should not believe what she puts forward until she can prove that she is quite capable of enjoying our trust and she can prove that she actually can make a change, effect real change, and show leadership.

If you do not think that bullying and harassment in the workplace has an effect on the workplace then you are fooling yourself. In terms of eroding the way that people work—as you said earlier, Madam Deputy Speaker, you were a nurse and a midwife and you know—if the team does not work as a team then there are serious implications for patients and there are serious implications for the hospital in which those operations and procedures are carried out.

There is a good case to put in place an inquiry under the Inquiries Act, simply because it is impossible to trust a minister who has neglected her portfolio in this area for four years. She is not worthy of belief that she will conduct the inquiry properly. When you look at the simple terms of reference that Mr Hanson has put in place, they do offer the way forward. Without a full inquiry, independent of the government, a government in which obviously so many have so little faith, we will not get to the bottom of this matter, there will not be trust, we will not be able to rebuild and we will not be able to move forward. Until we have the full clearing of the air and until we truly reset where it is, the best way to bring all the parties together—if the minister is genuine in that desire—is to do it through an inquiry under the Inquiries Act.

Such an inquiry would be beyond the control of this minister, it would be something that comes from this place. It would be the Assembly saying, “We are concerned and we want to help by putting in place this inquiry,” so that people can say, “Well, this isn’t coming from the minister; this isn’t coming from the government; it is coming from the people we voted for. It is coming from the people we put in place to make sure that these things happen—our Assembly members.” If the Assembly members vote for this today, I think the message it sends out to all those who have been affected by this is that there is a process in place that they can have faith in and that they can have trust in. However, it would appear the Greens are going to say to those people that all they can do is trust the government. Yet again I go to the Greens’ line that they were going to be third party insurance, and yet again it seems the Greens will squib that. (*Time expired.*)

**MRS DUNNE** (Ginninderra) (4.42): After listening to the debate today and listening to Ms Gallagher—both in question time, when she used extraordinarily loose language, and also today in the debate and in her interjections—I think that what we have is a minister under siege, a minister who is underperforming, a minister who, by her own admission, has known of problems. She has known of problems in the obstetrics unit, by her own admission.

**Ms Gallagher:** Wrong.

**MRS DUNNE:** I am reading from the proof *Hansard* here. I am reading from the proof *Hansard* of question time today. It says:

... particularly to the Canberra Hospital, is that the war that has existed in obstetrics for in excess of 10 years ...

She says that there is a war in obstetrics, particularly in the Canberra Hospital, that has existed for 10 years.

When she was asked about this, she said that she became aware of it in 2005 on an own inquiry by the health complaints tribunal at the time. At the same time, although she has known about this war in obstetrics for 10 years and she has been the minister for four or five of those years, it seems that, once it became a public issue—some time on Monday, I think it must have been—the war is now over. She says the war is over. She said, “I have expressly asked that all the players that are involved set aside their differences.” I do not know whether this minister—under stress, under threat, who is struggling—suddenly sees herself as a new Woodrow Wilson or perhaps a Neville Chamberlain.

**Mr Hanson:** “Peace in our time.”

**MRS DUNNE:** Peace in our time. I do not know what it is. We have had the declaration of war and an outbreak of peace and love all in the course of one question.

This shows the loose language that this minister is capable of. That loose language has been thrown around since this issue reared its head again last week. We have had the minister trying to pooh-pooh people’s complaints, saying that it is doctor politics and mud-slinging. Just by the uttering of those words, it becomes a self-fulfilling prophecy. The minister got into the gutter straightaway. She got out there with the mud straightaway.

When you listen to the things that she said today, you realise that she spent a lot of time saying, “That is one side of the story.” And that is correct; there is another side of the story. That is one side of the story. It is perfectly clear, from the words that the minister uses, that she has no truck with that side of the story and she is siding with the other people, the people who have had nothing to say about this for a long time.

It is quite clear what has happened with the VMOs, after years of this war, enduring what has been described as this toxic culture. The minister admits that there are problems. After years of attempting to address this issue, they finally go public, and this is when the minister does something about it. She has no sympathy for the VMOs, the senior medical practitioners. She has no sympathy at all for the registrars, the junior people who are at the bottom of this and who are having their training and their ongoing futures jeopardised by this war, this toxic culture. She has no sympathy for that.

She said, in an interjection just recently, I think when Mr Seselja was speaking, that she was about defending the public service, that that was her job: “I am here to defend

the public service; that is my job.” That is a new doctrine, another Gallagher doctrine, a new doctrine for the Minister for Health. I would have thought that the Minister for Health’s job was to ensure quality service—high-quality health care for all people in the ACT, high-quality health care for people irrespective of what sector they are—and, on top of that, a high-quality working environment.

Whether they are salaried doctors, registrars, visiting medical officers, nurses, wardsmen or ancillary staff, she has to provide a high-quality working environment. Without that high-quality working environment, the amount of money you spend on a new women’s and children’s hospital will be for nought. Bricks and mortar are important, but if you do not have a system that ensures that doctors are working in a happy environment, there will be problems. If people are, by their own admission, taking antidepressants and failing to sleep, and then they come in and have to make critical medical judgements, this is where you will get problems.

If people, on top of that, are not getting training or if their training is being jeopardised by the departure of senior doctors, what hope do we have for our future generations of trained doctors? We are trying to encourage doctors to come, train and stay in the ACT, but when issues are raised, the response of this minister is to get in the gutter, accuse people of mud-slinging and try and pooh-pooh it by saying, “It’s just doctor politics.” Then, when put under pressure, she said: “It’s a war that I’ve known about for at least five years, but it has been going on for 10 years. It has been going on for 10 years, and while I have been the Minister for Health, knowing about the existence of this war, I have done nothing about it. I have done nothing about it until the issue becomes a public issue.”

What we have had is, by the minister’s own admission, an eleventh-hour agreement. On Sunday afternoon she signed off on some terms, on a way forward.

**Mr Hanson:** She hasn’t even given them terms of reference.

**MRS DUNNE:** There are no terms of reference. She signed off on a way forward. She said, “Look, I had some discussions over the weekend with the interim head of ACT Health, and on Sunday afternoon I signed off on a way forward.” It is typical of this government that she would sign off on a way forward and then go to a meeting the next day with the principal protagonists and tell them what she is going to do.

**Ms Gallagher:** Which they were happy about.

**Mr Hanson:** Really?

**MRS DUNNE:** We only have the minister’s report of the meeting to tell us whether they are happy about that or not. We have had the minister’s report of the meeting that they are happy about the thing. It is like all the issues that the government deals with: it is their spin on it.

You have four or five doctors, who have other things to do, who have to come and negotiate for the future of their profession and the future of high-quality training in their speciality when they perhaps should be out delivering babies or performing

surgery on people who need it. They take time out of their schedule to come and meet with the minister, because things have got to such a pretty pass. She presents them with a fait accompli. What else is there going to be? How much give and take was there in that meeting? Did they walk out saying, "We had to take it or leave it"? We do not know; we only have the minister's word for it.

With Mr Hanson's proposal, what we have is a way forward which is publicly open and accountable and which provides protections in a way that an ad hoc review does not. The minister herself admits that there must be some problems with the ad hoc review, because she is now suggesting that there might be some role for a public interest disclosure here. It is quite clear that the minister recognises that there are not sufficient protections for witnesses or people who may wish to come forward under her proposal.

I congratulate Mr Hanson for being thoughtful about the process and coming up with an alternative solution which may actually find us a way forward that will highlight those problems. And it is not just problems there. The minister is trying to quarantine the problems with obstetrics and gynaecology and failing to look to see where those problems might exist elsewhere.

We know, because the opposition has received complaints, that there are problems elsewhere. I hope that the minister is receiving those same complaints and I hope that the minister is going to act on them sooner rather than later—rather than have this become yet another media debacle like the one that she oversaw last week.

**MS GALLAGHER** (Molonglo—Deputy Chief Minister, Treasurer, Minister for Health and Minister for Industrial Relations) (4.51), by leave: I would just like to respond to the twist and spin that the opposition are putting on this. I think they are seeking to build a case here, and I need to respond now as I am getting a feeling coming across the chamber. The comments I made in question time—I would be surprised if Mrs Dunne was not aware of this too—were about the long and troubled history and the warring relationships that have existed in the obstetric community. I did not say that there was a war in obstetrics at TCH. There have been difficult relationships—

**Mrs Dunne:** I think you had better check what you said.

**MS GALLAGHER:** Well, this is what I meant, and I think if you follow other—

**Mrs Dunne:** This is what I said about your loose words.

**MS GALLAGHER:** I will reflect on the *Hansard* myself, but the point I was making was that there have been difficulties in the obstetric community dating back a number of years. Indeed, I got a letter yesterday confirming that my comments around the decade-long war were correct. But they are amongst doctors—relationships amongst doctors.

I can confirm, for the interest of the Assembly, that I meet regularly with the salaried medical officers association, the ANF, the AMA and the Division of General Practice,

none of whom, during the four years of my time as minister, have raised any concerns around the obstetric service at Canberra Hospital. The AMA first raised this issue with me in early January this year. I have not received any information from the college of obstetricians about any concerns they have about TCH as the national body representing obstetricians in the ACT.

I can stand here and say that prior to last Wednesday I have not received any complaints at all about concerns of bullying and harassment at the Canberra Hospital. The review will examine whether those allegations are substantiated. The review will look at matters—I do not know whether Mrs Dunne just could not read the line there—including whether there are broader systemic issues which would be considered. So it is a broader examination of issues there. I do not think that anyone who understands the obstetric community, and the politics that exist between doctors, would deny that there are difficult relationships amongst doctors. That is what I was referring to. If I created any uncertainty in question time about that, I apologise, but that is the issue that I was referring to.

**MR COE** (Ginninderra) (4.54): I rise to speak in full support of Mr Hanson's timely and important motion about making sure we are able to deliver the highest possible standard of health care to Canberrans and those from our region that use the territory's medical resources.

It does not matter if you are talking about a hospital, a school, an accounting firm, government offices, a retail store, a service sector or labouring; the culture of a workplace is a key determinant when evaluating outcomes. In this instance, it is health outcomes.

Today's motion is not about us attributing blame or trying to be human resource experts; it is about the Assembly acknowledging that there is a problem within the obstetrics department at the Canberra Hospital and that we must seek to have it addressed.

We read in the *Canberra Times* on Monday, 22 February 2009 that:

Several former Canberra Hospital obstetrics registrars have filed formal complaints to the Royal College of ... Gynaecologists about endemic bullying.

Endemic bullying, in any and all circumstances, must be taken seriously. When there are concerns that such behaviour could affect the quality of health care provided to Canberrans, we are compelled to take action.

Dr Foote from the ACT Regional Committee of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists has outlined his concerns in a number of media outlets of late. Professionals from such respected bodies do not go public lightly. In my relatively brief time in this place, I have witnessed professionalism and caution from peak bodies, so when concerns are raised we must take them very seriously.

Part (1)(c) of Mr Hanson's motion highlights the severity of the situation. It says:

that as a result of these concerns, nine doctors have recently left the Obstetrics Department and other doctors have stated that they are unwilling to work at TCH  
...

This is a worrying situation and warrants thorough investigation.

In a letter to the editor of the *Canberra Times* on 23 February, yesterday, Sally Allen of Garran said:

The doctors who have resigned from Canberra Hospital over the past year in response to the alleged “hostile environment” within the obstetrics and gynaecology unit are likely to have agonised over their decisions for a long time  
...

If you don’t want to jeopardise your career progress, you learn to keep your mouth shut and not complain too loudly.

Doctors who have spoken out and acted on this issue could find themselves blacklisted, and skilled obstetricians are unlikely to even consider Canberra Hospital as a place to work.

Ms Allen has hit the nail on the head. These professionals have invested huge amounts of time and energy into their careers, they take pride in their work, they have a sense of duty, and they have families that depend on them. If there is a threat or a perceived threat that speaking out will cause problems in their career, they may not do so. And who can blame them? Nobody wants to be in that situation.

Dr Ian Trethewey of Yarralumla added to the debate, through the *Canberra Times* on 18 February. He said:

For reasons that are probably political, the hospital has denied skilled and experienced local practitioners access to the clinical scene.

There are at least six or seven obstetricians in the ACT who are good at it. They are well-trained and are in private practice. They have been excluded from the public sphere by the policies of the ACT Government and the internal dynamics of the obstetric unit at the Canberra Hospital.

It is for these reasons, amongst others, that we must make sure we travel down the right avenue to determine the extent of the problems.

I find it absolutely amazing that the Chief Minister’s first defence in any situation is to hide behind public servants. In this very perverse way that Mr Stanhope addresses issues like this, he accuses us of having a go at public servants when in actual fact that is the very thing that Mr Stanhope is doing when he makes outrageous allegations like that. He is the one that is using public servants to shield himself from any issue. He is the one that hides behind public servants and says, “You cannot dare question the policies or our ability as a government to govern, because if you do so you will be attacking public servants.” That is always what he resorts to. You resort to it over and over again. This is what we get from the Chief Minister.

**Mr Stanhope:** Stick to your speech.

**MR COE:** It is funny that they should have been quiet for the start of my speech, but it is very interesting that as soon as I start talking about Mr Stanhope's credibility, his integrity and the fact that he hides behind public servants to shield himself from criticism he should be interjecting at that point. It is very disappointing. I think it is cowardly. You would think that a Chief Minister who has been in the job for almost nine years would have a little bit more faith in his own government, a little bit more faith in the institutions and the culture he has created over the last nine years in the public service departments that he operates. It is simply not good enough for him to say that the opposition cannot criticise government policies and government failures because, if we do so, we will be criticising public servants. We are not criticising public servants. Mr Stanhope is wrong.

The course of action the opposition has proposed in paragraph (2) of the motion is the one we think is most likely to provide the best outcomes for all Canberrans through a process which is fair and approachable and offers protection to witnesses. It is important to note that a board of inquiry pursuant to the Inquiries Act 1991 would have many benefits. For example, the board will have the power to summon witnesses and take evidence; at the hearings the evidence will be under oath or affirmation; and there will be penalties for people not appearing if summoned. There are many other benefits—too many to mention here.

What we need is to get to the bottom of the problems and find out the best way forward. The opposition's plan is the best way for this to come about. Our plan will make it easier for people to give evidence in the knowledge that they will be protected in doing so. Our plan is far more likely to deliver the truth and give information leading to a resolution than any other option presented in this place or elsewhere in the public domain.

In paragraph (2)(d), Mr Hanson has outlined some of the issues we are dealing with:

... allegations of poor clinical outcomes, bullying and intimidation, poor communication, poor relationships between clinical staff and management, and of a toxic workplace environment across all departments of TCH ...

Whilst it would be a great shame if it turns out that the problems extend beyond the obstetrics department of the Canberra Hospital, it is better to know about it so that we can take action than to be left in the dark. We must not be afraid of finding out the truth of these matters. We as elected members have a duty to seek the truth. By passing this motion today we will be fulfilling that responsibility. I urge all members to support Mr Hanson's motion.

Question put:

That **Ms Gallagher's** amendment be agreed to.

The Assembly voted—

Ayes 11

Noes 6

Mr Barr	Ms Hunter	Mr Coe
Ms Bresnan	Ms Le Couteur	Mr Doszpot
Ms Burch	Ms Porter	Mrs Dunne
Mr Corbell	Mr Rattenbury	Mr Hanson
Ms Gallagher	Mr Stanhope	Mr Seselja
Mr Hargreaves		Mr Smyth

Question so resolved in the affirmative.

Amendment agreed to.

**MADAM DEPUTY SPEAKER:** The question is that the motion, as amended, be agreed to.

**MR HANSON** (Molonglo) (5.05): Firstly, let me thank members for their input, in particular my colleagues in the opposition. I think there have been some excellent speeches today that have outlined the compelling need for an inquiry under the Inquiries Act and I thank them all for their words.

Ms Gallagher's claim that it would be a witch-hunt to have such an inquiry is not the case. In fact, it would be the very opposite. Having such an inquiry under the Inquiries Act would make sure there was no witch-hunt or indeed there were no allegations or perceptions of cover-up or of whitewash or of this being anything other than a full and frank inquiry that gets to the very heart of the systemic issues that have been raised as concerns by a significant body of people now.

The issues of concern that have been raised by me and others in the Assembly today are of health and safety—the concerns for the health and safety of patients that would, or could, arise directly from the broader systemic issues of workplace bullying, of intimidation, of threats and of a failure in the complaints process and procedures in place to make sure that any complaints that are put forward by clinical staff are actually listened to and then acted on without fear or favour. The allegations coming forward are certainly that people that have made complaints, both within obstetrics and more broadly across the hospital, are either ignored or are treated very poorly.

The minister has chosen, essentially, to deny that there are any problems at the Canberra Hospital or that any problems could arise out of this workplace culture. And I think that is a shame, because what she has done is essentially prejudge the outcome of any inquiry that will occur.

So whoever is doing the inquiry into the clinical aspects now has a minister, in this culture of intimidation and bullying, who said: "There are no problems. There are no problems that could have arisen out of any problems with the workplace." Whoever is doing that inquiry has significant pressure on them now to actually say: "No. The minister was wrong. There either have been clinical outcomes that were negative or there is a potential." She has put herself forward and prejudged this case already. Again, that adds to the compelling requirement for this to have legal standing so that it mitigates those sorts of things.

There is, without question, a breakdown in the complaints process. What we know is that obstetricians made complaints, raised their concerns, to the Canberra Hospital management. We know specifically that Dr Gallagher spoke with the general manager of the Canberra Hospital, raising these complaints. We know that she subsequently resigned, that she has outlined some of the concerns that she had in terms of the workplace culture and bullying. But what we heard from both the Acting Chief Executive of ACT Health and the minister was a denial that there were any complaints that had been made to ACT Health.

What is apparent is that the complaints were made but the complaints did not make it where they should have made it. There is a breakdown in the systems. What it means is that people with legitimate complaints are not being heard and the minister and, it appears, the chief executive does not know what is going on within the department. And they are most serious concerns. How can the minister responsible control what is going on in her department if she is simply unaware of the serious incidents where complaints are being made?

There is a desperate need for this inquiry under the Inquiries Act. I thank Mr Coe for outlining in his speech some compelling reasons and some very good rationale for an inquiry under the Inquiries Act and that the powers that it would have would be far superior to the review that is apparently now going to be conducted by the government.

The obstetricians that I have spoken with—and I have summarised those concerns and I will summarise them again—have put forward some very serious complaints. They are that nepotism has put patient safety at risk, that clinical mistakes are being covered up, that there is a culture of abuse and bullying, that there is a deliberate strategy not to put anything on paper and that there are problems in the relationship between the bureaucracy and the clinical staff. These are most serious allegations and they are worthy enough to warrant an inquiry under the Inquiries Act.

Let me read now from an email that was sent to both the minister and me yesterday by Dr Foote. Before I do so, the minister was casting aspersions on Dr Foote's authority, whether he is really respected—I do not know; it might not be quite the word—but whether he really speaks—

**Ms Gallagher:** On behalf of the college nationally.

**MR HANSON:** My apologies, whether he speaks on behalf of the royal college nationally. He is the ACT representative; he chairs the committee. There are five members, as I understand, on the local committee. If you go to the website, you will see who those members are. He speaks for the regional committee in the ACT and he is the representative, more broadly, of the royal college in the ACT. So to cast the aspersion: does Dr Foote even speak for the college nationally—

**Ms Gallagher:** I did not.

**MR HANSON:** We can review the *Hansard* to see what your form of words was. But this is what you were intimating, clearly.

**Ms Gallagher:** I said, “It is not clear that the national college supports the actions here.”

**MR HANSON:** I am sure that the royal college would have addressed this pretty quickly if they did not support what Dr Foote is saying. He, I would imagine, has the support of his committee. We know he has the support of a significant number of his members. But let me tell you what he said yesterday in an email to the minister that was cc’d to me and to Dr Peggy Brown:

Thank you for meeting yesterday. I have subsequently been approached by a number of staff who are concerned about coming forward to state their bullying concerns as they feel intimidated and concerned about their ongoing job security or opportunities for promotion. Others may refuse to attend any review hearing. I am concerned that an external workplace review without powers to subpoena may be futile.

**Ms Gallagher:** Read on.

**MR HANSON:** I am not going to read the specific allegations about someone because I do not think I need to. I am looking at the systemic issues. And that is what I am concerned about. But what Dr Foote has raised in an email to you, that he cc’d to me, is that doctors are already coming forward to him and saying: “The review that is going to be set up by the government, we have got real concerns about. We need someone that has got the powers to subpoena.” And what have we called for? What is the government offering? And here it is, from the chair of the royal college.

**Ms Gallagher:** And what does the AMA want, Jeremy?

**MR HANSON:** I have spoken with the AMA and I have had some detailed conversations with them. I am sure that more will come out in terms of that. But I know that they have expressed a number of concerns about what is occurring.

**Ms Gallagher:** They sent you an email.

**MR HANSON:** I spoke with Dr Jones this morning. The broader problems that need to be investigated at the TCH in regard to the breakdown of systemic cultures in the management and complaints processes, I am concerned will not be looked at. And I will wait to see what the terms of reference are that are put forward by the minister. I again ask her—and she did not do so when she sought leave to speak a second time—to agree to consult the crossbench and the opposition on the formation of those terms of reference. I am very happy to do so in good faith.

I accept that I have lost this fight in the Assembly today but, going forward, I am sure that we all want to make sure that the review that is conducted is as full and as complete as it could possibly be. So I would ask the minister to involve me in that process. I assure her that I will do so in good faith if she gives me that opportunity. I also would ask that the minister make sure that the report, when it is finally presented, is tabled in the Assembly so that there is a full and frank explanation of what has occurred in the recommendations going forward and that there is no keeping that behind closed doors.

I will make a quick note of the Greens' position on this. I am disappointed. The Greens in their position have talked about scrutiny, have talked about accountability, have talked about third party insurance. This, again, was an opportunity to make sure that scrutiny of such an important area in our health system was adequate. They have failed the test again. And rather than embrace a process of scrutiny, of accountability, at the most rigorous levels, they have again squibbed it.

Again, I find this matter a bit like the refusal to send the Calvary matter to the A-G or to have consultation on it; the refusal to support Mrs Dunne's privilege motion or to have on the committee someone who has not already signed off on the estimates review; to support my further review of the TB fiasco that occurred; or to support my full review of prison costs. These are the sorts of accountability measures that our community expect. Again, it is very disappointing that the Greens today have not supported my call for a full inquiry.

Members, I thank you for your contributions. I am disappointed that we do not have the full result but I look forward to working with the minister to make sure any review that is conducted is full and proper. (*Time expired.*)

Motion, as amended, agreed to.

## **Women—equity of remuneration**

**MS HUNTER** (Ginninderra—Parliamentary Convenor, ACT Greens) (5.15): I move:

That this Assembly:

(1) notes:

- (a) that 8 March 2010 is International Women's Day;
- (b) the continuing gender inequality in our community;
- (c) that ensuring pay equality is essential in achieving economic independence for women and reducing inequality;
- (d) that women constitute more than 80% of workers in the community services sector; and
- (e) that the Federal Labor Government will be an active participant in a pay equity test case for workers in the social and community services sector to be presented to Fair Work Australia by the Australian Services Union; and

(2) calls on the ACT Government to:

- (a) support the community sector by committing to a funding pay increase, should a pay increase result from the Australian Services Union's Equal Remuneration Case to Fair Work Australia;

- (b) undertake a pay equity audit of the public service and table the audit report in the Assembly within 12 months; and
- (c) provide an annual statement to the Assembly on the Australian Capital Territory's progress in improving women's economic and financial independence which includes an analysis of improvements in the pay equity status of women within the ACT Public Service.

I bring this motion to the Assembly today as International Women's Day will be celebrated in approximately 10 days, on 8 March. In fact, in some countries such as China, Russia, Vietnam and Bulgaria, International Women's Day is a national holiday. International Women's Day is a global day celebrating economic, political and social achievements of women past, present and future. This year's theme is "equal rights, equal opportunities: progress for all". This theme highlights the continued gender inequality experienced by women within many aspects of society, particularly regarding pay equity.

Women in Australia, as in other countries, have had to battle institutional and social barriers as they struggled for equality of opportunity. Australian women faced setbacks as well as tremendous victories along the road to equality. Fortunately, Australia was one of the first countries in the world to give women the right to vote and to sit in parliament. That was, of course, in 1895 in South Australia and 1902 federally. Yet the nation's first female federal cabinet-level minister was not appointed until 1949. Until 1966, women working in the federal public service had to resign when they married.

The 1970s and 1980s were decades of immense social change, particularly for women. This period saw the emergence of politically focused women campaigning in an organised way for equal pay, equal opportunity and education in the workplace, safe contraception, planned parenthood and adequate childcare facilities.

Since then, much has been achieved and women have won greater equality, freedom and choice. Women were awarded "equal pay for work of equal value" in 1969, and federal legislation to ban discrimination on the basis of sex was introduced in 1984. Australia has also, for more than 26 years, been a party to the Convention on the Elimination of All Forms of Discrimination Against Women, and much work has been done to reform the federal Sex Discrimination Act and the ACT Discrimination Act. Much has changed in the Australian community over that time.

However, Madam Deputy Speaker, if you scratch the surface you will see that many of the same problems that women experienced 40 years ago still remain today. Women in our community still face many difficulties and prejudices because of their gender. Gender stereotyping and discrimination are a pervasive problem which is entrenched in our society, and we still tolerate the ridiculous situation of pay inequity between males and females.

I draw the Assembly's attention to a recent article written by journalist Virginia Haussegger in the *Canberra Times* last Saturday. She reported on what she observed while attending an ANU Student's Association and Women's Department

event. She reported that young women in the audience were not focused on when the pay inequity might end; rather, they wanted to know why it existed at all. She commented that the female students looked at her in disbelief when she explained that women have always earned less than men, even when they have equal qualifications and do exactly the same job. She went on to explain that, what is more, blatant discrimination was once enshrined in law.

Disbelief gave way to wide-eyed incredulity when she told the students that women once got sacked the moment they told their boss they were pregnant. Ms Haussegger went on to remind us that the representation of women in politics, at all levels, has failed to budge past one in three and is currently in decline. This is despite women representing 50.3 per cent of the Australian population and that Australia is one of a group of countries ranked No 1 for women's educational attainment, producing more degree-qualified women than men.

I am pleased to report that 41 per cent of members of this Assembly are women. However, following the most recent federal election in 2007, women represent only 29.6 per cent of elected positions in the Australian commonwealth parliament, accounting for only 35.5 per cent of Australian senators and 26.7 per cent of the members of the House of Representatives. Australia is only ranked 28 in the world for women's representation in parliament. There has never been a female Governor of the Reserve Bank and a large number of commonwealth departments have never appointed female secretaries.

The situation in the private sector is equally troubling. In the senior business ranks, women chair only two per cent of ASX 200 companies, hold only 8.3 per cent of board directorships, two per cent of CEO roles and 10.1 per cent of senior executive roles, and nearly 50 per cent of these companies have no female executives. This is actually worse than in 2006, when it was closer to 40 per cent.

One encouraging change that was implemented last year was the Australian Stock Exchange Corporate Governance Council reporting requirements for listed companies to disclose to the stock market the proportion of women employees in their organisation, in senior management and on the board. The corporate governance principles also recommend that each listed entity establish and disclose a diversity policy with measurable objectives relating to gender, and disclose in the annual report achievements against the gender objectives set out in the policy on an "if not, why not" basis. The Greens are pleased to see this change and I hope we will be able to see tangible benefits in the near future.

These disturbing statistics translate directly into remuneration inequality or inequity. When factoring in the pay of full-time and part-time women workers, overall women earn only 66 per cent of what men earn. The gap in ordinary full-time earnings between men and women is 17.2 per cent as at February 2009. The data shows that the gender pay gap begins as soon as women enter the workforce. Graduate Careers Australia's annual Australian graduate survey details the average starting salaries of both male and female graduates.

In 2008, new male graduates earned a median starting salaries of \$47,000 compared to \$45,000 for women. This inequity follows women into retirement, as half of all

women aged between 45 and 59 have \$8,000 or less in superannuation, with 2.8 million women aged 15 years and over reportedly not covered by superannuation. Current superannuation payouts for women are one-third of men's, being \$37,000 compared to \$110,000.

The Australian Human Rights Commission's submission to the Australian government Office for Women inquiring into the Equal Opportunity for Women in the Workplace Act 1999 and Equal Opportunity for Women in the Workplace Agency tells us that entering the paid workforce for the first time is a key point in the life cycle for determining future earnings and workforce participation patterns. Consequently, the point of entry into the paid workforce also influences women's capacity to accumulate retirement savings. Despite equal educational outcomes, a significant gap between the superannuation balances of women and men aged 25 to 34 still persists. This highlights the early years in the paid workforce as a point of great significance in the life cycle in terms of impact on future retirement savings.

The commission acknowledges that the reasons for the gender pay gap are complex and interconnected. It reports that the Australian paid workforce is highly gender segregated and female-dominated industries have been historically undervalued. For example, industries such as aged care, childcare, health and community services are all female dominated and generally lower paid compared to male dominated industries such as engineering, banking and finance. Consequently, women working in lower paid female-dominated industries will inevitably accumulate lower retirement savings.

The report from the commission goes on to explain that entering the paid workforce for the first time is a key point in the life cycle for determining future earnings. Experiences of inequity at this point, such as an inability to secure permanent full-time employment and the gender pay gap, have lifelong consequences for the capacity of women to accumulate those retirement savings, and this leaves women more vulnerable to poverty in their later years.

Sex Discrimination Commissioner, Elizabeth Broderick, has issued a "call to action" to reform the retirement income system to make it better and to reflect the reality of a women's life cycle—to reward unpaid caring work perhaps through a national social insurance scheme and an expanded co-contribution scheme.

Madam Deputy Speaker, the reporting of all of these alarming statistics brings me to the content of my motion that calls upon the ACT government to conduct a pay equity audit of the ACT public service. A pay equity audit is an important first step in addressing workplace gender issues, as after undertaking a pay equity audit organisations are better able to identify where gender pay inequities exist within their workplace and can then adopt strategies to remove barriers to workforce participation and career progression for female employees.

A pay equity audit tool is an automated spreadsheet that aids in the data analysis process by creating tables and charts based on payroll data, showing gender pay gaps and other indicators such as the prevalence of flexible working arrangements. Using the tool streamlines the technical process of data analysis so that the organisation can instead focus on other aspects of a pay equity audit. The broader review process

includes analysing the results of the data analysis, attempting to assess whether gender-based discrepancies that are found are justifiable or explainable, and identifying areas for further investigation. The audit will also help the government to develop recommendations for corrective action and targeted pay equity strategies.

Other jurisdictions have engaged in the pay equity audit process. The pay equity team in the Western Australian Department of Commerce, the labour relations division, has developed an audit tool that is available on its website. The Victorian Department of Innovation, Industry and Regional Development has also conducted an audit in conjunction with the National Australia Bank and the Finance Sector Union. That report is also available on the web.

Additionally, the federal government, through the Equal Opportunity for Women in the Workplace Agency, provides a web-based audit tool with clear instructions for the user. The tool steps the user through the procedure, even showing sample payroll data and how it should be applied, combined with an example of an audit report. The tool also sets out suggestions for the development of strategies to correct pay inequity.

A pay equity audit is essential if we are to seriously address pay inequity within the ACT public service and set an example to private employers. Gender-related employment data for the ACT public service is currently published by the Commissioner for Public Administration. However, this data set is quite simplistic and does not provide the extra level of data analysis needed to address continuing inequity. For example, on page 11 of the commissioner's report it is stated that at June 2009 the total average remuneration for male statutory office holders was \$188,697 and for female statutory office holders it was \$174,410.

Without a detailed audit of all levels of public service remuneration, government cannot truly understand where the root of this problem lies. Is it that females might appear to be represented at all levels, however they are on a lower band, or is it for some other reason? We need to be able to understand what it is. The Greens believe that government should lead by example and that is why this should be carried out.

The other component of the motion refers to the community services sector where 80 per cent of the workforce comprises women workers. They have long suffered under poor pay. We know of the historic decision by the Queensland Industrial Relations Commission which ruled last year that the work of social and community services has been undervalued. They have actually addressed this with significant wages increases.

The decision has implications for the community sector across the country. Following this, the Australian Services Union made a groundbreaking agreement with the federal government for a national equal wage case for all Australian workers under the SACS award. This case will be taken up quite shortly. The Australian government will participate. They will support legal principles in the case to be argued; they will assist in presenting evidence about the workforce issues. The hearings for the equal pay case will be heard by Fair Work Australia. Once Fair Work Australia has made a decision, that order will override all awards and agreements. This motion simply asks the ACT government to acknowledge that it will be required to support and abide by the decision of Fair Work Australia.

In closing, I would like to point out that this issue of pay and equity is most worrying. We need to get some answers around it. I am really calling on members of the Assembly today to help with that matter. We have to close this 17 per cent pay gap so we have women and men paid at the same rate for the same work they do with equal qualifications. We have to find a solution. That is what I am calling on the house to do today.

**MS BURCH** (Brindabella—Minister for Disability, Housing and Community Services, Minister for Ageing, Minister for Multicultural Affairs and Minister for Women) (5.31): I thank Ms Hunter for bringing this motion to the Assembly under private members' business. I move the amendment circulated in my name:

Omit all words after "That this Assembly", substitute:

"(1) notes:

- (a) that 8 March 2010 is International Women's Day;
- (b) the need to address gender inequity in our community;
- (c) that gender pay equity is essential in achieving economic independence for women and reducing inequality;
- (d) that women constitute more than 80% of workers in the community services sector;
- (e) that the Federal Labor Government will be an active participant in a pay equity test case for workers in the social and community services sector to be presented to Fair Work Australia by the Australian Services Union;
- (f) that, as a requirement of the Labor/Greens Parliamentary Agreement to review community sector contracts, the Department of Disability, Housing and Community Services engaged HBA Consulting to review industrial relations arrangements in the ACT for the community sector and that the final report on the review is expected to be submitted to Government by April 2010; and
- (g) that the Department of Disability, Housing and Community Services will work with HBA Consulting to identify the potential wage gap between the ACT Public Service and the community sector for ACT Government's future consideration; and

(2) calls on the ACT Government to:

- (a) assist the community sector by supporting the findings of:
  - (i) Fair Work Australia in the Australian Services Union's equal remuneration case; and
  - (ii) the Department of Disability, Housing and Community Services' HBA Consulting review of industrial relations arrangements in the ACT for the community sector;

- (b) investigate what measures are required to conduct a pay equity audit of the ACT Public Service and report back to the Assembly in the May sitting period of 2010; and
- (c) have the Minister for Women provide an annual statement to the Assembly that outlines its efforts in improving the economic and financial independence for women.”.

As I said, I thank Ms Hunter for her motion and the opportunity to recognise International Women’s Day in the Assembly. Each year on 8 March women all over the world celebrate International Women’s Day, as they have done for the past 99 years. What started as women factory workers protesting at their working conditions has become an important way of marking how far we have come in our struggle for equity, safety and representation, and how far we have to go.

The ACT, compared to the rest of Australia, and indeed the world, is a community where women have made significant gains in achieving gender equity. Overall, women in the ACT are well educated, well paid and have opportunities to participate in decision making that many of our sisters across Australia do not have. This is reflected in our high women’s workforce participation rate and in the relatively low gender pay gap, compared to the rest of Australia.

However, Australian Bureau of Statistics reports indicate that ACT women earned 10.5 per cent less than men in January 2010. The pay gap in the ACT narrowed by 2.5 per cent compared to May 2009 and remains significantly lower than the national level of around 17 per cent, according to the Equal Opportunity for Women in the Workplace Agency. The ABS also reports that the workforce participation rate for women in the ACT is 68 per cent compared to a national average of 58.5 per cent.

These statistics do not mean that our government can rest on its laurels. We will reinforce our commitment to women and to gender equity next month when I plan to table the second ACT women’s plan in this Assembly. We know that women are overrepresented in low income households, in low pay sectors and in workforces where there is a high level of casual employment. As Ms Hunter points out, women have a strong role in the community sector and we take a significant proportion of the caring responsibilities in both paid and unpaid roles.

It is a contradiction that women’s workforce participation has increased steadily in the years since World War II but the gender division of labour remains stubbornly static. There is limited evidence that women and men share the responsibilities of home and family in the same way that we now share the responsibilities of breadwinning. We know that as a community we must continue to seek ways to ensure that women and girls can reach their full potential.

The issues of gender pay equity are very much at the forefront of work being undertaken by ministers for women across Australia. In September this year I will chair the Ministerial Conference on the Status of Women. At that meeting ministers from across Australia and New Zealand will reflect on the outcomes of a series of gender pay equity roundtables, as well as the recommendations of a number of

reviews and inquiries undertaken at a national level. Officials have been working hard to unpack the issues behind the gender pay gap. The next gender pay gap equity roundtable will be held on 25 February and the ACT Office for Women and the Office of Industrial Relations will participate.

Ms Hunter has proposed some actions in relation to pay equity. Ms Hunter calls for an equity pay audit of the public service. My amendment goes to the notion that this is no simple task—that is the advice I have—and it has not been undertaken across other public services in Australia. I note that the New Zealand government has, in recent years, undertaken a pay equity review in the public sector at a cost of around \$8 million. Victoria and Western Australia have also committed significant resources to undertaking voluntary audits in a small number of public and private sector organisations, but these have not been across government. I respect the notion that we do have to look at gender pay equities. My amendment goes to just investigating the burden and how we could do it in the ACT.

We understand that the resources have been developed. They include the development of analysis tools, which require information down to the individual employee level of detail, including an individual's qualification and ongoing training and development, comparisons of the value of positions, analysis of factors such as the availability of flexi hours and work arrangements.

The Commissioner for Public Administration advises that, according to the 2008-09 *ACT Public Service Workforce Profile*, there were 20,111 employees in the ACT public service, with women comprising over two-thirds. Amongst the primary occupations within the public service, women outnumbered men in all areas, except ambulance officers, medical officers, correctional officers, IT officers, firefighters, bus operators and general service officers. These ratios are reversed for executives and statutory office holders, where over one-third are women. The relative number of female executives has steadily increased from 34 per cent in 2000-01 to 40 per cent in 2008-09. But I recognise that we can do better on that as well.

In 2006-07, the average salary package for female executives was slightly higher at \$146,218 than their male counterparts at \$145,962. In 2007-08 and 2008-09, male executives earned a higher average package than female executives. The *ACT Public Service Workforce Profile* is published annually by the Commissioner for Public Administration and provides detailed remuneration data for women and men in the ACT public service.

Mr Speaker, in the last two years this government has announced a number of key initiatives to seek to assist women reach their full economic potential. In 2008, Minister Gallagher launched the women's return to work grants. This initiative, delivered through the Women's Information and Referral Centre, is particularly designed to assist women on low incomes and with young children to overcome the barriers that many women face when returning to work after an extended period of being out of the paid workforce. This program is about providing practical support to assist women to increase their potential as employees, by funding skills development and other employment-related expenses.

In the next few weeks I will also be launching the women's microcredit program, designed to give women on low incomes that all-important assistance in establishing a small business. I look forward to that launch and how that program rolls out over the next 12 months. In many ways, these programs may be seen as small endeavours against entrenched inequity. Their value cannot be underestimated, because they provide women with limited income and therefore limited options with the support they need to make the most of opportunities a community like Canberra can offer.

I go to another comment in the amendment which asks me, as Minister for Women, to provide an annual statement to the Assembly that outlines our efforts in improving the economic and financial independence of women. I will look forward to an opportunity to bring a statement outlining what we are doing to support women in our community.

Just briefly before I close, the Australian Industrial Relations Commission determined that the modern award for the community sector in relation to pay-related matters will be delayed until June 2011. This will allow a pay equity case for the community sector to be considered by Fair Work Australia. The Australian Services Union will take a case to Fair Work Australia that seeks pay rises of between 18 and 37 per cent for workers in the community sector. The ASU's application to Fair Work Australia for equal remuneration will seek to apply the May 2009 equity decision awarded in Queensland. I understand that the Queensland government did provide increased funds to services that supported highly dependent clients. Funds were not, though, made to organisations that did not provide direct services to clients or early intervention and prevention services.

To better understand the community sector workforce issues, this government engaged HBA Consulting to complete an industrial relations review of the community sector that considered wages and conditions in the ACT. That report is expected to be completed and made available to government by April this year. The Office of Industrial Relations advises, though, that community sector employees will be bound by the decision of Fair Work Australia. I hope that through Fair Work Australia's decision and the work we are doing with HBA we can look at those findings and, indeed, work out how we can support the community sector to have fair remuneration for the work that they do for us.

The ACT government is mindful that some ACT community organisations may find these changes challenging. Given that I have just mentioned that Queensland made an amendment but it only went to some parts of the sector, it will be a challenging time. The community sector are a key partner for this government in service delivery. I commit to working with them on an ongoing basis so they can be a sustainable and vibrant sector of our community.

As I have mentioned, work is being undertaken at a national level by ministers for women. At this stage we need to work through the national implications of gender pay equity and focus on gaining a greater understanding of the issues before we determine how to proceed. I hope that members support the amendment that I have put forward to Ms Hunter's motion. I think it captures that we recognise that there is gender inequity and that there is work to do, both at an IR level and internally, on how to

identify that pay equity. I want to do that work and then come back with a bit of a plan about how we proceed from here.

**MRS DUNNE** (Ginninderra) (5.42): Ms Hunter has brought forward a motion because of the impending arrival of International Women's Day. It seems that every year when we come up to International Women's Day there is, usually from the crossbench, the feeling of obligation that "we must put forward a motion in relation to the day".

The Women for Women website, which is based in Washington DC, describes International Women's Day as a day when:

... women around the world join together in celebration of the intelligence, strength, courage and beauty of women. Since 1908 this has been a day to celebrate the achievements of women around the world without regard to their national, ethnic, linguistic, cultural, economic or political differences.

But Joyce Stevens, on the other hand, in the cyber edition of her book *A history of International Women's Day in words and images*, says:

The day has been variously seen as a time of asserting women's political and social rights, for reviewing the progress that women have made, or as a day for celebration. In keeping with its early, radical traditions, Lena Lewis, US socialist, declared in 1910 that it was not a time for celebrating anything, but rather a day for anticipating all the struggles to come when 'we may eventually and forever stamp out the last vestige of male egotism and his desire to dominate over women'.

So to a degree I am not sure what approach Ms Hunter was proposing when she put forward this motion today. Is she entirely discounting the extraordinary progress that has been made in recent decades to advance the rights of women, especially in this country? Or is she stuck in 1910, intent on stamping out male egotism and the desire for men to dominate over women?

In actual fact, Ms Hunter's motion today is neither of these things. In many ways, it seems to me to be somewhat of a series of motherhood statements that either state the bleeding obvious, restate activities in which the government is already involved and has been for some time or call on the government to commit to doing things, sight unseen, based on process outcomes that are not even known. Even worse, Ms Hunter's motion is a mishmash of different subject materials.

When I listen to Ms Hunter it seems that she really wants to talk about pay equity. Pay equity is a very difficult concept, a very difficult nut to crack. It certainly goes without saying that in many cases women earn less than men. But there are a lot of reasons for that which do not actually reflect on any sort of discrimination; it is actually about the choices that women and their families make about whether or not they will be in the workforce. And it is also that often women have somewhat of a luxury about whether they are in the workforce or not—a luxury that often does not accrue in the same way to men.

Many women have times in their life when they are not in the full-time workforce and often because of decisions to raise a family and have substantial periods out of the workforce. Even with their qualifications, their intelligence and their skills, they at various times do not have the capacity to achieve wage equity with their male colleagues simply because they do not have the same exposure to the workforce as men do. And it is often the case, especially in a town like Canberra where perhaps people are not quite so dependent upon a second income, that women, especially in their middle years and later years, are more inclined to move in and out of the workforce as it suits them because they are not the principal breadwinner.

That is not a complete summary of the situation and it is certainly the case that in other communities in Australia those same issues would not hold true. But it is an extremely difficult issue for governments to grapple with and to come to policy solutions about. The minister has touched on this in her speech.

Ms Hunter says in her comments that this is about pay equity. But when I start to read the motion it becomes clear that it is actually about pay equity in the community sector, or that is what I thought. But, in talking about pay equity in the community sector, Ms Hunter seems to disregard the 20 per cent of people who work in the community sector who are in fact males. And then, when the horse is almost at the finish line, at the bottom of the motion, I find a new subject being raised, the issue of pay equity in the public service.

To all legal intents and purposes, there is pay equity in the public service. If you are an ASO whatever, irrespective of your gender you get paid the same money, and you have for a very long time. It may have been the case in the past that there were marriage bans and all of those sorts of things and there was not necessarily pay equity in the public service. But in the public service here in the ACT and across the country there is pay equity. There may be representational issues and I think that is something that Ms Hunter needs to get her head across. There is no mention in the preamble of the issue of pay equity in the public service. It just seems to me that overall this is a pretty lazy sort of motion.

One of the things I was thinking about when putting together my comments in relation to this motion was that Ms Hunter is very interested in pay equity. She has raised it here today. But she also raised it back in January when it became public that Ms Hunter, within three months of having been in this place, had written off a submission to the Remuneration Tribunal seeking a pay rise, according to the *Canberra Times*, somewhere between that of the position of the Deputy Leader of the Opposition and that of the Leader of the Opposition. She says that she asked for this pay rise, in excess of \$50,000, as an attempt to address the inequity of the two-party system in the ACT. One of the headlines that reported this says, "Pay rise bid about equity, MLA says," and the MLA is Ms Hunter.

I think that it is most interesting and a little sad that Ms Hunter's first foray into pay equity issues in the ACT should be about improving her own pay equity. Perhaps she wants to catch up with you, Mr Speaker, and ensure that her pay is comparable with yours. Perhaps she should have thought about that earlier, because, after all, the

Greens were the only people in this place who did not put forward a woman candidate for your position.

I had in mind to move amendments which have been circulated but, given that the minister has also circulated a number of amendments, which indicate that she is broadly in sympathy with some of the proposals in paragraph (2) which I found most troublesome, I think that I will not take up the time of the Assembly. But I will address, by addressing the way this matter could be amended, the problems that I have with this motion.

Ms Hunter's motion, in essence, is about inequality of pay scales for people employed in the social and community sector when compared to those employed in the public service. I would have proposed that in doing this we also acknowledge, as I have said before, that men, as well as women, are employed in the social and community sectors in the ACT and that we acknowledge that, in that context, more than 80 per cent of that workforce comprises women. I would seek to acknowledge that all workers in the social and community sector, men and women equally, suffer from pay inequity when compared to their counterparts in the public service.

I also contemplated moving an amendment to paragraph (2) of Ms Hunter's motion because I do not think it is appropriate that we should put an obligation on the ACT government to respond to the pay equity case that is outlined there. I think that it is unreasonable for the government to commit, sight unseen, to a new policy without knowing the outcome of that test case. I would have proposed that the government look at the test case and report back to the Assembly rather than what is currently being proposed.

I notice that Minister Burch's approach is somewhat different but she does still seem to be committing, sight unseen, to what comes out of the test case, and I think that is quite problematic. I note that Ms Burch's amendment is no better than the original and it does no more than put the original paragraph into different words to achieve the same outcome. And I am concerned that a minister in the government is prepared to commit the government to certain things, probably with a financial price tag, sight unseen, with no analysis or review. I will be most surprised if the Chief Minister, and particularly the Treasurer, could agree to a policy commitment based on completely unknown facts.

But I suppose the other thing is that the Stanhope government has a record of committing to things sight unseen and then not delivering on them, as we saw with the review of the bushfire task force, the McLeod report, when the Chief Minister said, "We will adopt all the recommendations of the McLeod report," before the McLeod report came out, and over the years we saw him casting off more and more of the recommendations of the McLeod report. So, even if the minister here today agrees to do these things sight unseen, I think Ms Hunter had better not hold her breath, because it may not happen.

The problem is that there are also a lot things already being done in relation to Ms Hunter's demands in here. We have to note that the government already does quite a lot of analysis of the engagement of women in the public service, and the minister

has dwelt on that. There is a long-established Office for Women, there are policies to advance the rights and roles of women in our society, and a range of programs to assist women across a broad spectrum of activities and situations. There are a number of policies that the minister touched on, some of them more successful than others. She touched on the return to work loans scheme, which has always been, very sadly, undersubscribed in the ACT. And I am not sure that the microcredit approach will be any more successful. I hope that I am wrong about that.

For similar reasons, I propose that we take out subparagraphs (b) and (c), because we actually already do these things. I am surprised by Ms Burch's complete disregard for and perhaps lack of knowledge of the work of her own department; that she would agree to do these things, apparently sight unseen.

As I have said, every year we have a motion because we are approaching International Women's Day. And it is usually, but not always, a crossbench member who brings this matter forward. Unfortunately, I think that this year's effort is perhaps the poorest that I have seen. Ms Hunter's motion could have been visionary for the role of women in our community. It could have identified where there are unaddressed policy gaps for women in our community. It could have celebrated the many achievements of women in our community. Here I acknowledge one extraordinary woman: Australia's senior of the year for 2010, Maggie Beer. Ms Beer is a prime example of the intelligence, strength, courage and beauty of women, which I referred to earlier when I quoted from the Women for Women website.

But Ms Hunter's motion today does none of those things. It is neither celebratory nor assertive. Some might regard it as a bit of an insult—or at least a damp squib.

*At 6 pm, in accordance with standing order 34, the debate was interrupted. The motion for the adjournment of the Assembly having been put and negatived, the debate was resumed.*

### **Sitting suspended from 5.57 to 7.30 pm.**

**MS HUNTER** (Ginninderra—Parliamentary Convenor, ACT Greens) (7.30): I am absolutely gobsmacked by the words that came out of Mrs Dunne's mouth on this motion that I put here today. What was Mrs Dunne thinking? There were opinions that came out of Mrs Dunne's mouth this evening that my grandmother was challenging in the 1940s and 1950s, and she was a woman who was a president, founding member and long-serving member of many women's organisations here in the territory. She also happened to be a Liberal Party member and candidate. She would be appalled at the assertions Mrs Dunne has made this evening.

Mrs Dunne should be ashamed to show her face at any of the events that will be held on International Women's Day. To illustrate why, I would like to mention a few of those events. A number of the events are actually to do with this pay equity issue. There are a couple of breakfasts. There is certainly one where we are going to have Liz Broderick, who heads up the discrimination commission. We also have Tanya Plibersek speaking at that, along with the MP who chaired the House of Representatives committee inquiry into the issue of pay equity. There are a number of events—as I said, several—that are focused on this issue.

I am also embarrassed for Mrs Dunne as she has clearly not done an ounce of work on finding out what a pay equity audit is or in fact what pay equity is. I am surprised that she would display such ignorance by saying that the public service already has established pay equity, so an analysis should not be conducted. An audit is not about establishing pay equity. I ask Mrs Dunne to have a good look at the Australian government Equal Opportunity for Women in the Workplace Agency website to educate herself on what a pay equity audit actually is.

Another thing that I was a bit gobsmacked over was this issue where she talked about this motion being a mishmash and a lazy motion. It was the amendments that Mrs Dunne put in that were a mishmash. My office could not figure out what she was attempting to do. I spoke to Ms Burch, and she and her office could not figure it out either. Obviously there was a mishmash in the amendments that Mrs Dunne, in the end, did not put forward. I am not surprised that she has not.

There is also the fact that several documents, links on the internet and so forth, were sent. A package of information, in a sense, was sent to Mrs Dunne's office so that she did have that background information. Unfortunately, no one has looked at it at all. If she understood what a pay equity audit was, she should or would have grasped the concept and followed my line of reasoning. The minister and the government have quite clearly understood that this motion is about International Women's Day. It is linked to the celebrations that happen across the world every year. I was therefore addressing pay inequity for women. After hearing Mrs Dunne's comments, I now understand why she has trouble with this.

I then go on to state what is happening across this nation regarding reform to an employment sector—that is, the community sector—that just happens to be a huge employer of women: 80 per cent of the workforce are women. The next section of the motion really confused Mrs Dunne. That was regarding national reform. I clearly heard that she has no idea what is going on federally or what the rest of the nation is doing regarding pay equity reform. She clearly has a misunderstanding of the process that is happening under Fair Work Australia. As informed members may be aware, once Fair Work Australia makes a decision on the ASU equal pay case it will issue an equal pay order, and this order will override all awards and agreements. Therefore it will be absolutely necessary for the minister to address the effect that the decision will have on the local community sector.

We already know that Mrs Dunne is not particularly worried about the community sector workforce. She did not want them to have portable long service leave either. The ACT government will not be choosing to commit or not, Mrs Dunne; they will be abiding by federal law, as they are required to do.

I am glad that Mrs Dunne chose not to move her amendments, as I said earlier. We just could not figure out what her amendments were attempting to do. That is why it was quite clear that she never understood this issue.

I do not know what century Mrs Dunne is living in. I have to ask: where has Mrs Dunne been? Has Mrs Dunne not been aware of what has been occurring on the

national agenda? She is the spokesperson for women. There was a House of Representatives Standing Committee on Employment and Workplace Relations inquiry in 2009 which produced a report entitled *Making it fair: pay equity and associated issues related to increasing female participation in the workforce*. This inquiry reported only three months ago. There has been a federal government review of the Equal Opportunity for Women in the Workplace Act 1999 conducted by KPMG, which reported late last year. There was the formation of the Equal Pay Alliance in August last year. It includes a diverse range of 135 organisations. They include community, business and welfare peak bodies who are pledging to promote equal pay and employment opportunity for all Australians.

The motion follows a clear line of reasoning and addresses several major issues faced by women today, but Mrs Dunne seems to be stuck with an ideology from the dark ages. I now understand why she does not comprehend my motion.

Going to Ms Burch's amendments, let me say that the Greens will be supporting Minister Burch's amendments, as I believe that the minister has negotiated with the Greens in good faith and with every intention of working towards closing the gap of pay inequity between males and females within the ACT. The Greens look forward to the minister reporting on what measures are required to conduct a pay equity audit, and we are pleased to have the government's commitment to this motion.

Thank you for the contributions. It has been quite a revelation about who sees that there are many women in our community that are still struggling and who just does not see that issue at all or does not give it any sort of prominence.

I will be out there in the next week or so attending a number of International Women's Day events. I am looking forward to several events, some of them based around this issue of gender pay equity. Others will be looking at other issues where women are still struggling for their rights, for equality, for opportunities. I do not expect to see Mrs Dunne at any of those International Women's Day events—I would find it strange if she was at those events—but I am sure there are many other women who will be attending them. I encourage women right across the territory to attend one of the many diverse events that are being held. I look forward to celebrating, with my sisters here in the ACT, and hope that women across Australia and across the world also have that opportunity to celebrate International Women's Day.

Amendment agreed to.

Motion, as amended, agreed to.

## **Home insulation program**

**MR SESELJA** (Molonglo—Leader of the Opposition) (7.39): I move:

That this Assembly:

(1) notes:

- (a) the importance of home insulation to reduce the emission of greenhouse gases, especially the retro-fitting of insulation to existing housing stock;
  - (b) homeowners who installed insulation from February 2009 were eligible to participate in the Commonwealth's Home Insulation Program;
  - (c) the complete and catastrophic failure of the Federal Labor Government to properly implement its Home Insulation Program;
  - (d) the complete failure by the Federal Minister for the Environment, Heritage and the Arts to implement safely the Commonwealth's Home Insulation Program;
  - (e) the complete failure of the Federal Minister for the Environment, Heritage and the Arts to heed the very clear warnings about the dangers of the Commonwealth's Home Insulation Program;
  - (f) the coronial inquiries currently being undertaken in the ACT into house fires which may relate to the poor installation of insulation;
  - (g) the failure of the Attorney-General to protect adequately from, and warn Canberrans about, the dangers of poorly installed insulation; and
  - (h) the misleading information provided to the Assembly by the Attorney-General in relation to documents held by the ACT Government in relation to the insulation program; and
- (2) calls on the Attorney-General to:
- (a) table all documents held by the ACT Government pertaining to the Commonwealth's Home Insulation Program by close of business today;
  - (b) immediately implement a public awareness campaign on the dangers of poorly installed insulation and provide a facility for affected homeowners to have their insulation inspected for safety; and
  - (c) outline to the Assembly, in detail, by close of business 25 February 2010 what steps the Government has taken, and is taking, to protect life and property in the ACT in relation to the Commonwealth's Home Insulation Program.

I am moving this motion today for a number of reasons. Firstly, I think it is worth debating in this Assembly and it is worth this Assembly expressing its concern at and noting what a monumental policy failure the Rudd federal Labor government has delivered in relation to its home insulation scheme. I think it is not overstating it to say that this is one of the biggest policy failures of a federal government in a generation. And I do not think that is overstating it.

We have a situation where a government went out with a program that was rushed and so ill-thought through that, on the back of it, we have seen linked to it four deaths. We have seen up to 100 house fires potentially linked to it. We see about 1,000 electrified

roofs. We see potentially hundreds of thousands of homes which have ended up with either shoddy insulation or unsafe insulation. At the end of it we see an industry thrown into turmoil because the government has had to abruptly cancel this program that was so monumentally mismanaged by the federal Labor government.

We need to, I think, reflect for a moment on just how badly this has been handled and the impacts of it, because there are many of us in this place who believe that a well-managed home insulation scheme could have a lot of benefits. If it was well managed, it could have had benefits for the environment; it could have had benefits for householders; it could have had benefits for the economy. But in the end what it has done is undermine confidence in the insulation industry.

It has undermined confidence, I think it is fair to say, clearly in Minister Garrett and the federal Labor government. I think it will cause future policy makers to pause or, hopefully, to pause before rushing out programs. But I think where it has had a negative impact is that it will undermine community confidence in many of these programs which may be well intentioned and which, if they are managed well, could have a lot of benefit. But alas, that has not been the case.

We note the federal Senate passed a censure motion of the entire federal government yesterday in relation to this and other programs. I think that is a rare event. I think that is a relatively rare event when the Greens, the Liberal Party and others get together in the federal Senate to censure an entire government for a program. I do not think we should in any way skate over that fact.

We know that there are house fires being investigated in the ACT which may be linked to this program. So we need, first and foremost, to put that on the agenda. I will go into some more detail on that.

Secondly, this motion is about what the ACT Labor government, particularly the Attorney-General, has had to do with it. Most importantly, I think, when we first had the opportunity to ask questions on this in the Assembly, what we got was misleading answers. What we got was incorrect answers from the Attorney-General. What we had even, I think, yesterday was more evasion on this program.

There is no doubt that this is, first and foremost, the commonwealth Labor government's failure. There is no doubt about that. Minister Garrett and others within the federal Labor government have monumentally stuffed this up, with all of the consequences, the serious consequences, for life and property and confidence that have flowed. Indeed, now we are seeing the turmoil in the industry as a result of how badly this has been mismanaged. There is no doubt that the blame, first and foremost, lies with them.

But we also know that there is a role for state and territory governments in relation to this program, in relation to regulation, in relation to safety and in relation to protecting citizens within their jurisdictions. And that is where we get to the second part, I think, of the motion. We asked, I think, very legitimate questions of the Attorney-General. He did not actually do the work; he did not actually ask his department, perhaps: "Do we have any documents? Do we have any documents about this scheme? Have we had correspondence?"

We know a number of things in relation to the ACT government. We know that ACT government representatives were at the infamous meeting in April last year when warnings, serious warnings, were given to the commonwealth about the potential dangers that would flow from this scheme. It would be interesting if the minister could enlighten us, because we have not had much information from the minister on this or any other issue in relation to it, about whether or not the way it has been reported is accurate.

Apparently, as reported, the commonwealth were told that not just were there potential problems, which clearly they were being advised of in a number of forums, but that the way it was being rolled out, the speed with which it was being rolled out, would make it virtually impossible to regulate, which essentially was saying to the commonwealth, “If you do it like this, there are almost inevitable negative consequences”—not just a “maybe”. It is not just “there might be some issues on the side”; it is “if you do it as you are proposing to do it, it will be virtually impossible to regulate”.

That meeting has great significance, not just for the federal environment minister but for what he was warned. But if there was a view within the ACT government and other state and territory governments that that was indeed the case, that, because of the nature, the speed and the way in which this program was being rolled out, it would be virtually impossible to regulate and that therefore all of the issues flow on from that, if that is indeed the case, the question does arise, the serious question for us as an Assembly to ask and have answered, is: “If it was good enough for the ACT government and other governments to warn the federal minister, to warn the federal environment department, why wasn’t it good enough for the people of the ACT to also receive those warnings?”

This is a critical question that we will be seeking to get to the bottom of through this debate, through seeking documents from the minister, through asking questions of the minister. Were those warnings given? Are those reports accurate? I have not heard them disputed at this point by anyone in authority. It has been reported and has been repeated in a number of forums about what when on at that April meeting. But if that is true, if that is indeed the case, where were the warnings?

Mr Corbell a couple of weeks ago in this place talked about some warnings. He said that ACTPLA gave some advice, I think, to the industry and that there was notice of a complaint. I think some time down the track, in about November, we had indeed a more serious warning. But I think in November we had already seen deaths. In November things were already starting to get out of control.

So there is a fundamental question for the ACT government and the minister to answer on this. What happened at that April meeting? Are those reports accurate? And if indeed those kinds of warnings were being given to the federal government then why were they not given to the community? That was one of the most serious warnings. It was being told: “It is unsafe. There is no way you can actually make it safe.”

If those warnings are correct, regardless of whether you say they have to comply with the Australian standard and they have to do this and they have to do that and there will be this level of regulation, what is fundamental about the reports of that meeting is that they were told that it does not matter if you do those things, the very nature of how you are doing it will make it impossible; you will not be able to regulate it. These are some of the fundamental questions the minister has to answer.

It is worth going through the warnings that were there. Mr Garrett received over 20 warnings—warning after warning after warning. We had it from the National Electrical and Communications Association. We had it from a letter to the department from EE-Oz. Then we had a media release from the South Australian Labor minister for state and local government relations warning of a fire risk.

Interestingly, after the April meeting and teleconference, we had the WA government putting out a very strongly worded warning about the fire risk. We did not see any such warning after that April meeting for the people of the ACT. Where was the information to householders accessing the scheme? “In the opinion of the ACT government, this is fundamentally flawed. In the opinion of the ACT government this scheme is fundamentally unsafe. It will lead to bad outcomes. We can’t actually guarantee it. We don’t have the resources to be able to properly regulate it because, by the nature of it, through the speed of it, we are going to attract so many shonky operators that we simply will not be able to guarantee in any way that they will meet the Australian standards, that they will meet safety standards, that the standards for their employees will be up to scratch.”

That was what was discussed; that was what was reported. We need to know why that warning was not then passed on because, if that was the view within the ACT government, if that was indeed the view, the people of the ACT should have been told that. They should have been told: “Before you access this scheme, there are some things you should know. We will try to regulate it but we will find it difficult. We will find it difficult because of the very nature of the scheme.” There does not appear to be any evidence that the ACT government, after that meeting, gave any such warnings. We had a general warning or a general advisory to the industry. We had some discussions about some complaints that had been raised and we had later stronger warnings towards the end of the year. That is broadly the picture of what we have got.

This motion seeks also for the ACT government, firstly, to release all of the documents that they have. Mr Corbell said there are no documents. Then we learnt that there is an MOU. Is that the only document? I do not know. Only the department—and the department having searched two weeks after this was first raised in the Assembly, we would assume that that work would have been done—should know. Is it a couple of documents? Is it a lot of documents? I do not know. The minister can answer that. But whatever it is, whether it is a couple of documents or many documents, they should be released so that we can get the full picture.

There does not seem any reason not to do that. And given the minister believed there to be none just a couple of weeks ago, we cannot imagine that there are thousands. We cannot imagine that there is a monumental task for the ACT government to get the

documents together so that we can see what did the ACT government departments know, what did the ministers know, what kinds of warnings were given, what was the internal discussion, what were the warnings given to the federal government, what consideration was given to broader warnings for the community. That is what we are seeking.

We are also seeking a public information program on behalf of the ACT government. They might turn around and say the federal government is doing certain things. I would say a couple of things on that. We are very happy for them to work with the federal government—and the federal government has a moral responsibility to be funding these issues—but there will be a role, a very important role, for territory authorities, on behalf of their constituents, on behalf of the community in Canberra, to be making them aware of what is available, to be making them aware, if they need an inspection, of how they go about getting that. That is something that we believe to be reasonable.

The second point I would make on that is: given how monumentally Peter Garrett and his department and the federal government have stuffed this up, I would not have a lot of confidence in their ability to actually deal with the aftermath, to deal with the checks and other things. We would want to see some oversight of that at a local level. Clearly, the communication at some point between state and territory and federal governments was not good enough on this. There were warnings back and forth but no-one, in the end, said: “Don’t go ahead with this. If you go ahead with this, we will tell the public the dangers of it.” No-one, it seems, did that. Certainly, the warnings here were not strong enough.

I have almost run out of time. These are serious issues. We look forward to the minister responding to them. We look forward to him receiving them in good faith, releasing these documents and giving a full account of everything that he knows on this issue and everything the department knows on this issue and what the government is going to do from here.

**MRS DUNNE** (Ginninderra) (7.55): I would like to congratulate and thank Mr Seselja for bringing forward this important motion. I think he has touched on all of the important issues here. I would like to give some insight into the development of this policy from the Canberra Liberals’ perspective and the disappointment that we feel because what has been good policy has been trashed by the maladministration of the Rudd government. As members would know, before the last election the Canberra Liberals brought forward a policy which was called home insulation for those who need it.

**Mr Corbell:** Catchy.

**MRS DUNNE:** Yes, it was. It actually had previous name. It did originally—and I think it is no secret now—have a different name and was a much less-targeted program. We originally had a working title of “house warming”, which I thought was pretty catchy. I congratulate the staff member who came up with that. We actually looked at and costed a program that would be a street-by-street, suburb-by-suburb rollout of insulation in un-insulated Canberra houses. But we actually realised that it

was extraordinarily expensive and, in times of fiscal constraint, we were not prepared to make a commitment to that amount of money. So we decided that we would target that program at households that were in need. We targeted low income households and we targeted Housing properties. We put together the money we could, with the aim or the expectation that at some time when finances got better we may expand this program.

But my office and I did a lot of work on this. The very first thing we were told when we went to talk to the insulation installers about it was: "If you introduce a mass rollout like this, you have to be very careful because, first of all, there is not the workforce there to do it. There is not the quality stock of insulation to do it. And you would have to do it in a very careful and considered way so as not to affect the market and the industry in a way that would bring in unreliable contractors." That is what reliable, reputable contractors in this town and other advisers told us.

What we actually proposed was very simple. Actually, some of my colleagues and some of my advisers criticised me for being a bit too in command and control about this because what we decided to do was to directly contract reputable people to go to a particular suburb and address the issues in that suburb and then move to the next suburb. The government would have some control, and some quality control about this, because it was innovative, it was out there and there were very high risks. And everything that my office and I and my advisers were told that could go wrong has gone wrong with the commonwealth program. Everything that we were told to anticipate—and, in anticipating it, we actually took steps to avoid it—has gone wrong.

Little old opposition spokesman on environment in the smallest parliament in the country could work this out after half a dozen conversations with people with a few brains and few experiences. But Peter Garrett and the Rudd government, who received—and it is quite clear—similar but more urgent information and advice on this matter either did not hear or ignored what they were told because the political imperative was there; they wanted to roll it out at any cost.

It is a strange, schizophrenic approach that you see with the Rudd government. They spend all their time—and you have seen Mr Rudd out there criticising public servants for not working hard enough and "don't you complain about the pace of the work because it will just get worse and worse"—doing this and what you actually hear coming back to you from public servants is this frenzy of activity: "Quick, get a briefing to the minister," and the minister sits on it for six months. We have to have ridiculous time lines with briefings to the minister, information to the minister, and then the minister does nothing about it. This is across portfolios. Every portfolio you want to talk about, you have this strange, schizophrenic paralysis followed by bursts of activity.

Unfortunately for the people of Australia, unfortunately for the implementation of good policy, we actually have had a burst of activity from Minister Garrett and his department and it has been a complete and unmitigated disaster—such a complete and unmitigated disaster that you have seen the diversity of groups represented in the Senate as recently as yesterday censuring the entire government, on the motion of Senator Brown, not just for their monumental failures in relation to the home

insulation policy but also in relation to the green loans policy. Again, this is another sound policy which has been brought to its knees by maladministration.

The remote renewable energy project, for the most part, was re-announcements of things that had previously been promised by the Howard government. The only thing that they have really managed to do in that place is re-announce things. The process of rolling out renewable energy in remote areas has ground to a halt. It never got off the ground, I suppose is more accurate to say.

But the important thing is that not only has there been a policy failure, which is interesting to observe from a public policy point of view at the commonwealth level, but that policy failure affects people in the ACT. We do not know the extent to which high-quality insulation has been rolled out in the ACT and there are a number of houses—we do not actually yet know the number of houses—that have been insulated under this program in the ACT. There are real issues.

I was speaking to a couple of young tradesmen last night. One of them was my son. He was listening to the news about this. He said, “How can it be that a tradesman who has installed insulation now gets to certify that it is okay?” Young people who do not have all that much experience in the world can see the folly of Peter Garrett’s policy and the Rudd government’s policy here.

It is important that this minister, who is also the minister for emergency services, the minister responsible for ensuring that fires do not break out in people’s roofs, who also has a whole range of responsibilities for fair trading, take some initiative and actually do something to protect the lives and property of Canberrans and to protect the investments of Canberrans. And we actually have to see, first of all, the minister fessing up to what his agencies knew, what the planning minister’s agencies knew in relation to this, what are they going to do to learn from this and to make sure that the policies being implemented at the federal level will actually ensure the quality, the safety and security of ACT taxpayers.

This has been a monumental failure. But it is not just some academic monumental failure. Houses have burnt down and young lives have been lost. Families have been dislocated. Families have been dislocated by the loss of their property and the disruption to their families. But more than that, four families in this country have been thrown into complete disarray by the deaths of their sons. And now we see, in addition, for lots of people who are unskilled and semiskilled and who had jobs in this area, where we were going to have green jobs for the future, their green jobs for the future ran out last Friday.

There was a young lady on television last night, a single mother, saying, “I’m going to lose my job. I have not done anything wrong but Peter Garrett does not seem to be going to lose his job.” I think that that will be repeated over and over again by people who have been suckered into this industry and they have been suckered in in such a way that the industry and the whole area of development will be somewhat discredited by the poor management of the Rudd Labor government and Peter Garrett in particular.

I think that, for all of those who want to see the expansion of green jobs and the expansion of policy initiatives like this, it is a sad day and it is a sorry event that we have seen unfolding over the last few weeks up on the hill. And there are many questions to be answered. But also this minister, the minister responsible, has some questions to answer here and it is time that the information became available to us.

**MR RATTENBURY** (Molonglo) (8.05): I think that for the Liberal Party what is at the heart of this motion is scandal, controversy and the opportunity to take the government to task over the spillover effects of the failure of the federal government's insulation program. And the ACT government does have an element of responsibility in this debate, which I will come back to, but for now I would like to focus on what I believe to be the most crucial issue at the heart of this motion.

The issue central to this motion is part of a much larger story about how the federal government has failed, in spite of its stated intention, to effectively roll out a green energy program across Australia over the past two years. While there is no doubt that there has been great human tragedy at the core of the debate occurring in the federal parliament, there has also been a great policy tragedy, because the failure of the insulation program is just the most obvious example of the string of policy failures that the Rudd government has to its name on green energy.

Not only has the largest rollout of energy efficiency measures at the national level gone belly up, its reputation in tatters, but the federal government has, in one way or another, messed with a range of other green energy programs and, sadly, rather than moving the cause forward, has set the cause back.

Why is this such a tragedy? It is because right now, more than ever, we need to advance the cause of all policies that reduce our energy consumption and drive our greenhouse emissions down, that drive up the generation of clean, renewable energy. Failure at this early hurdle does nothing for the cause of energy efficiency and clean energy. But there are useful lessons for all of us to learn from the failures of the federal government.

Let us start with the federal government's green loans program. It was designed to provide Australian households with a free energy and water efficiency assessment and the government undertook to train assessors who would be accredited under the scheme. Assessors would visit homes and give information to the householders about what improvements they could make to reduce their energy consumption and their water usage. Householders were then eligible to apply for a loan of up to \$10,000, which would be interest free for four years, to buy items such as energy efficient appliances, new curtains, solar panels or perhaps a household water tank.

Unfortunately, the green loans scheme has come unstuck. Thousands of assessors who paid \$3,000 to do the training are now without work. These are people who left other work to take up this opportunity, and they are now being told they can only do five assessments a week. Now the green loans program offers assessments, but no loans! That is the latest incarnation announced by Minister Garrett. And even in the case of the assessments it has been found that the federal department has been fiddling with

the assessment tool roughly every fortnight. So you can feed the same home into the calculator each fortnight and get a different assessment out each time.

Of course, once you have got your assessment done you would be very lucky if your assessor could actually get through to the government hotline to register the assessment, and some assessors have been left high and dry with payments not coming through in a timely way. The best thing that householders are getting is a couple of useful hours spent with them, talking about what they can do and getting an understanding of good building design and other issues.

The collateral damage is the companies that have been built on the back of this program and that are now restricted in their work—companies that have employed hundreds of people and spent hundreds of thousands of dollars on training and the establishment of call centres and other infrastructure for their businesses.

The next case study is the solar PV rebate and the impact on the renewable energy target. This is another systemic failure by a government that got elected on a clean green progressive climate platform but has sadly failed to deliver it. The federal government capped the PV rebate because it was too popular; God forbid that a program should actually work! The rebate was means tested and then suddenly the rebate was stopped and people justifiably asked questions. Then the PV rebate was rolled into the renewable energy target and, with the multiplier effect, started sucking up renewable energy certificates and left solar hot-water installers and efficiency industries wondering why they had been left out in the cold. This rocky history of the domestic PV program is almost comparable to that of the Howard government's, the end of which was threatened after two years.

While it may be good that the solar credits scheme for domestic PV, along with the ACT's feed-in tariff law, has maintained a demand for solar PV systems, the RECs do not represent real renewable energy generation, and now, because lots of RECs have been created by heavily subsidised hot-water systems, supply of RECs is exceeding demand, the price is dropping and we are seeing investment in wind energy drying up. Billions of dollars of investment in wind energy projects are sitting on the sidelines because of what is effectively another systemic failure of policy by the federal government.

The government were warned about this; this might sound familiar. Industry analysts did give advice. But, rather than take a holistic approach to green energy and the development of the green economy, the federal government have waxed and waned, and those fledgling industries that are committed to the development of the green economy in this country and that should be encouraged have had nothing but ups and downs and starts and stops.

Last but not least is the renewable remote power generation program, which Mrs Dunne referred to, which provided renewable energy to remote parts of Australia, including many Indigenous communities. Probably one of the better programs instigated by the Howard government, it was canned by the Rudd government with no real explanation. And now, because the solar PV incentives really only provide assistance for systems of less than 1.5 kilowatts, those remote communities, who generally have much larger systems, are missing out.

But back to the focus of this motion today, the home insulation program: first officially announced on 3 February 2009, it commenced on 1 July that year and was intended to last 2½ years. The original intention of the program was to provide \$2.7 billion worth of insulation across 2.2 million homes, providing rebates of up to \$1,600. In anyone's lexicon it was definitely a big rollout.

It would be fair to say that the federal government's main agenda here may not have been the effective rollout of energy efficiency programs but, rather, the injection of the stimulus into the economy. While the Greens support the intention of this program—to insulate the nation's homes—there is no doubt in anyone's mind now that this program has not been well managed.

There was inadequate training of insulation installers and clearly a perception that work would not be audited—leading to poor workmanship and instances where insulation was not installed at all. Poorly installed insulation has resulted in fires. I think the problems with installation of foil have been well discussed in the media.

The other fault identified in the program was the impact of price gouging—charging the government for jobs at the maximum rate of \$1,600, even though the true cost was frequently much less.

But, as we have heard over and over, the main problem for the federal environment minister was that he failed to pay enough heed to the warnings that the implementation of the program was too rushed, including that this would result in a high risk of fires and of roting. But the environment minister was one cog in a systemic-wide failure. The government has rushed out too many one-off programs in a boom and bust cycle—too many quick fixes, too many rushed media conferences and too many small programs for a few hundred thousand houses; programs that drive business interest and that are wound back without notice.

So what responsibility did the ACT government have in the middle of all of this? The ACT government has revealed that, despite ACTPLA officials attending a conference call with state and commonwealth colleagues that raised safety concerns in April, the Office of Regulatory Services did not issue a formal hazard alert until November. Furthermore, a number of questions remain as to what proactive measures the government took to ensure that safety standards were upheld, beyond issuing a hazard alert five months after becoming aware of potential dangers. Whilst we acknowledge that WorkCover is currently undergoing a review of operations, it would appear that the government has again taken a hands-off approach, waiting until problems are reported rather than taking a proactive approach of inspection and prevention.

Moreover, where a government official has been part of a conversation which specifically warned about the dangers of the rollout of the insulation program, it is wholly inadequate for the government to sit back and say, "There have been no complaints." The Attorney-General, quite disingenuously in my view, claimed that the warning issued in February last year, which was prior to the insulation rollout being announced, was sufficient warning to the public for a major insulation rollout that the government was aware had particular potential for danger. The government had the

knowledge, even if it was gathered by junior officials, that the insulation program brought on an additional risk. Failing to disclose that risk to installers and the community as soon as is practicable should be acknowledged as a failure. It is the responsibility of ministers to create environments within departments to ensure information as critical as this is quickly transmitted from junior officers to the relevant area within the government, so that a decision about how to respond can be formulated.

Whilst the broader scope of this motion reflects major issues with the federal government's implementation of the insulation scheme, we are concerned that the ACT government was warned about potential dangers in April yet waited until November to issue a hazard alert. We are concerned that the government is only able to talk about the lack of complaints and not the proactive measures it has taken to inspect and prevent unsafe workplaces beyond issuing advice. We have consistently raised, in conjunction with our health and safety issues, the need for the Office of Regulatory Services to be active and visible in enforcing workplace safety standards, not just responding to complaints.

There are lessons for all of us in the federal government's failures; lessons particularly for the ACT government as they move to develop policy responses around the ACT's energy future and the feed-in tariff.

The first is consistency; the industry need consistency. They need clear signals about the level of government support for programs, how long that support will last, and when and how that support will be wound back. Because of the scale of the products or installations they are dealing with, industry lead times are often higher than those of the average householder. A few months notice of a change of policy may be enough for householders, but industry may require a longer period. Long-term signals will encourage businesses that are in the game for the long haul, and these companies are the type of companies that we want to encourage—not the speculators, the cowboys and the fly-by-nighters. We want to encourage the companies that are committed to safety, that are committed to on-the-job training and to the development and implementation of industry standards.

The next lesson is auditing. One of the criticisms of the green loans program was the failure to put in place an auditing system to ensure the quality of training, assessments and use of the loans provided and to promptly identify and weed out anyone trying to rot the scheme. We have seen here in the ACT how a lack of auditing can undermine the effectiveness of other energy efficiency initiatives. Energy efficiency ratings for houses are a prime example of this. When these ratings are never audited, there can be very little trust in the ratings and they soon become meaningless. We have houses which are just not meeting the energy efficiency they are rated at, and do not even meet minimum efficiency requirements.

Another lesson is the issue of safety, for both consumers and industry. It is obviously an important and key issue in this debate. Often when governments roll out new policy objectives they have unintended consequences. But sometimes those consequences are predictable. The lesson here is that when those consequences involve safety we cannot be too careful about the measures that are put in place to

protect consumers, to protect workers, and we must take heed of those safety warnings and do better to prevent accidents and incidents before they occur.

It is clear that the federal environment department is not Centrelink. This comes to the issue of capacity to roll out programs. At the core of its business is policy development, not program implementation. It does not deal with the public in a service delivery capacity on a day-to-day basis and it is probably not resourced to do so. It is something to consider as we move towards trying to implement our own energy efficiency services here in the ACT: who in our territory is best skilled and best resourced to deliver those services to the community?

The next issue is public information, because it is clear that we must take the public with us. The public need to understand the benefits and be wary of the risks. We cannot let this failure of policy be the last word on energy efficiency and the benefits that it can bring. But we must ensure that the public has the full information to be part of combating the potential for dodgy operators.

The last lesson I want to touch on is the importance of whole-of-government integration. One of the main criticisms I have of the federal government is how they have approached the shift to a green economy—with half a heart, I would suggest. This is demonstrated in the systemic failure of the programs designed to increase green energy production and reduce fossil fuel consumption. This is demonstrated by the stop-start nature of programs, the small scope, the lack of certainty and the lack of ambition in the targets. It is demonstrated by the government's ongoing investment of billions of dollars to support the development of the coal industry—coal ports, railways and lines.

We simply need to do better than this and have policies that match each other. There is more to be discussed in this matter, but with my remaining time I seek leave to move the amendments, circulated in my name, to Mr Seselja's motion. They pick up many of the points that I have made in my speech tonight and touch on some of the future issues for the ACT.

Leave granted.

**MR RATTENBURY:** I move:

(1) Omit paragraphs (1)(c), (d) and (e), substitute:

“(c) the censure of the Federal Government passed by the Senate on 23 February 2010 in regard to its gross and systematic failure in the Federal Government's delivery of climate change programs, including home insulation, green loans, solar rebate, renewable remote power generation program and the renewable energy target;

(d) with concern, the failure of ACT Government to provide warnings to ACT consumers and installers between April 2009 and September 2009 about the specific risks that State and Territory officials had raised with the Federal Government about the Federal Government's Home Insulation Program; and

(e) that the ACT Government is currently developing an ACT energy policy that will seek to have some similar objectives to the Federal Government's programs.”.

(2) Omit paragraphs (1)(f), (g) and (h).

(3) Omit paragraph (2), substitute:

“(2) calls on the ACT Government to:

- (a) table all documents held by the ACT Government pertaining to the Commonwealth's Home Insulation Program by the end of the first sitting day in March 2010;
- (b) immediately implement a public awareness campaign on the dangers of poorly installed insulation and provide a mechanism on the Canberra Connect website for affected homeowners to get information about how to have their insulation inspected for safety;
- (c) commit to extend the public promotion of the current ACT HEAT program and implement a broad public education campaign around the benefits of energy efficiency measures; and
- (d) note the mistakes made by the Federal Government in rolling out energy efficiency and green energy programs in the development of the ACT energy policy.”.

**MR CORBELL** (Molonglo—Attorney-General, Minister for the Environment, Climate Change and Water, Minister for Energy and Minister for Police and Emergency Services) (8.20): This is one of those motions that are a great example of why the Assembly should not sit late on private members' day. It is a lazy motion. It is a lazy motion from a lazy opposition. It is a lazy opposition that cannot think up any new political attacks of its own; so it just resorts to whatever is going on in the federal parliament up the road. It really does highlight the position. We have heard it from Mr Seselja; we have heard it from Mrs Dunne; and we have heard it from Mr Rattenbury—this extensive critique and commentary about the federal government's program.

If they want to critique and commentate on the federal government's program, I suggest that they go and stick their hands up for a seat in the federal parliament on the next date there is an election and see how they go. It is a lazy motion from a lazy Leader of the Opposition who does not have any ideas of his own. He has no ideas of his own. We heard the pontificating—

*Opposition members interjecting—*

**MADAM ASSISTANT SPEAKER** (Ms Le Couteur): Members of the opposition, I am afraid I cannot hear Mr Corbell. Mr Corbell has the floor.

**Mr Seselja:** Are you going to defend Peter Garrett?

**MADAM ASSISTANT SPEAKER:** Mr Seselja, please! Mr Corbell has the floor. Mr Corbell, please continue.

**MR CORBELL:** Thank you, Madam Assistant Speaker. We heard the pontificating from those opposite about how obvious it was that these problems are going to arise and the complete failure of the federal government to anticipate these matters. I am not going to comment in relation to the federal government. They can defend themselves, and they are doing so very well.

But if Mrs Dunne was such an expert on the dangers of poorly installed insulation and she knew about it, knew about it in the lead-up to the last election, did she say anything in the last six to nine months about it? Did she ask the question of the ACT government, “What do you do to make sure that these dangers are being alleviated”?

What did the Leader of the Opposition say? He obviously signed off on this great insulation policy that the Canberra Liberals had. He obviously was aware of the detailed risk assessment that Mrs Dunne had undertaken. Did he ask any questions about it? No is the answer to both of those questions.

We now have this extraordinary situation where it would appear that the new standard of ministerial responsibility that Mrs Dunne and Mr Seselja want to place on ministers in this place is to this effect: if a kid goes and plays with a box of matches and starts a fire, I am to be held responsible for that here in this place. That is the absurd level of accountability that this lazy, ineffective opposition are now seeking to impose in this place. What an absolute joke on their part. The bottom line is this—

*Opposition members interjecting—*

**MR CORBELL:** They do not like it, Madam Assistant Speaker. They can give it, but they cannot take it. It is as simple as that. The bottom line in relation to this issue is this: ACT regulatory authorities did their job. They did their job in the context of, firstly, the installation of insulation being an unregulated industry. There is no requirement to meet any standard, any compulsory or mandatory standard, when it comes to the installation of insulation. It is not a regulated or registered industry here in the ACT. The obligations on those installers are to meet their legal requirements in relation to work safety. And ACT regulatory authorities did their job.

I draw members’ attention to the fact that—I note Mr Rattenbury dismisses it because it is not convenient for his argument—the electrical regulator, the ACT Planning and Land Authority, issued community advice in February last year. It was sent out in the regular circulars that ACTPLA send to anyone registered for their industry zone and community zone publications. This is the regular community consultation newsletter from the ACT Planning and Land Authority. That magazine sent out a clear message. It sent out a clear message warning homeowners that they should ensure that anyone who installs loose fill or batt-type insulation in their home is fully aware that the fire safety of recess lights is not jeopardised.

There were subsequent warnings in relation to foil insulation and the risks associated with it. That was the proactive step our regulatory authority took well ahead of the implementation of the commonwealth program. Subsequent to the commonwealth program starting, there were a series of warnings.

There was a media statement in November from the work safety commissioner reminding installers that there were work safety risks associated with this task and that they needed to be aware that these risks had led to deaths in other states. It went on to give further warnings. In January there was a warning about dodgy sales practices by installers released by the Commissioner for Fair Trading and a hazard alert, again issued in November, drawing to installers' attention the risks associated with, and the safety issues relating to, the installation of ceiling insulation.

Let us just be very clear about what the situation is here in the ACT. Has there been any report about dangerous work practice associated with the installation of insulation in the territory? I am advised no, there has not. There has been no report of dangerous work practice requiring investigation. What complaints have we received? We have received eight complaints in relation to fair trading issues. They relate to a range of factors, such as pressure sales techniques, failure to advise the consumer of all the relevant information they should be aware of prior to entering into a contract and matters of that ilk.

There has been no complaint about dangerous work practices in the installation of insulation in this city—none whatsoever, according to the advice I have received. That is the context in which we are operating. We have not seen reports of dangerous work practice. We have seen ACT regulatory authorities doing their job and we have seen an appropriate level of information going from our regulatory agencies to the commonwealth, consistent with the advice that all other states and territories were also giving.

This motion that in some almost sick way seeks to label me with the deaths of four people in a jurisdiction I have no responsibility for is just bizarre. That is the argument that we hear from the Liberal Party tonight. Because someone has died in Sydney or in Brisbane, I am responsible. That is the absurd lengths that the opposition is using to try and bring some modicum of credibility to this motion today.

It is the fact, of course, that there have been a number of house fires in the territory that may, or may not, relate to the inappropriate installation of insulation. We will obviously look with interest at the outcome of that coronial inquiry. But I reject absolutely the assertion that I have failed in any way to protect adequately from, and warn Canberrans about, the dangers of poorly installed insulation. The information has been on the public record and it has been on the public record before and after this scheme commenced.

I note that the Liberals and the Greens both wish the government to undertake a public awareness campaign on the dangers of poorly installed insulation. With all due respect, I think that has happened. I think it is pretty clear that this issue is well and truly in people's heads; so I do not understand the utility of the ACT government undertaking that exercise at this time.

Obviously, the territory is continuing to promote the use of our HEAT program. That has already been extended in terms of its promotion through the new ACTSmart program that I have talked about in this place on a number of occasions. The government will not be supporting this motion today, nor will we be supporting the amendments proposed by Mr Rattenbury.

The fact is that ACT regulatory authorities did their job. They did their job appropriately and they did their job in the way that they would do so in relation to any other potential risk occurring in the household environment. I have every confidence that they did it well and I do not believe that this misguided and lazy motion from the Liberal Party has any merit.

**MR COE** (Ginninderra) (8.33): What we have just seen from Mr Corbell is really adding more fuel to the fire of incompetence. It is absolutely amazing, I think, that here you have a minister that is obviously in the middle of some pretty serious problems, yet he does not have the courage to be able to say: "Yes, there are some problems. Yes, we might have stuffed up and we are looking into it." Instead, there is complete denial.

Mr Seselja's motion is a motion that seeks to get to the bottom of what is a shocking example of Labor Party incompetence and cover-up. There is no doubt that the Rudd Labor government has completely and catastrophically failed to properly implement the home insulation program.

This is how the Leader of the Opposition described Mr Garrett:

We have seen him squirming, twisting and turning and doing anything to try to save his political hide rather than addressing the serious problems that now absolutely manifest in the programs that he has been administering.

And administering badly, I add. It is pretty interesting, but I think those exact words could probably be used to describe the ACT Attorney-General as well.

The federal minister for the environment, Peter Garrett, has overseen a program where 160,000 insulations did not comply with product standards, 80,000 insulations did not comply with safety standards, 1,000 houses were electrified, 93 houses caught fire and there were four deaths. It is an absolute tragedy. There were 21 warnings about the program that Minister Garrett failed to take note of.

Finally last week the federal minister cancelled the program along with other poorly performing programs that he was not administering properly. It is too late, of course, for all those people who are now living in unsafe houses or perhaps those who have lost loved ones.

One thing that I think is interesting about the way that Simon Corbell has approached this whole issue was shown in an answer that he gave on 11 February. In answer to a question in question time a couple of Thursdays back, he thought he would have a bit of a fun time trying to have a go at the opposition. When asked when the

commonwealth installation program started, he heralded “1 July 2009” as he got “hear, hears” from his six colleagues on the government benches. He went on to say:

I have clearly indicated to this place that the government has received no complaints about dodgy installation since the commonwealth program commenced.

I wonder whether that is completely true. In June, there was a complaint about insulation, but here you have Mr Corbell saying the program did not start until 1 July 2009.

**Mr Hanson:** Shame!

**MR COE:** Yes. On 26 February, four months earlier, there was this announcement from Kevin Rudd:

Prime Minister Kevin Rudd today announced a new fast track process so that homeowners can start applying for free ceiling insulation immediately.

Immediately; not 1 July, but 26 February. So when Simon Corbell came into this place last Thursday and said that the program started on 1 July and that, therefore, any complaint we had in June does not count, I find completely special from a minister that has shown no responsibility to actually admit that there are issues here and that he has got to address them. Instead, he is simply running away from it. It really is a disastrous display in a disastrous situation.

It is pretty interesting when he was asked about this in question time yesterday. He said.

... I asked to be briefed in full in relation to all of the issues I should be aware of prior to answering questions in the Assembly that afternoon.

In other words, the minister was only interested in a briefing when his reputation was at stake in February. That was the only time he became interested in this. The minister, who is responsible for safety in the ACT, only became interested in the issue when he knew he would face Assembly questions. There was no responsibility in terms of policy, no responsibility for being minister. He only thought about the political ramifications for himself.

This guy is the Peter Garrett of Canberra, perhaps without the fame, the stunning career beforehand and a fan base. Otherwise, this guy is the Peter Garrett of Canberra. He is incompetent and neglectful. It is pretty ordinary.

In response to a previous question on 11 February, he also said:

... the government does not have any documents about the home insulation program because we do not run the home insulation program.

The minister made this claim when the government had already entered into a memorandum of understanding with the commonwealth on the delivery of the program. His claims do not stack up.

In April 2009, the South Australian minister issued a warning about the program. Yet some 10 months later, our minister claims not to have been briefed, nor that his department has any documents. At best, this is pure incompetence by Mr Corbell and a clear failure not to fulfil his duties under the ministerial code of conduct. The “don’t know, don’t care” approach he has been living on for the last 12 years that he has been in this place is finally coming undone. At worst, he knew and consistently failed to act. He is only interested in covering up rather than tackling this serious issue.

This motion will go some way to making up for the ACT government’s lack of action so far. It will ensure that Canberrans are aware of the dangers of poorly installed insulation and ensure affected homeowners can have an inspection of their insulation for safety. Also, it calls on the government to develop actions and detail what action they have taken in relation to this program.

We have heard Mr Rudd tell us that Mr Garrett is a first-class minister. I have heard no such defence of Mr Corbell from Mr Stanhope.

**MR SMYTH** (Brindabella) (8.39): The word “weasel” comes to mind when you hear the speech that Mr Corbell just put to this place. He tried to accuse the Leader of the Opposition, and his words were “in some bizarre way”. The only bizarre thing here this evening is Mr Corbell’s behaviour. Everyone else in Australia, including Kevin Rudd, understands that something went wrong with this program. But not Mr Corbell.

Mr Corbell—Mr Corbell the Attorney-General, Mr Corbell the minister responsible for regulatory services, Mr Corbell the emergency services minister—is probably the only person in Australia tonight who does not think that something went wrong and who is willing to say to his federal colleagues, his Labor mates, “You got it wrong.” They did, Mr Corbell. They got it wrong. And they got it wrong to a degree where almost 100 houses have been destroyed and four lives have been lost, because the federal minister ignored 21 warnings.

Let us look at the role of Mr Corbell since the story broke. Let us remember that on the morning the story broke, the minister was not shy to put Andrew Barr up to answer the allegations, to talk to the story. He was not going anywhere near it. We had Mr Barr cough up the fact that at least three homes in the ACT have been lost. From talking to firies, I would understand that there are probably more, but at least three fire cause determinations have gone to the coroner to say that these homes were lost, probably because of insulation batts.

We have a minister with no meetings, no documents and apparently no memory. It does go to the heart of the argument about ministerial responsibility—about “when you know, you have to find out”. Indeed, when you tell the Assembly something, you have to have it based on fact. We had a minister who stood up and said: “No briefings. No documents.” If you had only listened to the news that morning, you would have known that Peter Garrett was saying, “I signed an MOU with all the states.” Unless we are writing the MOUs in the air with sparklers, there was at least one document. The minister should be aware of it. But no: “We will not take responsibility for anything. I was not told. I am not responsible.”

What did he ask? How did he exercise his ministerial responsibility? How did he use the obligation placed on him by being a minister to better the people of the ACT? He did not do anything. He did not ask the question. You can assume that it is because either he did not want to know or he just did not care. He came down to this place with the fairy floss of “no information, no briefings, no document”. That is all it was: fairy floss.

The minister said, “I was not informed by officials that they possessed any documents relating to the commonwealth insulation installation program.” In the Assembly, that became “there are no documents:”, The minister needs to tell us if he asked a question. Did you ask, “Were there documents?” Did you find out before you misled the Assembly in this way so that you had to come down to this place and apologise? If you did not then your apology is a farce and your explanation is worse than a mislead.

The problem is that the minister has signed up to the ministerial code of conduct that Jon Stanhope has put in place. It says on page 2:

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.

Mr Corbell is no blushing violet. He does not come in here and wilt under pressure. He stood up here and there he was thumping the table. “There are no meetings. There are no documents.” He said it like it was a fact. He said it like it was for real.

The problem for people who would seek to believe this government or believe this minister is that he made it up, and there is nothing in his correction or his apology to say that he made it up. He came into this place and he blamed the public servants. He uses cowards’ castle: hide behind the human shield of the public servants.

He said: “I was briefed. I am not going on the radio in the morning. I will send Andrew Barr out.” You know: a bit of a giggle; there is a trap. Andrew coughed up that there were documents, that there was a coronial inquiry. “There is some sort of judicial inquiry going on, I think.” The only judicial inquiry could be a coroner’s inquiry, because the Coroners Act investigates death and fires, and it is automatic. So there is Mr Barr putting his foot in it, because Mr Corbell was not brave enough to go on the radio. But let us read the paragraph as it is quoted. It is the letter that we all got. It says: “The advice that I received related to a meeting that occurred between officials from the Australian Government and the states and territories. I was informed that the meeting took place in late April 2009 and was attended by a relatively junior officer. I was not briefed about the meeting prior to 11 February 2010. I was not informed by officials that they possessed any documents relating to the Commonwealth insulation installation program. The information provided by me to the Assembly on 11 February 2010 was based on the information provided to me by my Department.” Officials did not tell me that they had or did not have any documents, which I then told you guys meant that there were no documents.

That is not fact based. That is not living up to your responsibility as a minister. That is not living by the code of conduct. The minister should come clean and tell us exactly what was said in that meeting and what he did about it.

It seems to me that this is a minister who is hiding behind public servants. He has no commitment to the people that he is there to protect, but he also has no commitment to the officers that he should be backing up instead of hiding behind. It seems to me that he has no commitment to those fire officers who, as a result of the ineptitude of Peter Garrett and the federal government in their role over the program, are at risk because they are the ones that have to go and put these fires out or enter the crawl space in an attic that may be a live home. And he has absolutely no commitment to the people of the ACT to provide them with the safe environment that they deserve and that he as the minister is obligated to deliver.

When you become aware of a problem, you should fix it. That is ministerial responsibility. What we have is a minister who has never measured up to ministerial responsibility, who has been censured in this place for persistently and wilfully misleading the ACT Assembly and on a couple of other occasions. And it continues. What he said that day was not the truth.

**Mr Corbell:** Point of order, Madam Assistant Speaker. Mr Smyth asserted that I had misled previously and then he went on to say, “And this continues”—

**Mr Seselja:** Yes, a continuation.

**Mr Corbell:** implying that I am misleading the Assembly now. That is unparliamentary; it is—

**Mrs Dunne:** You admitted yesterday that you had misled the Assembly.

**MR SMYTH:** When did I actually say so?

**MADAM ASSISTANT SPEAKER** (Ms Le Couteur): Let Mr Corbell finish.

**Mr Corbell:** It is a reflection on me; it is disorderly; he knows it is disorderly. It is an improper imputation and he should be asked to withdraw.

**Mr Seselja:** On the point of order, Madam Assistant Speaker, the standing orders say that, unless it is on a substantive motion, it is unparliamentary. This motion, which we are debating today, says that the Attorney-General misled the Assembly. That is part of what we are actually debating today, and Mr Smyth is free to make that argument. Maybe we could stop the clock.

**MADAM ASSISTANT SPEAKER:** Yes. Clerk, please stop the clock.

**Mr Seselja:** Mr Smyth is perfectly free to make the arguments. If Mr Corbell had bothered to read the motion, he would know that that is actually part of what we are debating.

**Mr Corbell:** On the point of order, Madam Assistant Speaker, that is not the way that an assertion about a member misleading the Assembly is constructed. The motion refers to misleading information; it does not say that I misled. Mr Smyth, if you believe I misled, move a motion censuring me for misleading the Assembly. Get on with it and do it. You have not; nor have you said that I am misleading this place. Nor have you said that I have misled the Assembly.

**Mr Seselja:** This is pathetic semantics.

**MADAM ASSISTANT SPEAKER:** Mr Seselja, one minute. There is no point of order. Clerk, restart the clock.

**MR SMYTH:** Thank you, Madam Assistant Speaker. That is my concern. Ministerial responsibility says that you must do something. As is pointed out quite accurately in the motion by the Leader of the Opposition, this is about:

- (g) the failure of the Attorney-General to protect adequately from, and warn Canberrans about, the dangers of poorly installed insulation; and
- (h) the misleading information provided to the Assembly by the Attorney-General in relation to documents held by the ACT Government ...

Madam Assistant Speaker, this is a worthy motion. It is a motion worthy of support, because it is what the people of the ACT expect from their politicians. They expect their politicians to act on their behalf, not to hide behind public servants and say, "I am not responsible." When it is brought to your attention, you must act; you must act appropriately.

We all know the reason why we have this problem today. It is because the federal government did not do their work. They rolled this out; they were in a hurry. People are now paying a dreadful price as a consequence of it. The finance minister, Lindsay Tanner, said, "I do not think it is right to say that we should have sat back dotting the i's and crossing the t's, because we were in a crisis situation."

That is the sort of statement Mr Corbell is supporting by rejecting this motion tonight. And then there are Swan and Tanner in the updated economic and fiscal outlook:

The insulation program is expected to create a significant number of new Australian jobs. These jobs require limited retraining ... so the benefits to the community can be realised quickly.

One of the benefits announced tonight, if members have not heard, is a \$41 million fund to assist those the federal government have just made unemployed—\$41 million, on top of all the money that will come, that will be required to fix up the mistakes.

This is a very serious issue. It is about time the government stood up and said that their federal colleagues got it wrong and said, "Here are the documents you require," so we can all have a full understanding of this issue.

**MR HANSON** (Molonglo) (8.51): What is a real shame about what has occurred here is that this could have been such an effective program if it had been conducted properly. This is a program that has been discussed locally. I think we discussed the intent of this program or something similar to it in the lead-up to the 2008 election and both parties, including our own, formed policy on it.

The intent of providing insulation both to reduce greenhouse gases and to reduce costs for families in terms of their power costs is a very worthy aspiration. The problem is the way that this has been conducted and the way it has been rolled out, and it serves as a grave example of the way that the federal government have acted and, I think, in the failure in the local jurisdiction, of the way that the ACT government have failed in monitoring what has actually been going on within this jurisdiction.

It does serve as a warning for me, and a lesson I am taking from it is the—

**Mr Coe:** Don't trust Simon?

**MR HANSON:** There is certainly that. I will get to that in a minute. It is: when we hear rhetoric about the federal government's takeover of projects and schemes, whether that is going to actually be a good idea in the future. I think that, for me, it highlights some concerns in my shadow portfolio of health. We need to be very sure that, if the federal government in due course does start making those noises, we understand the implications and, rather than what we have seen here with Simon Corbell—just ignore what is going on at a federal level, where it should have been more properly regulated at the state level—if some of these initiatives are put forward in other portfolio areas, we do see ministers actually grasp the implications of what is occurring.

It was not as if the minister was not warned. There were a significant number of warnings that were provided to the minister. And these should have been adhered to. The first warning was on 9 March 2009, when Mr Garrett received a letter from James Tinslay, the CEO of the National Electrical and Communications Association. It warned of fire risks and it noted the problem was not insurmountable but that action needed to be taken to avert risk. That was the first warning that he received, way back in March 2009. From that day, I think there were—if I scroll down—19 warnings. It seems to go on and on, doesn't it? No, there are 21 warnings all the way through to April 2009. They are the warnings I have got here, which includes now the added ones to the list, the Minter Ellison reports, that I think everyone who has paid any attention to the media over the last few days would be well aware of.

But what we also see is that, despite what should have been well-established risks of this scheme, there was a complete failure to acknowledge those warnings by the Attorney-General.

In summation, this has been a very poorly managed scheme from its inception. The warnings have been ignored and what we are seeing is Canberra families paying for the consequence of the government's failure to acknowledge the warnings that they received.

**MRS DUNNE** (Ginninderra) (8.55), by leave: I move the following amendment to Mr Rattenbury's amendments:

In amendment No. (3), omit paragraph (2)(a), substitute:

“(a) present to the Speaker, by the end of business Friday, 26 February 2010, all documents held by the ACT Government pertaining to the Commonwealth's Home Insulation Program;”.

It is clear that, in its current form and the way things are currently poised in the Assembly, there is not majority support for any of the proposals put forward. The government wants to vote against everything. In a spirit of collegiality and cooperation, I think that it would be easier to accept Mr Rattenbury's amendments. But I think that they need to be further refined. I think that the time frame in Mr Rattenbury's amendments, being the first sitting day in March, is too far away. The opposition put in freedom of information requests a fortnight ago today, I think. I think that the government has already done substantial work in bringing together the documents that we seek and compiling them.

But when this motion was drafted, there was an expectation it might be debated earlier in the day than it has. It is, obviously, unreasonable to expect anyone to table documents by close of business today because most of the staff have gone home. And this gives some latitude. We could have asked for them by close of business tomorrow but, in discussion with the Greens, there was a view that there needed to be some latitude. Following precedents in the past where documents have been provided to the Speaker, we have settled upon that approach.

It is a modest amendment. I think there is a moderate amount of agreement between the Greens and the Liberal Party on the thrust of the motion. We might debate the niceties of the words. Mr Rattenbury seemed to blanch at what he called the political language. We are in politics, Mr Rattenbury. You can suck it in if you like but we are in politics. As I always say to people, politics is the art of the possible. The most important thing is to put on the record that the majority of members in this place are extraordinarily alarmed at what has happened federally and are concerned for our constituents and the impact that that federal failure will have in the ACT.

There is general agreement that we want to ensure that this minister and this government do something to ensure that ACT people who may have dodgy insulation are not left in dire straits and that we have general agreement that there should be some information transmitted to affected homeowners about how to ensure that their insulation is safely inspected and some advice given from there.

I am a great fan of the ACT home energy advisory team program. I do actually have a problem with Mr Rattenbury's proposed 3(d), which states:

note the mistakes made by the Federal Government in rolling out energy efficiency and green energy programs in the development of the ACT energy policy.”.

I think it is unfortunate wording, a bit clumsy. But, in the spirit of cooperation, I will just note that I would not have worded it quite like that.

Question put:

That **Mrs Dunne's** amendment to **Mr Rattenbury's** proposed amendments be agreed to.

The Assembly voted—

Ayes 7

Noes 4

Ms Bresnan	Ms Le Couteur	Mr Barr
Mr Coe	Mr Rattenbury	Ms Burch
Mrs Dunne	Mr Seselja	Mr Corbell
Ms Hunter		Mr Stanhope

Question so resolved in the affirmative.

Amendment agreed to.

Question put:

That **Mr Rattenbury's** amendments, as amended, be agreed to.

The Assembly voted—

Ayes 7

Noes 4

Ms Bresnan	Ms Le Couteur	Mr Barr
Mr Coe	Mr Rattenbury	Ms Burch
Mrs Dunne	Mr Seselja	Mr Corbell
Ms Hunter		Mr Stanhope

Question so resolved in the affirmative.

Amendment agreed to.

**MR SESELJA** (Molonglo—Leader of the Opposition) (9.05): I thank members. I thank the Greens for their broad support. I think what we have got here is a motion that in part reflects on the seriousness of this issue—I think a seriousness that the Attorney-General in this debate showed absolutely no awareness of. I think he has treated this issue as a joke. He seems to be one of the only people in the community who do not believe that such a serious issue and such a serious failure is worthy of debate in this place, given some of what was pursued particularly in the last parliament, in the last Assembly, by the Labor Party in relation to federal issues.

If this is a federal issue, then not only is it a monumental failure but it is a failure that potentially has an impact right here in the ACT. And what Mr Corbell does or does

not do is relevant right here in the ACT. What we have had so far, when he has been given the opportunity, is firstly a real demonstration of the fact that this government, this ACT Labor government, will never criticise their federal Labor mates. That has become crystal clear from Simon Corbell on one of the most monumental policy failures. He could not bring himself to acknowledge that this has been a serious policy failure that has implications. It has serious implications.

We have seen four deaths; we have seen a thousand electrified roofs; we have seen about 90 house fires—

**Mr Corbell:** None in the ACT.

**MR SESELJA:** He does not care about the house fires that have been linked to dodgy installation in the ACT, that are under investigation. Mr Corbell dismisses that as an issue. We see the frivolous manner in which he has handled that—so frivolous of course that he gave misleading information to the Assembly and he has since ducked and weaved; so frivolous that there were never any warnings to the community at large, to the consumer, that there are serious dangers with this insulation program.

He has treated this as a joke. It is not a joke. He has treated with contempt his responsibilities to be open with the community and the Assembly and for the safety of the community. And the minister, I think as we go on in this debate and as we look into this issue further, will face further questioning. I would say to the minister, and I think that the Assembly has sent a message, that we expect better. As much as Mr Corbell continues to laugh about it and think that this issue is a joke, as much as he continues to chortle away about this issue—we do take it seriously—and as we get constituents coming to us raising concerns, we will bring it to the attention of the minister or this Assembly so that action can be taken.

I would conclude on this: we would expect that our elected representatives in the government in the ACT would act in the best interests of all Canberrans. They should do it regardless of whether there is a federal Labor government or a federal Liberal government. That should not matter. If there are safety issues involved, they should give frank and fearless advice not just to the federal government but indeed to the community.

That does not appear to have happened in this case, and the Assembly has agreed, indeed, that that has not happened in this case. But the minister's attitude, the minister's ducking and weaving, the minister's failure to give complete information and correct information reflect poorly on him. We expect that, as we go forward, he will be open about these issues and he will take his responsibilities to the community seriously, even if that means criticising his Labor colleagues such as Mr Garrett and Mr Rudd. It is a responsibility to the people of the ACT.

I thank members for their support. I thank the Greens for their support. I think we can move forward and get the documents. We have at least sent a message to this government that this minister's performance on this issue to date has simply not been up to scratch. I thank members for their time.

Motion, as amended, agreed to.

## Adjournment

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

That the Assembly do now adjourn.

### **St Anthony's primary school**

**MR SESELJA** (Molonglo—Leader of the Opposition) (9.10): I would like to talk briefly about St Anthony's primary school which I had the opportunity to visit last week to speak to year 6 students about politics and leadership. I think it was a fantastic opportunity to relate to the year 6s at St Anthony's. St Anthony's is a fantastic local Catholic school which does a sensational job for its community. St Anthony's is the parish that I grew up in. Whilst we had started off in Kambah and I went to St Thomas the Apostle down the road and did not attend St Anthony's, it is a school that I have very close connections with. My siblings attended St Anthony's. I also attended Padua Catholic high school, which is the sister school of St Anthony's up the road in Wanniasa.

The children I had the opportunity to speak to were a wonderful group of kids. They were very interested and had a lot to say about their views on politics, leadership and life. I was particularly impressed with a group that I got to speak to afterwards, separately, which was the parliamentarians from year 6 at St Anthony's. They were a very intelligent and engaged bunch. They were very polite and fun to be around.

I want to thank, in particular, Jamie Kemp, the coordinator, who invited me to go and speak. Jamie does a sensational job, as do all the teachers at St Anthony's Catholic primary school. I would like to put on the record my appreciation for the opportunity and to say how impressed I was with all of the children, teachers and staff that I dealt with. I thank them for the opportunity. I want to put on the record what a wonderful school community St Anthony's Catholic primary school in Wanniasa is.

### **Our Wellness Foundation—fundraiser Mr Orlando Zapata Tamayo—death**

**MR COE** (Ginninderra) (9.13): On Sunday I was very pleased to attend the inaugural Our Wellness Foundation paper plane competition fundraiser. The fundraiser raised money for the paediatric unit of the Canberra Hospital. I was pleased to be able to be at the fundraiser with my aeronautical engineering colleagues Brendan Smyth, Steve Dospot and Meredith Hunter.

I would like to acknowledge Herb McEachin, a member of the NBL Hall of Fame; John de la Torre, chairman of the Wellness Foundation; Lana Bruton, owner of Fernwood at Tuggeranong; Tad Dufelmeier; Steve Simpson, director of nursing, paediatrics, Canberra Hospital; and Cam Sullings, from Mix 106.3, who also competed. Cal Bruton, also a member of the NBL Hall of Fame, hosted the competition.

I would also like to commend Susan Batts, Anne Freeman and the other Our Wellness Foundation volunteers who made the event possible. There were many generous sponsors and supporters, and they include: Lions International, Fernwood, Balloon Aloft, Murrays Coaches, Nutrimetics Naturally, Q ACT, the Ellcon group, Dick Smith's Genuine Australian Foods, Canberra Day Spa, the ACT Fire Brigade, BridgeClimb Sydney, Club Lime, Hotondo Homes, Constable Kenny Koala and Mix 106.3.

I would like to thank the board of the Our Wellness Foundation—John de la Torre, the chairman; Dr Graham Reynolds, the deputy chair; Gai Brodtmann; Veronica Croome; Professor Nicholas Glasgow; Dr Tanya Robertson; Deborah Rolfe; Hilary Russell; Dr Anne Sneddon; Andrew Taylor, also the trustee; and Moira Lye, the executive officer.

The Our Wellness Foundation was established in 2008. The foundation aims to raise money for the strategies, services and research that promote the health and wellbeing of the people of the Australian Capital Territory and surrounding region. To achieve this aim it seeks to raise money for new services and facilities in the health sector, in addition to what is already being provided through government and the private sector. The foundation works with the community to ensure an effective partnership between the community and healthcare providers. The Our Wellness Foundation has a friends program, and they are people who are interested in directing the foundation's work. They receive invitations to their fundraisers and other opportunities to participate in local health initiatives.

I would like to thank all those donors, sponsors, volunteers, friends and board members who are so committed to improving healthcare in the ACT. More information about the foundation can be found at the foundation's website at [www.ourwellnessfoundation.org.au](http://www.ourwellnessfoundation.org.au).

Mr Speaker, today I join many people throughout the world mourning the loss of Orlando Zapata Tamayo, who died just a few hours ago in Havana, Cuba. Visitors to my office would have seen a poster on my wall entitled "Freedom for Cuba's prisoners of conscience" provided to me by a friend, Aramis Perez, executive secretary of Young Cubans in Action. The poster highlights 20 political prisoners who have been imprisoned in Cuba for speaking out for freedom. I seek leave to table a copy of that poster.

Leave granted.

**MR COE:** I table the following paper:

"Freedom for Cuba's prisoners of conscience"—Poster.

Soon after Tamayo's arrest in 2003, Amnesty International called for the Cuban government:

... to immediately and unconditionally release all prisoners of conscience, imprisoned solely for having peacefully exercised their rights to freedom of expression, association and assembly.

Mr Tamayo was one such prisoner named in the Amnesty report which supported his release. The Miami-based Directorio Democratico Cubano states that, after years in prison:

In October, 2009, Zapata Tamayo was brutally beaten by military personnel at Holguin provincial prison, causing an internal hematoma in his head so severe that Zapata Tamayo had to undergo surgery. He began his hunger strike on December 3, 2009, at the Kilo 8 prison in Camaguey, classified in Cuba as employing a “maximum severity” prison regime. For 18 days, Major Filiberto Hernandez Luis, the prison’s director, denied Zapata Tamayo drinking water, the only thing he was ingesting during the strike. The effect of this act of torture was to induce kidney failure. In mid-January, he was transferred to Amalia Simoni Hospital in the city of Camaguey, where he was left to languish nearly completely nude under intense air conditioning, causing him to contract pneumonia.

This tragic situation has sparked much criticism of the Castro regime. Democratic US Senator Bill Nelson said today, “Freedom-loving people everywhere should hold the Cuban regime responsible for the fate of Orlando Zapata Tamayo.” Republican US Senator Le Mieux said, “He spoke out against the regime’s brutal authoritarian practices, knowing that by doing so he risked imprisonment, or worse.”

The Castro regime should release all prisoners of conscience. Whilst we in Canberra are a long way from Cuba, I encourage everyone to lend their voices to this worthwhile cause. My thoughts go to Mr Tamayo’s mother, Reina Luisa Tamayo Danger, and other family members as they come to terms with this loss. I also bring to the Assembly’s attention that Ariel Sigler Amaya and Normando Hernandez Gonzalez are also Cuban prisoners of conscience and are in extremely poor health.

I encourage listeners and readers of this speech to visit [www.directorio.org](http://www.directorio.org) to find out how they can take action to help end the terrible oppression that exists in Cuba. The International Young Democrat Union, of which I am on the board, has a freedom campaign dedicated to Cuba. To find out more about this, people should contact my office or visit [www.iydu.org](http://www.iydu.org).

### **Ovarian Cancer Australia**

**MS HUNTER** (Ginninderra—Parliamentary Convenor, ACT Greens) (9.18): I rise during the adjournment debate to bring attention to the fact that today is the day that Ovarian Cancer Australia has asked people across Australia and particularly politicians to wear their teal ribbons. Of course, this is to raise awareness around ovarian cancer. I note that a number of members of the Assembly have worn their ribbons today.

Ovarian Cancer Australia is a not-for-profit organisation. It is a national organisation that provides support and advocacy for people affected by ovarian cancer. It does some very important work in supporting women and their families who are touched by this disease. Unfortunately, one in 70 Australian women will develop ovarian cancer in their lifetime and each year more than 850 Australian women will lose their battle with ovarian cancer. That equates to one woman every 11 hours.

One of the things we know about ovarian cancer is that there is no reliable early detection test. This, unfortunately, is why the disease is not detected in many women until the later stages and it means that 75 per cent of women diagnosed in the advanced stages will not live beyond five years. Part of the work of Ovarian Cancer Australia is to try and get out there to raise awareness about the symptoms of the cancer in the hope that if women are vigilant around these symptoms they may go to their doctor for a check-up and detect this cancer in its early stages, thereby ensuring a better prognosis than awaits many women.

I thought it was important to acknowledge the day today and to acknowledge that February is Ovarian Cancer Australia's awareness month. Our thoughts are with the many families who are touched by this disease. It is important to support the wonderful work that is done by Ovarian Cancer Australia. It is important that, as members of the Assembly, we continue to support organisations such as this. In their letter they asked people to take a photo of themselves with their ribbons on and send it to their website. I know that the Greens will be taking a photo. I encourage other members to take a photo and send it to the website.

### **Raize the roof**

**MR SMYTH** (Brindabella) (9.21): On Saturday, 6 February I had the honour of attending a function organised by a group of young Canberrans called raize the roof. It is a group dedicated to easing the plight of kids wherever that have less than they deserve, and I said I would be more than happy to read a statement on their behalf into the *Hansard* so the people of Canberra, particularly members, understand what raize the roof is about. On behalf of Danielle Dal Cortivo and her committee, I will now read the following:

Their vision is clear ... the task, a little more challenging. A team of dynamic individuals from Canberra have started their adventure to enhance the lives of kids a little less lucky.

It's basic. The charity raize the roof will enable improvement to the health and welfare of children locally and internationally.

raize the roof commenced in March 2009, after a conversation between Co-founders Danielle and Lincoln Dal Cortivo. On this day, it was agreed, there was something Danielle and Lincoln could do.

raize the roof is a charity founded by local young Canberrans passionate about improving the lives of children who are "less lucky" than most. Powered by inspiration, innovation and dedication, the raize the roof team along with the Canberra community will assist local children who are suffering from cancer, and also children of the world who are orphaned due to disease or circumstance.

Through fundraising, donations and the assistance of volunteers, a house will be built in Canberra with the goal of generating a profit over \$500,000 after the house is auctioned. Half of the proceeds from the sale of the house will be donated to Camp Quality in the ACT (negotiations currently underway), and the other half will go towards enhancing children's villages in Botswana,

coordinated by SOS Children's Villages. Should proceeds reach beyond the estimated \$500,000, additional monies will be donated back to charities that 'support kids a little less lucky' locally.

raize the roof started just eleven months ago and the team are overwhelmed and excited about the speed in which raize the roof has grown. The team comprises of volunteers all with full time jobs, studying or doing a combination of both and all members are under 30 years of age. The team is passionate about collaborating with young people with a desire to contribute and make a difference.

In 2009 Lincoln and Danielle traveled to Botswana to 'walk in the shoes of those a little less lucky'.

Footage from that trip can be viewed on YouTube, and I can provide the code if people are interested. The statement continues:

To date the team has organised and delivered a very successful trivia night, a fundraiser and awareness building event at Stromlo High School and on Saturday 6 February 2010, the team held the raize the roof Inaugural Gala Ball, which was attended by some 180 distinguished guests and raised approximately \$22,000.

Next up for the team is the construction of the raize the roof charity house and most specifically fundraising for the purchasing of land. Two key pathways to securing the land exist at the moment including the donation of land at a reduced price from the Land Development Agency or through a local Land Developer in the ACT.

The next stage, the construction of the house, is already moving along with much momentum with in-principal support from an extensive array of members in the building industry interested in providing their goods and services. The list includes support from Surveyors; Architects through to concreters, locksmiths, plumbers, landscapers and certifiers.

raize the roof is in the process of organizing their next big event which will be a Charity Golf day to be held in May 2010. This is likely to further promote connection, community, contribution and generosity in Canberra and Regional NSW.

The team is planning to launch 'raize the roof day' in November this year to coincide with International Day of the Child and a ride to raize the roof between two of the Children's Villages in Botswana to fundraise additional monies is also on the cards.

For more information about this exciting and innovative initiative, please feel free to contact Danielle Dal Cortivo at [Danielle@raizetherooft.org.au](mailto:Danielle@raizetherooft.org.au) or visit the website: [www.raizetherooft.org.au](http://www.raizetherooft.org.au) ...

Mr Speaker, it was a fabulous night. It is interesting; all of us here go to a lot of black-tie functions but not where we are perhaps one of the three or four old people there. The average age of the committee would have been about 23 or 24. It was quite amazing to see the enthusiasm and to actually see something concrete happening through the organisational ability of young Canberrans. Good luck to them; I wish them well. The organisations they have chosen to support are very worthy of the

support they are going to give, and I look forward to seeing them raise the half a million dollars so it goes to kids a little less lucky.

**Canberra area theatre awards****Our Wellness Foundation****Softball Australia****Bilingual symposium**

**MR DOSZPOT** (Brindabella) (9.25): Mr Speaker, on the weekend I had the pleasure of attending four very interesting and inspirational functions, starting with the CAT awards—the Canberra Area Theatre awards—on Saturday night. My colleague Alistair Coe has already covered this event in great detail in last night’s adjournment, but I also felt that I should just pay tribute to Coralie Wood, who has been the mainstay of this absolutely fantastic theatre awards presentation that has been running for 15 years now. Each year it seems to get better. We think that we have seen the ultimate presentation that we could see, but Coralie Wood always pulls something out of her kitbag. Along with the colleagues who have already spoken about the CAT awards, I would also like to pay tribute to Coralie Wood for her fantastic contribution to the Canberra community as well as to the Canberra arts community.

On Sunday it was a fairly full day, and a couple of colleagues have already spoken about the Wellness Foundation function that we all attended, and I think we all look forward to attending next year to try our skills at flying paper aeroplanes on behalf of a very good cause. My parliamentary colleagues who also attended were Ms Hunter, Mr Coe and Brendan Smyth, and we had a fantastic time.

Also, it was very good to catch up with some of the notable sporting people in the Canberra community who were there—Herb McEachin, Lana Bruton, who has been involved in sport for quite a while, and Tad Dufelmeier, who is, of course, a former great Cannon—and some of the community contributors who were there—Steve Simpson, the director of nursing, paediatrics at Canberra Hospital, and Cam Sullings from Mix 106.3. Cam competed and, of course, ended up stealing the limelight from all of us.

From that function I attended the Softball Australia event, which was the finals of the John Reid Shield and the Gilley’s Shield competitions. This was a national tournament organised through Softball Australia along with Softball ACT, and it was a very successful finals series. It also gave me the great pleasure of the opportunity of catching up with an old Olympic colleague, Jenny Holliday, who is now the chair of Softball Australia. She mentioned that the tournament showcased many members of the world championship winning Aussie Steelers, taking their first step in their quest to defend their title in three years in New Zealand. Alongside this, the Aussie Spirit were at the pointy end of their preparation with this tournament, the final step for selection for the world championships to be held in Venezuela in June.

The event also gave Ms Holliday the opportunity to make a couple of major presentations. During the tournament they honoured two wonderful contributors to the sport of softball. Softball Australia inducted Sally McCreedy into the International Softball Federation Hall of Fame, and Ken Culpitt, already a member of the ISF hall

of fame, was also inducted into the Softball Australia Hall of Fame. It was terrific to see these inductions in front of this ACT home crowd. In addition to acknowledging the achievements of these great individuals, the Aussie Steelers were also inducted into the softball hall of fame. All in all, it was a very successful competition, and I would just like to offer my congratulations to Softball Australia and to Softball ACT on a competition very well run.

One of the final events of the weekend was something that also needs a lot of commendation—that is, an organised symposium which looked at children’s bilingual opportunities within families. It was a symposium organised by Dr Mandy Scott and Mr Sam Wong. It certainly showed the talent that is available within our multicultural communities, which are growing in very interesting ways, by bringing together those communities where the bilingual issues that concern all of us were very much brought to the forefront. A lot of young people contributed to this symposium, so I would like to offer them my congratulations as well on an event very well run.

Question resolved in the affirmative.

**The Assembly adjourned at 9.31 pm.**