HOUSE OF ASSEMBLY

Tuesday 11 April 1995

The SPEAKER (Hon. G.M. Gunn) took the Chair at 2 p.m. and read prayers.

INDUSTRIAL AND EMPLOYEE RELATIONS (MISCELLANEOUS PROVISIONS) AMENDMENT BILL

MINING (NATIVE TITLE) AMENDMENT BILL

The Hon. S.J. BAKER (Deputy Premier): I move:

That the sitting of the House be continued during the conferences with the Legislative Council on the Bills.

Motion carried.

The SPEAKER: Order! Members complain that they cannot hear the petitions being read out. I suggest they pay attention.

EUTHANASIA

A petition signed by 128 residents of South Australia requesting that the House urge the Government to oppose any measure to legislate for euthanasia was presented by the Hon. G.A. Ingerson.

Petition received.

MARION-BRIGHTON-GLENELG HEALTH AND SOCIAL WELFARE COUNCIL

A petition signed by 209 residents of South Australia requesting that the House urge the Government to support the valuable work of the Marion-Brighton-Glenelg Health and Social Welfare Council and allow it to continue without cuts to funding or other essential conditions was presented by the Hon. J.K.G. Oswald.

Petition received.

PAPERS TABLED

The following papers were laid on the table:

By the Treasurer (Hon. S.J. Baker)—

Lifeplan Community Services—Registered General Laws—29 March 1995.
Lifeplan Community Services—Registered General Laws—31 March 1995.
Manchester Unity Friendly Society—Registered General Laws.

By the Minister for Primary Industries (Hon. D.S. Baker)—

Citrus Board of South Australia—Report, 1993-94.
South Australian Research and Development Institute—Report, 1993-94.

ENTERPRISE INVESTMENTS

The Hon. S.J. BAKER (Deputy Premier): I wish to make a ministerial statement. In December 1994 I announced the sale of Enterprise Investments Limited Group to BCR Asset Management Pty Ltd, a company formed by the previous manager of Enterprise Investments Group. At the time of the sale I stated that the total proceeds to the Government were nearly $37 million. Included in this was a sum of $937 999, which was received by the Government as a security deposit pending the outcome of the refinancing proposal for PNX Group Limited, one of the investments held in the Enterprise Investments portfolio. This security deposit is now to be returned to the purchaser due to the failure of PNX Group Limited. The terms of the sale contract were that the security deposit would be returned BCR Asset Management if PNX was not able to trade out of its financial difficulties. Offsetting this reduction in sale proceeds, the Government has received a further amount of approximately $300 000 in outstanding interest payments on other investments. The net receipts of the sale of Enterprise Investments Limited are therefore $36.1 million.

At the time of the sale, PNX Group Limited had been suspended from the Stock Exchange. The purchaser was therefore concerned as to the value of this investment and was not prepared to pay more than $1 for the investment. The Asset Management Task Force negotiated the inclusion of the security deposit to provide the potential for an increased settlement amount. The settlement arrangements provided that $937 999 be invested in an interest bearing deposit and that the Government would retain all interest earned on that deposit for the investment in PNX Group Limited. This arrangement had the advantage that the Treasurer would retain interest earned on the amount and also if PNX Group Limited traded out of its difficulties the Government would receive the additional amount of the security deposit. The alternative would have been for the Government to retain a direct interest in the PNX Group investments under which arrangements the Government would not have received any monetary compensation, even if the PNX Group improved its performance.

On Monday 20 March 1995, the board of PNX Group Limited appointed a voluntary administrator to assist them in reaching a compromise with their creditors to enable them to trade out of their current problems. This appointment was an event anticipated in the sale contract for Enterprise Investments Limited and allowed BCR Asset Management to return the interest in PNX Group Limited. BCR Asset Management exercised this option.

The Government was able, through the terms in the sale contract negotiated by the Asset Management Task Force, to earn $20 000 in interest and maintain the remote possibility that PNX would restructure successfully and trade through this difficult period. On Thursday 30 March 1995, the secured creditor, State Street Banking Trust of America, appointed a receiver and manager who assumed control of the assets of PNX Group Limited from the voluntary administrator. It is not anticipated that the liquidation of PNX will provide any financial return.

In realising that Enterprise Investments Limited had invested $1.47 million in the PNX Group which is now worthless, I reviewed the circumstances surrounding the initial investment undertaken by Enterprise Investments Limited. The initial investment of $470 000 at 13 per cent in convertible unsecured notes was made on 1 March 1991. These notes were convertible into two 50¢ shares for every $1 convertible note. These notes were taken out in Phoenix Scientific Industries Limited, which later changed its name to PNX Group Limited.

At the time of taking out the convertible notes, Phoenix was subject to a takeover bid from ASC Limited for 43¢ per share. The board of Phoenix advised shareholders to reject this offer in an attempt to protect itself against takeover. As

part of this strategy, it appears that they entered into an arrangement with Enterprise Investments Limited through the then manager, BCR Venture Management Pty Ltd. The funds from Enterprise Investments Limited were used to enter into an arrangement with an American medical supply company which was supposed to add value to Phoenix and improve its performance.

By August 1993 the shares in Phoenix were trading at 31¢ per share and the performance of the company had deteriorated further. At that time BCR Venture Management Pty Ltd and Enterprise Investments Limited received a proposal from Phoenix that they purchase a company in a similar industry known as Fisons Scientific Equipment (FSE). It was hoped that this would substantially improve the performance of the group. To fund this acquisition, Phoenix needed substantial cash input and as part of the funding they proposed the issuing of $1 million in convertible notes paying 11 per cent interest.

Despite the fact that since its initial investment two and a half years earlier the share price of Phoenix had dropped from 43¢ per share to 31¢ per share, BCR Venture Management Pty Ltd recommended to the board of Enterprise Investments Limited that it invest the full $1 million required for the convertible notes for the takeover of FSE. The board of Enterprise Investments Limited accepted this recommendation from BCR Venture Management.

The acquisition of FSE went ahead and Phoenix changed its name to PNX Group Limited. Unfortunately, the planned benefits that the FSE acquisition would have had did not eventuate. Its performance continued to deteriorate and in September 1994 it was suspended from trading on the Australian Stock Exchange for failing to submit its annual report within the required time. Prior to this the shares in PNX were trading at or around 50¢ per share. When the shares were relisted in November 1994 they were traded at around 15¢ per share.

Shortly after this time the board of PNX announced that there had been further losses during the September 1994 quarter. This continued until the voluntary administrator and then the receiver and manager were appointed. In other words, within a period of 15 months prior to a receiver and manager being appointed, BCR Venture Management Pty Ltd had recommended that Enterprise Investments invest a further $1 million in convertible notes in PNX, taking the total investment in PNX to $1.47 million. That investment is now worthless.

This experience with PNX highlights some of the problems which beset Enterprise Investments and it supports the Government's decision to sell its shareholding in the Enterprise Investments Group. When the final return to the Government from the investment in Enterprise Investments is assessed, it is apparent that the performance of this investment was less than satisfactory. The returns made by Enterprise Investments were heavily supported by the interest received from the term deposits held with SAFA. If this interest is excluded from the results of Enterprise Investments, the return to the Government was abysmal.

QUESTIONS

The SPEAKER: I direct that written answers to the following questions on the Notice Paper, as detailed in the schedule that I now table, be distributed and printed in *Hansard*: Nos 174, 177, 187, 193 and 195.

MOUNT GAMBIER PRISON

The Hon. W.A. MATTHEW (Minister for Correctional Services): I wish to make a ministerial statement on the private management of Mount Gambier Prison. I am pleased to be able to advise the House that yesterday State Cabinet approved Group 4 Corrections Services as the preferred tender for the Mount Gambier Prison. Final negotiations will now be held by my Tender Evaluation Task Force before the contract can be signed. The new 110 bed Mount Gambier Prison will therefore become the first privately managed prison in South Australia. It is also significant to note that this will be the first contract signed by Group 4 for the management of an Australian prison.

Group 4 Corrections Services is the Australian company of Group 4 Securitas, an international security company which operates in the United Kingdom. In April 1992, Group 4 opened Britain's first private prison, a 320 bed remand centre, and in December 1994 opened a 350 bed prison in the UK. It also was the first company to undertake prisoner transport duties, previously undertaken by seven regional police forces and the UK prison service and is responsible for approximately 400 prisoner movements a day or 100 000 per year. Group 4 is one of the largest security organisations in the world, operating in over 30 countries, employs more than 32 000 people and has a current turnover exceeding £500 million per annum.

On 16 January 1995 Cabinet endorsed the outsourcing of the management of the new Mount Gambier Prison. The tender process has been overseen by a contracting out task force. The task force was appointed to ensure that the tender process was impartial, fair and thorough and within the parameters of Government policy. Its membership comprises representatives from the Department of Premier and Cabinet (Office of Public Sector Management), Treasury, Attorney-General's Department, the Economic Development Authority, Department for Industrial Affairs and Department for Correctional Services.

All staff involved, tenderers, consultants and task force members signed a confidentiality agreement to ensure that all details concerning the tendering process were treated as 'commercial-in-confidence', excluding the Attorney-General representatives who are bound by a professional code of ethics. To maintain impartiality of the outsourcing process, to verify the departmental internal benchmark costing used to analyse tenders, to participate on the evaluation team, to monitor the process and to participate in negotiations, the Government appointed independent consultants from Coopers & Lybrand. This consultant was chosen from four organisations who responded to a brief for consultancy services.

Experience of the evaluation group included areas of operation, finance and business. The department invited officers from Treasury to scrutinise the benchmark costing and financial evaluation model at an early stage. The department also invited the Auditor-General to scrutinise the process at various stages. A representative from the Auditor-General's office attended task force meetings.

Tender documentation has been prepared under the guidance of the Crown Solicitor's Office. A code of conduct was drawn up during the tender process. The code was observed by both departmental employees and tenderers. The code describes proper internal/external business relationships for the course of the outsourcing process. Tenders closed on Monday 13 February 1995. All tenderers were given the

opportunity to present their submission to the evaluation task force, both orally and in writing.

The Victorian Police probity investigation of all tenderers was purchased by the Department for Correctional Services as this work had only recently been undertaken by that State. The South Australian Police Department was asked to satisfy themselves as to the content of these reports. Probity checks included both national and international checks on organisations and individuals involved. All tenderers were asked to provide substantial information concerning their financial status, credit rating, copies of audited statements and annual reports. Checks were also undertaken with Dun and Bradstreet. Group 4 will be required to provide a financial guarantee of $250 000 and a parent company guarantee of performance.

As well as going before State Cabinet, the contracting out process has been endorsed by the Cabinet Sub-committee on Contracting Out. On coming into Government, we inherited the most expensive prison system in Australia. The Correctional Services Department's $89 million budget funded the most expensive prison system in Australia. It then cost 25 per cent more to provide correctional services in South Australia than for comparable services in other States. This Government has insisted that those costs be driven down. This is occurring through substantial restructuring to the Correctional Services Department—a process that is well progressed.

Private management of Mount Gambier Prison contributes toward that restructuring process. It is the joint view of my CEO, the Correctional Services Department and this Government that the significant restructuring of the Correctional Services Department already achieved to date could not have occurred in the way it has without employees being aware that they need, under this Government, to compete with the private sector.

The next phase of this process is to successfully negotiate the signing of the management contract with Group 4 to allow the opening of the new Mount Gambier Prison. It is anticipated that the contract will be signed within the next two weeks. The prison will then be opened as a management partnership operation between the South Australian Government and Group 4, with three Correctional Services officers from the Department of Correctional Services working as part of the prison staffing to ensure that all requirements under the Correctional Services Act are met. I take this opportunity to pay tribute to the members of the evaluation task force who have worked long days, nights and weekends to complete their assessment.

QUESTION TIME

The SPEAKER: Questions for the Premier and the Minister for Housing, Urban Development and Local Government Relations will be answered by the Deputy Premier; questions for the Minister for Infrastructure will be answered by the Minister for Industrial Affairs; and questions for the Minister for Employment, Training and Further Education will be answered by the Minister for Emergency Services.

Members interjecting:

The SPEAKER: Order! I take it that the member for Giles does not want to ask the first question.

POLITICAL DONATIONS

The Hon. M.D. RANN (Leader of the Opposition): My question is directed to the Deputy Premier. Given statements made to this House, will the Premier now confirm that the $50 000 donation made to the Liberal Party by Moriki Products was in fact a Gerard Industries donation, and why did the Premier advise the House that it was made by Mr Anthony Tang? A memo from the former Liberal Party State Director, now Senator Nick Minchin, dated 5 April states that he was South Australian Director of the Party when the Moriki donation was made. The memo states:

> When I was advised in February 1993 that $50 000 had been donated by a Singapore company called Moriki Products, I naturally asked about the donor and the reason for the donation. I was assured it was a Gerard Industries donation.

The memo continues:

> I accepted Mr Gerard's right to donate to the Party via a Singapore entity.

In this House on 21 February the Premier expressed outrage that I had tried to link Mr Gerard with any overseas donations to the Liberal Party.

Members interjecting:

The SPEAKER: Order!

The Hon. S.J. BAKER: I am not surprised by the first question. This has been in the papers, and the Opposition is dragging over old coals. The Opposition has had one moment in Parliament in the past 15 months where it can say it might have got its nose in front, but that is not a particularly smart record for an Opposition. I would like to get a number of things on the record. First, I would ask the Opposition to reflect on its own performance in terms of fundraising. We can talk about Mr Loosley, Mr Whitlam and Mr Burke. We can talk about all those people. We have breached no laws whatsoever.

As to what it has to do with this Parliament—it has zero to do with it. I remind members that, first, the donation was made 10 months before we came to power and, secondly, it was for a Federal election. Thirdly, the ALP was over there trying to get its snout into the trough. Leaving that issue aside, the question is whether the statements made at the time were correct. They were correct: they were absolutely correct, and I will explain that briefly so that members can clearly understand. The senator mentioned in the question asked by the Leader of the Opposition has refuted his own statement, because what he said—

Members interjecting:

The Hon. S.J. BAKER: He has. Let us get this on the record very quickly so that we do not waste the time of the House on matters that have no relevance or reference to this House. The President of the Party will be making a statement today, which will simply say that Senator Minchin was misinformed, and anyone can check with Senator Minchin: he has signed a statement which states that he was misinformed at the time.

Members interjecting:

The Hon. S.J. BAKER: As I said, it has nothing to do with this Parliament, but I want to clarify it for the record. Senator Minchin has written a statement to the President of the Party which says, 'I was misinformed at the time.' The President will be reaffirming everything she said prior to this date in relation to the Moriki donation of $50 000, and she will be confirming that the donation came from the Tang family—end of story; end of section.

PREMIERS' CONFERENCE

Mr ASHENDEN (Wright): Will the Deputy Premier inform the House of the impact on South Australia as a result of funding decisions handed down by the Commonwealth at the Premiers' Conference in Canberra today?

The Hon. S.J. BAKER: The Premiers' Conference lasted but one or two hours. The Prime Minister closed the doors and said, 'The offer you've got is the offer you're going to get. There is no negotiation, so get used to the idea.' I would like to reflect on the Commonwealth's performance over the past two years: last year, for the first time in history, the Treasurer of the Commonwealth made a statement prior to the Premiers' Conference. That had never been the situation. Normally it is a matter of negotiation on even ground between all the Premiers and the Commonwealth. That has been the historical situation. The ground is never even but at least we start the day even before the offers are put on the table and negotiated.

For the past two years the Commonwealth has positioned itself and said, 'Look how well the States are doing', and, of course, no State is doing particularly well. Under the income sharing arrangements general purpose grants, South Australia had an increase of $41.7 million which, on our general purpose payments, is an increase in nominal terms of 2.8 per cent. However, using the CPI, which is forecast by the Commonwealth, that means a reduction in real terms of some $20.7 million, due to the fact that this State's population growth has not been of the average of the Commonwealth's.

So, whilst the Commonwealth has maintained its commitment to real *per capita* growth, South Australia has a lot of work to do, and I would hope that the Opposition will help us in this process of getting economic growth and population growth back into South Australia. That must be a long-term aim. We are paying the price for the past 20 years in the way in which the grants are distributed. We estimated that approximate result, so that is no surprise. What is a surprise, of course, is the special purpose payments, where we estimate a reduction in real terms of $77.7 million. As has been reported in the paper, about $15 million of that happens to be in the Medicare arrangements.

The problem is that everyone has different figures. The figures in the offer document for the year 1994-95 are $15 million higher than our records. I am not sure whether the Minister for Health will have a $15 million windfall, but I hope it happens. It would be an outstanding result for a very difficult budget situation. The Commonwealth is not getting its figures right. The best estimate we can make at this stage, having walked into the Premiers' Conference and been shuffled straight out the back or the front door by the Prime Minister, is that a number of areas concerning South Australia have diminished. At the Premiers' Conference last year I asked for guarantees on special purpose payments and that request was refused. He said, 'I will give it to you on the one hand, but I will not guarantee the other side of the ledger.' It is coming back, and I am sure that the other Premiers should have focused their attention a little more on that issue.

Importantly, the negotiations are not over, as everybody here would clearly understand. The Commonwealth is anxious about its competition policy, and we are not anxious to sign along the dotted line unless we get some concessions. The point is that we are still in a negotiating phase. The Commonwealth has again played its rotten little games and we will have to try to negotiate out of them.

POLITICAL DONATIONS

The Hon. M.D. RANN (Leader of the Opposition): My question again is directed to the Deputy Premier representing the Premier. Given statements made to this House, does the Deputy Premier stand by the Premier's statement on 21 February that the Liberal Party had fully complied with the Commonwealth Electoral Act when submitting returns of donations?

Section 306 of the Commonwealth Electoral Act states that it is unlawful for a person acting on behalf of a political Party to receive a gift of $1 000 or more unless 'the name and address of the person making the gift are known to the person receiving the gift'.

Former State Director Senator Minchin has now revealed that he believed a $50 000 donation received in February 1993 was from Gerard Industries. The Liberal Party's return to the Electoral Commission for 1992-93 states that this money was donated by Moriki Products Ltd. That return was signed by Mr Grahame Morris, who is now the senior adviser to the Federal Liberal Leader, John Howard.

The SPEAKER: Order! The last part of the Leader's question is out of order as he was commenting. The Deputy Leader.

The Hon. S.J. BAKER: The Liberal Party has conformed with all the rules and regulations associated with Australian Electoral laws. The Federal Electoral Commission did an audit and said that it was more than satisfied. In fact, it suggested that South Australia's records were in better shape than those of any other State. Not only have we conformed with the rules but we have had and passed an audit. We cannot do better than that.

STATE BANK

Mr BRINDAL (Unley): My question is directed to the Treasurer. What success is the South Australian Asset Management Corporation having in recovering losses made on overseas investments financed by the former State Bank of South Australia?

The Hon. S.J. BAKER: I thank the member for Unley for his question. Since the failure of the State Bank, there has been a lot of effort to claw back some of the losses from local, interstate and overseas jurisdictions. Certainly, massive losses were made in overseas jurisdictions—New Zealand, New York and London—on investments that no person in this State could have had any capacity to assess properly. However, in the expansionary role taken by the State Bank, obviously endorsed by the previous Government, an enormous number of mistakes were made and some awful losses were incurred.

There is some pleasing news. We undertook a legal action in London on the basis of an investment relating to Jacob's Island. The nub of the case was that the bank had provided funds for this investment, but the person responsible for the property valuation got it awfully wrong. Therefore, SAAMC took that valuer to court. We are pleased to say that, although it may still be subject to appeal, there has been a judgment in favour of SAAMC that 75 per cent of the claim will be allowed, and that adds up to about £9.8 million. We have confirmed that there is adequate indemnity insurance to pay the damages. At this stage we are pleased to say that there is some movement on some of those very badly based investments overseas. On this occasion we are hoping to get a reasonable return for the taxpayers.

POLITICAL DONATIONS

The Hon. M.D. RANN (Leader of the Opposition): My question is again directed to the Deputy Premier representing the Premier. Given statements made to this House, does the Deputy Premier still stand by claims that Mr Bill Henderson was the man who organised the Catch Tim and Moriki donations? The leaked memo from Senator Nick Minchin states:

> In my eight years as State Director I never knew of the existence of, let alone met, Mr Bill Henderson whom we now know apparently obtained the Moriki and Catch Tim donations for the Party.

Senator Minchin was the Director of the South Australian Liberal Party at the time the Moriki donation was received, and the Premier was a member of the State Executive and former Treasurer of the Party. Mr Henderson was named by the Liberal Party as the conduit for both the Moriki and Catch Tim donations. Section 18.4.2 of the Liberal Party's constitution states:

> Only the Treasurer of the division or such other persons appointed by the State Executive shall collect major contributions for the division.

The SPEAKER: Order! Before calling the Deputy Premier, I point out that three questions have been asked by the Leader of the Opposition, none of which relates to the affairs of Government.

Members interjecting:

The SPEAKER: Order! The Chair will make the determinations.

Members interjecting:

The SPEAKER: Order! There are too many interjections. The member for Hart is out of order, and I do not need any interjections on my right. The Leader should understand clearly that questions should relate to the affairs of Government in which Ministers have a direct responsibility. I will allow the Deputy Premier to answer the question, but the Chair will vigorously enforce the Standing Orders in relation to further questions.

The Hon. M.D. RANN: I rise on a point of order. Each question that I have asked has directly related to statements made by the Premier in this House, so it refers to his role as Premier—

The SPEAKER: Order! That is not a point of order. The honourable Deputy Premier.

The Hon. S.J. BAKER: I point out to the House again that this matter has nothing whatsoever to do with the Government of the day.

Members interjecting:

The SPEAKER: Order!

The Hon. S.J. BAKER: This issue has nothing to do with the Government of the day. I also point out that all the rules have been complied with.

MEMBERS, FORMER

Mr BECKER (Peake): Does the Treasurer see any future involvement in the world of high finance by former members of the Bannon Cabinet, the group which oversaw the collapse of the State Bank?

Members interjecting:

The SPEAKER: Order! The member for Mawson is out of order. I point out to the member for Peake that the Chair is of the view that that question is hypothetical and therefore I will call the member for Coles.

ENVIRONMENT STATEMENT

Mrs HALL (Coles): Will the Minister for the Environment and Natural Resources inform the House of details of the very important environment statement 'A Cleaner South Australia' and, in particular, say how the EPA intends to assist in the upgrading of South Australia's waste management practices? Following the Premier's recent announcement on South Australia's clean-up, much of the media attention has been on the clean-up of the Patawalonga. I understand the statement, which of course was well received, is far broader than just cleaning up the Patawalonga and that it takes into account issues such as waste management, noise control and cleaner production within industry.

The Hon. D.C. WOTTON: The statement delivered by the Premier at the weekend was very well received, and it is rather regrettable that the media attention has concentrated almost entirely on the cleaning up of the Patawalonga. Although I realise that that is an important goal for Government and for the community, other matters were included in the statement about which people need to know.

The honourable member has referred in particular to waste management practices, which in this State are certainly in need of improvement. It is certainly recognised in the representation that I have received that both the Government and the community are concerned that our landfills do not reflect best practice and that we need to do a lot better in this area. Although advances have been made in some areas of waste management, including improvements to safety and efficiency of waste collection, the Premier's statement on the environment points out that further issues need to be addressed. Some of these issues include tackling a legacy of substandard and poorly sited landfills, improving the standard of monitoring and environmental impacts of waste disposal and, importantly, reducing the quantity of waste and litter finding its way into landfill. Addressing these issues will require a partnership involving the State Government, local government, the community and industry groups, and the EPA will act as the catalyst to bring these groups together under a unified approach.

At the State level the EPA is developing an integrated waste management strategy for metropolitan Adelaide. That strategy will soon be released as a discussion paper for community and industry comment. The key elements of that strategy will include the need to improve standards of environmental performance for new and existing landfills, embodying best practice environmental management; the integration of waste transfer and resource recovery operations; the promotion of the user-pays principle for waste services; further development of both domestic and commercial waste reduction and recycling programs; and many other initiatives. The principal direction of the strategy will be the attainment of a high standard of environmental protection in the most efficient manner. It is also recognised that an essential component of the strategy will be waste reduction.

I am sure members of the House would recognise waste minimisation as one of the most important initiatives on which the Government needs to concentrate. It is also recognised that even with our best endeavours it is not possible for the community to eliminate all waste. We must therefore ensure that where waste is generated every effort is made to recycle and reuse it. Where this is not possible we must dispose of it in a manner that embodies best practice. In talking about waste management practices in South Australia, I recognise the important part that local government is now

playing in this area. I am delighted that right across the metropolitan area we now have kerbside collection. I believe that the community very strongly supports the advances that have been made in the past 12 months in regard to this issue and recycling and waste minimisation generally.

POLITICAL PUBLICITY

Mr ATKINSON (Spence): Does the Deputy Premier agree with Senator Amanda Vanstone that there has been a concerted campaign from within the Liberal Party to damage both the Government and the Premiership of Dean Brown? In a memo sent to all Liberal Party State councillors on 5 April, Senator Vanstone stated:

> We still have people among us who are not prepared to work together as a team. Rather than playing as a team, they background and leak information to the press that is designed to damage fellow Liberals, in this case Vickie Chapman and Dean Brown.

The memo goes on:

> The temptation is of course to return the favour, and once that spiral starts any semblance of unity is lost.

Mr Clarke interjecting:

The SPEAKER: Order! The Deputy Leader of the Opposition will come to order.

The Hon. S.J. BAKER: I do not think it has anything to do with Government. I ask members opposite to reflect on their own little wars that are continuing to be fought.

Members interjecting:

The SPEAKER: Order! I suggest that members, including the member for Peake and the Minister for Health, do not continue to interject. The Deputy Premier.

The Hon. S.J. BAKER: It is a bit like the pot calling the kettle black in this situation. I ask members to reflect on what a slippery pole the Leader of the Opposition happens to be on at the moment. I also suggest that his Deputy only just has the numbers, and they could change dramatically very shortly. I would reflect on the machinations and the tearing apart occurring within the Labor movement over the past 10 years, particularly since the defeat of the Labor Government at the last election. I would suggest—

Mr Clarke interjecting:

The SPEAKER: Order! I warn the Deputy Leader of the Opposition for the second time. The member for Peake.

MEMBERS, FORMER

Mr BECKER (Peake): Has the Treasurer assessed any future involvement in the Government by former members of the Bannon Cabinet—the group that oversaw the collapse of the State Bank?

The Hon. S.J. BAKER: The other night I was reviewing the possibility of using the talents, accomplishments and expertise of people throughout South Australia to assist us in achieving the dramatic growth that we want for this State. Having received a fax advising of the Australian Labor Party dinner auction to be held on Saturday 27 May at the Morphettville Function Centre, Morphettville Racecourse, stating, 'All donations thankfully received', I thought I would assist in the process. As I said, I was reviewing the performance of people near and dear to members opposite—

Members interjecting:

The SPEAKER: Order! I warn the Deputy Leader of the Opposition. He has been warned twice; he knows what the consequences are. The Deputy Premier.

The Hon. S.J. BAKER:—and I made a list of things that could be auctioned off on the night. I will be suggesting that if Don Dunstan, Mike Rann's mascot, is available they could auction him off, along with John Bannon's economic advice. The Labor Party's economic manifesto could be put up for auction, as could Frank Blevins' text book, 'Economics for Beginners'. A picture of the Bannon Government with all their hands on the table could also be put up for auction. Another item could be a picture of John Bannon demonstrating that everything was at arm's length. Also up for auction could be Mike Rann's speech in Parliament on 13 April 1989, when he said:

> Even members opposite can hardly deny that the State Bank is one of South Australia's greatest success stories. No-one of significance in the Australian financial community would not acknowledge that the success of the new bank is in large part due to the brilliance of its Managing Director, Tim Marcus Clark. His appointment in February 1984 was a major coup that stunned the Australian banking world. It was a major coup for this State.

That is on the record. I also have one or two more suggestions. We could auction a copy of the State Bank Royal Commission findings autographed by the Leader of the Opposition, and we could also auction a photograph of the Leader of the Opposition barracking for New Zealand in a rugby union match against Australia. While I was assessing the talents in the State, I thought that at least I could help members opposite with their ALP fundraising.

PUBLIC SECTOR CUTS

Mr FOLEY (Hart): Will the Treasurer rule out further public sector job and service cuts in line with his admission that his budget faces a blow-out of between $100 million and $150 million in 1995-96? The Centre for Economic Studies has suggested that the Government needs to shed an additional 1 000 public servants to meet its deficit target in light of the budget's deterioration.

The Hon. S.J. BAKER: I can only reflect that this question has been a long time coming. I do not know what happened last week, so I can only reflect on this dynamic Opposition. The question was answered at the time, as the member for Hart well knows. The simple facts are that two estimates were done, one for savings targets and one for job reduction targets. The savings targets of $300 million were achievable by methods other than full job reduction. On the basis of the estimates that are available, the full job reduction targets are necessary to meet our savings targets.

VETLAB

Mr BUCKBY (Light): Will the Minister for Primary Industries explain how the Department of Primary Industries is managing the process of meeting its commitments to budget restraint, particularly in relation to Vetlab?

The Hon. D.S. BAKER: I thank the honourable member for his question and interest in this matter because the rural communities are worried about Vetlab, and there have been some rumblings from within Vetlab that a further review will take place. We have had some meetings with the Farmers Federation about the ongoing functions of Vetlab, and it is very important that we make sure that the functions and community service obligations of Vetlab are looked at carefully because it has an important role to play in South Australia, particularly with respect to the export of livestock and other commodities.

As the Treasurer said earlier today and previously, because of the mismanagement of the previous Administration we have to look at all these things. However, I assure everyone that those functions of Vetlab that are essential for primary producers in South Australia will be maintained. We have to look carefully to see whether there is a duplication of services within this area and whether there is potential for outsourcing because, as it grieves us all that these cuts are necessary, it grieves us that it is because of the mismanagement of the previous Administration.

Members interjecting:

The Hon. D.S. BAKER: Well, the Deputy Leader interjects. He was not here and did not have to put up with the last seven or eight years of diatribe from former Premiers telling us how well their Government was running the State, for us only to find out when the State Bank collapsed that we were bankrupt. Not only that but the now Leader went on about what a good fellow Marcus Clark was, as the Deputy Premier just mentioned. You have not been here long enough to understand what financial management means, and what we went through on that side of the House. You will sit on that side—

Members interjecting:

The SPEAKER: Order! I warn the member for Hart. I suggest that the Minister answers the question and does not get sidetracked.

The Hon. D.S. BAKER: Thank you, Mr Speaker. I accept your ruling on the matter. I assure the House that there will be full consultation with the Farmers Federation and the people concerned, and that the views and needs of South Australian primary producers will be looked after while this review takes place.

STATE TAXES

Mr FOLEY (Hart): Does the Treasurer stand by his Premier in ruling out further increases in State taxes and charges as well as the introduction of any new taxes and charges in the forthcoming budget?

The Hon. S.J. BAKER: The statement of the Premier reflects the statement of the Government.

MOUNT GAMBIER PRISON

The Hon. H. ALLISON (Gordon): I direct my question to the Minister for Correctional Services. Following the Minister's statement about Mount Gambier Prison, will he advise the House what employment options are now available for the current staff at the existing Mount Gambier gaol?

The Hon. W.A. MATTHEW: I thank the honourable member for his question because, as he represents the district of Mount Gambier, he has been closely involved in ensuring that staff who work in the Mount Gambier region are protected from any changes that occur to their employment prospects within the prison system.

I advise the House that the employment prospects of the current staff at Mount Gambier Prison will not be affected in any way by the nomination of Group Four as the preferred tender to run the prison. I am particularly proud of and pleased by the way in which the Mount Gambier staff participated professionally in the tendering process, for it needs to be remembered that the staff from that prison had the opportunity to participate and tender to manage the prison. Understandably, they will be somewhat disappointed by today's announcement. However, they can certainly hold their head high as having professionally participated in the process. I give an assurance that the well-being of those staff is very high on this Government's agenda and, as their Minister, I fully appreciate the uncertainty and disruption the tender process has had on their everyday life and the pressure placed upon them and their families.

To this end, my department has identified four options for the existing staff. First, and even at this early stage, Group 4 has indicated its desire to employ those prison officers presently working at the old Mount Gambier Prison who satisfy the company's employment selection criteria. Further, these employees may be offered additional Government incentives to transfer to the private sector under the Government's human resource management outsourcing principles. Secondly, those officers who choose either not to participate in this process or who are unsuccessful in gaining employment with Group 4, should the contract be signed, will be offered the option of transferring to other positions within the department. Thirdly, should individuals not wish to transfer away from Mount Gambier, every effort will be made to ensure that alternative employment is found for them in the public sector in that region or as near as possible. Finally, the staff will have the option of taking a targeted separation package under the conditions presently applying to other public sector employees should they so desire.

I can assure the House that, whatever options individual staff members take, the process will be handled in the most discrete and sensitive manner. Senior representatives from my department in Adelaide have travelled to Mount Gambier and would now be advising staff of the announcement and discussing with them options for their future in order that they have time to absorb and consider all options available to them. I reiterate to the House that all employment prospects for staff at Mount Gambier Prison will not be adversely affected by this Government decision. I take this opportunity to commend the member for Gordon on the way he has represented the staff of that prison to ensure that the best possible outcome for his district is achieved.

SEPARATION PACKAGES

Mr FOLEY (Hart): My question is directed to the Treasurer. What is the estimated expenditure for targeted separation packages for 1995-96 and by how much does the Government intend to increase borrowings in order to fund any additional TSPs?

The Hon. S.J. BAKER: As the honourable member would clearly understand, it is a speculative question. It is tied up in the budget process. He will know the details as soon as everybody else when the budget comes down.

MOUNT GAMBIER PRISON

The Hon. H. ALLISON (Gordon): Consequential upon the Minister's statement on Mount Gambier Prison and the new gaol's imminent opening, will the Minister advise the House of the economic potential for the Mount Gambier region and the broader South-East as a result of that opening?

The Hon. W.A. MATTHEW: It is to the issue of regional employment opportunities that the member for Gordon has devoted considerable effort and attention over the past few months. Obviously, whatever the decision in respect of Mount Gambier Prison, the operation of a larger prison in a regional community has the potential to generate employment opportunity. I remind members that Mount Gambier

Prison was initially commissioned by the former Labor Government but at a considerable cost—$8.2 million for a 56 bed prison. Under this Government, that prison initially commissioned by Labor was completed and has been enlarged to a 110 bed facility, those additional 54 beds provided at a cost of just $2.5 million.

The enlargement of that prison created a number of opportunities for local businesses and trades people during the construction process. By virtually doubling the size of the prison, increased opportunity has been generated for local products and produce required by the prison operator. Group 4 has advised my tender evaluation group that it has a company policy of, wherever possible, utilising products in its prisons drawn from local companies. Group 4 has also given an undertaking to employ local people and utilise local businesses and products to service its requirements.

Furthermore, the commissioning of the prison will provide a minimum additional 20 jobs within the new Mount Gambier Prison. The local economy will also be boosted by the expenditure of several million dollars on the day-to-day operations of the prison. In addition, it is to be expected that senior company executives from the United Kingdom, from Group 4's parent company, will visit the new prison and will use accommodation in Mount Gambier.

A focus on Mount Gambier from Britain also has potential tourism benefits and, bearing in mind that this is Group 4's first prison management contract outside the United Kingdom, it is to be expected that considerable attention will be paid to the Mount Gambier district by the British media. Obviously the increase in employment and expenditure by the prison will create the potential for a multiplier effect right across the local community. I look forward to the Mount Gambier community's deriving these benefits.

CHARITABLE ORGANISATIONS

Mr De LAINE (Price): Is the Treasurer aware that hotels are holding free bingo and other gaming sessions to the detriment of fundraising by community organisations, such as sports clubs and charities, and what action will he take to address this problem? I have been approached by representatives of community and charitable organisations who rely heavily on fundraising through gaming such as bingo. They report declining revenues since hotels have commenced offering free bingo sessions in an effort to attract patronage. I understand that sporting clubs, the Anti-Cancer Foundation and Bedford Industries are among those affected.

The Hon. S.J. BAKER: I would appreciate it if the honourable member would provide details. This is the first time this matter has come to my attention but, on reflection, I do not believe that the provision of free bingo games would be in breach of any law that I am aware of, but I will have that checked. As to the issue of whether people offer inducements, I know that a number of inducements have been offered as a result of poker machines, and we can all reflect on those issues and the extent to which some of those inducements have broken the law. I am not aware in these circumstances whether there has been any breach, but I will have that investigated.

The extent to which organisations market themselves and get custom through the door is an area where the Government tries to take a hands off approach if it is at all possible. If the honourable member can provide me with details and if there is something which is happening which is untoward, we will certainly follow that up.

TOURISM, HERITAGE

Mr VENNING (Custance): Will the Minister for Tourism please inform the House of any steps to improve heritage tourism in significant regions of the State?

The Hon. G.A. INGERSON: Today I am happy to announce a grant of $20 000 to Angaston Main Street Incorporated to restore historic facades along Angaston's main street, Murray Street. The grant is made through the Tourism Commission's historic towns program. The unique architecture of Angaston has been preserved in many of its buildings. Some of the buildings unfortunately have been hidden with modern day facades which will now be pulled away and, as well as the tremendous value to Angaston of its magnificent wines, we will be able to visit Angaston and see its very important heritage items.

The whole issue of heritage tourism is being considered right around the State. This is one of the first examples of the Government's getting involved in opening up country towns and their heritage value. I am quite sure that many people in the next two or three weeks, when the Vintage Festival is on, would like to make a special trip to Angaston, and Yalumba in particular, and any other wineries that are in that area.

GLENSIDE HOSPITAL

Ms STEVENS (Elizabeth): My question is directed to the Minister for Health. Why has the closure of the Willows program at Glenside Hospital been brought forward to 13 April? What alternative services for clients and prospective clients of the Willows program will be provided? Will their provision also be brought forward? The Opposition has obtained a copy of a memo from the management of SAMHS informing staff of the Willows program that the program will close this Thursday. On 20 February SAMHS management established a working party which was to meet over a three month period—that is, to 20 May—to identify options for the treatment of people with personality disorders prior to the closure of the Willows program.

The Hon. M.H. ARMITAGE: I am pleased to address this question because a number of pieces of misinformation are flying around the community in relation to the Willows program, and it is important that they be addressed. First, as everyone would realise, there is a worldwide trend, of which this Government is happy to be part, to ensure, where possible that, if people are able to be treated for their mental illnesses in the community, that is the appropriate place for them.

Indeed, that whole process of deinstitutionalisation was started by the member for Elizabeth's mates when they were on this side of the Chamber and we gave that bipartisan support. Of course, since then the Burdekin report has been released indicating that the appropriate way to provide services is in the community. The Willows program now has five clients and three of them have been in the three-month program before. There is not one iota of savings in this process, so the decision is not being generated by savings.

A clinical decision has been made totally unrelated to the budgetary problem. That is an important factor and I want the member for Elizabeth to hear that: this is a clinical decision whereupon the SAMHS people have decided that it is better to provide the same amount of care to people in the community. I emphasise that the people about whom we are talking are people in the community anyway: they are not people locked in a psychiatric institution. These are people

who spend five days having a program presented in a hospital setting, which is inappropriate, and the other two days of the week they are in their own homes in the community.

We are moving these people into the community with all the staff who were providing services to the maximum of 20 people in the hospital. They will all be in the community. I am informed by SAMHS management that this will allow three times as many people with personality disorders to receive the same program. Does the member for Elizabeth want us to adopt the national health strategy or not? Does the member for Elizabeth wish us to turn back the clock and institutionalise people or does she not? What does the member for Elizabeth actually want, because all this matter is related to getting people into the community where there are appropriate services?

In the past 12 months the South Australian Mental Health Service has moved enormous resources, which were previously centrally based, back into the community in the form of multi-disciplinary community mental health teams. In fact, we have almost doubled the number of mental health centres in the metropolitan area. Now, 15 months after coming into government we have 230 psychiatrists, mental health nurses, social workers, physiotherapists and OTs working in community mental health teams. And of those 230 people, 30 per cent are new to the provision of community mental health services. That 30 per cent, or one-third of 230, is about 75 extra people in the community to provide exactly the services which the clients of the Willows program need. I reiterate: this is a clinical decision and not a budgetary one; it is totally in line with Burdekin; and it is totally in line with the national mental health strategy.

FISHERIES RESOURCES

Mr KERIN (Frome): Will the Minister for Primary Industries tell the House what arrangements have been made to ensure that the State's fishing resources will be adequately protected during the Easter vacation?

The Hon. D.S. BAKER: This Easter is somewhat significant, because many people will be going away for a well-earned break—

Members interjecting:

The Hon. D.S. BAKER: The honourable member interjects. It is significant, because it is the first time that people will go away not only for the Easter break but for school holidays having confidence and, in some cases, euphoria that the Government has turned this State around. People will be going away for their Easter break—

The Hon. M.H. Armitage: Euphoric!

The Hon. D.S. BAKER: Euphoric, and also going away to make sure that they can do much fishing, knowing that their jobs are intact. It is the first time in 11 years that that has been able to happen. So, it is an important Easter for people in South Australia.

The Hon. M.H. Armitage: Euphoria has been in short supply.

The Hon. D.S. BAKER: Euphoria has been in short supply over the past 11 years. However, the euphoric period coming up over Easter and the school holidays is a good time for people to understand how delicate the recreational and fishing resource is. So, the Department of Fisheries has all its officers and the patrol vessel *Tucana* out there giving information to recreational fishers.

Because it is school holidays, many children will be fishing for the first time and the whole object is to make sure they understand the bag and size limits. There are also the Fish Watch people, who are a volunteer group doing a magnificent job in South Australia. They advise people where to fish, what the bag limits are and the importance of the resource to all recreational fishers in South Australia. So, the department is putting in a full effort over the Easter break to make sure that these people have the knowledge that is available to them in this period of euphoria, which is occurring for the first time in 11 years.

EMERGENCY FUNDING

Ms HURLEY (Napier): My question is directed to the Minister for Family and Community Services. Have the guidelines for provision of emergency funds through Family and Community Services been made more restrictive? Service providers and volunteer workers in my electorate have reported to me that there are perceptions that Family and Community Services has virtually ceased to provide short-term emergency funds for families.

The Hon. D.C. WOTTON: I suggest that the honourable member look at the ministerial statement that I brought into this place a couple of weeks ago relating to funding within Family and Community Services. We have determined that we need to look closely at what are the department's core responsibilities. That is exactly what we have done. We will ensure that those most in need and most at risk will be well catered for under the guidelines within the Department for Family and Community Services in regard to funding.

Since I became Minister I have looked closely, with senior officers of the department, at the guidelines under which we need to work. It is obvious that, with the funding difficulties that the Government faces as a result of the shocking mismanagement by the previous Government, we need to recognise and work towards funding initiatives that fall very much into place in regard to core responsibilities. It is not a matter of narrowing the guidelines, and we have not done that: we are looking closely at what are the core responsibilities of the Department for Family and Community Services.

HUMAN REMAINS

Mrs KOTZ (Newland): Does the Minister for Health consider that the protection of human remains under Aboriginal heritage legislation produces a relative undervaluing of human remains of European origin?

The Hon. M.H. ARMITAGE: I thank the member for Newland for her question, which is an important one, because there is a degree of community misunderstanding at perceived differing approaches to burial sites of Aboriginal and European remains. Many people believe that Aboriginal burial sites are sacred in the Aboriginal tradition and are therefore protected by Aboriginal heritage legislation. The observation has been made that there may be a perception that this is discriminatory when European burial sites are reclaimed for other purposes.

It is important to make two points about that. First, according to the Aboriginal Heritage Act, Aboriginal remains are not protected by the Act if those remains have been buried in recognised cemeteries unless, for another reason, they are significant to Aboriginal archaeology, anthropology or history.

Secondly, and very importantly, Aboriginal burial sites are not usually considered by Aboriginal people to be sacred in the sense that a mythological site can be sacred: rather, the

Aboriginal people stress the importance of reverence for the dead by avoiding the disturbing of the remains, and that is very similar to the traditional European practice. Within Aboriginal tradition, Aboriginal remains can often be relocated and reburied, and the prime concern of the Aboriginal community is that this process be undertaken appropriately and respectfully. I would like to cite a particularly good illustration of that occurring as happened in the Sunnyside case last year.

On 2 September 1994 the Murray Bridge police were advised that human skeletal remains had been discovered during excavation for the rebuilding of a shack site at Sunnyside, north of Murray Bridge. The police—and I give them full credit for this—immediately contacted a local Aboriginal organisation, which requested that the Department of State Aboriginal Affairs assess that situation. A DOSAA archaeologist visited the site with Aboriginal community representatives. At that stage about 100 tonnes of earth had already been excavated and dumped into five different locations; Aboriginal remains were found in four of those locations, which was obviously very distressing to members of the Aboriginal community.

The department immediately agreed to assist in the retrieval and reburial of those remains. The operation continued from 3 to 25 October. A team of labourers was provided by the Lower Murray Aboriginal Heritage Committee and they worked tirelessly under very dusty conditions. What, for those members of the Aboriginal community, was a very delicate and sensitive situation was made much easier with the support, encouragement and assistance of the local community, and that was gratefully acknowledged by the members of the Aboriginal Heritage Committee, particularly the support of the landowner and local residents.

Other assistance was provided by the Major Crime Scene Unit of the police, the University of South Australia, the Museum and the private bobcat operators. In total, 75 tonnes of earth was sieved and eight individuals were reburied. The cooperation between the general community and the Aboriginal community in this retrieval and reburial operation is a very good example of the strong support in the general community for the care and protection of the Aboriginal heritage of our State. Earlier this year I received a letter from a local resident who conveyed her appreciation for the opportunity to be involved. It stated:

> I was able to help with the sifting of the old peoples' remains and gained a sense of belonging and understanding and, through this, I now have many more Aboriginal friends and can learn more about their culture and have a much better understanding.

That correspondent particularly thanked the archaeologist at the Department of State Aboriginal Affairs, Mr James Knight. This is a very practical example of non-Aboriginal and Aboriginal communities being involved in the preservation of skeletal remains.

MORIKI PRODUCTS

The Hon. M.D. RANN (Leader of the Opposition): My question is to directed to the Deputy Premier, representing the Premier. Given statements made in this House previously, will he inform the House what interests Moriki Products Limited has in South Australia and in this State's economic development, and where is the company actually listed? The former Liberal Party Director, Grahame Morris, has claimed that Moriki has a long-established affiliate in Australia, which is yet to be identified. Miss Vickie Chapman's statement issued today says the principals of Moriki are the Tang family who have business interests in Singapore, yet inquiries with the Singapore Registrar of Companies indicates Moriki is not registered there, and Mr Tang has claimed that Moriki Products was an offshore company. Where is it? Who is it?

The SPEAKER: The honourable member is obviously commenting. If he continues I will rule the question out of order. Would the Deputy Premier care to answer the question? I point out that a great deal of the question does not reflect—

The Hon. S.J. BAKER: I appreciate your patience, Sir, and everyone appreciates my patience with respect to the question. The fact of the matter is that it has nothing at all to do with this Government. I will continue to say that.

Members interjecting:

The SPEAKER: Order!

The Hon. S.J. BAKER: If the honourable member wants to talk to Mr Morris, he can talk to him. I am not aware of any connection that Moriki has. I do not know the company; I have never met the company; and I have no interest in the company. If the Leader of the Opposition is so excited, why does he not go and talk to Mr Morris?

Members interjecting:

The SPEAKER: Order!

MARINE ENVIRONMENT

Mr CONDOUS (Colton): My question is directed to the Minister for the Environment and Natural Resources. South Australia has a large coastline, which provides valuable economic and environmental assets to this State. Concerns have been raised in the past that there is potential for pollution to be generated from vessels traversing our State's waters. Will the Minister elaborate on any Government initiatives addressing this significant issue?

Members interjecting:

The Hon. D.C. WOTTON: I am pleased that the member for Giles is so interested in this question.

Members interjecting:

The Hon. D.C. WOTTON: He is here at the present time. I presume that members would be aware that South Australia has more marine waters under its State management—and, of course, we are referring to the major gulfs—than any other State, and that is why we have particular reason to promote the initiatives of the Australian and New Zealand Environment and Conservation Council on marine accidents and pollution from shipping. With responsibility for such a large area of internal waters, the Government will be closely involved in negotiations on construction, survey standards and operational procedures for vessels entering those waters, which are so important to South Australia.

Our unfortunate experience with an oil spill in the Gulf St Vincent in 1992 has emphasised that prevention of such spills is far more effective than any attempted cure. As a result of monitoring that spill, changes will be put forward to refine the national plan to combat pollution of the sea by oil, which is another important statement. Through consultation, it is intended to minimise risks to the environment from shipping accidents and reach full compliance with relevant international conventions without reducing the efficiency of shipping operations. I am pleased to say that the agencies of the Minister for Transport are giving strong practical support to these initiatives.

Pollution from oil spills is not our only concern: exotic pests, which can be brought in as hull fouling or in ballast

water, could severely damage our emerging aquaculture industry. Some of these pests could have detrimental effects on fish stocks taken commercially or on recreational fishing, both of which generate substantial benefits to our economy. Although fouling organisms are potential pests, the excessive use of pesticides that have caused problems on land should not be repeated. South Australia will be managing a national assessment of anti-fouling practices and the active ingredient of paints used.

The objective, of course, is to have anti-fouling that shipping operators find cost effective and, through cleaner hulls, conserves fuel but has minimal effects on the marine environment. This is an important area of concern as far as this Government is concerned. It is a matter of ensuring that the economy is protected in a number of these areas which are important to South Australia, and I thank the member for Colton for this important question.

GRIEVANCE DEBATE

The SPEAKER: The question before the Chair is that the House note grievances.

Mr ATKINSON (Spence): I do not know whether it was the noise my bicycle and I made or whether it was our emissions that grieved the residents of Hill Street, North Adelaide so much. Whichever it was, as I was riding from Holy Tuesday mass to my work at Parliament House this morning, my bicycle and I were cautioned by three constables for riding from Hawker Street, Bowden, to Hill Street, North Adelaide. I asked the constables to fine me $114, as they had fined my constituents yesterday but, although I assured them I would be using the same path for the rest of my days, they declined to fine me because they said my bicycle and I had caused no impediment to traffic or anyone else. How sensible of them!

I would have preferred to be fined, because I see no reason why I should be treated differently from the mothers who were delivering their children to St Dominic's School via Barton Road yesterday and were fined by police. Also, I should like to take the opportunity to test the legality of the closure and the fine before a duly constituted court of law and to obtain a ruling for the benefit of the people I represent.

The police are doing a most difficult job enforcing a motion and gazettal unenforced for more than two years, which was designed chiefly to re-elect Henry Ninio as Lord Mayor and to protect the real estate values of a Liberal Party MP. The police have been diverted from their normal duties—

The SPEAKER: Order! I hope that the honourable member is not imputing improper motives to another member. If he is, the Chair will rule him out of order.

Mr ATKINSON: Thank you, Sir. Police have been diverted from their normal duties by Assistant Commissioner Bevan to police Adelaide City Council road signs of conjectural lawfulness at Barton Road. This policing was promised by Lord Mayoral candidate Henry Ninio in a campaign leaflet to North Adelaide residents last month. I have no evidence that the leaflet is the cause of Assistant Commissioner Bevan's decision; they are merely proximate. If I may adapt the words of George Orwell, all people are equal, but some are more equal than others.

Among the people who have lobbied for the closure of Barton Road are Alderman Jane Rann, the Minister for Health, Mr Michael Abbott, QC for the State Bank directors, Mr Greg Ennis of Fenwick Ennis Real Estate and Mr Theo Maras, the property developer.

Mr BECKER: I rise on a point of order, Mr Speaker. Is it not contrary to Standing Orders for members to read speeches?

The SPEAKER: Order! I take it that the honourable member is using copious notes.

Mr ATKINSON: Copious notes, Sir.

Members interjecting:

The SPEAKER: Order! I point out that if members want that particular Standing Order enforced, it will cause difficulty for many members.

Mr ATKINSON: The closure of Barton Road is about equality before the law. It may be only a road closure but it raises questions of due process—

Mr ASHENDEN: I rise on a point of order, Mr Speaker. I believe that the honourable member should be addressing the Chair, not the television cameras.

The SPEAKER: Order! Technically the honourable member is right, but I regard it as a frivolous point of order.

Mr ATKINSON: The closure of Barton Road is about equality before the law. It may be only a road closure, but it raises questions of due process, political donations, how the city of Adelaide is governed and how South Australia is governed. When Barton Road, which has existed as a public road for more than 100 years and still does on the deposited plan, was ripped up by Adelaide City Council without lawful authority in 1987, the bus lane that replaced it was partly on road reserve and partly on parkland. Last month, pursuant to Liberal Party policy, the Minister with responsibility for land alienated so much of our parklands as was required to put the Barton Road bus lane on road reserve. Eight years after the event the Minister's decision was the last step in implementing Liberal Party policy to fine residents of the western suburbs $114 for using Barton Road. Although I wrote to the Minister in early December seeking a meeting with him as the representative of western suburbs residents on this matter, the Minister did not reply to my correspondence and would not hear me on the matter.

Finally, Mr Henry Ninio has trumpeted his financial membership of the ALP when canvassing support among Labor sub-branch members and MPs. In 1992 he told me and others that there was no conceivable traffic management reason for the closure of Barton Road.

The SPEAKER: Order! The honourable member's time has expired.

Members interjecting:

Mr Atkinson: I'll be back tomorrow.

The SPEAKER: Order! The honourable member might not be back tomorrow if he continues to interject. The member for Light.

Mr BUCKBY (Light): Today I wish to bring to the attention of the Chamber something not about economics on which I normally speak, but, after reading an article in the *Sydney Morning Herald*, about UNICEF's project work in Africa. When I read that article I can only say that I was shocked, and I am sure that if it was happening in this country something would be done about it. I talk of the story of William Phiri, a 12 year old youth who lives in Southern

Malawi. He is father to his family, as his father died one year ago. He is father to the three youngest children, the youngest being 18 months of age. His mother Dorothy lies in the corner of her hut slowly dying. This story is about AIDS.

It is no exaggeration to say that in Malawi, like most countries in sub-Saharan Africa, AIDS has reached the dimensions of a civil war. In urban areas one in three adults is HIV positive, and this includes one in three pregnant women. The HIV virus does not pass through the placenta during childbirth; infection occurs when the child is being born. In rural areas more than one in 10 adults is HIV positive. Across the country 14 000 Malawians are becoming HIV infected each month. Every year 55 000 are estimated to be dying of AIDS. Health authorities believe that by 1998 that figure will increase to 100 000 annually. Malawi is a country with 12 million people. At an annual rate of 100 000, one can only look at this and say that given time it may well decimate the entire population.

In 1991 Malawi reported 82 AIDS cases per 100 000 people. This compares to 18 per 100 000 in the United States of America. In Malawi medical personnel are often forced to diagnose AIDS by identifying illnesses that are likely to be caused by it. The reason for this is a lack of proper testing facilities. It should be noted that in Malawi HIV is transmitted almost exclusively by heterosexual vaginal sex, which makes the rate so high, as well as the mix of traditional sexual and cultural practices. I might add that in Malawi polygamy for men is accepted. Poor health and the low status of women also add to the high rate.

A greater problem with the AIDS virus is the number of orphans that it leaves in its wake. In Malawi, 220 000 orphaned children, whose parents have died from AIDS, rely on a State system. Estimates suggest that there will be 800 000 orphans by the year 2000.

However, there is a glimmer of hope. This comes from a volunteer aid worker with a local Catholic organisation supported by UNICEF. Martha Mphule visits those in her district each day and gives some help in the form of money, clothing or food, but a large part is by way of her mediation. Martha tries to heal the rifts and the misconceptions caused by AIDS. In Malawi it is considered that the family is cursed once somebody is infected by AIDS. Her job is to go around to the extended families and to convince them that AIDS is not a curse but a virus and a disease. She has done that with William's mother's family, and now William's grandmother is looking after his mother and, hopefully, his aunts will also help. This may appear to be a very small victory, but it is seen as a model by UNICEF for tackling the problems of AIDS orphans in Malawi. UNICEF is looking to support community workers like Martha and fund self-help programs as that is seen to be the way to future success.

Mrs GERAGHTY (Torrens): The other day the Premier claimed that my concern over radioactive waste being transferred to and stored at Woomera was not genuine; he claimed that it was an exercise in covering up for my Federal colleagues. Let us make this perfectly clear: this is not an exercise in covering up for anyone. To be precise, it is an exercise in exposing what I suspect is a Government cover-up. I am absolutely infuriated about the way in which the Brown Government has handled this matter. The Premier has in this Chamber accused the Opposition, when in Government, of negotiating with the Federal Government over this issue. On 8 October 1992, on the topic of radioactive waste dumps in South Australia, the then Premier Lynn Arnold said:

> I think South Australians will be very concerned and I don't imagine they will support it, and I can tell you the Government will not be supporting it.

It simply is not good enough that this Brown Liberal Government continually runs for cover behind the misleading pathetic excuse that the former Labor Government was dealing with the Federal Government over this issue. It is equally no good the Premier trying to hide behind some flimsy untruth about not being kept informed by the Federal Government, because much has happened since 1992, and this Government is up to its neck in it.

I am certain that the Minister for Housing, Urban Development and Local Government Relations is taking the rap for the Premier, for someone has to be the patsy. I spoke in this House on 19 October 1994 about an issue that concerned me deeply, and it is with much sadness and considerable anger that I raise the issue again today. Make no mistake about it; that anger has grown considerably in the past few weeks. The matter relates to the transportation and storage of radioactive waste at Woomera in our State's north. The Premier informed the House on 21 March:

> . . . there is a wider issue of principle. We are dealing with a matter of demonstrated public sensitivity and controversy.

The Premier got it absolutely right there. However, it is with a large degree of regret that I point out that that very principle of which the Premier spoke is lacking in his actions over this matter. In October 1994 I said that this Government should stand up and say something about South Australia becoming the repository for nuclear waste. Instead, the Premier simply ignored my question. He did not even bother to give me a reply to my question of October 1994. I have had no reply, even as of today.

It simply is not good enough that, when addressing this issue, the Premier goes on about the waste being no more radioactive than the ageing granite in this building, because it is a much more serious issue. He is just brushing it aside. I warned the Government that there has to be forward planning with precise safety measures in place for the public and with environmental safeguards fixed. What was done? Absolutely nothing! Or was something done? I am informed that on 8 March last a meeting was held involving the South Australian Department of Premier and Cabinet, the Health Commission, the Police Department and the Federal Department of Industry, Science and Technology. This information has been confirmed. The Premier claims that he knew nothing about plutonium until some weekends ago. I suspect that the information strongly suggests otherwise.

It is also worth pointing out that on further investigations with these departments on 23 March 1995 it was found that there have been some interesting developments. For instance, the South Australian Police Department—the section dealing with a possible disaster in this area—has stated that there had been some oversight, that it did not attend this meeting and that it had spoken to Canberra on 22 March 1995. It begs the question that if the police were not in attendance what sort of show is this Government running, and it is even more serious when one considers that some of this radioactive garbage has already leaked. The Health Commission told me that it was outraged that my office had contacted it inquiring about this issue. It was highly irregular, so we were told. Members of Parliament are being told it is highly irregular to ask questions. Was this a mirrored—

The ACTING SPEAKER (Mr Bass): Order! The honourable member's time has expired.

Mr BROKENSHIRE (Mawson): It was interesting to pick up the Messenger Press publication *Southern Times* today and see in letters to the editor a headline 'Southern Expressway; blight on the south'. When I looked to see who had written the letter in question, I noted that it was one of the main Labor Party supporters during the last election campaign. It was not very hard to put two and two together and see that the Labor Opposition, which could not and would not deliver when in Government, which made false promises and which did nothing for the people of the south for 11 years, is now very upset that this Government and its local members have got on with the job. I say to the person who wrote this letter and who was an active campaigner for the Labor Party, 'Don't write rubbish like this, because you're so far out of touch with the people of the south it's not funny.'

In his letter, the person concerned claims that local Liberal politicians advocating the construction of this road will undoubtedly seek substantial kudos for arriving at this solution. That may well be. In fact, my office has been inundated with telephone calls and letters. We did a survey not long ago and, whilst we have not finished compiling the results of that survey, something like 97 to 98 per cent of the people questioned absolutely applaud what the Liberal Government and local Liberal members have done with respect to this Southern Expressway.

He then goes on to talk about the environment and social costs. What were the social costs for the southern region under 11 years of Labor rule? They were absolutely devastating; the former Labor Government did next to nothing for the people of the south, and that is the reason why those constituents got behind us, knowing the Liberal members concerned are interested in local issues and in getting on with the job of representing them.

On coming to office, the Government spent over a year working through the issue of this expressway, carefully examining environmental issues and social costs. The social costs will be positive because we will see 1 000 jobs created during the construction stage of this project and many hundreds of full-time jobs created as well. The Labor person who wrote this letter suggests that we should use the Main South Road and transport the goods off peak—in other words, overnight. The facts are that the major businesses in the south already are working three shifts; they have to tie in with the companies from which they transport goods to and fro; they have to trade during the day as well as in the evening; and the existing road is over capacity. In fact, by the year 1999 the engineering specifications will be inapplicable to the growth.

In relation to the environment I point out to this House and my constituents that we have been very careful to ensure that the 22 kilometres of this road will be tree lined, mainly with native vegetation; reserves will be created along the expressway; greening groups will be invited to work with the department; and wildlife corridors will be set up as well as walkways and cycling tracks. So, we are doing everything possible to enhance the environment. We are also enhancing and protecting the environment by putting in place protection for the Willunga basin, as well as providing economic development opportunities which will create vital jobs needed for the south after 11 years of neglect by the Labor Party.

Frankly, if the Labor Party is going to get its members to write ridiculous letters such as the one to which I have referred, it will only further highlight that which the Labor Party did not do when it was in power—that it could not deliver and that it is now clearly a case of sour grapes and trying to turn the tide. Try as hard as it likes, the Opposition will not turn the tide, because the people of the south are absolutely delighted to see this happening. Time and again over the past two weeks I have had people telephoning and writing to me saying, 'Robert, try to get this road started tomorrow. We need it started before the end of 1995. We need it urgently because we've waited for it for a long time.'

I am delighted to see the Southern Expressway project up and running; it is absolutely essential for survival and economic development for the south. It is one of many other major projects that we will see undertaken in the south, and our next project is to bring back treated effluent water from Christies Beach, which is obviously an environmental issue that the Labor Party did not address. Minister Olsen has now had to put an emergency $4.8 million into that plant because Labor let things blow out and did nothing.

The ACTING SPEAKER: Order! The honourable member's time has expired.

Ms STEVENS (Elizabeth): I hope that regular readers of *Hansard* will read what I am about to say in conjunction with the answer which the Minister for Health gave to my question a little while ago on the Willows program. The Minister said a number of times that the closure was purely a clinical decision. I will read some correspondence which people might like to reflect upon. The first letter was sent to a previous client of the Willows program by Dr Jennifer Bowers, the Chief Executive Officer of SAMHS. She states:

> Thank you for your letter of 4 January regarding the Willows program and its benefits for you. As I am sure you are aware, there are competing priorities for limited mental health funds and difficult decisions regarding service developments have to be taken. At this stage, the decision is to review the program with a view to ascertaining alternative ways in which this service could be provided. This might necessitate changes to the existing service, but our aim would be to utilise the expertise of staff currently involved in the program. We will certainly take your views into account in discussing other service options.

That letter is dated 16 January 1995. Jennifer Bowers also wrote to the clients of the Willows as a group, and I will read this letter in part. She states:

> Certainly, my executive and I agree that the development of the Willows program has provided a unique treatment approach to some very difficult life issues and problems. As you are aware from your own experience, there are other overlapping agencies involved in personal counselling and assisting people in lifestyle adjustment, but none of these have the intensity of the Willows program. At this stage, the decision is to review the Willows program with a view to ascertaining alternative ways in which the service could be provided. There will be a series of consultations occurring which will determine how the large number of people afflicted with severe psychiatric illnesses can be assisted within the current resource allocation. As I am sure you know, there are competing priorities for limited mental health funds and difficult decisions regarding service developments have to be taken.

That letter is dated 17 January 1995. The Minister misled the House when he said that the reasons—

The Hon. S.J. BAKER: I rise on a point of order, Mr Acting Speaker. The member for Elizabeth just said that the Minister misled the House. That is out of order. If the honourable member believes that the Minister has misled the House, she must take action by way of substantive motion.

The ACTING SPEAKER: I believe the Deputy Premier has a point of order, and I would ask the honourable member to withdraw that remark.

Ms STEVENS: I withdraw my remark, Sir. The Minister stated in his answer to my question that the sole reason for the closure of this program was on clinical grounds. It is clear from those letters that that is not the case. The Minister also mentioned that the staff of that program would be relocated into the community and that the program would be able to continue in that way. The real situation is that all four staff members will be placed at different SAMHS outlets across the State, and there is no way that the program could be duplicated under those conditions.

The Minister also made a point about the Willows program occurring in a hospital setting, which was not appropriate. The Minister has probably never been there; I went there. The Willows program is not a matter of beds in wards: it is in an old house on the Glenside campus. It is not a traditional hospital setting but a therapeutic community. So, the Minister was wrong. The community out there knows that what the Minister is saying is not correct. People out in the community know that this Minister closed this program because he has said on numerous occasions that people suffering from personality disorders are not SAMHS' core business. A South Australian Mental Health memo indicates that these people are not its core business; it does not want them; they are not its issue; and they can go out into the community and fend for themselves. The decision to close the Willows program earlier on 13 April was made because a group of clients dared to contact the media.

The ACTING SPEAKER: Order! The honourable member's time has expired. The member for Custance

Mr VENNING (Custance): I want to discuss a constituent's problem, which highlights again the way a spouse can use accusations of child sexual abuse to gain custody from or restrict access to their partner. For more than 12 months, the former wife of my constituent has been attempting to deny him access to his two children, who are two and four years old. The wife cited various reasons, none of which were true and none of which achieved her goal. Recently she accused him of sexually abusing one of the daughters—again, there was not a word of truth in the allegation. Since the allegations have been made he has not seen his daughters and has been unable to speak to them or have any contact with them at all, even when one of them had a birthday. He is aware of the need to protect children from possible abuse situations, but in the meantime this accusation has cut his children out of his life altogether. It has been at least five weeks since he has had any contact with the children at all.

Before I considered making this speech I made all the necessary checks, and I studied this case at some length. I have looked at all the accusations, and I checked out many of the details, which all seem to be correct. It makes me cross that this person, who is well respected in the community, and especially by his peers, in his position as a teacher with obvious talents, has been treated in this way. He teaches students with difficulties and he is a good member of the community. Apparently he has been set up as a result of this ridiculous situation where a wife can accuse her husband of child abuse. We have seen this situation all too often, whereby the wife becomes the sole custodian of the children until the matter is finally investigated by the courts.

This person has voluntarily removed himself from his teaching position, purely because he thinks it is not honourable for him to teach with this accusation hanging over him. I took the liberty of telephoning the woman's mother—my constituent's mother-in-law—and the story fitted exactly. She does not live in this State, so I contacted her by telephone, and she assured me that her daughter has been unstable and in this instance has been grossly unfair. This is the mother of the wife. Also, I have contacted the children's school, because the house mistress there wishes to speak to me about this matter. It really grieves me to hear of an honest citizen being set up in this way.

I wonder whether we can do anything about this matter, because this is grossly unfair and a grave abuse of the legal system. I hope that we will be able to assist my constituent, because it is very unfair when a person is accused of these ghastly deeds when he did not do them, and he is now banned from seeing his children, whom he obviously loves. I hope we can find some solution to this problem.

I turn now to railways. At the moment, some of my constituents are very annoyed that AN is storing old railway wagons on the railway line between Kapunda and Hansborough, near Eudunda. Some 400 carriages have been placed on that line. I initially thought, 'Well, so what? AN owns the railway line.' However, when I went to look at the situation, I saw that it certainly is a blight on the lovely landscape. These rail wagons extend for 10 to 15 kilometres along the railway line. Members can imagine what my constituents think about having these rail wagons out there. I have inspected them twice.

The problem is that AN has not said exactly when the rail wagons will be removed. This long string of old rusting rail wagons is certainly a blot on the lovely landscape. There has been a demonstration where a utility was parked across the line and there was a confrontation. This is very regrettable. AN should consult with the community in respect of this issue, because it certainly has affronted my constituents, and I can understand why. When AN was asked when the wagons, vans and flat tops would be removed, it said, 'Probably not until after Christmas.' Mr Acting Speaker, you can understand the anxiety of my constituents. The doors of many of these vans were left open, and one can imagine who will eventually be sleeping and living in these vans. My constituents are very concerned.

The ACTING SPEAKER: Order! The honourable member's time has expired.

LIQUOR LICENSING (MISCELLANEOUS) AMENDMENT BILL

Received from the Legislative Council and read a first time.

STATUTES AMENDMENT (ATTORNEY-GENERAL'S PORTFOLIO) BILL

Received from the Legislative Council and read a first time.

STATUTES AMENDMENT (FEMALE GENITAL MUTILATION AND CHILD PROTECTION) BILL

Returned from the Legislative Council without amendment.

CONSENT TO MEDICAL TREATMENT AND PALLIATIVE CARE BILL

The Legislative Council intimated that it had agreed to the recommendations of the conference.

SUPERANNUATION FUNDS MANAGEMENT CORPORATION OF SOUTH AUSTRALIA BILL

Returned from the Legislative Council with the following amendments:

No. 1. Page 6, line 13 (clause 9)—Leave out 'and' and insert 'or'.

No. 2. Page 6, line 18 (clause 9)—Leave out 'banking' and insert 'financial management in the banking sector'.

No. 3. Page 6, line 20 (clause 9)—After 'auditing' insert 'or'.

No. 4. Page 6 (clause 9)—After line 20 insert new subparagraph as follows:

'(vi) any other area that is relevant to the performance by the authority of its functions'.

Consideration in Committee.

The Hon. S.J. BAKER: I move:

That the Legislative Council's amendments be agreed to.

The Government is happy to accommodate the first three amendments. The fourth amendment waters down the qualifications and experience required of members who are appointed to the board. I am not happy with that amendment. We want the best available people on the board, and they must fulfil certain conditions. Amendment No. 4 takes us back to the situation that existed previously. I do not foresee any problems under this Government because I will be appointing people with the quality, substance and experience necessary to ensure that the corporation maximises potential, protects the public and ensures that superannuation funds are run appropriately in the public interest. I cannot understand what the Democrats are doing—no-one ever can—and I do not understand why the ALP has joined them. We were trying to put a stamp on this corporation. It will be a multi-billion dollar corporation, so we believe that the best people should be appointed.

As Treasurer of this State, I will have no difficulty in appointing people who are capable of carrying out their duties. This amendment will water down those provisions and will mean that future Government administrators, whether they be the Treasurer or someone else so designated, will be able to wander off and choose almost anyone they wish, who may have no experience in this matter. It opens up the old potential that was alive under the previous Government for those people with limited ability but maximum leverage within Party ranks to get a guernsey on this board. I am disappointed with the amendment, but I have better things to do with my time than worry about it. I will make sure that the State is protected by the quality of people I appoint to the board. It is up to the next Treasurer or the Treasurer after that to ensure that that duty is dispensed accordingly.

Motion carried.

MFP DEVELOPMENT (MISCELLANEOUS) AMENDMENT BILL

Returned from the Legislative Council without amendment.

PUBLIC SECTOR MANAGEMENT BILL

The Legislative Council intimated that it had agreed to the House of Assembly's amendments Nos 16, 19, 23, 28, 36, 38, 45, 47 and 52; that it did not insist on its amendments Nos 40 and 115 and that it had agreed to the House of Assembly's alternative amendment No. 115; and that it had agreed to the consequential amendments.

DAIRY INDUSTRY (EQUALISATION SCHEMES) AMENDMENT BILL

Returned from the Legislative Council without amendment.

FISHERIES (MISCELLANEOUS) AMENDMENT BILL

Returned from the Legislative Council without amendment.

TRUSTEE (INVESTMENT POWERS) AMENDMENT BILL

Received from the Legislative Council and read a first time.

The Hon. S.J. BAKER (Deputy Premier): I move:

That this Bill be now read a second time.

I insert the second reading explanation in *Hansard* without my reading it.

This Bill is part of a broader Government strategy to review legislation to improve its effectiveness, to give a lead to the community and to remove unnecessary Government involvement.

This Bill substantially alters the law relating to the investment of trust funds. The list of so called 'authorised trustee investments' currently located in section 5 of the *Trustee Act*, is repealed and replaced with a general power of investment.

A trustee may invest trust funds in a manner authorised:

- by the trust instrument (if any),
- by the *Trustee Act*,
- by any other statute giving trustees power to invest trust funds (eg legislation regulating the investment of trust monies held by land agents and conveyancers),
- by the Supreme Court under section 59B of the *Trustee Act*

The powers of investment conferred by the *Trustee Act* apply if the trust instrument is silent on investment matters and only in so far as a contrary intention is not expressed in the trust instrument. A trust instrument which is professionally drawn, will, in most instances specifically expand the investment powers of the trustee beyond those permitted by the *Trustee Act*. If there is no trust instrument, the trustee must rely on the investment powers conferred by the *Trustee Act*, other statutes or the Supreme Court.

The investment policy of trustees can have a profound effect on the degree of real benefit obtained from the trust by its beneficiaries. Generally, every trustee has a duty to invest trust funds in their hands so that income will be earned for the beneficiaries. The trustee must take such care as a reasonably cautious person would take having regard to the interests not only of those who are entitled to the income of the trust but also of those who will be entitled to its capital in the future. In relation to trust property, the trustee must ensure that all trust property is productive to the maximum degree that the market permits, short of speculation. The trustee must have in mind the objects the trust seeks to achieve, and also the fact that he or she is investing the assets of others for the benefit of others . The trustee may never invest in a speculative manner.

In South Australia (as in other Australian jurisdictions), the *Trustee Act* sets out a list of "authorised trustee investments" often

referred to as the "legal list". These investments are *prima facie* presumed to be prudent and thus permissible for trustees, although trustees must still consider whether a particular listed investment is suitable in the circumstances of the trust. The primary purpose of the "legal list" approach to authorised trustee investments, is to relieve trustees from responsibility for determining whether investment in a particular category (*eg*: government bonds, shares, *etc*.) is prudent, although trustees are still required to act prudently when considering an actual proposal for investment. The list tends to give an impression of Government or Parliamentary backing for a particular investment and one has to ask why Government or Parliament should be placed in that position.

In New Zealand and in some North American jurisdictions, there is no statutory list of investments which are presumed to be prudent. Instead, trustees are empowered to invest in any kind of investment as long as it is prudent, having regard to the circumstances of the trust. This is the so called 'prudent person' approach to authorised trustee investments.

The 'prudent person' rule requires the trustee to act prudently both in determining the suitability of a particular category of investment as well as when considering actual proposals for investment.

Although the names given to these approaches to trustee investment may seem in direct contrast, both look at the conduct of trustees in selecting and making investments and are based on the principle, applicable generally to the various activities undertaken in the administration of trusts, that the standard by which a trustee's conduct is measured is external and objective (*ie*: that of a prudent person). The essential difference between the "legal list" and the 'prudent person' approaches to trustee investment derives from the manner in which the objective standard of prudent conduct is applied in practice to test this particular aspect of trust administration. The 'legal list' relieves trustees from the responsibility for determining whether investment in a particular category (*eg*: Government stock, bank accounts, land, mortgages or the like) is prudent, while still requiring trustees to act prudently when considering the actual proposal for investment within that category. The 'prudent person' approach requires trustees to meet the objective standard of conduct both in deciding whether a particular category of investment is suitable and then in considering actual proposals for investment in that category.

The legal list approach has many shortcomings. It has the potential to mislead the inexperienced trustee because it embodies a basic presumption that those investments included on the list are 'safe' but does not indicate which investments are suitable for which types of trust. It places far too much significance on the securities of a body achieving trustee status to the point where achieving such status becomes more important than achieving a record of good financial management. The 'authorised trustee status' which the list confers on selected investments is construed by many trustees and members of the general public with money to invest, as has already been mentioned, as implying some form of official endorsement or Government guarantee as to the soundness of the particular investments.

The use of the list confers substantial competitive advantages on those institutions which, by explicit statutory authorisation or by meeting a set of largely arbitrary criteria, qualify for 'authorised trustee status'. This label can result in funds being invested in a different manner than if decisions were based on market prices and returns and assessment of financial and other market information. The inflexibility of the list means that in a rapidly changing financial environment many new investment instruments, likely to be just as sound by objective criteria, are not authorised investments. Finally, the list is an expensive approach in terms of the time required to keep the list up-to-date and the *ad hoc* means by which bodies are added to the list in the Act and in the regulations.

The former Government recognised the need to re-examine the approach to trustee investments in this State and, to this end, established an Inter-departmental Working Party (with representatives from Corporate Affairs, Treasury and the Attorney-General's Department) in 1987. The Committee's Report was circulated by the former Attorney-General for comment, as was a draft Bill which incorporated the prudent person approach to trustee investments, modelled on the New Zealand legislation. It appears that the matter was not progressed further as trustee investments was included on the COAG agenda as an area for the consideration of uniform legislation.

In October 1990, the Special Premiers Conference agreed on the need to reform current State legislation for the supervision of non-bank financial institutions in the context of the stability of the financial system as a whole. Developing a uniform approach to authorised trustee investment status was part of their consideration. The matter of Authorised Trustee Investments was placed on the agenda of COAG and the NBFI Working Group was given the task of progressing the matter.

The initial Report of the Working Group (Nov, 1991) recommended a single limited list of designated investments which would be limited to investments with a government guarantee, investments with bodies regulated by the Reserve Bank and AFIC, and investments with a prescribed credit rating. Significantly for South Australian trustees (and those in some of the other States such as Victoria), the report did not consider investment in equities and investment in property either directly or with first mortgage security should be included.

The initial NBFI paper has been refined but the only real change in approach is that Public Trustees and Trustee Companies should be able to make investments in accordance with the 'prudent person' rule, while all other trustees should be confined to the narrow band of investments set out in the first paper (government guaranteed securities, deposits and investments with banks and AFIC supervised institution, investments with a prescribed credit rating, and other investments recommended by a National Trustee Advisory Committee). Significant concern has been expressed in commentary received on this paper about the omission of equities and property investment from the proposed list, as many commentators consider this will result in difficulties in creating balanced portfolios. Some concern has also been voiced about placing Trustee Companies and Public Trustees in a special position (broad investment powers) *vis a vis* 'other' trustees (narrow investment powers).

Whether the COAG consideration of the topic of trustee investments will result in a uniform national approach remains to be seen. There has certainly been much talk about reform in this area over a number of years both in the Standing Committee of Attorneys-General (which failed to reach agreement) and more recently in the COAG forum. There is no guarantee that the current discussions will result in a satisfactory outcome.

It is evident however, that a significant amount of work has been done in this area in South Australia, yet there has been no major reform for a decade since the last Liberal Government made significant changes to the powers of investment.

This Government has determined that it is appropriate for this matter to be progressed rather than waiting for uniformity to occur, (which may still be years away, if it ever occurs). Maintenance of an up-to-date list in the Act and Regulations requires substantial administration by the Government. There needs to be regular monitoring and review of prescribed entities involving checking of their status, credit-worthiness, name changes and so on. Requests from entities to be included on the list of prescribed entities have to be fully assessed. Frequent issues of new Regulations would be required to keep the Schedule fully up-to-date, and this has not been occurring. (Although this problem has been identified and the process of reviewing all inclusions in the *Trustee Act* regulations is currently in hand).

Having regard to all that has transpired in this State over the past decade, and with regard to the New Zealand experience, where 5 years ago their equivalent of the list of authorised trustee investments was repealed and replaced with a prudent person regime, this Bill (which is closely based on the Bill released by the former Attorney-General which in turn was closely based on the New Zealand legislation) will change the rules relating to trustee investment in this State.

The Bill gives trustees power to invest in any property, unless the instrument creating the trust otherwise provides. A trustee exercising any power of investment, is required to exercise the care, diligence and skill that a prudent person of business would exercise in managing the affairs of others. A trustee whose profession, employment or business is or includes acting as a trustee or investing money on behalf of others is required to exercise the care, diligence and skill of a prudent person engaged in that profession, employment or business in managing the affairs of others. (This requires a higher standard for professional trustees).

One of the important features of the provisions is the codification of factors which should be considered by trustees in making investment decisions. The purposes of the trust and the needs and circumstances of the beneficiaries are important factors. Other matters include diversification, and factors such as value of the trust estate, duration of the trust, risks of capital losses/gains, costs, tax,

and marketability can all be critical depending on the circumstances of each individual trust.

Experience in overseas countries which operate a prudent person investment regime indicates that the courts regard such provisions as defining a standard of conduct to be observed by trustees when investing rather than the investment performance they must achieve. A court, in considering whether a trustee is liable in respect of any investment made for a breach of trust, is required to have regard to the nature and purposes of the trust; whether the investments of the trust are diversified, so far as is appropriate to the circumstances of the trust; and whether the investment was made pursuant to an investment strategy formulated in accordance with the duty of the trustee.

Further, the court may set off investment gains against losses. These provisions recognise that in a managed portfolio of investments, a trustee should be given protection against the claims for loss on an individual investment if they can demonstrate that the investments were part of a diversified investment strategy which was established and operated in a prudent manner.

The flexibility and diversification that the 'prudent person' approach brings to investment choices could be considered to be vital to the well being of any trust fund in today's economy. Indeed, the practice among professionals who draw trust instruments to frequently confer wide investment powers on trustees has meant that, to that extent, those trustees have been (perhaps unwittingly) subject to 'prudent person' requirements.

Many commentaries and articles on the 'prudent person' approach in New Zealand adopt the phrase: 'Prudence is a test of conduct not of performance'. Investments should be labelled as prudent or imprudent not because of their nature but because of their appropriateness taking into account the terms, purposes and circumstances of the trust.

This Bill is the result of consideration by successive Governments in this State spanning a number of years and I commend the Bill to Honourable Members.

I commend the Bill to Honourable Members.

Explanation of Clauses

Clause 1: Short title

Clause 2: Commencement

These clauses are formal.

Clause 3: Interpretation

This clause removes definitions that are obsolete.

Clause 4: Substitution of Part 1

This clause repeals Part 1 of the principal Act and substitutes a new Part dealing with investments. The substituted Part is based on the "prudent person" approach to trustee investments.

PART 1

INVESTMENTS

5. Application of Part

New Part 1 applies to trusts created before or after the commencement of these amendments.

6. Power of trustee to invest

A trustee may (unless expressly forbidden by the instrument creating the trust) invest trust funds in any form of investment and vary or realise an investment of trust funds and reinvest money resulting from the realisation in any form of investment.

7. Duties of trustee in respect of power of investment

Subject to the instrument creating the trust—a trustee whose profession, business or employment is (or includes) acting as a trustee or investing money on behalf of other persons must exercise the care, diligence and skill that a prudent person engaged in that profession, business or employment would exercise in managing the affairs of other persons.

All other trustees must—subject to the instrument creating the trust—exercise the care, diligence and skill that a prudent person of business would exercise in managing the affairs of other persons.

When exercising a power of investment, a trustee must comply with any binding provisions of the instrument creating the trust requiring the trustee to obtain consent or approval, or to comply with any direction, with respect to trust investments.

Subject to the instrument creating the trust, at least once annually, a trustee must review the performance of trust investments.

8. Law and equity preserved

Any rules and principles of law or equity that impose a duty on a trustee including rules and principles that impose—

· a duty to exercise the powers of a trustee in the best interests of all present and future beneficiaries of the trust;

· a duty to invest trust funds in investments that are not speculative or hazardous;

· a duty to act impartially towards beneficiaries and between different classes of beneficiaries;

· a duty to take advice,

continue to apply except so far as they are inconsistent with this proposed Act or any other Act, or the instrument creating the trust.

Any rules and principles of law or equity that relate to a provision in an instrument creating a trust that purports to exempt, limit the liability of, or indemnify a trustee in respect of a breach of trust, continue to apply.

9. Matters to which trustee must have regard in exercising power of investment

When investing trust funds, a trustee must—so far as they are appropriate to the circumstances of the trust—have regard to a number of factors, among them, the following:

· the purposes of the trust and the needs and circumstances of the beneficiaries;

· the desirability of diversifying trust investments;

· the nature of and risk associated with existing trust investments and other trust property;

· the likely income return and the timing of such return;

· the liquidity and marketability of the proposed investment during, and on the determination of, the term of the proposed investment;

· the aggregate value of the trust estate;

· the effect of the proposed investment in relation to the tax liability of the trust;

· the likelihood of inflation affecting the value of the proposed investment or other trust property.

A trustee may obtain and consider independent and impartial advice reasonably required for the investment of trust funds or the management of the investment from a person whom the trustee reasonably believes to be competent to give the advice and pay out of trust funds the reasonable costs of obtaining the advice.

10. Powers of trustee in relation to securities

If securities of a body corporate are subject to a trust, the trustee may concur in various schemes or arrangements in the same manner as if the trustee were beneficially entitled to the securities. If a conditional or preferential right to subscribe for securities in a body corporate is offered to a trustee in respect of a holding in that body corporate or another body corporate, the trustee may (as to all or any of the securities)—

· exercise the right; or

· assign the benefit of the right, or the title to the right, to another person (including a beneficiary); or

· renounce the right.

A trustee accepting or subscribing for securities under this proposed section is, for the purposes of any provision of this new Part, exercising a power of investment.

New section 11 applies in relation to securities acquired before or after the commencement of the section but subject to the instrument creating the trust.

11. Power of trustee as to calls on shares

Subject to the instrument creating the trust—

· a trustee may apply capital money subject to a trust in payment of calls on shares subject to the same trust;

· if the trustee is a trustee company—it may exercise the powers conferred by this proposed section despite the shares on which the calls are made being shares in the trustee company.

12. Power to purchase dwelling house as residence for beneficiary

Subject to the instrument creating the trust, a trustee may purchase a dwelling house for use by a beneficiary as a residence or enter into another agreement or arrangement to secure for a beneficiary a right to use a dwelling house as a residence.

A trustee may permit a beneficiary to use as a residence a dwelling house that forms part of the trust property and may for that purpose retain the dwelling house as part of the trust property despite the terms of the instrument creating the trust.

The trustee may retain a dwelling house or any interest or rights in respect of a dwelling house acquired under this new section after the use of the dwelling house by the beneficiary has ceased.

13. Power of trustee to retain investments

A trustee is not liable for breach of trust by reason only of continuing to hold an investment that has ceased to be—

· an investment authorised by the instrument creating the trust; or
· an investment properly made by the trustee exercising a power of investment; or
· an investment made under Part 1 as previously in force from time to time; or
· an investment authorised by any other Act or the general law.

13A. Loans and investments by trustees not breaches of trust in certain circumstances

If a trustee lends money on the security of property, the trustee is not in breach of trust by reason only of the amount of the loan in comparison to the value of the property at the time when the loan was made—

(a) if it appears to the court—
· that, in making the loan, the trustee was acting on a report as to the value of the property made by a person reasonably believed to be competent to give such a report and whom the trustee instructed and employed independently of any owner of the property; and
· that the amount of the loan did not exceed two-thirds of the value of the property as stated in the report; and
· that the loan was made in reliance on the report; or

(b) if the trustee is insured by a prescribed body carrying on the business of insurance against all loss that may arise by reason of the default of the borrower.

A trustee who lends money on the security of leasehold property is not in breach of trust by reason only that the trustee dispensed with the production or investigation of the lessee's title when making the loan.

This new section applies to transfers of existing securities as well as to new securities and to investments made before or after the commencement of this proposed Amendment Act.

13B. Limitation of liability of trustee for loss on improper investments

If a trustee improperly lends trust money on a security that would have been a proper investment if the sum lent had been smaller than the actual sum lent, the security is to be taken to be a proper investment in respect of the smaller sum, and the trustee is only liable to make good the difference between the sum advanced and the smaller sum, with interest. This new section applies to investments made before or after the commencement of this proposed Amendment Act.

13C. Court may take into account investment strategy in action for breach of trust

If a trustee has been charged with a breach of trust in respect of a duty under this new Part relating to the power of investment, when considering the trustee's liability, the court may take into account—

· the nature and purpose of the trust; and
· whether the trustee had regard to the matters set out in proposed section 9 so far as is appropriate to the circumstances of the trust; and
· whether the trust investments have been made pursuant to an investment strategy formulated in accordance with the duty of a trustee under this new Part;
· the extent the trustee acted on the independent and impartial advice of a person competent (or apparently competent) to give the advice.

13D. Power of court to set off gains and losses arising from investment

When considering an action for breach of trust in respect of an investment by a trustee where a loss has been or is expected to be sustained by the trust, a court may set off all or part of the loss resulting against all or part of the gain resulting from any other investment whether in breach of trust or not. The power of set off conferred by this proposed section is in addition to any other power or entitlement to set off all or part of any loss against any property.

13E. Transitional provision

Any provision in an Act or any other instrument (whether or not creating a trust) that empowers or requires a person to invest money in the investments authorised by the *Trustee Act 1936*, is to be read as if it empowered or required that person to invest that money according to the provisions of this new Part as to the investment of trust funds.

Mr ATKINSON secured the adjournment of the debate.

PLUMBERS, GAS FITTERS AND ELECTRICIANS BILL

Received from the Legislative Council and read a first time.

The Hon. S.J. BAKER (Deputy Premier): I move:

That this Bill be now read a second time.

I insert the second reading explanation in *Hansard* without my reading it.

As part of the review of all consumer legislation, the Legislative Review Team reviewed the *Builders Licensing Act 1986*. The Review Team has identified a number of issues requiring resolution. These issues are discussed in a Proposal Paper which will be released for public comment over the next month.

Concurrently with this review, the Government has made decisions with respect to the corporatisation of EWS and ETSA and it was agreed that the responsibility for the licensing of plumbers, gas fitters and electricians be transferred to the Minister for Consumer Affairs.

To achieve this, it was agreed that this matter would be considered by the Legislative Review Team as part of its review of occupational licensing; in particular, the suitability of the *Builders Licensing Act* as a vehicle for the future regulation of the occupations was to be examined.

In order to assist the Review Team, a short term Working Party was established to report on the need for continued regulation of the occupations and to examine the implications of accommodating the occupations under the *Builders Licensing Act*. The Working party included representatives from all major industry parties and licensing authorities involved with these occupations.

The Legislative Review Team considered the Report of the Working Party for the Regulation of Electricians, Plumbers and Gas Fitters and supported recommendations which involved the drafting of a new Bill as it was concluded that the existing *Builders Licensing Act* would not be able to accommodate these new jurisdictions in a workable format. The Review Team proposed that—

· existing legislation relevant to the licensing of electricians, plumbers and gas fitters be repealed; and
· licensing of these occupations be continued under the new Bill which provides for a competency-based approach to occupational and business licensing and a streamlined administration vested with the Minister for Consumer Affairs (with the licensing authority to be the Commissioner for Consumer Affairs);

noting that the longer term objective of this approach is—

· to provide a comprehensive new framework for occupational and business licensing in the building industry encompassing these principles, following the completion of further consultation with the industry on outstanding issues relevant to the licensing of builders; and
· to repeal the *Builders Licensing Act* and incorporate the licensing and registration provisions under new legislation at some later date.

This Bill repeals the *Electrical Workers and Contractors Licensing Act 1966* and amends the *Gas Act 1988*, the *Sewerage Act 1929* and the *Waterworks Act 1932*.

A new system for the licensing of contractors and the registration of workers in the three occupations will be established. This means that persons carrying on the business of electrical, plumbing or gas fitting work, will be required to be fit and proper persons and will be assessed on their business knowledge, experience and financial resources before being granted a licence. The person performing the actual work will be required to hold the appropriate technical qualifications and be registered as a worker.

While this system is broadly similar to the existing builders licensing legislation, the new Bill establishes a much more flexible framework and significant opportunities for streamlining current regulatory imposts on business. For example, where a person requires a licence and registration, this will be able to be issued with one application form and fee.

If a person who proposes to carry on business as a contractor in a partnership applies for a contractors licence, the entitlement to be licensed will be assessed on the basis of each of the partner's qualifications taken as a whole. In this situation, the licence will only be issued when the applicants are operating as a partnership, and only the partner with technical qualifications will be allowed to carry out the work.

It is not intended that the Commissioner for Consumer Affairs, in taking on the licensing function for the three occupations, will be carrying out the technical assessment or audit functions associated with maintaining standards of work performed by licensees. This functions will be more appropriately carried out by industry regulators under separate arrangements.

As with other new consumer legislation, the Bill provides for the Commissioner for Consumer Affairs to take action on complaints and lodge disciplinary proceedings with the Administrative and Disciplinary Division of the District Court of South Australia.

The Commissioner for Consumer Affairs will perform the same role under this Bill as under the other licensing and registration jurisdictions currently administered by the Commissioner. Apart from the issuing of licences and registration (based on recommendations of the advisory panels), the Commissioner is involved in the assessment of business licences.

While assessment methods in all three occupations are currently competency-based to some degree, the industry training organisations associated with all three occupations have either developed, or are in the process of developing, national competency standards. When these are finalised, training courses based on the standards may be accredited through the new Accreditation and Registration Council which will also approve training providers.

The Bill anticipates this approach by removing the direct function of examination from the advisory/examination boards currently in existence.

There are currently four Advisory and Examination Boards established under the legislation which will be repealed with proclamation of the new Bill. These are—

- the Sanitary Plumbers Examination Board;
- the Plumbers Advisory Board;
- the Gas Fitters Examining Board;
- the Electrical Advisory Committee.

Each of these Boards performs functions related to the technical assessment of applicants for licences or registrations. The Bill proposes to streamline these four organisations into two advisory panels and to update their role to ensure that they do not place artificial entry barriers to the occupation or business. The Bill provides the power to establish the panels by regulation and to define the functions further through this means.

This process will allow for flexibility to alter the panel arrangements as more training providers, approved through the Accreditation and Registration Council, enter the field. In the meantime, the regulations will propose that the panels are given an overseeing role in the technical assessment process rather than the direct function of examining applicants. Both existing examination boards already delegate the examination role to TAFE or other organisations.

While the major direct impact of the proposal will be on existing and prospective licensees/registrants, the Bill will have the same direct and indirect benefits on the South Australian economy arising from the removal of an over restrictive regulatory regime and the streamlining of requirements. Further, the relocation of the licensing function to the Commissioner for Consumer Affairs will reduce the administrative costs of three separate licensing bodies and provide significant opportunities for further streamlining in conjunction with the review of the *Builders Licensing Act.*

I commend the Bill to Honourable Members.

Explanation of Clauses

PART 1

PRELIMINARY

Clause 1: Short title

Clause 2: Commencement

These clauses are formal.

Clause 3: Interpretation

This clause contains definitions or words and phrases used in the Bill. In particular, a contractor (whether a plumbing, gas fitting or electrical contractor) is defined as a person who carries on the business of performing plumbing, gas fitting or electrical work (as the case may be) for others. A worker (whether a plumbing, gas fitting or electrical worker) is defined as a person who personally carries out plumbing, gas fitting or electrical work (as the case may be).

Clause 4: Non-derogation

The provisions of this proposed Act are in addition to and do not derogate from the provisions of any other Act.

Clause 5: Commissioner responsible for administration of Act

The Commissioner for Consumer Affairs is responsible, subject to the control and directions of the Minister, for the administration of this proposed Act.

PART 2

LICENSING OF CONTRACTORS

Clause 6: Obligation of contractors to be licensed

A person must not—

- carry on business as a plumbing contractor, a gas fitting contractor or an electrical contractor except as authorised by a licence under this proposed Part; or
- advertise or otherwise hold himself or herself out as being entitled to carry on business as a plumbing contractor, a gas fitting contractor or an electrical contractor unless authorised to carry on business as such a contractor by a licence under this proposed Part.

The penalty for being unlicensed is a division 4 fine ($15 000).

A person required to be licensed as a contractor is not entitled to any fee or other consideration in respect of work performed as a contractor unless authorised to perform the work under a licence or a court (hearing proceedings for recovery of the fee or other consideration) is satisfied that the person's failure to be so authorised resulted from inadvertence only.

Clause 7: Classes of licences

The four classes of licences for contractors are—

1. plumbing contractors licence;
2. gas fitting contractors licence;
3. electrical contractors licence;
4. restricted licence—

· plumbing contractors licence subject to conditions limiting the work that may be performed under the authority of the licence—

(1) to water plumbing work;
(2) to sanitary plumbing work;
(3) to draining work;
(4) in any other way;

· gas fitting contractors licence subject to conditions limiting (in any way) the work that may be performed under the authority of the licence;

· electrical contractors licence subject to conditions limiting (in any way) the work that may be performed under the authority of the licence.

Conditions limiting the work that may be performed under the authority of a licence may be imposed by the Commissioner on the grant of the licence.

Clause 8: Application for licence

An application for a licence must be made to the Commissioner in the manner and form approved by the Commissioner and be accompanied by the fee fixed by regulation.

Clause 9: Entitlement to be licensed

A natural person is entitled to be granted a licence if the person—

· has the qualifications and experience required by regulation for the kind of work authorised by the licence or equivalent qualifications and experience; and

· is not suspended or disqualified from practising or carrying on an occupation, trade or business under a law of this State, the Commonwealth, another State or a Territory of the Commonwealth; and

· is not an undischarged bankrupt or subject to a composition or deed or scheme of arrangement with or for the benefit of creditors; and

· has not (during the period of five years preceding the application for the licence) been a director of a body corporate wound up for the benefit of creditors during a particular time frame; and

· has sufficient business knowledge and experience and financial resources for the purpose of properly carrying on the business authorised by the licence; and

· is a fit and proper person to be the holder of a licence.

A body corporate is entitled to be granted a licence if—

(a) the body corporate—

· is not suspended or disqualified from practising or carrying on an occupation, trade or business under a law of this State, the Commonwealth, another State or a Territory of the Commonwealth; and

· is not being wound up and is not under official management or in receivership; and

(b) no director of the body corporate—

· is suspended or disqualified from practising or carrying on an occupation, trade or business under a law of this State, the Commonwealth, another State or a Territory of the Commonwealth; or

· has, during the period of five years preceding the application for the licence, been a director of a body corporate wound up for the benefit of creditors during a particular time frame; and
· the directors of the body corporate together have sufficient business knowledge and experience for the purpose of properly directing the business authorised by the licence; and
· the body corporate has sufficient financial resources for the purpose of properly carrying on the business authorised by the licence; and
· each director of the body corporate is a fit and proper person to be the director of a body corporate that is the holder of a licence.

If the Commissioner is not satisfied that the applicant meets requirements as to qualifications, business knowledge, experience or financial resources but is satisfied that the applicant proposes to carry on business as a contractor in partnership with a person who does meet those requirements, the Commissioner may (subject to the other provisions of this proposed section) grant a licence to the applicant subject to the condition that the applicant not carry on business under the licence except in partnership with that person or some other person approved by the Commissioner.

Clause 10: Appeals

An applicant for a licence may appeal to the Administrative and Disciplinary Division of the District Court (Court) against a decision of the Commissioner refusing the application. Except as determined by the Court, an appeal is to be conducted by way of a fresh hearing and for that purpose the Court may receive evidence given orally or (if the Court determines) by affidavit. The Court may, on the hearing of an appeal affirm the decision appealed against or rescind the decision and substitute a decision that the Court thinks appropriate and make any other order that the case requires.

Clause 11: Duration of licence and fee and return

A licence remains in force (except for any period for which it is suspended) until the licence is surrendered or cancelled or the licensed contractor dies or (in the case of a licensed body corporate) is dissolved.

A licensed contractor must, at intervals fixed by regulation pay the fee fixed by regulation and lodge a return in the manner and form required by the Commissioner.

Clause 12: Licensed contractor's work to be carried out by registered worker

A licensed contractor who does not ensure that plumbing, gas fitting or electrical work performed in the course of the contractor's business is personally carried out by a registered worker authorised to carry out such work is guilty of an offence and liable to a division 4 fine ($15 000).

PART 3
REGISTRATION OF WORKERS

Clause 13: Obligation of workers to be registered

A person must not—
· act as a plumbing worker, a gas fitting worker or an electrical worker except as authorised by registration under this proposed Part; or
· advertise or otherwise hold himself or herself out as being legally entitled, or qualified or competent, to carry out personally plumbing, gas fitting or electrical work unless authorised to carry out that work by registration under this proposed Part.

The penalty for non-compliance is a division 7 fine ($2 000).

Clause 14: Classes of registration

The four classes of registration for workers are—
1. plumbing workers registration;
2. gas fitting workers registration;
3. electrical workers registration;
4. restricted registration—

· registration as a plumbing worker subject to conditions limiting the work that may be carried out under the authority of the registration—
(1) to water plumbing work;
(2) to sanitary plumbing work;
(3) to draining work;
(4)in any other way;
· registration as a gas fitting worker subject to conditions limiting (in any way) the work that may be carried out under the authority of the registration;
· registration as an electrical worker subject to conditions limiting (in any way) the work that may be carried out under the authority of the registration.

Conditions limiting the work that may be carried out under the authority of registration may be imposed by the Commissioner on the grant of the registration.

Clause 15: Application for registration

An application for registration must be made to the Commissioner in the manner and form approved by the Commissioner and be accompanied by the fee fixed by regulation.

Clause 16: Entitlement to be registered

A natural person is entitled to be registered if the person has the qualifications and experience required by regulation for the kind of work authorised by the registration or qualifications and experience that the Commissioner considers appropriate having regard to the kind of work authorised by the registration.

Clause 17: Appeals

An applicant for registration may appeal to the Court against a decision of the Commissioner refusing the application. Except as determined by the Court, an appeal is to be conducted by way of a fresh hearing and for that purpose the Court may receive evidence given orally or by affidavit. On the hearing of an appeal, the Court may affirm the decision appealed against or rescind the decision and substitute a decision that the Court thinks appropriate and make any other order that the case requires.

Clause 18: Duration of registration and fee and return

Registration remains in force (except for any period for which it is suspended) until the registration is surrendered or cancelled or the registered worker dies. A registered worker must pay to the Commissioner the fee fixed by regulation and lodge with the Commissioner a return in the manner and form required by the Commissioner at intervals fixed by the regulations.

PART 4
DISCIPLINE

Clause 19: Interpretation of Part

In this proposed Part, contractor, director and worker are defined to include former contractors, directors and workers (as the case may be).

Clause 20: Cause for disciplinary action

There is proper cause for disciplinary action against a contractor if—
· licensing of the contractor was improperly obtained; or
· the contractor has acted contrary to an assurance accepted by the Commissioner under the *Fair Trading Act 1987*; or
· the contractor or another person has acted contrary to this proposed Act or otherwise unlawfully, or improperly, negligently or unfairly, in the course of conducting, or being employed or otherwise engaged in, the business of the contractor; or
· events have occurred such that the contractor would not be entitled to be licensed as a contractor if he or she were to apply for a licence.

There is proper cause for disciplinary action against a worker if—
· registration of the worker was improperly obtained; or
· the worker has acted unlawfully, improperly, negligently or unfairly in the course of acting as a worker.

Disciplinary action may be taken against each director of a body corporate that is a contractor if there is proper cause for disciplinary action against the body corporate, but may not be taken against a person in relation to the act or default of another if that person could not reasonably be expected to have prevented the act or default.

Clause 21: Complaints

The Commissioner or any other person may lodge with the Court a complaint setting out matters that are alleged to constitute grounds for disciplinary action under this proposed Part.

Clause 22: Hearing by Court

The Court may conduct a hearing for the purpose of determining whether matters alleged in a complaint constitute grounds for disciplinary action under this proposed Part. Without limiting the usual powers of the Court, the Court may, during the hearing—
· allow an adjournment to enable the Commissioner to investigate or further investigate matters to which the complaint relates; and
· allow modification of, or additional allegations to be included in, the complaint.

Clause 23: Participation of assessors in disciplinary proceedings

In any proceedings under this proposed Part, the Court will, if the judicial officer who is to preside at the proceedings so determines, sit with assessors selected in accordance with proposed schedule 1.

Clause 24: Disciplinary action

On the hearing of a complaint, the Court may by an order or orders do one or more of the following:
· reprimand the person;
· impose a fine not exceeding $8 000 on the person;
· in the case of a person who is licensed as a contractor or registered as a worker—
(a) impose conditions or further conditions on the licence or registration;

(b) suspend or cancel the licence or registration;
· disqualify the person from being licensed or registered;
· prohibit the person from being employed or otherwise engaged in the business of a contractor;
· prohibit the person from being a director of a body corporate that is a contractor.

If a person has been found guilty of an offence and the circumstances of the offence form (in whole or in part) the subject matter of the complaint, the person is not liable to a fine under this proposed section in respect of conduct giving rise to the offence.

Clause 25: Contravention of orders

A person who is employed or otherwise engages in the business of a contractor or who becomes a director of a body corporate that is a contractor in contravention of an order of the Court is guilty of an offence (as is the contractor). Each is liable to a penalty of a division 3 fine ($30 000) or division 7 imprisonment (6 months).

PART 5
ADVISORY PANELS

Clause 26: Advisory panels

The Minister must establish an advisory panel for plumbing and gas fitting and an advisory panel for electrical work in accordance with the regulations.

An advisory panel established for plumbing and gas fitting will have the following functions:
· to advise the Commissioner in respect of licensing or registration;
· to advise and assist the Commissioner with respect to competency within the industries and the assessment of plumbing or gas fitting work;.
· to inquire into and report to the Minister or the Commissioner on any other matter referred to it relating to plumbing or gas fitting or the administration of this proposed Act;
· any function that the panel is requested or required to perform by an authority responsible for regulation of technical or safety aspects of the plumbing or gas fitting industries;
· any other functions prescribed by regulation or prescribed by or under any other Act.

An advisory panel established for electrical work will have corresponding functions as the advisory panel for plumbing and gas fitting except they will relate to electrical work and the electrical industry.

PART 6
MISCELLANEOUS

Clause 27: Delegations

The Commissioner may delegate any of the Commissioner's functions or powers under this proposed Act—
· to a person employed in the Public Service; or
· to the person for the time being holding a specified position in the Public Service; or
· to any other person under an agreement under this proposed Act between the Commissioner and an organisation representing the interests of contractors or workers.

The Minister may delegate any of the Minister's functions or powers under this proposed Act (except the power to direct the Commissioner).

Clause 28: Agreement with professional organisation

The Commissioner may, with the approval of the Minister, make an agreement with an organisation representing the interests of persons affected by this proposed Act under which the organisation undertakes a specified role in the administration or enforcement of this proposed Act. The Commissioner may not delegate any of the following for the purposes of such an agreement:
· functions or powers under proposed Part 2 or 3 (*ie:* licensing or registration of contractors or workers);
· power to request the Commissioner of Police to investigate and report on matters under this proposed Part;
· power to commence a prosecution for an offence against this proposed Act.

The Minister must, within six sitting days after the making of such agreement, cause a copy of the agreement to be laid before both Houses of Parliament.

Clause 29: Exemptions

The Minister may, on application by a person, exempt the person from compliance with a specified provision of this proposed Act. Such an exemption is subject to the conditions (if any) imposed by the Minister (and may be varied or revoked by the Minister). The grant or a variation or revocation of an exemption must be notified in the *Gazette*.

Clause 30: Registers

The Commissioner must keep a register of persons licensed as contractors and a register of persons registered as workers. A person may inspect a register on payment of the fee fixed by regulation.

Clause 31: Commissioner and proceedings before Court

The Commissioner is entitled to be joined as a party to any proceedings of the Court under this proposed Act and may appear personally or may be represented at the proceedings by counsel or a person employed in the Public Service.

Clause 32: False or misleading information

A person must not make a statement that is false or misleading in a material particular in any information provided, or record kept, under this proposed Act. The penalty for contravention of this proposed section is—

(a) if the person made the statement knowing that it was false or misleading—a division 5 fine ($8 000);

(b) in any other case—a division 7 fine ($2 000).

Clause 33: Name in which contractor may carry on business

A licensed contractor must not carry on business as a contractor except in the name in which the contractor is licensed or in a business name registered by the contractor under the *Business Names Act 1963* of which the Commissioner has been given prior notice in writing. The penalty for contravention of this proposed section is a division 7 fine ($2 000).

Clause 34: Statutory declaration

Where a person is required to provide information to the Commissioner, the Commissioner may require the information to be verified by statutory declaration.

Clause 35: Investigations

The Commissioner of Police must, at the request of the Commissioner, investigate and report on any matter relevant to the determination of an application under this proposed Act or a matter that might constitute proper cause for disciplinary action.

Clause 36: General defence

It is a defence to a charge of an offence against this proposed Act if the defendant proves that the offence was not committed intentionally and did not result from any failure on the part of the defendant to take reasonable care to avoid the commission of the offence.

Clause 37: Liability for act or default of officer, employee or agent

For the purposes of this proposed Act, an act or default of an officer, employee or agent of a person carrying on a business will be taken to be an act or default of that person unless it is proved that the officer, employee or agent acted outside the scope of his or her actual, usual and ostensible authority.

Clause 38: Offences by bodies corporate

Where a body corporate is guilty of an offence against this proposed Act, each director of the body corporate is (subject to the general defence) guilty of an offence and liable to the same penalty as may be imposed for the principal offence.

Clause 39: Continuing offence

A person convicted of an offence against a provision of this proposed Act in respect of a continuing act or omission is liable to an additional penalty as well as the penalty otherwise applicable to the offence and is, if the act or omission continues after the conviction, guilty of a further offence against the provision and liable, in addition to the penalty otherwise applicable to the further offence, to a penalty for each day during which the act or omission continued after the conviction.

Clause 40: Prosecutions

Proceedings for an offence against this proposed Act must be commenced within two years after the date on which the offence is alleged to have been committed or, with the authorisation of the Minister, at a later time within five years after that date. A prosecution for an offence against this proposed Act cannot be commenced except by—
· the Commissioner; or
· an authorised officer under the *Fair Trading Act 1987*; or
· a person who has the consent of the Minister to commence the prosecution.

Clause 41: Evidence

In any proceedings, an apparently genuine document purporting to be a certificate of the Commissioner certifying as to matters under the proposed Act will be accepted, in the absence of proof to the contrary, as proof of the matters so certified.

Clause 42: Service of documents

Service of a notice or document under the proposed Act may be effected either personally or by post.

Clause 43: Annual report

The Commissioner must, on or before 31 October in each year, submit to the Minister a report on the administration of this proposed Act during the period of 12 months ending on the preceding 30 June which must be laid before Parliament.

Clause 44: Regulations

The Governor may make such regulations as are contemplated by, or necessary or expedient for the purposes of, this proposed Act. The regulations—

· may be of general application or limited application;

· may make different provision according to the matters or circumstances to which they are expressed to apply;

· may provide that a matter or thing in respect of which regulations may be made is to be determined according to the discretion of the Commissioner or the Minister.

The regulations may operate by reference to a specified code as in force at a specified time or as in force from time to time.

SCHEDULE 1

Appointment and Selection of Assessors for Court

This schedule contains provision for the establishment (by the Minister) of a panel of persons consisting of persons representative of persons involved in work regulated under the proposed Act and a panel of persons consisting of persons representative of members of the public who deal with such persons who may sit as assessors. If assessors are to sit with the Court in proceedings under proposed Part 4 (Discipline), the judicial officer who is to preside at the proceedings must select one member from each of the panels to sit with the Court in the proceedings. However, a member of a panel who has a personal or a direct or indirect pecuniary interest in a matter before the Court is disqualified from participating in the hearing of the matter.

If an assessor dies or is for any reason unable to continue with any proceedings, the Court constituted of the judicial officer who is presiding at the proceedings and the other assessor may (if the judicial officer so determines) continue and complete the proceedings.

SCHEDULE 2

Repeal and Transitional Provisions

1. The schedule repeals the following:

the *Electrical Workers and Contractors Licensing Act 1966*;

2. section 28 of the *Gas Act 1988*;

3. section 17B of the *Sewerage Act 1929*;

4. paragraph XIV of section 10(1) of the *Waterworks Act 1932*,

and contains other provisions of a transitional nature.

Mr ATKINSON secured the adjournment of the debate.

CATCHMENT WATER MANAGEMENT BILL

Returned from the Legislative Council with the following amendments:

No. 1. Page 1, line 19 (clause 3)—Leave out the definition of 'annual value'.

No. 2. Page 1, line 21 (clause 3)—Leave out the definition of 'capital value'.

No. 3. Page 3, line 3 (clause 3)—Leave out the definition of 'site value'.

No. 4. Page 3—After line 26 insert new part as follows:

'PART 1A
OBJECTS

Objects of the Act

4A. The objects of this Act are—

(a) to improve the quality of catchment water with resulting benefits to other natural resources of the State including the land and its soil, native vegetation and native animals; and

(b) to protect watercourses, channels and lakes and their ecosystems from degradation and to reverse degradation of watercourses, channels and lakes that has already occurred; and

(c) where appropriate, to make catchment water available for primary production or for industrial, commercial, domestic, recreational or other purposes; and

(d) to encourage members of the community to take an active part in improving the quality of catchment water; and

(e) to educate members of the public in relation to the management of catchment water and of catchments.'

No. 5. Page 8, lines 6 to 9 (clause 14)—Leave out subclause (1) and insert new subclauses as follow:

(1) At least one of the persons nominated by the Minister (other than the presiding officer) must be a person who has knowledge of, or experience in, the management of natural resources.

(1a) At least one of the other persons nominated by the Minister (other than the presiding officer) must be a person who has knowledge of, or experience in, catchment water drainage or flood control, preserving or improving water quality or any other area of catchment water management or in the management of catchments.

No. 6. Page 9, lines 26 and 27 (clause 19)—Leave out subclause (2) and insert new subclause as follows:

(2) A board must, by notice in a newspaper circulating generally throughout the State and in a newspaper or newspapers circulating in the catchment area, give at least fourteen days notice of its intention to hold a meeting that will be open to the public.

No. 7. Page 9 (clause 19)—After line 28 insert new subclause as follows:

(3a) Fourteen days notice is not required if a meeting needs to be held to deal with an emergency but, in that event, the board must give as much notice under subsection (2) as is practicable or, if no notice can be given before the meeting is held the board must give notice under subsection (2) of the date on which the meeting was held and of the emergency that it dealt with.

No. 8. Page 10, line 24 (clause 20)—Leave out this line and insert the following:

20.(1) A board must provide—

(a) the Minister; and

(b) the member or members of the House of Assembly whose electoral district or districts include the whole or part of the board's catchment area; and

(c) each constituent council,

with a copy of the.

No. 9. Page 10, line 28 (clause 20)—After 'is held' insert 'except where the meeting is held to deal with an emergency'.

No. 10. Page 14, line 6 (clause 25)—Leave out 'this Act' and insert 'the objects and the other provisions of this Act'.

No. 11. Page 15, line 33 (clause 29)—Leave out 'the embankments, walls, channels, lakes' and insert 'the lakes, the embankments, walls, channels'.

No. 12. Page 17, line 24 (clause 31)—Leave out 'a watercourse, channel or lake or works' and insert 'a watercourse or lake, an embankment, wall, channel or other works'.

No. 13. Page 19, lines 7 to 12 (clause 37)—Leave out paragraphs (a) and (b) and insert new paragraphs as follow:

(a) removal of solid or dissolved impurities from catchment water in a specified watercourse, channel or lake or in a specified system of watercourses, channels or lakes in its catchment area;

(b) protection of specified watercourses, channels and lakes and their ecosystems from degradation by pollutants and exotic plants and animals and reversal of such degradation where it has occurred;

(ba) control of the flow of catchment water and management of catchment water in a specified watercourse or channel or in a specified system of watercourses or channels in its catchment area to prevent or reduce flooding;.

No. 14. Page 20, line 18 (clause 37)—Leave out 'works, buildings, structures, pipes, machinery and other equipment' and insert 'infrastructure'.

No. 15. Page 20, line 24 (clause 37)—Leave out 'each constituent council' and insert 'the constituent councils'.

No. 16. Page 21, line 32 (clause 39)—Leave out subclause (3) and insert new subclauses as follow:

'(3) A board must consult the public under subsections (1) and (2) by inviting the public to make written submissions to the board and to attend a public meeting to be held in relation to the preparation of the plan and another meeting to be held in relation to the draft plan.

(4) An invitation under subsection (3) must be by advertisement in—

(a) a newspaper circulating generally throughout the State; and

(b) a newspaper or newspapers circulating in the catchment area; and

(c) in such other manner (if any) as the board thinks fit.

(5) An advertisement must—

(a) identify the relevant catchment area; and

(b) in the case of an invitation for submissions—state the name and address of the person to whom submissions must be sent and the time by which submissions must be received; and

(c) in the case of an invitation to attend a public meeting—state the time and place at which the meeting will be held; and

(d) in the case of an invitation relating to a plan that has been drafted—include an address at which copies of the plan can be inspected and purchased.

(6) An invitation for submissions in relation to the preparation of a plan must provide a period of at least one month after the advertisement was last published in a newspaper as the period during which submissions must be received.

(7) An invitation for submissions in relation to a plan that has been drafted must provide a period of at least two months after the advertisement was last published in a newspaper as the period during which submissions must be received.

(8) A public meeting must be held—

(a) at least 14 days but not more than 28 days after the advertisement inviting attendance at the meeting was last published in a newspaper; and

(b) at a time and place that will, in the opinion of the board, be convenient for a majority of those persons who are likely to attend the meeting.

(9) The board must appoint a member or employee of the board or some other suitable person to conduct the meeting.

(10) A person who has conducted a meeting must, as soon as practicable after the meeting has concluded, submit a written report to the board summarising the comments made at the meeting by members of the public in relation to the plan.

No. 17. Page 22, lines 10 to 13 (clause 40)—Leave out subclause (3) and insert new subclause as follows:

(3) The Minister must, before approving a plan, have regard to the submissions (if any) received from members of the public and to the reports of the person or persons who conducted the public meetings.

No. 18. Page 23, line 8 (clause 43)—Leave out 'each constituent council' and insert 'the constituent councils'.

No. 19. Page 25, lines 3 to 39; page 26, lines 1 to 14 and page 27, lines 1 to 13 (clauses 48 to 50)—Leave out Divisions 1 and 2 and insert new Divisions as follow:

DIVISION 1—CONTRIBUTIONS BY COUNCILS

Contributions

48.(1) The constituent councils of a catchment area must contribute to the cost of implementing the management plan for that area in accordance with this Division.

(2) The amount to be contributed by the councils in respect of a financial year is an amount determined by the Minister in accordance with this Division and approved by the Governor.

(3) The amount is the estimated expenditure of the board in that year less the amount of any other funds available to the board, or that are expected to be available to the board, to meet that expenditure.

(4) The board must submit to the Minister and to each constituent council a statement of its estimate of the required expenditure and the amount of any other funds available to it, or that are expected to be available to it.

(5) The board must comply with subsection (4) in sufficient time to allow the procedures ending in the Governor's approval to be completed on or before 16 June preceding the financial year in respect of which the contribution is to be made.

(6) When determining the amount the Minister may increase it by his or her estimate of the rebates and remissions that will be deducted from the share to be paid by each council.

(7) The amount to be contributed must be determined by the Minister after consultation with the board and the constituent councils and must be submitted to the Governor for approval.

(8) Liability for the amount will be shared between the constituent councils in the same proportions as the capital value of the ratable land situated in the catchment area is distributed between the areas of the councils.

(9) The share of each council must be determined by the Minister under subsection (8) after consultation with the constituent councils and must be submitted to the Governor for approval.

(10) A council must, at the request of the Minister, supply the Minister with information in the possession of the council to enable the Minister to make a determination under subsection (9).

(11) The Minister must cause notice of—

(a) the amount to be contributed by the constituent councils approved by the Governor under subsection (7); and

(b) the shares in which the councils must pay that amount determined by the Minister under subsection (9),

to be given to each of the constituent councils and to be published in the *Gazette*.

(12) In this section—

'capital value' has the same meaning as in Part 10 of the Local Government Act 1934;

'ratable land' has the same meaning as in Part 10 of the Local Government Act 1934.

Reduction of council's share

49. (1) Subject to subsection (2), a council's share of the amount to be contributed by the constituent councils is reduced by the amount by which the rate imposed by the council under Division 2 (the 'Division 2 rate') is rebated or remitted under the Local Government Act 1934.

(2) If—

(a) a rebate or remission of the Division 2 rate in respect of particular land is more generous or is subject to less onerous conditions than the rebate or remission of general rates in respect of that land; or

(b) there is no equivalent rebate or remission of general rates in respect of that land,

the rebate or remission of the Division 2 rate in respect of that land will not be taken into account when determining the amount by which the council's share will be reduced under subsection (1).

Payment of contributions

50.(1) Subject to subsection (2), a council's share of the amount to be contributed by the constituent councils is payable by the council in approximately equal instalments on 30 September, 31 December, 31 March and 30 June in the year to which the contribution relates and interest accrues on any amount unpaid at the rate and in the manner prescribed by regulation.

(2) If the accounts for the rate declared by a council under Division 2 in respect of a financial year could not be included in the accounts for general rates for that year because the amount to be contributed by the constituent councils was not approved by the Governor on or before 16 June preceding that year, the council may pay its share in approximately equal instalments on 31 December, 31 March and 30 June in that year.

(3) An amount payable by a council to the board under this section and any interest that accrues in respect of that amount is recoverable by the board as a debt.

(4) If an amount paid by a council is not spent by the board in the financial year in respect of which it was paid, it may be spent by the board in a subsequent financial year.

DIVISION 2—IMPOSITION OF RATE BY COUNCILS

Imposition of rate by constituent councils

50A.(1) In order to reimburse themselves for the amount contributed to the board under Division 1, the constituent councils must impose a separate rate under Part 10 of the Local Government Act 1934 on ratable land in the catchment area of the board.

(2) The basis of the rate imposed by each council must be the same as the basis for the general rates imposed by the council.

(3) A council—

(a) must fix the rate at a level calculated to raise the same amount as the council's share of the amount to be contributed to the board before that share is reduced by the deduction of rebates and remissions; and

(b) must not take into account when fixing the rate the fact that rebates and remissions will reduce the amount returned by imposition of the rate.

(4) An account for the rate sent by a council to a person who is liable to pay the rate must show the amount separately from any other amount for which that person is liable.

No. 20. Page 30, line 11 (clause 56)—After 'any' insert 'lakes or any embankments, walls, channels or other'.

No. 21. Page 30 (clause 59)—After line 36 insert new paragraph as follows:

(ba) empower the Minister to fix the maximum fee that may be charged by a board on sale of copies of its draft or approved management plan or on sale of copies of draft or approved amendments to its management plan;.

No. 22. Page 30—After line 38 insert new clause as follows:

Expiry of Divisions 1 and 2 of Part 5

60. Divisions 1 and 2 of Part 5 will expire on the second anniversary of the commencement of this Act.

Consideration in Committee.

The Hon. D.C. WOTTON: I move:

That the Legislative Council's amendments be agreed to.

I am delighted with the outcome of this legislation. I think all members recognise the importance of the legislation in terms of being able to take positive action in cleaning up our waterways in South Australia. The Government supports a number of amendments that were moved in another place. First, the Government moved amendments to clause 20, requiring copies of agenda and minutes of meetings to be provided to the members of the House of Assembly with electorates in the catchment as well as to the Minister and the constituent councils.

Significant amendments to part 5, the financial provisions, provide that the total sum required by a board will be apportioned between councils on the basis of the proportion of each council's contribution to the capital value of rateable property in the catchment. Each council will then raise the amount due by levying a rate on rateable property in the catchment in the same manner as they raise their general rates. It is important that that is noted. Each council may deduct from the amount it pays to the board any rebates or remissions granted, but only where the council rebates or remits its own general rates to the same extent.

The other amendment moved by the Government gives power for the regulations to empower the Minister to set the cost for a public purchase of copies of the catchment plan for the various boards. This is to reflect the fact that the price of reproducing copies of the plan will vary according to the size of the plan, and it is therefore likely to vary from year to year and between different catchments.

Other amendments were moved in another place. The amendment to clause 19 provides for emergency meetings to be called by the board, in which case little or no notice of the meeting will be required. A further amendment requires that, as well as a nominee of the Minister needing expertise in aspects of water management, one of the persons nominated to the board by the Minister will have to have relevant experience in areas of natural resource management generally. A further amendment provides for 14 days rather than three days notice to be given of a board meeting and that the notice must be given in a local newspaper as well as in the *Advertiser*.

A further amendment adds a function to the list of functions a board may choose to carry out, and that is the protection of a watercourse from degradation by pollutants and exotic plants and animals. Finally, another amendment inserts specifications of the manner in which the board must consult the public rather than leaving it to be dealt with by regulation. The requirements are almost identical to the proposed regulations as approved by Cabinet.

The Bill comes to us in a very acceptable form. I thank all members in both places for their support for this legislation which, as I said earlier, will do a great deal in enabling all of us to get on with the job of cleaning up our catchments that so desperately need attention in this State.

Mr CLARKE: To be perfectly frank, I am not 100 per cent certain how our colleagues in another place voted on this matter.

The Hon. M.H. Armitage: Fingers crossed and away we go!

Mr CLARKE: Yes, exactly. Obviously, this does impose a new tax, no matter how the Minister tries to worm his way out of it. Effectively this is a new tax, no matter what you call it. Amendment No. 2 provides, 'Leave out the definition of "capital value".' I take it that the new tax will not be calculated on the value of the property. What is the means by which it is to be calculated?

The Hon. D.C. WOTTON: It means that the levy can be calculated in the same manner as the council raises its general rate. The vast majority of the rating system is based on capital value, but there are a couple of exceptions: the City of Adelaide and, I think, the Gumeracha council do not work on capital value. We are providing the option that each council will be able to levy on a rateable property in the catchment in the same manner as they raise their general rates. In other words, if it is on capital value, they will use capital value, and that will apply to the vast majority of the councils in South Australia. Where there are exceptions—and I know there are only very few that do not use capital rates for the basis of their generating system—they will be able to use the same rate as they have used previously.

Mr CLARKE: The Minister may be able to assist me. Does this have the unanimous support of the other place or just of the Government members and of the Australian Democrats?

The Hon. D.C. WOTTON: I am not quite sure. I presume the honourable member is using this opportunity to raise issues whilst apparently we are awaiting for something else to happen in the House.

The Hon. M.H. Armitage: He has a genuine interest in it.

The Hon. D.C. WOTTON: I would like to think he does have a genuine interest in this matter. I am concerned only with the fact that it has passed the other place. I am not quite sure which members have shown their support, but the fact is that it has passed in another place. I am delighted with that outcome and, as it happened only at 5.10 p.m. last Friday, I really have not had the opportunity to determine who voted which way. Because of the interest shown by the honourable member, can I just reiterate what I said before.

The CHAIRMAN: The Chair should point out to the Minister and the House that the question is really irrelevant. The Minister has no responsibility for decisions arrived at in another place and therefore has no need to explain them.

The Hon. D.C. WOTTON: Mr Chairman, I appreciate your support in this matter. I am glad that the Deputy Leader has recognised the importance of the legislation, which has been needed for some time. For the first time it will provide the opportunity for a shared responsibility between all levels of government, but particularly between the State Government and local government and the community. As the honourable member would be aware, it will provide the opportunity for boards, which will come into place from 1 July, as they relate to the Patawalonga and the Torrens, to have equal numbers of representatives from both State Government and local government working under an independent chair. I know it will mean that at last we will be able to get on with the major task, and I do not think anyone underrates the task in front of us. We will now be able to get

on and carry out this work with, I believe, the support of the community.

Mr CLARKE: No doubt the Committee will be grateful that this will be my last contribution. I can count the numbers with respect to this matter and clearly, since the issue has been agreed to in another place and by the Government, obviously the amendments will be carried. Notwithstanding the Minister's cute terminology in calling this new tax a levy, nonetheless it is a new tax. A number of the wiser heads on the Minister's backbench recognise that and, for example, I note that the member for Davenport, unlike so many other sycophantic members opposite, did not rise during the debate on this matter to say what a wonderful job the Minister was doing and how pleased he was to be able to vote in a new tax which will have a significant financial impact on his constituents. Those members who have supported the new tax no doubt will have their words recalled to them at another time. Given the numbers, we do not intend to delay the Committee further.

The Hon. D.C. WOTTON: The levy to which the honourable member has referred has been recognised by the community generally as providing the opportunity for the community to participate. With the support of local government we have gone out of our way to ensure that ownership is provided; in other words, the levy from people who live within the catchment of the Torrens will be used for cleaning up that catchment, as is the case with the Patawalonga and as will be the case with any other catchment board established in the metropolitan area or in South Australia generally. I have been delighted about the support coming from the vast majority of people in the community who are prepared to pay this levy for such an important purpose.

Motion carried.

STATUTES AMENDMENT (CORRECTIONAL SERVICES) BILL

Returned from the Legislative Council without amendment.

PETROLEUM PRODUCTS REGULATION BILL

The Legislative Council intimated that it did not insist on its amendment No. 1 and had agreed to the House of Assembly's alternative amendment in lieu thereof.

SOUTH AUSTRALIAN HEALTH SERVICES BILL

Adjourned debate on second reading.

(Continued from 6 April. Page 2241.)

Ms STEVENS (Elizabeth): In continuing my remarks on the Bill, I will refer to the Minister's second reading explanation and then to some of the correspondence that I have received in the past week or so from around the State about the health legislation. I will then sum up and talk about the amendments we will be moving in Committee. Although we will be undertaking a more detailed analysis of the Bill clause by clause in Committee, there are certain points worth making now. The Minister in his second reading explanation acknowledged that the health system has operated over the past 20 years under the Health Commission. The Minister stated:

> The result is a health system which South Australians, by and large, feel has served them well.

It is important to acknowledge that and to acknowledge that the Minister obviously thinks—and we agree—that the structure needs to be reviewed and upgraded.

Mr Evans interjecting:

Ms STEVENS: For a system as big as this, 20 years would be about right. You would not want to review it every three or four years. It is important in updating the system not to throw out the baby with the bath water, because there are areas worth preserving as well as those that need to be changed. Some aspects of the second reading explanation are not reflected in the Bill and, in Committee, those matters will be addressed.

The Minister said that the Government is well down the track with its administrative reforms. That is an interesting statement, especially as the Minister links reform of the health structure to two other reforms; in the light of what is happening in terms of those other reforms, it is an interesting way of proceeding. The Minister purports that this is a successful reform for the future and links the Bill to casemix funding and contestability. I will make a few points about both those issues, because most of us have heard a lot about them and will hear a lot more in future. In his explanation the Minister states:

> Casemix funding has been implemented, providing a number of benefits: it provides funding which is directly proportional to the complexity of the hospital workload; . . . [efficient prices] for all forms of hospital services; . . . eliminates the inequities associated with . . . funding; it enables managers to compare accurately the value of hospital outputs against the financial and other resource inputs required to produce those services.

That might be the theory but it is certainly not the practice. We know that the 'reform' involving casemix has been a debacle and that our hospital system is reeling from the blunders and mismanagement in terms of the implementation of that reform. Minister, I hope that this reform will go better than that reform. The second reform—

The Hon. M.H. Armitage: And I hope it goes just as well.

Ms STEVENS: The Minister says—and I must have this on the record for those who will read this—that he hopes it goes just as well. I am sure there will be gasps all around the health sector at that comment, but perhaps it is not unexpected. The second policy relates to contestability, which the Government has talked about *ad infinitum* and with which it has linked this Bill in its tripartite reform package. Even the Minister himself, a week or so ago, admitted that this policy was not bringing the reforms which had been hoped for. He has admitted that this policy is a bit of a dud, but the rest of us know that this policy has not been followed, anyway.

The policy was announced with much fanfare. It was a policy to introduce competition with the aim of the public sector first establishing benchmarks on service provision; the public sector would be given an opportunity, once those benchmarks were established, to meet the levels on those benchmarks and, finally, if that did not occur, open competition would occur. We know that policy was not followed. It certainly was not followed in terms of Modbury Hospital or its management, and certainly it was not followed in relation to the infamous outsourcing of the pathology services at Modbury Hospital, where it was quite clear that none of the parts of that policy was followed. Matters went straight over to the private sector and no benchmarks were established. It was all too hard, took too long and, anyway, who wanted the private sector involved?

I am a little surprised that the Minister would link this third administrative reform with the other two, which so far do not have much of a track record. I notice that the Minister says that the other two changes, casemix and contestability, are evolutionary. You're not kidding! The Minister goes on to say that they will be fine-tuned in the light of experience and practice. They need more than fine-tuning: they need massive overhauls. As I said, when we reach the end of this legislation, which I hope and expect will be significantly amended, I hope that it will be a much better effort than has occurred with the other two reforms.

Later, the Minister talks in detail about how he sees the restructuring of the Health Commission occurring, and the Opposition has problems with many aspects of that matter. I will not go into detail now but will raise those matters in Committee. The whole role of the community, it seems to us, has been written out of the legislation. I note in the second reading explanation the Minister's comment that the department will work within a redefined set of objectives for the health system, which will see a greater recognition of the rights and responsibilities of the people for whom the health services are provided.

I find that an astounding statement, because the lack of recognition of that fact in the legislation is quite evident: where is the community input and consultation in terms of policy, health provision, etc.? That surprises me because, when one compares the second reading speech with the Bill, those things are just not in the legislation. It is important that these provisions are in the Bill and that people can be assured of that.

I note that the Minister spends some time talking about the purchase of a provider model. In terms of the health system, there is not 100 per cent acceptance of that as the way to go. I know the Minister and this Government have accepted it as the major model across all departments, but certain issues need to be considered in relation to competition policy in sectors such as health, community services, and probably also education. I am certainly getting feedback from the health and community services sectors where people are wary of this and talk about competition *per se* being an issue, saying also that probably in these areas we need to be looking at managed competition, bearing in mind that working in collaboration and cooperatively has been one of the strengths of the health sector.

I am always a little concerned when we pull out of the hat the latest economic rationalist management policy, because sometimes it does not always fit the sort of service we are looking at. I believe that is fair comment in relation to the health sector. Referring to a 'population-based funding allocation model being developed and implemented', the Minister says that it takes into account demographic and other variables. I am very keen to ensure that those 'other variables' are explicit. We need to be looking at health provision in terms of social justice, in terms of inequities in certain groups such as Aboriginal people, people of low socio-economic background, people from non-English speaking backgrounds, and older people in our community. It concerns me, too, when those issues are not explicit.

When a Government is interested in reducing services to economic units, it is all too easy to forget about those other factors which affect greatly the health status of individuals and should be informing the funding allocation models. The Minister's second reading speech throughout talks about business outputs, focus, quality, efficiency and effectiveness. Again, I do not disagree that we need to have those things, but I am saying that a health measure needs to understand that health is more than those things and we need to see that reflected. We will certainly be doing that in the amendments we put up, and we will be emphasising social justice, access and equity, and community consultation.

I notice that the Minister, referring to consumer input, talked about specialist health councils. Perhaps he can answer me when he responds, but I am not sure where they fit. Again, no sense of community involvement comes out of the legislation but it is something we will be addressing in our amendments. Many concerns have been expressed in relation to boards of directors and decision making in terms of incorporated service units. I will refer to those shortly when I read some of the letters I have received. In my view, there needs to be a large number of checks and balances built into this legislation so that we do not have such a dramatic shift in power as this legislation is serving up to us.

When I read those letters shortly, the concerns that have come from all over the State will become quite clear. They certainly need to be addressed, and our amendments cover these concerns. I am particularly interested in the amalgamation situation, because the public hospital in my electorate, the Lyell McEwin Hospital, is presently involved in an amalgamation process. I was and still am concerned about the process in relation to that matter.

The Hon. M.H. Armitage interjecting:

Ms STEVENS: I know what happened. A couple of weeks ago they were virtually given no alternative in relation to that provision. I am talking about how it happened in the first place. I am talking about the telephone call on the Friday, the meeting on the Monday morning with two or three members and the agreement in principle, not really knowing what you were on about. I am talking about that process. It is not a good process, and it is not the way to run an operation as important as the health sector in our State. That is the sort of process that we are saying is not good enough. If we have people serving on boards, let us plan properly; do not do everything with a knee-jerk, 100 miles an hour reaction—'We have to get this done in six months; we can skip all these steps and race through to the end.' That is not the way to run the show or how to get the highest quality health care in this State. That is the sort of process that we are concerned about, and we shall be moving amendments to ensure that there is accountability by the Minister and the Chief Executive in terms of getting the process right in planning health care in this State.

Last week I referred to the two models of regionalisation put forward by the Minister. There is much concern in the community because it is confusing in the Bill. When people read the Bill they are confused, and that is a concern. While we can say that legislation is a formal setting out of the way that we want to do things, those who manage hospitals and work in the area need to be able to pick up and understand the legislation without having to consult a lawyer. There are concerns about that and there is confusion about this legislation. There is a problem with the way that it has been put together. The problem has been exacerbated, because people have not had a chance to sit down and talk about it, ask questions and get answers before the Bill was on the agenda and going through the House. That confusion has been exacerbated because of the way in which the Bill is written and the process itself. Again, it has been a ploy to get it through the House.

I believe that the Minister has made the wrong assessment of where people in the health sector are coming from. I have

heard him say in the media and read in his speech that 82 per cent of people agreed with the option 2 scenario of regionalisation, and he has assumed that means that they are in favour of the Bill. What people are saying, of course, is that they are never in favour of a Bill until they have read and thought about it. That is very clear in what people have said in their letters to me. I have not had a chance to get out and speak to people about the Bill, because we have been poring heavily over it.

I propose to read some of the letters that I have received from around the State to ensure that they are on the record. One theme that comes through all the time is concern about lack of consultation. It is not the first time that this has been said in relation to this Minister managing this portfolio. I want to put these letters on the record because I believe that most of them have been sent to the Minister—I received only copies—and I am not sure that the Minister will share those comments around freely. These letters arrived on Wednesday and Thursday of last week when people heard that the Bill was scheduled for completion on Thursday afternoon. The first letter is from the Hospitals and Health Services Association of South Australia, and it reads:

> Re Health Services Bill 1995.
> Dear Ms Stevens,
> The association has received comments from members expressing concerns about this Bill. Some of these may have already been received by you from the individual health units. I trust you will be able to sort through the duplicates.
> Comments received address the following issues: the way in which the Bill was introduced without consultation and scheduled to be rushed through Parliament; the claims by the Minister implying that the 160 submissions had been received, of which 82 per cent were supportive, related to this Bill when in fact they were in response to 'regionalisation—option 2'; the absence of any consultative processes in the legislation; absolute power in the hands of the Minister and Chief Executive, the power of acquisition of property; the fact the Bill is grossly inconsistent with the Minister's rhetoric regarding regionalisation, consultation, devolution of responsibility, etc.; issues related to human resource management, including employment status, terms and conditions of employment contracts and the movement of staff around the system.
> These comments are aggregated from those received from the following health services: Angaston, Cummins, Kimba, Kingston, Gumeracha, Laura, Mount Pleasant, Mannum, Penola, Pinnaroo.
> I have not received comments from several health services and have been subsequently advised that they have not received (as at 5 April) a copy of the Bill—

in particular, the Julia Farr Centre had not received one on 5 April—

> or received a copy on Monday 3 April (Port Lincoln). I trust this information is of assistance. . .

The next letter, from the Strathalbyn and District Soldiers' Memorial Hospital and Health Services, states:

> Following receipt of a copy of the proposed Bill on 29 March 1995, the Hospital Board Executive met this week to examine the document in detail.
> On behalf of the Strathalbyn Hospital Board, I wish to express our concern about various aspects of the Bill and the totally inadequate timeframe allowed in which to consider and formally comment on the Bill before it is put to the vote in the House of Assembly today—

this was written on 6 April—

> only one week after receipt by our hospital. In broad terms, our concerns include:
> · the absolute power given to the Minister/Chief Executive;
> · the severe penalties applicable to directors (volunteers) for breaches of the Act;
> · powers to dissolve incorporated health units and vest community property to others;
> · no provision for community consultation, participation, dispute resolution or right of appeal.
>
> I therefore formally request that a vote on the Bill be delayed until the budget sitting in June 1995 to allow adequate time for all boards to properly consider the Bill and comment fully on areas of concern through our peak body, Hospitals and Health Services Association of South Australia.
> The Bill represents enormous changes for the health system and accordingly we believe our communities should have the opportunity to contribute to this final stage of the implementation process.

That was written by the Chair of the Board of Directors. The next letter is from the South Australian Country Women's Association, and it reads:

> The South Australian Country Women's Association is appalled at some of the changes to the health system mooted in the South Australian Health Services Act which is before Parliament this week. The Bill gives total power to the Minister or the Chief Executive of the Department of Health to close hospitals, cut or change services to hospitals, sack boards of trustees if they do not comply with directions issued by the Minister or the Chief Executive. The Boards of Directors are to be renamed Boards of Trustees with less power than at present. The Bill states that Boards of Trustees may appoint staff for their health unit, but the appointments must be approved by the Chief Executive of the Department of Health. Once again, the people of South Australia are not being consulted. The Bill is due to be debated this week and if it is passed the Minister/Chief Executive will have total power to implement the changes which the Minister assured a delegation of SACWA members would not happen.

She goes on to mention the closure of hospitals, the cutting of services, and so on. The letter continues:

> This would enable the Minister to make vast changes at the stroke of a pen without consultation with the local health unit or the right of appeal.

As I read through this, I notice that sometimes people have not quite understood some of the details in the legislation, but that is why you have a consultation process and why you release legislation into the community, enabling members to answer the questions asked by our constituents. In that way we avoid all this fuss. The Peterborough Soldiers' Memorial Hospital Incorporated wrote a letter which states:

> With reference to the above Bill, this hospital considers that it is unreasonable to introduce such a piece of legislation without providing a reasonable time to enable the community to have debate and consultation on this issue. The hospital board are concerned at:
> · the absolute power to the Chief Executive. . . .
> · boards of directors face severe penalties for breaches of the Act.
> · the lack of a proper consultation-dispute resolution process or the absence of community participation.

The Eudunda Hospital writes:

> The board of the Eudunda Hospital Inc. wishes to express its serious concerns over your intentions to rush through the Health Services Bill. Of particular concern are the following:
> · absolute power. . . .
> · ability to close. . . —

I will skip some of these as we have heard them before; the theme is coming through—

> · giving absolute power to the Chief Executive. . . .
> · the ability to close or amalgamate hospitals without reason.
> · power to acquire health service properties.
> · no consultation/dispute resolution or community participation.
> It has been recorded that you have stated that—

and presumably they mean the Minister—

> 'The Government had no control over how they spent their funds.' Our board is fearful that, if this control is given solely to you and/or your Chief Executive, the results will be disastrous for the health services across the State.

That certainly is a motion of confidence from the community in the Minister! The Laura and Districts Hospital writes a letter which states that it has perused the South Australian Health Services Bill which was introduced in Parliament on 23 March. It points out that it has some concerns that it would like to address, as follows:

The Minister outlined in his report accompanying the Bill that 'the purpose of this Bill, approximately 20 years later, is to affect and reflect change.' I believed that we have lived in a democratic society—surely not a positive change for health service delivery in South Australia. The Minister speaks throughout the report of equity, devolution, customer focus, efficiency, quality, consultation, rights and responsibilities—issues which are not reiterated in the Health Services Bill.

To a large degree I agree with that comment; those things do not come up too often in the Bill that is before us. The letter raises some specific concerns that I have not mentioned before because others tend to repeat them. The letter goes on:

We had been informed by the Minister for Health on 9 March 1995 that 'option 2' for regionalisation was the preferred option by South Australia, thus he was adopting 'option 2' on a State-wide basis. This option clearly states that local boards are managed by directors who are responsible for employment of local staff; day-to-day management, for example financial, human and physical resources and asset management and maintenance. We now see that the Health Services Bill speaks of boards of trustees with the ability to administer property as directed by a regional service unit.

Again, that is another case of someone not understanding, and that could have been overcome if we had had a proper consultation process with people. It is up to the Minister to sort that out with all those people.

Mr Kerin interjecting:

Ms STEVENS: The member for Frome mentions that it is only for option 1. I agree: it is only for option 1. However, that is the point I made earlier: the Bill is confusing.

The Hon. M.H. Armitage interjecting:

Ms STEVENS: Of course, the Minister is not confused but many people in the community are confused, and these are the people who are very concerned about what he is doing. I suggest that the Minister should listen to their comments and perhaps even take some on board. The letter continues:

I am concerned this Bill is being tabled in Parliament with non-consultation with the people of South Australia—surely the key stake holders in the provision of health services for South Australia. I believe I am a health professional who works and is prepared to work positively with innovation and determination in a changing health environment. I strongly support the development of regionalisation and regional structures, with health services being based on health outcomes and outputs. I also support these changes being implemented within a democratic approach.

There is no harm in having a democratic approach because if your idea is worthwhile and the right one, it will come out in the end anyway. The letter goes on:

I believe change is warranted, however, I believe for future improvements in efficiency and effectiveness of health services, the current Health Services Bill before Parliament will only detract from these improvements. I urge you to bring these issues and other relevant issues to notice of the Government, prior to the passing of the Bill as, under the Bill's current 'dictatorship' direction, the Bill in its present form will be detrimental to improved health services for South Australia.

The Kapunda Hospital has written a letter and, in part, it states:

In consideration of the implications of this Bill I would like to express the concerns of my board with the wide-reaching powers that the Minister for Health and the Chief Executive will have in administering this new Act. My board is particularly concerned with the Bill which allows the Chief Executive the power to direct boards on the full range of administrative and service issues, such as: range and number of services that a health unit can provide, the appointment of staff, transfer of funds from one health unit to another, and that a board must ensure that a direction given by the Chief Executive is complied with.

The letter goes on to describe further concerns, which I have mentioned before, and then it states:

The Bill contains no mechanism for consultation on issues of service provision or decisions that affect the administration of health units.

People are saying that, although the Minister has stated in his second reading explanation that he is going to do it, it is not contained in the Bill, and the 'trust me' approach is not being accepted. A letter from the Upper South-East Women's Health Advisory Committee and the South Australian Women's Health Network states:

Dear Lea,

. . . [we] are outraged at the Minister's action in restricting community access and consultation regarding the Health Services Bill. We will send a fax to Dr Armitage expressing our concerns and disappointment.

The next letter from the Jamestown Hospital and Health Service Inc. is addressed to the member for Frome, with a copy to me, and it states:

Dear Mr Kerin,

I write on behalf of the board of management to express our concerns at the haste in which the Minister for Health has presented his South Australian Health Services Bill 1995, which I believe he will call for a vote on tomorrow.

Of course, they were operating on the information that it was to be voted on last Thursday. It further states:

As of today, not all health units have received a copy of this Bill—

that is, 5 April—

with the majority of health personnel only receiving same last Friday or Monday. This has not given any board of management member the opportunity to peruse same or the opportunity to make comment, although from the powers to be given to the Minister or his Chief Executive we can see why this has not been sought. Our main concerns to the Bill are:

1. Absolute power to the Minister or his Chief Executive. . . .
2. No consultation process or independent arbitrator in amalgamation or dissolution of existing units/boards, or vesting of property presently held by those boards. . . .
3. Penalties that can be imposed on directors giving voluntary service to their community and for whom they represent. . .

Given that the South Australian Health Commission will probably continue to develop budgets and service agreements for the 1995-96 financial year, due to the time frame now given, it would appear that there should be no immediate need for this Bill to be hastily pushed through, and that appropriate consultation could take place. Your support in considering the concerns of your electors—

that is a reference to the member for Frome, and I look forward to his contribution—

is therefore sought as a matter of urgency if this Bill is to be voted upon.

The Australian Nursing Federation writes:

Dear Dr Armitage, I understand that it is your intention that the Health Services Bill be debated and voted on at all stages during a two hour session in the House of Assembly this Thursday. The ANF believes that there are a number of flaws with the Bill and believes that further consideration of the Bill would be in the best interests of the community. We therefore seek your agreement to a reasonable period of community consultation and comment over the terms of the Bill. It is not in our view sufficient to rely on previous consultations about conceptual models of health service organisation structures in relation to the specific terms of the Bill. Nor would a short period of time for comment and consultation in our submission affect the capacity of the Government to manage the health system. In addition, ANF seeks your agreement to meet with a delegation to discuss the particular concerns which we hold in respect of the Bill. We would be happy to provide to you beforehand a list of the sections causing specific concern or question if that would be of assistance.

The Peterborough Soldiers Memorial Hospital writes:

With reference to the above Bill, this hospital considers that it is unreasonable to introduce such a piece of legislation without providing a reasonable time to enable the community to have debate

and consultation on this issue. The hospital board are concerned at: the absolute power to the Chief Executive Officer and the Minister, boards of directors face severe penalties for breaches of the Act; [and] the lack of a proper consultation/dispute resolution process or the absence of community participation.

Staff from the Lyell McEwin Hospital, acting on behalf of the Northern Community Health Services Group, write:

Dear Lea, We have heard that the Bill is to go before the House tomorrow. Here are our hastily prepared comments. Why will some SAHC employees be public servants. . . and not others (like us) in incorporated health units?

And they refer to the relevant clause of the Bill. The letter continues:

How can you ensure that social justice and issues of compound disadvantage (as in our northern area) remain on the agenda when the focus is on efficiency and purchasing arrangements? Will our 'customers' be able to pay?. . . how can we drive down the costs of services and maintain quality? More exploration is needed regarding purchasing limits and their role and goals. Rate of current fragmentation of units. We are concerned that amalgamations may occur as economies of scale only, without due regard to the types of functions being amalgamated. . . .Goals and philosophies also need to be compatible. We are concerned at the apparent overriding power given to the Minister in the Act, without any stated accountability—if the Minister's position should undergo a change of personnel—

heaven forbid!—

(or several changes) it could lead to a very unstable health system. *Re* the powers of the chief executive of the department: we are concerned that the CE has the power to move human resources between units—is this not in conflict with boards of directors' and CEOs' roles? The issue of liability of boards and CEOs needs to be addressed—what protection will they need? Who will pay? Thank you for inviting us to comment.

As I read them out now, having studied the Bill closely for a number of days, I can see that some people have doubts because they do not understand. Again, I make the point that, if people had been given the opportunity to have the Bill before them to ask the questions, we might not have concern and angst out in the community now. A letter from the Jabuk Hall Ladies' Auxiliary states:

Dear Sir, Firstly I must apologise for not addressing this letter by name, but I do not know the name of the person holding this portfolio at the present time, so please accept my apology. At a recent meeting of the Jabuk Hall Ladies' Auxiliary, a discussion took place on the regionalisation of hospitals in our Mallee area. It seems that regionalisation will take place, but at what cost to these hospitals? After reading the letter sent to the householders in our area from the Lameroo Hospital Board of Management, concern was expressed by members of our auxiliary that, in the Hills, Mallee and Southern Regional Health Service, Murray Bridge will have one representative on the board and the remainder of hospitals will have two representatives on a rotational basis. It is the rotational basis which causes concern. It was felt at this meeting it would be fairer to have representatives on the board all the time, so that they could vote on decisions when necessary regarding policies and finance affecting these hospitals and be able to have some say at all times.

Again, I comment that people are concerned that their ability to participate in community consultation has been lost. When I read the legislation, that is definitely the impression I am left with. I say again that we need to ensure that those concerns are addressed. We will certainly be doing that in our amendments. SACOSS writes:

Dear Ms Stevens, I am writing to alert you to SACOSS' concerns about the South Australian Health Services Bill 1995 which is being introduced into Parliament today. The changes the Bill proposes are far reaching and of concern to the whole South Australian community. Adequate time for discussion of, and considered response to, the Bill are essential to ensure support for and widespread participation in health system reform. Community comment and input into legislative reform is fundamental to the democratic process. On behalf of our membership I have written to the Minister for Health, the Hon. Michael Armitage, requesting that an appropriate time frame for responding to the Bill be established. I trust that you will be putting forward the concerns of the community and support the call for extensive consultation on this significant legislative reform.

The South Australian Community Health Association writes:

Dear Minister Armitage, On behalf of the South Australian Community Health Association I am writing to express our dissatisfaction with the manner in which the SA Health Bill is being rushed through the Lower House. The content of the Bill represents significant changes to the South Australian health system. Despite your public comment that the contents of the Bill have been previously canvassed, there are issues in the Bill that go beyond the discussions and responses given to date. These are changes that warrant wider community discussion and opportunities for members of the public to inform their parliamentary representatives of their views. I believe this truncated process denies people their democratic rights. We urge you to reconsider your presentation of this Bill.

Mr Caudell: Who signed that?

Ms STEVENS: That letter was signed by the President of the South Australian Community Health Association.

Mr Caudell: Who?

Ms STEVENS: Fiona Verity, President.

Mr Caudell: Oh, Fiona: no wonder.

Ms STEVENS: I find that comment, which casts aspersions on the officer, interesting. The Southern Yorke Peninsula Health Service writes:

The health service has a number of concerns regarding this proposed Bill which was introduced on 23 March. I would like to bring the most important of these to your attention in very brief summary form. The Government seems determined to expedite the passage of this legislation without allowing adequate time for the public to be informed as to its implications and to allow sensible debate both in the community and the health sector. We regard that it is essential that opportunity is given for this consultation to occur, especially given the far reaching and some would say draconian provisions of the proposed Bill.

It is interesting that this is the first time that someone talks about allowing sensible debate. That is the issue. When a consultation process is faulty, as is this one—in other words, you put the Bill down and say you will debate it fully in one House of Parliament within a week—that raises the ante in terms of the views of people in the community about the level of consultation and whether they will be taken seriously or considered just tokenistic.

Again, the consultation process has left a lot to be desired and has caused much unnecessary stress, angst, concern and anger in the South Australian community. That could all have been avoided if the process had been thought through and managed properly. The Chairperson of the Southern Yorke Peninsula Health Service, in relation to the powers of the Minister and the Chief Executive Officer, said:

The Minister's prior decision to name health unit boards of directors as the responsible body for local health delivery seems grossly at odds with the provisions of the Bill which require boards of directors to act in accordance with the direction of the chief executive. The provisions of the Bill allowing for arbitrary amalgamation of incorporated service units and the vesting of property in a range of specified bodies is of extreme concern. The implications of changes to the employment provision of staff on the health system need to be carefully examined. It appears that staff may be severely disadvantaged under this legislation.

Having had a briefing last Friday, I am not sure that that is the case. However, the fact remains that the legislation is confusing in some respects, although it is very clear and concerning in others. Because of the way in which it has been handled, people are very concerned. The Public Service Association of South Australia stated:

I am writing to you over a matter of serious concern to all South Australians. I refer to a move by the Minister for Health . . . to seize

direct political control of our State's . . . health system. The Public Service Association had what amounted to a few short minutes to read each clause of the . . . legislation before it was introduced. There was no consultation whatsoever. No sensible person would attempt to rush such an intricate and complex Bill through Parliament.

And so the letter goes on. It virtually reiterates the points that have been made in other submissions. The Australian Medical Association has also written, saying:

The AMA, while concerned about the extent of power held by the chief executive and Minister, believe as a framework for delivering health services, it could work. With all these Bills it depends on the implementation, whether it is rational or an abuse of power. Our major concern would be that the Bill takes away the local 'ownership' of metropolitan and country hospitals. Country people are quite parochial about their hospital and have often put great energy into building them up. Efforts to diminish this could have detrimental effects. Thanks for the opportunity of responding briefly and hastily to this Bill.

I have a copy of a letter from the member for Frome to one of his hospitals, although I am not sure which one. His letter states:

Thanks for the letter. I have had a talk to Michael, and it looks certain to go to the vote next week. Yesterday I also got his people to address a list of six concerns for me. As these six points cover your three and a couple of other issues, I am faxing this information to you. Please let me know by Monday as to what concerns you still have.

What a good member! At least he is doing his bit for these people. His letter continues:

I have seen the concerns raised by the Opposition, and talked them through with Michael. Many of the concerns are at powers which the Minister already has—and a couple are about powers which the new Bill actually does not give him. I would appreciate any comments you have. . .

It is good to see that the member for Frome has contacted his hospitals, because we know that there are enormous issues of concern across large sections of rural South Australia. Let me sum up our position.

Mr Caudell: That won't take you long.

Ms STEVENS: I hope that the member for Mitchell listens carefully. This is the most significant restructuring of the health services system for 20 years. The Opposition is in favour of constructive reform of the health system but, as I said before, only after full consultation and debate. We agree that the present model needs reviewing and updating for the 1990s and beyond 2000. We know that it has been in operation for 20 years, that it needs to be reassessed and that its provisions need to be updated. The Opposition also acknowledges that there are some aspects of the Health Commission and the old organisation that are worth preserving. I highlighted some of those aspects in the first part of my speech last week, namely, community consultation, access and equity, and writing 'health' into the health legislation.

The Opposition also acknowledges that, in its policy statement before the election, the Liberal Party stated quite clearly that it wished to proceed with a new structure and regionalisation. However, our contention is that this legislation goes too far. It embodies a major power shift. There is no mention of proper community consultation. There is no complaints section for people who are not happy with what is happening to them in the health system to provide feedback, and that is significant enough to be in the legislation. The chief executive has unfettered powers to direct hospitals and health services, to take away community assets, and to dissolve and amalgamate health units. Access and equity and the role of voluntary and community organisations are not covered in this Bill, as has been the case. None of us could say that they do not play an important role. We need to preserve and facilitate that role.

There is a definite move to encourage the private sector without checks and balances, and the Opposition will address that by way of amendment. Although the Minister may assure the public that it is not his intention to abuse these absolute and unqualified powers, the fact is that the powers are there. The 'trust me' approach does not hold up well, particularly in the light of the approach to this portfolio over the past 15 months by this Government and this Minister. That has been borne out in the process that he has used to deal with this legislation. It confirms the suspicions and concerns that people have about being railroaded.

The Opposition is considering significant amendment to this Bill. We, too, have not been able to have adequate consultation with all the people to whom we have sent copies of the Bill with respect to our amendments. Indeed, we have had to spend the past few days studying the Bill in detail and have not had the time or the opportunity to seek wide consultation on our amendments. We will be doing that, because that is certainly our preferred way of operation. In Committee we will be asking many questions for further clarification of various issues, but we will also be moving a number of amendments, which we hope members will consider carefully, because they will significantly improve the legislation.

Some of our amendments will ensure that health concerns figure in the legislation. We will certainly move a range of amendments that increase community consultation and require community consultation in relation to major issues of change and development within the system. We will be making sure, especially in relation to regional service units, that the election of board members—who they are and how they are elected—is a completely open and accountable process. We will be ensuring that there is some accountability built into this Bill in relation to the chief executive and the Minister, and a range of our amendments will require gazetting, tabling in Parliament and disallowance provisions in certain cases, and certainly undertakings to provide data and information to the system.

We will be proposing amendments that encourage the participation of community and voluntary organisations in our health system, because we believe that that is important. We will introduce amendments with respect to access and equity, amendments which refer to particular groups in our community whose health status we know is well below what it should be. We do not believe that the role of the chief executive of the public health system is to encourage private participation in the system. We will seek to have that struck out of the Bill. We do not believe that the Chief Executive Officer of the Health Department should be an agent of the private sector. We acknowledge that the private and public sectors work together in the provision of health services but we do not see the chief executive as the agent of the private sector. I will debate that issue in detail in Committee.

We also propose amendments that require accountability in relation to private sector involvement in service provision in the public sector. There is no current provision for accountability. We know that that is where this Government is heading, and we are appalled that there is no mention of accountability or information requirements for private managers of public hospitals or in a situation where the Government may pay for public services in a private hospital. Our amendments address that issue.

To this time we have not been able to propose amendments in relation to industrial relations and personnel issues, so we will seek information in Committee and draft amendments in that regard before the Bill is debated in another place. Our consultation with the unions has been very brief. They have been tied up with other legislative matters before the House and have not been able to give us the time required to look in detail at those matters under this Bill. We will table those amendments as soon as they come off the press.

We have had a lot of trouble in getting access to Parliamentary Counsel. That has not been the fault of Parliamentary Counsel, because they have been overwhelmed with the amount of legislation before them. We saw the final draft of our amendments only an hour ago. I look forward to a further contribution in Committee.

Ms GREIG (Reynell): I am pleased to support the Bill. Before I go on, I would like to add that this Bill was prepared after much consultation within the community. It is important to point out that many of the points raised by the member for Elizabeth as questionable have already been and are still part of the current Bill. I have also received many letters and phone calls regarding the provision of health services, but my calls and letters have been from members of the community who are fed up and frustrated with what they have had to put up with over so many years in relation to health services. Their complaints are not about the staff of these services but about the years of neglect and poor management of health services in general. Therefore, they want this problem addressed and they want it addressed now.

This Bill seeks to establish the legislative framework within which organisational restructuring of the health services will occur and at the same time abolish the South Australian Health Commission as we know it. In order to address the changing needs and demands of our health services, a different organisational structure with increased accountability is required. The chief executive of the department will be under the control and direction of the Minister and will have specific powers and direction to ensure that the service units comply with Government policy and operate in accordance with service contracts. This will ensure enhanced accountability for expenditure of funds allocated under the State health budget.

I note that the Bill highlights the vitally important Public and Environmental Health Service. Of great interest is the reorganisation of the central office of the commission. The central office will be reorganised to implement the purchase of provider models for each of the two regions. It is important to note that it is no longer appropriate to view the role of the health system as principally to provide all health services required by the public: rather the State health system should concentrate on understanding the health service requirements of the community and then obtain the necessary services from the most efficient and effective provider of high quality services, whether they be private sector, non-government or traditional public sector organisations.

The Bill allows the introduction of competition into the provision of some public health services and thereby allows competitive market forces to drive down the cost of these services whilst maintaining quality. The purchase of provider structures provides a focal point for consumers to access more directly decisions about service priorities. It facilitates a more rapid service response to new or changing health needs and creates real purchasing power for budget holders. Health service units, whether hospitals, community health services or other health service bodies, will take up the role of provider. Provision of services will be guided by the principles of customer, quality, efficiency and effectiveness, consistent management performance and a focus on outputs and outcomes.

The current Act provides for hospital and health services to be incorporated under the Act as separate legal entities. This Bill provides for health services to continue to be incorporated and to have boards of directors. We should also acknowledge that the boards have contributed to the effective management of health units over the years and their continuation will bring an array of skills and expertise to assist with the management of health services. The current fragmentation of the health system into about 200 health units works against the provision of integrated and coordinated services for consumers.

Provisions are therefore included in the Bill to allow for amalgamation of some existing health units into a smaller number of larger provider bodies. The primary objective of such amalgamations will be to achieve efficiency in administration and improvements in service delivery, which will lead to better health services for all South Australians. Under this new arrangement service units will still be administered by their boards of directors; they will still be the employer of staff at their service unit; and they will have the responsibility for the day-to-day management and maintenance of the service unit.

The Bill continues a number of provisions existing in current legislation, such as providing for compulsory administration of incorporated service units or boards of trustees and also in specific circumstances such as a serious contravention of the Act or serious financial mismanagement. I might add that this power has been used sparingly in the past and it is hoped that this will be the case in the future. Licensing of private hospitals is continued and private day procedure clinics are also brought within the ambit of the provisions. This will ensure that the appropriate standards are maintained in what is an emerging area of medicine made possible by technical advances.

I reiterate the objectives of the Bill: to develop a health system that allows for flexibility and innovation; is directed at a high standard of care; has a proper focus on human values; and establishes a proper basis for continuing improvement in the health of people of the State. Finally, I congratulate the Minister and his team on the work they have put into the Bill. Also, I congratulate the staff members who undertook a statewide consultation process. I commend the Bill to the House.

The Hon. M.D. RANN (Leader of the Opposition): I want to support the views of the shadow Minister for Health, the member for Elizabeth, in relation to this Bill. First, the Opposition is in favour of constructive reform of the Health Commission, but only after full consultation and debate. We accept that the Government has some mandate to replace the Health Commission with a department and to introduce regional organisations. We accept that the Minister requires some increased power to provide for better coordination of health services.

However, it is our view that the Government does not have a mandate to claim unfettered powers to do what it likes with the people and community assets that make up our excellent health system in South Australia. My fear—it is a fear based on what we have seen from this Minister so far

during the past year—is that the Bill will become simply a device to further ringbark the health system in this State. Every South Australian should be alarmed about what lies beneath the Bill. Many hospitals and health services—those that have had the opportunity to study the Bill—are alarmed at what they see, and we will be reading a number of their protests into *Hansard*.

It is outrageous the way the Parliament has been treated in debating the Bill. It is outrageous that there has been insufficient—

The Hon. M.H. Armitage interjecting:

The Hon. M.D. RANN: In regard to this major piece of legislation, this Minister, with all the arrogance of a doctor who knows best, has chosen to flout the basic traditions of this Parliament on a major piece of legislation.

Mr Brokenshire interjecting:

The Hon. M.D. RANN: That is the pot calling the kettle black. We have previously heard various slogans used by the Minister in the House. Let me tell the House that when I reformed the training system in South Australia, when I reformed the university system in South Australia—ask the Minister for Tourism and others in this place—I spent weeks and months discussing not only the structures that were to be put in place but even the personnel, because I believed that our university and training systems should have consensus support from both sides of the Parliament.

That is how I achieved unanimous support for that as well as for the land rights legislation that I put before the House. That is not the approach of this Minister, who treats this Parliament with contempt, just as he treats people in the health system with contempt. That is clear from the actions of the Minister—the man who did not use his powers under section 25 of the Act in terms of protecting the public during the Garibaldi affair. He laughs about the Garibaldi affair; that is the sort of contempt we have from the Minister. Just as we saw with his statements about Aboriginal affairs—

The Hon. M.H. ARMITAGE: Mr Acting Speaker, I rise on a point of order. The Leader indicates I was laughing in relation to the Garibaldi exercise. That is clearly untrue and I ask him to withdraw.

The Hon. M.D. RANN: That is what I said—you were laughing and I will not withdraw it, because you were.

The ACTING SPEAKER (Mr Bass): Order! The Leader of the Opposition will resume his seat until I have ruled. There is no point of order. The Leader of the Opposition.

The Hon. M.D. RANN: It is quite clear that the Minister is embarking on an exercise of megalomania, which is being described throughout the system as 'the doctor who comes in and says he knows what is best for the health system and doesn't care what people think and doesn't care what the actual recipients of the health system want'. In this contempt for the parliamentary process we are seeing a Bill that seeks to change the entire administrative structure of the health system by abolishing the Health Commission and disarming any dissenting voice to the massive cost cutting that is about to occur within the hospital system.

This morning we heard the Premier talking about the Federal cuts to and imposts on health—the Federal Government that gave $28 million extra for hospitals last year to the South Australian Government, which then effected a cut of about $60 million. We know what this is about—the Government's version of casemix means cuts to the system. That is what this Bill is all about. Privatisation means fewer services.

The Minister should go to Port Augusta, Whyalla and Port Pirie and meet the people there, because they know what these changes are all about. They know in future that, if hospitals have been privatised, they will have to travel to Adelaide for more services, and they know that those local MPs in Port Augusta and Port Pirie will be able to say, 'Don't blame us, it's run by the private sector.' We know what this Bill is about: the Bill gives the Minister power to close or amalgamate any hospital or health service at will and without reason. The Minister will be able to determine the number of beds in any hospital; it will allow the Minister to decide it on the basis of political expediency more than community need.

We have every reason to believe that the Minister wants this legislation passed urgently so that he can impose further funding cuts at a more rapid rate, free from any interference from independent hospital boards. It will leave the community powerless to prevent the mayhem that is about to begin. Apart from the total lack of checks and balances on the Minister's powers under this Bill, the Opposition believes there are many other deficiencies with the legislation, most of which have been detailed by my colleague the shadow Minister, the member for Elizabeth.

There is a total lack of consultative processes in the management of hospitals and the health system. While the Minister for Health gives himself and his Chief Executive the power to intervene in every aspect of hospital and health management, there is absolutely no requirement for consultation with boards and local communities in the exercise of these powers. The Bill does not guarantee that major undertakings given by the Minister to the health sector in discussions leading up to this Bill will be implemented. We are left with this 'trust me, doctor knows best; I know best; all roads lead to me' approach from the Minister, whose track record in honouring basic promises is not good, as we remember from the last election. We remember all of those days in the Parliament when he raised issues about what he was going to do and now we see what he has delivered, which is basically not much at all, except to break fundamental promises which were meant to be broken and which he knew he would break, and no doubt that is why he is still laughing.

The right of Ministers to dissolve hospitals, especially country hospitals, and dispose of their assets without the consent of the local communities and boards that may have raised the funds to provide the assets in the first place is, quite frankly, unacceptable. The Bill does not provide adequate accountability by the Minister and his new department and chief executive to this Parliament and to the public, and that is where it should be.

This Minister should be made accountable to this Parliament as well as to the community he is supposed to serve. The Bill is silent on access and equity objectives, and the requirement of high quality health care comes a poor second to the economic and efficiency considerations required of health units. The Bill lacks adequate legislative protection for the existing employees of the system, and we all know why. They know why and the Minister knows why but will not spell it out. The Bill contains some outdated and offensive terminology, such as the reference to 'mental handicap' in clause 5; hospitals becoming incorporated service units; and people becoming human resources.

Looking at the terminology used by this Minister in his second reading speech, in his press releases and in the Bill itself, I am reminded of that American hospital that listed deaths as 'negative patient recovery outcomes'. That is the sort of bureaucratise we are seeing here today: hospitals become incorporated service units and people become human resources; and, of course, keeping secret the most fundamen-

tal planning document, which outlines policy, strategies and guidelines, and making changes without any public consultation or approval from Parliament.

The Bill seeks to dissolve hospital boards; to sack all or any members of a hospital board of directors; to remove Health Commission staff from the security of tenure by placing a good number of them on contract employment; and to steal hospital assets by closing down country hospitals and handing over the building and equipment to 'any appropriate community organisation' or public body. However—

Mr Caudell interjecting:

The Hon. M.D. RANN: Basil, you just settle down. You'll get your chance.

The ACTING SPEAKER: The member for Mitchell is out of order, as is the Leader of the Opposition.

The Hon. M.D. RANN: However much the Minister may seek to assure the public that it is not his intention to abuse these absolute and unqualified powers that he is giving to himself under this Bill, it is a fact that these powers do exist in the Bill and may be used at any time in the future if he or any succeeding Minister wishes to do so. There was an opportunity to test this Minister in a crisis during the Garibaldi epidemic affair when he did have discretionary powers under the Food Act to take immediate action to ban and not just arrange something through Garibaldi and tip it off about the inspection; not just arrange for Garibaldi to issue the warrants to recall and to trial it on a voluntary basis, and we saw that the Minister failed when it was left to his own discretion.

When it was left to his own ministerial prerogative, he put interests other than the health interests of the people of this State first. This Bill has far-reaching ramifications for the future, for the present and for any succeeding Minister. One country hospital chief executive who, as have many others, has only just received a copy of the Bill summed up this legislation by saying, 'It's the most rampant centralist piece of legislation I've ever seen.' It is the kind of East German approach to health reform, to health administration.

The Minister wants all this to slip through the House in a couple of hours. What an extraordinary contempt for his own portfolio. The Opposition will oppose strenuously this attempt at railroading the Bill through Parliament and will seek to do what the Minister refuses to do and ensure that the progress of the Bill through Parliament is undertaken properly, with adequate time for public consultation and community discussion. Why does the Minister want to rush this Bill through without any discussion? What is the panic? What is the real reason? There is no mention in the Bill of advisory committees, which are provided for in the Health Commission Act.

Aboriginal health is not mentioned in this Bill at all. Aboriginal health is not mentioned by this Minister, who is also the Minister for Aboriginal Affairs, although not for long, if we are to believe some of the scuttlebutt around this Parliament from his colleagues. There is no provision for a body to deal with health complaints, a requirement under the Commonwealth/State Medicare agreement which this Government has strenuously avoided since it came to office. The interests of health consumers generally are ignored in the Bill. It is almost as if this Government finds patients a nuisance and an impediment to running our hospitals. We all remember that *Yes Minister* program some years ago when the Minister visited the hospital which had no beds and which had an excellent patient record of consultation.

This Minister's bedside manner needs a great deal of scrutiny, because we have seen what contempt he has for his own portfolio and its administration. Extensive amendments following wide consultation on the Bill are required to overcome these deficiencies and, unless substantial change is made, the Opposition will not support this Bill. The Bill is far from acceptable. It is almost at the stage where it ought to be redrawn and redrafted. We have seen today the Government submit 25 pages of amendments to the WorkCover Bill—its own Bill. This Minister would not even do that, because he is too proud. It is his pride that got him into trouble late last year; it is his pride that got him into trouble in February; and it is his pride which will see him reshuffled to a more appropriate portfolio.

The Bill was released two weeks ago, and it is only now being considered by health units. The reaction from many of those units, which are now examining the Bill for the first time, is one of shock at the unfettered powers now given to the Minister; shock at the guarantees provided by the Minister—guarantees he has made both verbally and in writing which have now not been enshrined in the Bill—as well as anger at the rush with which the Bill is now being shunted through this Parliament; and fear for the future of the community assets now under the control of local hospital boards.

The Bill contains the most radical changes to the South Australian health system in 20 years, but we know that those changes are there to act as the platform upon which we will see the further running down of the health system for real people, ordinary people, and working people in this State. It is a Bill that deserves proper and adequate community debate if it is a serious Bill. It is a Bill that requires extensive amendments, and it deserves a less autocratic approach in order to administer it. Certainly we will be putting this Bill under considerable scrutiny in another place. We will make sure by using our resources, not just in the Parliament and in the media but out in the community, that this Minister, the doctor who knows best, will hear from people who deserve the best.

Mr KERIN (Frome): I have pleasure in supporting the Bill, particularly as it seeks to establish a Department of Health to replace the Health Commission and also to introduce regionalisation.

Mr Brindal interjecting:

Mr KERIN: Yes. At the outset I wish to thank the Minister and his staff for quickly addressing many of the concerns I raised last week. The same concerns have been raised in letters read by the member for Elizabeth. The Minister's staff provided answers very quickly, allowing us to allay the fears of the people concerned. The honourable member read letters from three hospitals in my electorate. I actually received four letters, one of which the Opposition might have thought irrelevant. I answered all the letters, and the authors were to get back to me by yesterday with any residual concerns they had. As of 5 o'clock this afternoon, not one of the four has raised any concerns that they may still have.

When the Leader of the Opposition was speaking, I could not help thinking of Blyth and Minlaton and the battle that the people of Laura went through over a long time to fight off a Labor Government which was trying to close their hospital. Laura fought very hard. It was terrific that in the last capital works budget it was given $200 000 to reaffirm this Government's commitment to that health unit.

I welcome the increased accountability required under the Bill. We all know the pressure which exists on the health dollar throughout Australia. The inability and unwillingness of the Federal Government to face its responsibilities and fund health better has placed incredible pressure on the health finances of all the States. This Bill will ensure greater accountability for the dollars spent out of the State health budget.

An important shift of emphasis under the Bill is the move away from being principally a provider and instead being a body with the brief to understand fully the health needs of all South Australians and then to ensure that quality services are provided to meet those needs. The new purchaser/provider arrangements aim to introduce greater competition into the provision of public health services and, importantly, to get the very best value care for South Australians. Competition will increase this value, and I am sure that this will benefit all people in the State.

The creation of separate metropolitan and country health purchasing offices recognises the important differences between metropolitan and country areas and allows the non-metropolitan areas to focus better on how health services are best delivered to country people. The country health purchasing office will purchase services where it can get best value and quality, whether that be from country or metropolitan health service units. The country health purchasing office will be advised on policy and program issues by a country health advisory body with a focus on the needs of country people. The Bill will see health service units, whether hospitals or other health services, become the providers. The Bill will also allow the number of health units to be reduced from the current level of about 200 by allowing some existing units to amalgamate and become larger provider bodies. Fewer units will hopefully achieve efficiencies in administration and improve health services, particularly to rural areas.

Country hospitals have long been reliant on their boards, and over the years thousands of board members have made terrific voluntary contributions. Each hospital is no doubt particularly grateful to a couple of members. Part of country life seems to be that every so many years a rather special person comes along who absolutely dedicates their life to the local hospital. This Bill in no way reflects on the terrific contributions of these boards or their members. In fact, it throws new challenges and opportunities to these dedicated people to reshape and improve the services that they deliver to their communities.

The formation of regional health boards will provide new opportunities for efficiencies in administration, coordination, integration and the provision of health services. These regional health service units will consist of a regional board with representation from each of the service units, or in some cases clusters of service units, along with other community representation. The board will receive funds from the purchasing office and distribute those funds to the various service units in the region according to priorities set by the region, not by people who are out of touch with the situation. The service units have the choice of still being administered by their board, or they may decide to hand over the day-to-day responsibilities to the regional service units.

I should like to congratulate the many country hospital boards on the amount of work that they have put into the regionalisation concept. Initially, they were cynical, and, with the track record of metropolitan superiority that we have seen over many years, I can understand why. However, the many dedicated board members and professionals stood up and made themselves heard, and I am glad to say that the Minister and the Country Health Service have been willing to listen, negotiate and compromise. These people have played an enormous role in providing country areas with excellent facilities, with great contributions, including financially, from local communities. The quality of health professionals is a reward for the hard work of the boards, but increasingly, due largely to litigation, it is becoming harder to attract professionals to rural and regional areas. I have no doubt that these people can now ensure that their communities receive even better health care by maximising the value delivered for the limited health dollar. I commend the Bill and look forward to the resulting benefits to South Australians.

Mr BRINDAL (Unley): I rise to commend the Minister and to comment briefly in support of the member for Frome and especially other country members. I should like to make some brief comments about the piffle spoken in this debate by the Leader of the Opposition, the member for Ramsay. The shadow Minister at least attempts to look at things seriously and get her facts straight. Unfortunately, the Leader does not even make a pretence. I am sure that all members, whether Government or Opposition, will deplore the fact that South Australia is reduced to having a Leader of the Opposition who thinks there is some political mileage in smear and fear and who likes nothing better than to terrify as many electors as he can. He believes that to do that three years out from an election, so that the maximum fear or terror can result, will help him at the next election, but I sincerely doubt that.

I hope that all members opposite will tell the Leader in their Party room that this Parliament is about governing South Australia for the good of South Australians, not about terrorising them for some short-term political gain. If he is to last as Leader, who one day wants to present himself as Premier of South Australia, I suggest that he had better adopt a more statesman like approach to the Minister at the table, to this House in general and to the people of South Australia in particular. He is the inheritor of a Government that truly showed arrogance—

Mr FOLEY: I rise on a point of order, Mr Speaker. I draw your attention to the question of relevance in respect of the contribution by the member for Unley, who appears not to be debating the Bill at hand.

The SPEAKER: Order! The Chair has listened to a number of speeches. If the Chair were to apply that criterion vigorously, a number of members would have had to sit down almost before they started.

Mr BRINDAL: If the member for Hart wants me to stick more closely to the comments made by his Leader relative to this debate, I will. He said that privatisation means fewer services. That might be his opinion, but it is not shared by the Minister and others on this side of the House. Frankly, I am a bit sick of hearing from the Minister how the brave new world will result—

Members interjecting:

Mr BRINDAL: I mean that constructively. The Minister says it so often that we could just about recite what he thinks about the privatisation of health in this State. If any members opposite believe that this Minister is not genuinely committed to outsourcing on the ground that it will provide a better health service for the people of South Australia, they had better sit down and listen to the Minister when he speaks and read his speeches, because we have heard it to the point of its being repetitious.

The Hon. M.H. Armitage interjecting:

Mr BRINDAL: In the Party room it is not. I do not think that any member on this side of the House doubts the Minister's sincerity in this matter.

Mr Foley interjecting:

Mr BRINDAL: I will. The member for Hart keeps trying to interrupt my train of thought, but it will not work today. The Leader said that this Bill gives the Minister power to close and amalgamate hospitals. The basic objection seems to be that this Bill is too draconian in that it concentrates power in the Minister. One of the huge criticisms of previous regimes that I have heard repeatedly from my electors and others around South Australia is that we seem to have sunk into a torpor in that we consulted so many people so often that we ended up going around in circles and never made any decisions.

This Government was elected with a mandate from the people of South Australia quite simply to get on with the job after 10 years of non-government: the people of South Australia wanted some government. The Minister has introduced a Bill to this House which, in effect, says, 'The buck stops on my desk; I have responsibility in this matter; I am a Minister sworn by the Crown and I will exercise the responsibility conferred on me from the position I occupy in this House by the Crown, and I will do it in the way that it should be done.' I cannot see—

Mr Foley interjecting:

Mr BRINDAL: The member for Hart says that I would love to be one myself. I assure him that, no matter how remote my chances might be, they are considerably better than his and are likely to remain so for the next 10 or 15 years, as the Minister so rightly points out.

Mr Foley interjecting:

Mr BRINDAL: The member for Hart might have a bet but I am not a betting man. I oppose gambling, as you will recognise, Mr Speaker. The kindest thing I could say about the Leader is that in some senses in his expressions in the debate he shows a degree of naivety when he says that the Minister would decide matters on political expediency rather than community need. That statement shows what little grasp of reality the Leader of the Opposition has and, if he thinks that this Government, which was elected so overwhelmingly by the people, wants to throw away the people's trust by ignoring what the people want, he needs to think again. I am sure that the Minister will not be guided solely by political expediency. I am even more sure that the Minister will not ignore community need, because everyone in this Chamber knows that to ignore community need is to be a very brave politician and a very brave Government indeed, as some of the members from around my electorate are learning.

The Leader of the Opposition says that the Bill will give the Minister power to close and amalgamate hospitals. I would ask whether the Opposition has read the current powers that the Minister has under the various Acts that operate. I ask members opposite what they think the Minister's powers should be. We have had a decade of a philosophy which said that the best way to remain in Government is to do absolutely nothing.

Mr Brokenshire interjecting:

Mr BRINDAL: The previous Government's approach was to either consult until the problem went away or hope that there was another election so that it did not have to solve it and could delay it for year after year. The former Labor Government did not want to make a decision, and that is why we have the mess. The member for Mawson interjected—quite wrongly—that it did one thing: it cost this State $6 billion.

Members interjecting:

Mr BRINDAL: I would dispute in a corporate way that it did anything. I would say that the former Labor Government lost $6 billion by doing nothing. If it had done something; if it had monitored what was going on; if it had taken some responsibility; and, I even dare to say that, if members of the former Government had even bothered to listen at the Cabinet table, it might not have lost quite so much money. If the former Government's ministerial advisers had worked more assiduously and worried less about the Opposition and more about their responsibilities as ministerial advisers, we might not have had as much trouble as we had.

Mr Foley interjecting:

Mr BRINDAL: The member for Hart interjects that they never listened to his advice. I notice that he kept the money; I notice that he did not resign the job; and I notice that he now sits in this place as a member on that side of the House, so their disloyalty to him has been amply rewarded. In their contributions, members of the Opposition say that this Bill enables the Minister to dissolve hospitals, especially country hospitals, and dispose of their assets. I have never heard such arrant nonsense. Unfortunately, members opposite have never heard the Speaker of this House in forums not available to them, but he is assiduous in his protection of his electors. We have other country members who are equally assiduous in the protection of their electors.

Any member of the Opposition benches who can stand up and say that this Bill gives the Minister power to ride roughshod over members of his own Party and to dissolve hospitals which are near and dear to country members—and you would have to hear the member for Custance and others talk about the hospitals in their area to know how much they value them—is talking literally from the back of their head, because they would not know what they are talking about. The claim is that this Minister needs to be more accountable to the Parliament, and there is an element in which I agree with that.

An honourable member: Only partly.

Mr BRINDAL: Yes, only partly because the problem is that, if the Minister is not accountable to the Parliament, who must answer for that? It is not the Minister but the Opposition. The Minister comes into this Chamber every single day, he is available for questions and is a servant of this House, as is every other member of this House—and the Minister is especially so. If the Opposition's criticism is that the Minister is not fully accountable, whose fault is it? I would say that the statement that the Minister is not fully accountable is a reflection by the Opposition on the Opposition and is not good for the health of this institution. If the Opposition wants the Minister to be more accountable, I urge members opposite to ask some decent questions; to find some decent problems and to hold the Minister accountable. If they cannot do that, let them not come in here whingeing and whining about a Minister who is supposedly arrogant when he sits in this Chamber day after day—

Members interjecting:

Mr BRINDAL: I have heard the Minister ask, 'When will I get a question?' It takes months for members opposite to get around to asking him questions, and then they are generally inane.

Members interjecting:

Mr BRINDAL: I would add to the chortle opposite by asking, 'What about Noarlunga Hospital?' I do not think there

is one member on this side of the House who has forgotten that, for one year after it was finished, that hospital sat empty and non-staffed, and members opposite have the hide to talk about this Government and this Minister. He is one of the best Ministers that this Parliament has seen for a very long time; he knows something about his portfolio and, if he is doing nothing else, he is doing his best, and that is a lot better than what any Minister of the former Labor Government did in their last four or five years in office.

Members opposite can chortle, they can laugh, and they can do what they like, but the inane mob of misrepresentative, misfitted Ministers who were members of this Chamber during the last four years that the previous Government was in office were a pale shadow on this Minister. This Minister is doing his best; he is doing a good job; and he is attempting to move the debate forward.

Mr Atkinson interjecting:

Mr BRINDAL: The member for Spence is champing to have his turn and—

Members interjecting:

Mr BRINDAL: I have said much about the Bill, and I have commended specifically this Bill, this Minister and—

Members interjecting:

The SPEAKER: Order! I would suggest to members opposite that they allow the member for Unley to complete his address after dinner.

[Sitting suspended from 6.1 to 7.30 p.m.]

Mr BRINDAL: I seek leave to continue my remarks later.

Leave granted.

LIQUOR LICENSING (MISCELLANEOUS) AMENDMENT BILL

Second reading.

The Hon. S.J. BAKER (Deputy Premier): I move:

That this Bill be now read a second time.

I insert the second reading explanation in *Hansard* without my reading it.

This Bill seeks to make a number of miscellaneous amendments to the *Liquor Licensing Act, 1985* ('the Act'), among other things, to grant licensees the power to bar patrons from licensed premises, on reasonable grounds, for a period of up to three months. If a licensee bars a patron for a shorter period, i.e. up to a month, then a review of the order will not be necessary but if the barring is for a period up to three months or the patron has been barred from the licensed premises for a total period of one month or more during the preceding three months, then the Bill provides that the Liquor Licensing Commissioner may review the order. The Commissioner may confirm, vary or revoke the order and his decision is not reviewable. This matter will be examined in closer detail later.

This Bill also makes it an offence for certain persons to sell or supply liquor to an intoxicated person and rectifies an existing deficiency in the Act by making provision for service of notices or other documents on persons who are not licensees but are covered in the existing legislation.

Further, there are also an number of other amendments, including to prohibit minors from entering certain licensed premises after midnight and that a person's knowledge, experience and skills be taken into account by the licensing authority when determining whether a person is fit and proper to hold a licence or to be approved under the Act. The Bill also makes provision for the licensing authority to direct as a condition of the grant of the licence that the person undergo approved training within a period specified by the authority.

This latter amendment has arisen as a result of an approach by Tourism Hospitality Training S.A. to have the Act amended to provide for compulsory training of all new licensees. The concept of compulsory training for those persons who cannot demonstrate appropriate knowledge, skill and experience is supported by the Hotel and Hospitality Industry Association, the Licensed Club's Association, Hospitality and Miscellaneous Workers Union, the Motor Inns and Motels Association, the S.A. Restaurants Association, the Australian Tourism Industry Association, Shop and Distributors Association and the Catering Institute of Australia.

Rather than prescribing standards in the Act, it is suggested that the Act be amended to require the licensing authority to consider a person's knowledge, experience and skills in determining whether a person is fit and proper to hold a licence or to be approved under the Act. This is an extension of the current requirement that the authority must consider a person's creditworthiness in deciding whether the person is fit and proper.

It is recommended that the authority have absolute discretion to determine this aspect of whether the applicant is fit and proper. Rather than exclude persons who do not meet the required standard from entering the industry which would discriminate against various ethnic and other disadvantaged groups, it is recommended that the authority have the discretionary power to direct that an applicant undergo approved training within a specified period of being licensed depending on the individual circumstances.

The amendment to allow for the barring of patrons, mentioned earlier, arose in response to a request from the Hotel and Hospitality Industry Association to allow for the barring of patrons from licensed premises. The Association has raised concerns regarding the current 24 hour barring period pursuant to section 128 of the Act. This period allows an unruly patron to return to the same premises after a short period and potentially create further difficulty.

At the launch of the Safe Profit Project on 14 February, 1994 (a project collaboratively undertaken by the Crime Prevention Unit and the Hotel and Hospitality Industry Association), it was indicated that the legislation would be reviewed in light of the industry's request. That review has been undertaken and a decision has been made that an amendment to the Act is appropriate to allow for a longer period of barring of patrons who are committing an offence or behaving in an offensive or disorderly manner or on any other reasonable ground.

At present, at common law, a licensee has a right to refuse admission to a person on reasonable grounds and if the person persists in seeking entry or refuses to leave the premises within a reasonable period of being asked to do so, then that person becomes a trespasser at law. There has been some confusion within the industry as to the common law rights of a licensee to refuse admission. The police have also been unclear as to enforcement of these rights and have advised officers that, as the law in this area is uncertain, no action should be taken apart from preserving the peace or under section 128 of the Act. The uncertainty in this area is unsatisfactory and should be resolved legislatively to put the matter beyond doubt.

It is the Government's view that, as a period up to one month is a relatively short time, there is no necessity to provide for a review by the Liquor Licensing Commissioner. However, the Bill allows for a review by the Commissioner where a patron is barred for a period exceeding one month or where a person has been barred from the licensed premises for a total period of one month or more during the preceding three months. This will prevent a publican imposing a month barring and at the conclusion of that period immediately imposing another month.

While the above amendment will provide much needed protection for responsible members of the industry, it will not alleviate the problems created by licensees who continue to serve intoxicated patrons on their premises. Prior to an extensive review of the liquor licensing laws in South Australia in June 1984, there was a provision in the *Licensing Act, 1967* which made it an offence for any licensed person or any person in his employ, to supply or permit to be supplied, any liquor to any person in a state of intoxication. This offence was removed after the review on the ground that there were a number of difficulties with ascertaining whether or not a person was intoxicated.

Since that time, developments overseas and interstate indicate that this is no longer the case and law enforcement and health agencies have increasingly advocated that it be an offence to sell or supply liquor to an intoxicated person. As honourable members will note, there is no definition of 'intoxicated' in the existing legislation, but most jurisdictions have developed practical guidelines for use by both the industry and the policing authorities. These guidelines include slurred speech, aggressive behaviour, unsteady on feet and bloodshot eyes.

It should be made clear that this provision is not intended for use in a situation where a patron slightly exceeds .05 blood alcohol level

and is still in control, but in situations where it is clear that a person is adversely affected by alcohol. The new offence will be a summary offence, attracting a fine of $2 000.

I commend this Bill to Honourable Members.

Explanation of Clauses

Clause 1: Short title

This clause is formal.

Clause 2: Commencement

This clause provides for commencement on a day to be fixed by proclamation.

Clause 3: Amendment of s. 58—Certain applications to be advertised

This clause amends section 58 of the principal Act. Section 58 requires an application for the grant of a licence (other than a limited licence) to be advertised in accordance with the section. This amendment exempts an application for a temporary licence from this requirement.

Clause 4: Amendment of s. 60—Factors to be taken into account when determining whether a person is fit and proper to hold licence

This clause amends section 60 of the principal Act. Section 60 currently requires a licensing authority to consider the credit worthiness of a person in determining whether that person is a 'fit and proper person' to hold a licence (or to occupy a position of authority in a body corporate that holds a licence). This amendment requires the licensing authority to also give consideration to certain other factors in determining whether a person is a 'fit and proper person' for some purposes under the Act. In particular, where—

(a) the licensing authority is to determine whether a person is a fit and proper person to hold a licence and the person is to personally supervise and manage the business conducted under the licence; or

(b) the licensing authority is to determine whether a person is a fit and proper person to occupy a position of authority in a body corporate that holds (or is to hold) a licence and the person is to be actively involved in the supervision and management of the business conducted under the licence; or

(c) the licensing authority is to determine whether a person is a fit and proper person to be approved as manager of the business conducted under the licence,

the authority must consider whether that person has the appropriate knowledge, experience or skills for the supervision and management of the business.

Clause 5: Amendment of s. 61—Applicant must be fit and proper person

This clause amends section 61 of the principal Act. Section 61 requires an applicant for a licence to satisfy the licensing authority that he or she is a fit and proper person to hold the licence (or, in the case of a body corporate, that each person who occupies a position of authority in the body corporate is such a fit and proper person). This amendment provides that if an applicant for a licence is to supervise and manage the business conducted under the licence (or is to be actively involved in the supervision or management of the business) but does not have the appropriate knowledge, experience and skills for that purpose, the licensing authority can nevertheless grant the licence on condition that the person undertake specified training within a specified time after the grant of the licence.

Clause 6: Amendment of s. 70—Applicant for transfer must be fit and proper person

This clause amends section 70 of the principal Act. Section 70 requires an applicant for the transfer of a licence to satisfy the licensing authority that he or she is a fit and proper person to hold the licence (or, in the case of a body corporate, that each person who occupies a position of authority in the body corporate is such a fit and proper person). This amendment provides that if an applicant for a licence is to supervise and manage the business conducted under the licence (or is to be actively involved in the supervision or management of the business) but does not have the appropriate knowledge, experience and skills for that purpose, the licensing authority can nevertheless grant the licence on condition that the person undertake specified training within a specified time after the grant of the licence.

Clause 7: Amendment of s. 78—Approval of management and control

This clause amends section 78 of the principal Act. Section 78 empowers the licensing authority to approve a natural person as manager of a business and to approve the assumption by a person of a position of authority in a body corporate that holds a licence. This amendment provides that the authority can only give such approvals if satisfied that the relevant person is a fit and proper person. The amendment also provides that if the person seeking approval as a manager or to assume a position of authority in a body corporate that holds a licence is to supervise the business conducted under the licence (or is to be actively involved in that supervision or management) but does not have the appropriate knowledge, experience or skills for that purpose, the licensing authority can nevertheless approve the person and impose a condition of the licence that the person undertake specified training within a specified time of obtaining the approval.

Clause 8: Amendment of s. 80—Devolution of licensee's rights in certain cases

This clause amends section 80 of the principal Act. Section 80 provides that where a licence is surrendered or revoked and a landlord, mortgagee or other person satisfies the authority that he or she will suffer loss as a result, the licensing authority can grant that person a temporary licence of the same class, subject to a condition that the licence will expire at the end of a period (not exceeding six months) fixed by the authority. Such a temporary licence can be converted to an ordinary licence (by revocation of the requirement that it expire) if the authority is satisfied that the person who is then to hold the licence is a fit and proper person (or in the case of a body corporate that each person in a position of authority in the body corporate is a fit and proper person). This amendment provides that if the person who is to hold the licence (on revocation of the requirement that it expire) is to supervise or manage the business conducted under the licence (or is to be actively involved in that supervision or management) but does not have the appropriate knowledge, experience and skills for that purpose, the licensing authority can nevertheless grant the application to revoke the expiry of the licence and impose a condition that the relevant person undertake specified training after the grant of the application.

Clause 9: Amendment of s. 87—Licence Fee

This clause amends section 87 of the principal Act. Section 87 provides for the payment of licence fees. Subsection (9) provides that where a licence fee calculated in accordance with the section falls below a prescribed minimum fee, that minimum fee is payable instead. This amendment removes that minimum fee in the case of a restricted club licence.

Clause 10: Amendment of s. 90—Payment of licence fee

This clause amends section 90 of the principal Act. Section 90 deals with the payment of licence fees. It provides that a licence fee is payable on the first day of the licence period in respect of which it is payable, but can be paid in quarterly instalments. This amendment provides that where a licence fee is equal to or less than the prescribed minimum fee, the licence fee cannot be paid in quarterly instalments. It has to be paid in a single instalment on or before the first day of the licence period in respect of which it is due.

Clause 11: Insertion of Division 7A of Part 6

This clause inserts Division 7A of Part 6 into the principal Act. The new Division consists of one section, section 115A, which makes it an offence for liquor to be sold or supplied on licensed premises to a person who is intoxicated. The licensee, the manager of the licensed premises and the person by whom the liquor is sold or supplied are each guilty of the offence. The maximum penalty (for each person) is a $2 000 fine. In the case of the person who sells or supplies the liquor it is a defence if he or she proves that he or she believed on reasonable grounds that the person to whom it was supplied was not intoxicated. In the case of a licensee or manager of the licensed premises who did not personally sell or supply the liquor, it is a defence if he or she proves that he or she exercised proper diligence to prevent the sale or supply of liquor in contravention of this new section.

Clause 12: Amendment of s. 119A—Minors not to enter or remain in certain licensed premises

This clause amends s. 119A of the principal Act. Section 119A provides that a minor must not enter or remain in a part of licensed premises defined in a late night permit at any time when liquor can be sold under that permit. A similar rule applies in the case of premises in respect of which an entertainment venue licence is in force. A minor must not enter or remain on the premises to which the license relates at any time that liquor may be sold on those premises (otherwise than to a diner). This amendment makes the same provision in relation to licensed premises in respect of which a general facility licence is in force. A minor must not enter, or remain in, the premises at any time between midnight and 5 a.m. (other than in a designated dining area or an area approved by the licensing authority for the purposes of this section).

Section 119A also provides that where a minor enters, or remains on, licensed premises in breach of this section, the minor can be removed and the minor and the licensee are each guilty of an offence. This amendment makes an additional provision that where a minor enters, or remains on, licensed premises in contravention of a condition of the licence, the minor can be removed and the minor and the licensee are each guilty of an offence.

This amendment also requires a licensee to display a prescribed notice at each entrance to the licensed premises when access is prohibited to minors under a condition of the licence. The same rule already applies under section 119A where access is prohibited under the section itself.

Clause 13: Insertion of Division 3 of Part 9

This clause inserts Division 3 of Part 9 into the principal Act. This Division consists of sections 128A, 128B, 128C and 128D and deals with the power to bar persons from licensed premises.

Section 128A provides that a licensee and the manager of licensed premises can, by order served on a person , bar that person from entering or remaining on the licensed premises (or any part of the premises) for a specified period not exceeding three months. This power can be exercised—

(a) if a person commits an offence or behaves in an offensive or disorderly manner on (or in an area adjacent to) the licensed premises; or

(b) on any other reasonable ground.

It is an offence for a person to enter or remain on premises from which he or she is barred. The maximum penalty is a $1 000 fine.

The licensee or manager can, by subsequent order served on the relevant person, revoke any order that he or she has made.

It is an offence for a licensee, manager or an employee of the licensee to suffer or permit a person to enter or remain on premises from which he or she is barred. The maximum penalty is a $1 000 fine.

Section 128B provides that an order under this Division must be made in writing in a form prescribed by regulation. It also requires a copy of the order to be kept at the licensed premises to which the order relates.

Section 128C creates a power to remove persons from premises from which they have been barred. Subsection (1) provides that if a person is on premises from which he or she is barred, an authorised person can require that person to leave the premises. If a person who is barred from premises under this Division seeks to enter the premises or refuses or fails to comply with a requirement to leave those premises, an authorised person can prevent the person from entering the premises or remove him or her from the premises (as the case may be) using only such force as is reasonably necessary for the purpose.

An 'authorised person' for the purposes of this power to remove persons means the licensee, manager, an employee of the licensee or a member of the police force.

Section 128D gives the Liquor Licensing Commissioner power of review. A person in respect of whom one or more orders have been made under this Division barring the person from premises for a period exceeding one month, or for periods exceeding one month in aggregate during a period of 3 months, can apply to the Commissioner for the review of the order under which the person is barred from those premises.

The Commissioner can confirm, vary or revoke an order. A decision of the Commissioner is not subject to review.

The Commissioner can, if he or she thinks fit, suspend an order pending determination of an application for review of the order.

Clause 14: Amendment of s. 138—Service

This clause inserts a new subsection in Section 185 of the Act, making provision for service of notices or other documents on persons who are not licensees. Service of a notice may be personal, or may be effected by leaving it at or posting it to a nominated address for service, by posting it to the person's home or business or by leaving it at or posting it to the address of the person's solicitor.

Mr FOLEY secured the adjournment of the debate.

STATUTES AMENDMENT (ATTORNEY-GENERAL'S PORTFOLIO) BILL

Second reading.

The Hon. S.J. BAKER (Deputy Premier): I move:

That this Bill be now read a second time.

I insert the second reading explanation in *Hansard* without my reading it.

This Bill makes amendments to several Acts within the Attorneys-General portfolio.

Bail Act 1985

The Bail Act is amended to provide that all persons who are refused bail by the police or justices can have that decision reviewed by a Magistrate.

A person who has been refused bail by a member of the police force may apply to a justice for a review of that decision. A person refused bail by the police or a justice may, if there is no Magistrate in the vicinity immediately available to review the decision, have that decision reviewed by way of a telephone application by a Magistrate. However, the application for review can be made by telephone only if the person cannot be brought before a justice not later than 4 p.m. on the day following the arrest.

Another way in which a police bail decision may be reviewed is by the person being brought before the Magistrates Court on the charge in relation to which he or she was arrested. The Magistrates Court may, in accordance with the provisions of the *Magistrates Court Act* be constituted by a Magistrate, two justices of the peace or a special justice. A person remanded in custody by a Magistrates Court constituted by two justices or a special justice cannot have that decision reviewed by a Magistrate by way of telephone application.

The Chief Magistrate when giving evidence before the Legislative Review Committee on the *Courts Administration (Directions by the Governor) Amendment Bill* suggested that in practice it is rare for justices to take a different view of a bail application than the police. The result is that persons brought before justices are likely to be held in custody to the next date when a Magistrate is available. He recommended that the *Bail Act* be amended to provide that single justices should no longer review police bail decisions and that telephone applications to a Magistrate to review the refusal of the police to grant bail should be available in all instances where a Magistrate is not immediately available to review a refusal of bail by the police and to review decisions to refuse bail by a Magistrates Court constituted by justices.

The Legislative Review Committee recommended that the Act be amended as proposed by the Chief Magistrate as a matter of priority and the amendments to sections 5, 13, 14 and 15 of the *Bail Act* implement these recommendations.

Magistrates are rostered to deal with telephone applications. All persons refused bail by police or a Magistrates Court constituted by justices will have a right to have that decision reviewed by a Magistrate by way of a telephone application. The amendments will enhance both country and metropolitan residents' access to Magistrates to have decisions refusing bail reviewed.

Other amendments are made to the *Bail Act*. Section 11 provides that where a person cannot comply with a condition of bail he or she must be brought back before a bail authority within five working days. Often it becomes apparent that a bail condition cannot be met very shortly after the condition is imposed. To ensure that the condition can be reviewed expeditiously section 11 of the Act is amended to provide that where the bail condition cannot be met the person must be brought before the bail authority as soon as practicable, and in any event, within five working days. The intention is to make it clear that there should not be a delay of five working days before the condition is reviewed but that it should be reviewed as soon as possible.

Section 17 of the Act is also amended. This section is quite complex. Section 17(2) provides that where a condition of bail is breached a person is liable to the same penalties as are prescribed for the principal offence but no sentence of imprisonment of more than 3 years may be imposed.

An offence against this section may be summary, minor indictable or major indictable depending on the penalty applicable to the principal offence for which the offender is charged. Which type of offence is involved may depend on whether or not the alleged offender has previous convictions for the offence. Further, if a person breaches bail in respect of an offence of, for example, exceeding the prescribed concentration of alcohol, the penalty for breach of bail may presumably include disqualification from holding a driver's licence as the person is liable to that penalty for the principal offence.

If the breach of the bail is occasioned by the commission of some other serious offence the defendant will be charged with that offence as a substantive offence. There is no need to link the breach of the bail condition with the principal offence. It can be dealt with as an offence in its own right and the amendment to section 17 in this Bill makes it a summary offence punishable with a maximum of two

years imprisonment or fine of $8 000 with the proviso that no penalty may be imposed which exceeds the penalty which could be imposed for the principal offence.

Section 17(3a) is repealed. This provides that proceedings for an offence of breaching a condition of bail shall not be heard and determined until the proceedings for the principal offence have been determined unless a court otherwise orders or the alleged offender elects to have the proceedings determined at an earlier time. In the ordinary course of events it is difficult to see how the hearing of an allegation of breach of bail would prejudice the trial of an alleged offender. In cases where such prejudice might occur, the court has adequate power to postpone the hearing of the trial for breach of bail until the trial of the principal offence has been completed. For the trial to be delayed as a norm results in inordinate delays in the determination of the matter which are likely to lead to prejudice of the fair hearing of such matters.

Criminal Law Consolidation Act 1988

It is clear that companies can be charged with indictable offences but the procedures to deal with companies who do not appear to answer a charge on indictment are governed by ancient common law rules which are not conducive to efficiency. Where a corporation fails to appear the court can issue writs of *venire facias* and *distringas* in an amount thought sufficient to ensure the corporation's appearance. If this proves insufficient *alias* and *pluries* writs of *distringas* can issue. The culmination is a writ involving distress *ad infinitum* by which the entirety of the corporation's assets can be attached.

This cumbersome procedure was replaced by a simple statutory provision in the United Kingdom in the *Criminal Justice Act 1925*. A similar provision is included here. A plea can be entered by a representative of a corporation, or, if there is no representation, the court orders a plea of not guilty to be entered and the trial proceeds as though the corporation had entered a plea of guilty.

Evidence Act 1929

Section 21 of the *Evidence Act* entitles a close relative (that is, a spouse, parent or child) of a person charged with an offence to apply to the trial Court for an order exempting him or her from any obligation to give evidence against the accused. The matters that the Court should take into account in determining such an application are set out in sub-section (3) and sub-section (5) requires that the prospective witness be made aware of the right to apply for an exemption. This practically obliges the trial Judge to ensure that the prospective witness has a general understanding of the sub-section (3) criteria.

This causes difficulties where the prospective witness is a child who is too young to understand the explanation or is mentally impaired. Sub-section (3a) provides that the Court can exempt a prospective witness who is a child, or is mentally impaired, even though no application for exemption is made but the way the provisions are drafted the Court must still explain the sub-section (3) criteria. While the section's requirements can be construed as adaptable to the intelligence of the prospective witness there may be uncertainty about the adequacy of the Judge's explanation and whether, therefore, there has been a miscarriage of justice. The Supreme Court Judges have suggested that sub-section (5) be amended to provide that the obligation to make the prospective witness aware of his or her right to apply for an exemption not apply in the case of a close relative who, in the Judge's opinion, is unlikely by reason of age or mental impairment to understand the explanation of the section's provisions.

Fences Act 1975

This Act is amended to ensure that the requirements relating to recovery of a contribution from a neighbouring land owner are strictly applied and that sections 8(1)*(d)* and 38(1)*(f)* of the *Magistrates Court Act 1991* (which have been interpreted by some Magistrates as allowing the Court some flexibility in applying the *Fences Act* requirements) cannot be used to circumvent that procedure.

Law of Property Act 1936

There is currently no statutory provision dealing with the legal capacity of a corporation sole. The powers of such a body are thus currently governed by the common law. The proposed new section 24d would serve to clarify the position by setting out the appropriate powers.

Legal Services Commission Act 1977

There is no provision in the *Legal Services Commission Act* which provides Commission members with immunity from civil liability for an honest act or omission in the exercise of discharge, or purported exercise or discharge, of a power or function under the Act. This type of provision is commonly included in statutes creating statutory authorities and usually provides that any liability that would be incurred by a person but for the exemption is instead placed on another body. This ensures that persons who serve on statutory authorities are not exposed to personal liability for their honest acts but that persons who suffer loss in their dealings with the statutory authority are not disadvantaged by the exemption from liability. In the case of the *Legal Services Commission Act* it is appropriate that the liability be placed on the Legal Services Commission.

Magistrates Act 1983

Section 7(1) of the *Magistrates Act* provides that the Chief Magistrate is responsible, subject to the control and direction of the Chief Justice, for the administration of the magistracy. Section 7(3) provides that the Chief Magistrate may delegate to the Deputy Chief Magistrate or a Supervising Magistrate or Assistant Supervising Magistrate any of his administrative powers or functions.

This is unduly restrictive and there is no reason why the Chief Magistrate should not be able to delegate any of his administrative powers or functions to any Magistrate, remembering that under section 7(4) a delegation may be absolute or conditional and is revocable at will. Accordingly section 7(3) is amended to allow the Chief Magistrate to delegate any of his administrative powers of functions to any Magistrate.

Parliamentary Committees Act 1991

Six Committees are established under the *Parliamentary Committees Act*. The Statutory Authorities Review Committee and Public Works Committee currently have five members. The Economic and Finance Committee has seven members. The Environment, Resources and Development Committee, The Legislative Review Committee and the Social Development Committee have six members. Section 24(2) provides that four members of a Committee constitute a quorum of all the Committees.

A requirement of a quorum of four for a five member Committee can significantly impede the business of a Committee and both the Statutory Authorities Review Committee and the Public Works Committee have requested that the Act be amended to provide that three members constitute a quorum if the Committee consists of five members.

The proposed new provision will also ensure that at least one of the persons who make up the quorum is a member of the Opposition. To overcome any problem that this might currently cause in relation to the Public Works Committee, that Committee will be constituted of six members until the next general election, at which time it will revert to being a five member committee.

Summary Offences Act 1953

Body armour vests are prohibited imports under the Customs regulations. The authority to sanction the import of such vests has been delegated by the Commonwealth Minister to the Commissioner of Police. Police policy is to restrict the import of body armour vests but they are being imported through other States and material is being imported for the manufacture of body armour vests in Australia.

Body armour vests, although not inherently dangerous in themselves, may in the hands of criminals induce a sense of invincibility, the consequences of which may well be an increase in violent crimes by armed offenders. The Commissioner of Police has recommended that it be an offence to make, sell, distribute, supply or otherwise deal in body armour or to possess or use body armour.

Under the mutual recognition scheme South Australia cannot restrict the availability of body armour if it is available in any other State or Territory. Some States have legislation and the matter has been raised by South Australia at the Police Ministers' Council with a view to all States and Territories enacting similar legislation restricting its availability.

This amendment makes it an offence for a person, without the approval of the Commissioner of Police, to manufacture, sell, distribute, supply or deal in body armour or to possess or use body armour.

The provision will be brought into operation when all States and Territories have legislation in place.

A further amendment is made to the *Summary Offences Act*.

When attending a fire scene in the metropolitan area, police officers attached to the Fire Investigation Unit have to rely on section 73(1) of the *South Australian Metropolitan Fire Services Act 1936* to empower them to enter upon land or premises, to conduct searches and to seize objects when investigating fires or other emergencies which are not suspected of being caused by criminal activity.

Under that section the role of the police is to provide assistance to the Metropolitan Fire Service. It is neither practical nor efficient to require Metropolitan Fire Service officers to be present and give

directions each time police are investigating a fire, which may not, at that time, be suspected of being a crime. The police have an independent power of investigation under the *Country Fire Services Act 1989*. The Commissioner of Police has requested that the *Summary Offences Act* be amended to give the police an independent power to enter premises to conduct searches and to seize objects for the purpose of determining the cause of a fire, explosion or other emergency.

Summary Procedure Act 1921

Section 72 of the Act provides that the Registrar of the Magistrates Court shall provide a party to proceedings, or a person whom a Magistrate has certified to have a proper interest in the proceedings, with copies of complaints, depositions, written reasons for judgment, convictions or orders. This section is inconsistent with section 51 of the *Magistrates Court Act* and needs to be repealed.

Section 112 provides that a person committed for trial be remanded in custody or released on bail. A company cannot be remanded in custody or released on bail so this section is amended to refer only to natural persons.

Explanation of Clauses

PART 1

PRELIMINARY

Clause 1: Short title

Clause 2: Commencement

These clauses are formal.

Clause 3: Interpretation

This clause is an interpretation provision. It specifies that a reference in this Bill to "the principal Act" is a reference to the Act referred to in the heading to the Part of this Bill in which the reference occurs.

PART 2

AMENDMENT OF BAIL ACT 1985

Clause 4: Amendment of s. 5—Bail authorities

This clause removes the references to a "justice" in section 5 of the principal Act, which defines "bail authorities" under the Act.

Clause 5: Amendment of s. 11—Conditions of bail

This clause amends section 11 of the principal Act by removing the reference to a "justice" in subsection (6) and replacing it with a reference to a "magistrate", and by making a minor change to subsection (9) which will ensure that an applicant for bail who remains in custody only because a condition imposed by the bail authority is not fulfilled will be brought back before a bail authority for a review of the condition as soon as reasonably practicable but, in any event, within five working days after the condition was imposed. The current subsection omits the "as soon as reasonably practicable" requirement.

Clause 6: Amendment of s. 13—Procedure on arrest

Section 13 of the principal Act is amended by substituting a new subsection (2) which refers only to the Youth Court. It is unnecessary for this subsection, which provides for review of a decision to refuse bail by a police officer, to continue to apply to applications by an adult in the Magistrates Court given the proposed amendments to section 14 and 15 of the principal Act.

In addition, the reference to "a justice" in subsection (5) is replaced with a reference to "the Magistrates Court", in keeping with the removal of single justices as a bail authority.

Clause 7: Amendment of s. 14—Review of decisions of bail authorities

This clause makes a consequential amendment to section 14 of the principal Act by striking out the reference to a "justice" in subsection (2)*(b)* and substituting a reference to a "court constituted of justices".

Clause 8: Amendment of s. 15—Telephone review

This clause amends section 15 of the principal Act, dealing with telephone reviews. Subsections (1) and (2) are amended consequentially to make the terms consistent with the other amendments to the Act. Subsection (3) is amended to provide for a telephone review by a magistrate in any case where the accused cannot be brought before a magistrate by 4 p.m. on the day following the arrest. This will eliminate the need for the accused to be brought before a justice before being able to apply for a review by a magistrate.

Clause 9: Amendment of s. 17—Non-compliance with bail agreement constitutes offence

This clause amends section 17 of the principal Act by striking out current subsections (2) and (3a) and providing a maximum penalty for breach of a bail agreement of $8 000 or two years imprisonment. Currently breach of a bail agreement renders the accused liable to the same penalty that is applicable to the principal offence. Under the proposed amendments, however, breach of a bail agreement will always be a summary offence. New subsection (2) also provides that a penalty imposed under this section must not exceed the maximum penalty that may be imposed for the principal offence.

Clause 10: Amendment of s. 18—Arrest of eligible person on non-compliance with bail agreement

Section 18 of the principal Act is amended by striking out from subsection (3)*(a)* the reference to a "justice" and by replacing the obsolete reference to "any court of summary jurisdiction" in subsection (3)*(b)* with a reference to "the Magistrates Court".

Clause 11: Amendment of s. 19—Estreatment

Section 19 of the principal Act is also consequentially amended to remove references to a "justice" and to "any court of summary jurisdiction".

PART 3

AMENDMENT OF CRIMINAL LAW CONSOLIDATION ACT 1935

Clause 12: Insertion of s. 291

This clause inserts a new clause in the principal Act dealing with proceedings against corporations as follows:

291. Proceedings against corporations

Subsection (1) defines a "representative" of a company and subsection (2) provides that

— a representative need not be appointed under the seal of a corporation; and

— a statement in writing saying that a person has been appointed as a representative is admissible in evidence and, in the absence of evidence to the contrary, is proof that the person has been so appointed.

Subsection (3) provides that a representative of a corporation may enter or withdraw a plea or election on behalf of the corporation.

Subsection (4) provides that if there is a requirement that something be done in the presence of the defendant, or be said to the defendant, it is sufficient if that thing is done in the presence of the representative or said to the representative.

Subsections (5) and (6) provide a procedure for dealing with the non-appearance of a defendant corporation. If a corporation fails to appear at the trial of a matter the court may proceed with the trial in the absence of the defendant. If a corporation fails to appear to enter a plea the court may order that a plea of not guilty be entered in relation to the charge.

PART 4

AMENDMENT OF EVIDENCE ACT 1929

Clause 13: Amendment of s. 21—Competence and compellability of witnesses

Section 21 of the principal Act is amended to relieve judges of the need to be satisfied that a witness understands his or her right to apply for an exemption under that section where the judge is satisfied that the witness is incapable of understanding his or her right to apply for an exemption under that section.

PART 5

AMENDMENT OF FENCES ACT 1975

Clause 14: Amendment of s. 23—Departures from requirements of this Act

Section 23 of the principal Act is amended to provide that the Magistrates Court may not, when determining a matter in a minor civil action under the Act, exercise any discretionary power to disregard a requirement of the Act or to provide a special form of relief.

PART 6

AMENDMENT OF LAW OF PROPERTY ACT 1936

Clause 15: Insertion of s. 24d

This clause inserts a new section into the principal Act, dealing with corporations sole, as follows:

24d. Capacities of corporations

A corporation sole has, and will be taken always to have had, perpetual succession and a common seal, the capacity to sue and be sued in the corporation's name and, subject to any limitations imposed under an Act, the powers of a natural person.

New subsection (2) provides that a right or liability that a corporation sole or corporation aggregate would have acquired or incurred but for the occurrence of a temporary vacancy in office will be treated as having taken effect on the filling of the vacant office as if the vacancy had been filled before the right or liability was acquired or incurred.

PART 7

AMENDMENT OF LEGAL SERVICES COMMISSION ACT 1977

Clause 16: Insertion of s. 33A

This clause inserts new section 33A into the principal Act as follows:

33A. Immunity of members

A member of the Commission incurs no liability for an honest act or omission in the exercise by the member or by the Commission, of a power, function or duty under the Act and a liability that would, but for this provision, lie against a person lies instead against the Commission.

PART 8

AMENDMENT OF MAGISTRATES ACT 1983

Clause 17: Amendment of s. 7—Responsibility for administration and control of the magistracy

Section 7 of the principal Act is amended to ensure that the Chief Magistrate can delegate powers to any Magistrate.

PART 9

AMENDMENT OF PARLIAMENTARY COMMITTEES ACT 1991

Clause 18: Amendment of s. 12B—Membership of Committee

Section 12B of the principal Act is amended to provide that the Public Works Committee is to consist of six members from the commencement of the clause, but reverting back to five members following the next general election.

Clause 19: Amendment of s. 24—Procedure at meetings

This clause amends section 24 of the principal Act to provide that no business may be transacted at a meeting of a Committee unless a quorum is present and that the number of members of a Committee that constitute a quorum is—

— if the Committee consists of five members—three members (at least one of whom must have been appointed from the group led by the Leader of the Opposition); and

— if the Committee consists of six or seven members—four members.

PART 10

AMENDMENT OF SUMMARY OFFENCES ACT 1953

Clause 20: Insertion of s. 15A

This clause inserts a new section 15A into the principal Act as follows:

15A. Possession of body armour

A person who, without the approval in writing of the Commissioner manufactures, sells, distributes, supplies or otherwise deals in, body armour or has possession of, or uses, body armour is guilty of an offence. The maximum penalty on conviction is $8 000 or 2 years imprisonment.

"Body armour" is defined to mean a protective jacket, vest or other article of apparel designed to resist the penetration of a projectile discharged from a firearm.

Clause 21: Insertion of s. 80

This clause inserts a new section 80 in the principal Act as follows:

80. Power of entry and search in relation to fires and other emergencies

A member of the police force may, at any time of the day or night, with or without assistance—

— enter and inspect land, premises or an object for the purpose of determining the cause of a fire or other emergency; or

— remove an object or material that may tend to prove the cause of a fire or other emergency; or

— retain possession of an object or material for the purpose of an investigation or inquiry into the cause of the fire or other emergency.

PART 11

AMENDMENT OF SUMMARY PROCEDURE ACT 1921

Clause 22: Repeal of s. 72

This clause repeals section 72 of the principal Act.

Clause 23: Amendment of s. 112—Remand of defendant

This clause makes a consequential amendment to section 112 of the principal Act to make it clear that the section does not apply to corporations, which are dealt with in new section 180.

Mr FOLEY secured the adjournment of the debate.

SOUTH AUSTRALIAN HEALTH SERVICES BILL

Adjourned debate on second reading (resumed on motion).

(Continued from page 2278.)

Mr BRINDAL (Unley): Before the dinner adjournment, I was on the point of commenting on the remarks of the Leader of the Opposition when he claimed this Bill as a platform upon which we would see the further running down of the health industry. I took the member for Hart's advice and again studied the Bill over the dinner recess and can see absolutely no justification for the sort of remarks that have been made by the Opposition in the course of this debate. I would suggest that the Opposition study this Bill carefully.

Ms Stevens: We have.

Mr BRINDAL: The member for Elizabeth says, 'We have.' I know the member for Elizabeth to be a person of great integrity and to be diligently trying her best in an area which I know she finds exceptionally hard. I am sure that if she sought the guidance of the Minister she would find him very open and frank; he would be very pleased to assist her in her task. It could only be to the benefit of health professionals in South Australia.

Ms Stevens interjecting:

Mr BRINDAL: The member for Elizabeth says she has a great many helpers. I am sure she does, but the trouble is that those helpers are steering her down the wrong path. It is all right to have helpers, but it is the quality of the helper that is important, and in the member for Elizabeth's case I think she has been sadly let down. This Bill is about good health practice in South Australia. It is not about the running down of the anything: it is about an improvement. Some of the remarks made by the member for Elizabeth have some validity, but that is to the credit of the Bill.

I do not understand why the Opposition appears to feel that a Minister's accepting the responsibility for his portfolio and clearly taking no more power than is inherent in current Bills is to be deplored and somehow used to scare members of our community. It is a very good Bill and one which seeks to deliver a better health service to South Australia. If it does not, the member for Elizabeth can and will rise in this place and say that we got it wrong. I have every confidence of that: that is her job.

But this Minister has an absolute right to come in here and on behalf of this Government introduce a measure which he thinks will improve a situation which has got worse over the past decade. He is doing just that. I would put to the members opposite that it is the obligation of this entire House to support the Minister in his best endeavours, not to stand there and needlessly criticise and invent an opposition when that opposition is based on no good fact. We are in the fortunate position of having a very good Minister in this State, and I assure the member for Hart that I do not need his support. As far as I know, the Minister's faction consists of one, and that is the Minister. He is not much help to me, but I hope—

Mr Atkinson interjecting:

Mr BRINDAL: I have long considered the member for Spence to be misguided, but his last remarks would have to be an absolute classic. No-one is less socialist than the Minister who sits at the table. I am sorry that I have detained the House over this matter for so long. It is a simple Bill: it deserves the fulsome attention and serious consideration of the House.

Mr Atkinson interjecting:

Mr BRINDAL: Go back to your bicycle. Go and play bicycles: you do that best. I commend the measure to the House.

Mr FOLEY (Hart): In regard to this Bill, I will talk about substance and policy: you will not get from me 20 minutes of tripe, as we just heard from the member for Unley, who sought to shore up his own position within his Caucus by almost falling down in front of the Minister for Health.

Mr BRINDAL: I rise on a point of order, Mr Deputy Speaker. In suggesting that I made a speech in this House to shore up my own position in the Party I believe the honourable member is imputing improper motives.

The DEPUTY SPEAKER: Order! There is no point of order. The member for Hart.

Mr FOLEY: Notwithstanding that there is no point of order, I withdraw my remarks. I did not mean to reflect on an honourable member as such. This is an important Bill for South Australia, because this Minister and this Government are about radical and wholesale change of the health system in this State. The Opposition is in favour of constructive reform of the Health Commission, but we are not about allowing the Minister to do that on his or her own whim. We expect full consultation, and on such an important issue we expect that the community will be brought into the consultative process.

Last week this Minister came into the House expecting to pass the Bill in one two-hour session of the State Parliament in the Lower House. That was an extremely arrogant way to treat this Parliament because, whilst this Opposition may be small in numbers, we will not be derelict in our duty to put this and any other Minister under wholesale scrutiny to ensure that at the end of day the Bill is one with which South Australians can live. The reality is that this Government does have a mandate to replace the Health Commission with a department, and it is not an issue with which I necessarily have any problem, but I do have a problem when the Minister brings into this House a very complex and detailed Bill without an opportunity for me to scrutinise it. It is only fair that I, as a local member of Parliament, be given every opportunity to scrutinise a Bill, and I take exception to the speed with which this Minister has attempted to rush through this legislation.

I am one member of this Parliament who will stick up for health care in the western suburbs. Along with my colleague the member for Spence, I care about things like the Queen Elizabeth Hospital. Unlike the member for Lee, from whom one hears nothing about the future of that hospital, I must say that it is an important institution to me: it is important for my constitution. I do not resile, shrink or run away from the issue as does the member for Lee. I am prepared to stand in this place and support the Queen Elizabeth Hospital.

The Hon. M.H. Armitage: Therefore you want to amalgamate.

Mr FOLEY: No, I oppose the amalgamation of the Queen Elizabeth Hospital. That is a retrograde step. It is a move to reduce the services provided by the Queen Elizabeth Hospital and I am one person in the western suburbs, along with my colleague the member for Spence, who is concerned about providing health care for the people in my electorate. There has been a proud history of the members for Lee, Albert Park and Hart standing up for the Queen Elizabeth Hospital. Norm Peterson did and Kevin Hamilton certainly did. Kevin Hamilton was the man who walked to Port Pirie and raised a quarter of a million dollars. What has the member for Lee done for the Queen Elizabeth Hospital? Absolutely zip! Unlike my neighbouring colleague the member for Lee, I always rise in this Chamber to defend the Queen Elizabeth Hospital.

The issues of concern for me and the Opposition are the powers that the Minister will have. I want to put these powers to the full test of Parliament. With this legislation, the Minister will have the power to close or amalgamate any hospital or health service at will and without reason. He will have the power to determine the number of beds in any hospital, which will allow him to make decisions based on political expediency more than community need. He will have the ability to keep secret the most fundamental planning document which outlines policy strategies and guidelines and to change such documents without any public consultation or the approval of Parliament. He will have the ability to dissolve hospital boards and to sack all or any hospital board members and directors. He will be able to remove Health Commission staff from security of tenure by placing a good number of them on contract employment. He will also be able to steal hospital assets by closing down country hospitals and handing over buildings and equipment to any appropriate community organisation or public body, and all from a Party that is all about protecting the country.

This Government went to the last State election saying that it would spend more on health. This Government has one mandate and that is to spend more on health. What has it done? It is spending less. This Government is spending $65 million less on health over the course of the next three years as against its pre-election commitment of $50 million. I remember watching the then shadow Minister for Health in this Chamber. What did the member for Adelaide say to the member for Elizabeth when he was Health Minister?

The Hon. M.H. Armitage: 'Move to Canberra; that is where your future is.'

Mr FOLEY: He took your advice. We would hear the bleeding heart story. The member for Adelaide would grandstand in this Chamber, mentioning individual cases. What happens when we relate a few individual cases back to him? He cries that it is a shocking way to treat the health debate in this State. Things have not got better since the member for Adelaide has been Minister for Health: they have got worse.

An honourable member interjecting:

Mr FOLEY: I beg your pardon. The waiting lists have expanded. There is a crisis at Flinders Medical Centre, where the Chief Executive Officer has resigned. There is a crisis situation at the Queen Elizabeth Hospital, and a private management structure is being put into place at Modbury Hospital against the wishes of the community.

The Hon. M.H. Armitage interjecting:

Mr FOLEY: Well, the Minister should listen to the member for Wright privately outside this Chamber. He, for one, is very concerned about what is happening to the Modbury Hospital. The Royal Adelaide Hospital is getting inadequate support and services from this Government and, back in my part of Adelaide, we are faced with the almost forced closure—dramatic as that sounds, it is very close to the truth—of the Queen Elizabeth Hospital. Such a fine institution has been reduced to near crisis point as this Government drains it of vital funds. It is with despair that the member for Spence, the shadow Minister and I can only do so much in defending the Queen Elizabeth Hospital. I only wish that my colleague the member for Lee would show some desire to keep that hospital open. I have received a flood of inquiries from constituents in the Lee electorate who have come to my office wanting my support in keeping the hospital afloat.

There is a distinct difference between the Labor Party and the Liberal Party when it comes to health. We in the Labor Party think that everyone, regardless of their station or position in society, should have access to good quality health care in this State. That is where we differ in philosophy. The philosophy of the Liberal Party is, 'If you can afford it, you get it. If you cannot, bad luck.' That is where we differ. I am

proud to defend Medicare against that doctrine of the Liberal Party.

Once again, the Minister has treated Parliament with contempt by ramming through legislation. This is becoming a trait of this Government which is causing me some concern, although the Minister for Health is not the only one. The ramming through of legislation, crunching the numbers, bringing down their sheer weight of numbers on legislation and shoving it up to the Upper House to put pressure on our colleagues up there so that the Government can get through its radical reform agenda with minimal public scrutiny is of concern. It has done so with water, the Modbury Hospital, EDS—on every conceivable piece of reform. The Government is afraid to put it under public scrutiny.

The chief executive officers of the country hospitals saw this legislation only in the past week or so. Country hospitals, which could well be the most significant victims of this Bill, have been in receipt of it only for some 10 days. In what contempt does the Government hold country hospitals if it can give their CEOs 10 days to look at such a piece of legislation! What is the Government hiding? What is the problem? The Bill will take some time to pass this House, as is our right. We may not have the numbers but we will use all available processes as the shadow Minister puts the Minister for Health under intense scrutiny.

The Hon. D.C. Wotton interjecting:

Mr FOLEY: The Minister for the Environment and Natural Resources is a also culprit of this habit of ramming through legislation that affects people, but they cannot expect Parliament or the Opposition to support it.

We believe there are a number of other deficiencies in this legislation. There is a total lack of consultative process in the management of hospitals and the health system, with all power to the Minister. The Bill does not guarantee that major undertakings given by the Minister to the health sector in discussions leading up to the Bill will be implemented. Words but not action in this Bill! We are left with a 'trust me' attitude from the Minister and 'trust me' promises. I have to say that this Minister's (and this Government's) track record on honouring promises is not particularly good. What was its promise before the election? Spend more on health. What do we get? We get less.

The Bill does not provide adequate accountability by the Minister and his new department and chief executive to Parliament and the public. As this Minister goes out and hands out our State hospitals to private management, we have no accountability. This Minister will strike a contract with X,Y and Z company—for example, Healthscope—to run Modbury Hospital, but how do I as a member of this Parliament have the ability to scrutinise what Healthscope is doing? I want that question answered.

Mr Rossi interjecting:

Mr FOLEY: The member for Lee has not earned the right to debate this issue. He is absolutely negligent when it comes to health issues in the western suburbs. How do I get to scrutinise the performance of Healthscope? I cannot. The Parliament cannot scrutinise Healthscope. When Queen Elizabeth Hospital is privatised, how do I as the local member have any ability to scrutinise the Minister of the day on the activities of that hospital? I find that a horrific prospect. Let us think this issue through.

I would have thought, with all the rhetoric from members opposite and their experiences of the past which they are all too ready to highlight—about the State Bank and the SGIC, about the issues of arms length government—that they are coming into this place and implementing arms length government for our hospitals, our public transport system, our water system, our computer system and our prisons. They have learnt no lessons. They are driven by an ideology that was wrong for the 80s and is wrong for the 90s. The problem is, as the Minister for Housing, Urban Development and Local Government Relations so eloquently put it the other day, they are simply taking the advice of their bureaucrats, their advisers.

Members interjecting:

Mr FOLEY: If you want to risk your political careers on blindly accepting the advice of bureaucrats, good luck. This Bill is also very silent on access and equity objectives, and the requirement of high quality health care comes a poor second to the economic and efficiency considerations required of health units. The Bill lacks adequate legislative protection for existing employees within the system. The Bill also contains some outdated and offensive terminology such as the reference to the mentally handicapped in clause 5, hospitals becoming incorporated service units and people becoming human resources. If that is not bureaucratic jargon, I do not know what is. Like his colleague the Minister for Housing, Urban Development and Local Government Relations, the Minister did not read the briefing papers before he signed off on it.

Of course, there is no mention in the Bill of advisory committees which are provided for in the present Health Commission Act. Aboriginal health is not even mentioned once in the Bill. This is a Minister in the same Party as Alexander Downer whose great foray into northern Australia made Aboriginal health such an important issue. In a substantive Bill such as this, there is not one mention of Aboriginal health. The Minister is also the Minister for Aboriginal Affairs. How does he answer that? I would like to hear that. There is no provision for a body to deal with health complaints, a requirement under the Commonwealth/State Medicare Agreement which this Government has strenuously avoided since it came into office.

The Hon. M.H. Armitage: I've heard that four times.

Mr FOLEY: And you are going to hear it again, Minister, because the good points are worth repeating. It is a bit like what the member for Unley said about your continual repetition: the good points are worth repeating, and repeated they will be.

Mr Brindal interjecting:

Mr FOLEY: In the final few minutes left to me, I just want to say that, unlike the member for Unley, I come in here and talk about policy. I come in here and talk about substantive issues. I do not come in here and grandstand for 20 minutes, talking rhetoric. I talk substance. I get to the core of the issue, as does every member of the Opposition. We do not come in here as spokespeople for the Minister of the day. We are not lap dogs to the front bench where we have to come in and get in behind the Minister.

Members interjecting:

Mr FOLEY: I have to say that, to hear the member for Unley—

The SPEAKER: Order! There is too much audible conversation.

Mr FOLEY: Conversation? They are shouting at me.

The SPEAKER: I would suggest to the member for Hart that he concentrate on the debate and ignore the interjections.

Mr FOLEY: Sir, it is just very difficult when—

Members interjecting:

The SPEAKER: Order!

Mr FOLEY: I am interested to hear the member for Unley make reference to the Minister as such a fine Minister and such a very important part of this Government. Whenever I hear members such as the honourable member make those comments, it does worry me. There is always a hidden agenda behind those sorts of comments. I just say to the Minister: watch your back, son; the member for Unley is getting restless. He has heard about the reshuffle rumours. He is in here talking about—

The SPEAKER: Order! I would ask the honourable member to confine his remarks to the Bill.

Mr FOLEY: Thank you, Sir; I will.

The SPEAKER: Order! The honourable member's time has expired. The honourable member for Chaffey.

Mr ANDREW (Chaffey): I am delighted to be able to get some basic rationality back into this debate, like the rest of my colleagues on this side of the House who have spoken very positively on this health Bill, and unlike the member for Hart and his presumed colleagues on the other side, who have just used emotion and irrationality. They have had no logic and no sanity and have not even had the ability to draw on the real facts embodied in this Bill.

I am pleased to support this Bill on the basis that it promotes the necessary framework to provide a more efficient and accountable structure for a better health service for this whole State. I believe it will provide a better and more efficient health service—

Mr Atkinson interjecting:

Mr ANDREW: Undoubtedly, and ultimately down the track for my electorate of Chaffey. Moreover—and I will use facts as distinct from the member for Hart's speech—if we consider a little history and background to this Bill, we note the figures presented in the Audit Commission report, indicating that the rate of utilisation of hospital services in South Australia is approximately 12 per cent greater than the national average. In light of the financial debacle left as a legacy to this State by the previous Government, there is undoubtedly a need to be confident that we will get the best value for money out of our future health services—

Mr Brindal: Especially for the Riverland!

Mr ANDREW: Especially for Chaffey; I thank the member for Unley for that interjection. Consistent with this, I note the comments in the last (1993-94) annual report of the Health Commission, identifying five priority areas for country health. These included the need for access to a range of high quality services; the fact that primary health care principles should be applied to planning and service delivery in country areas; the use of an appropriate number of suitably trained and experienced health providers; the need to reduce the inequality and outcomes for Aboriginal health; and also to structure the principles for rural health services.

These were noted in the 1993-94 report and are all part of the package, together with the Audit Commission report, incorporated in the Bill. The electorate of Chaffey, which I represent, is well served by the current health system but undoubtedly it can and will be improved upon.

Ms Stevens interjecting:

Mr ANDREW: I will come to that later. Chaffey is well served by the Berri regional hospital and the regional community health service, which is jointly administered with four other hospital facilities that provide a fine level of service. We have the local community and public hospital, as I have indicated; we have visiting specialist services; and we have private health services, but acknowledge a need to travel within (as well as outside) the region to access some services. In itself, this involves extra time spent in existing hospital beds in the region and it also creates transport problems. Sometimes there is the potential for confusion over responsibility for the provision of these services within the region.

As a result, clients in my region often must seek treatment outside the region at an additional cost to themselves and the local health services, and so there is some leakage of services to the city, which undoubtedly works to undermine the services available in the region, also undermining the professionals providing that service as well as the community confidence in it. I will refer to that leakage of services shortly. I am pleased to support the reforms which will facilitate the restructuring of health services in this State and so enable people within the region to make a better arrangement with service providers and provide a greater accountability for the health dollars spent.

We are now 20 years on from the establishment of the Health Commission and there have been changes in health expectations. There have been changes in research and development and changes with the ageing of the population and treatment practices. There is no question that they are now less intrusive and traumatic. Technology is more sophisticated and expensive in the delivery of those services, and health services now cannot be equated with the number of hospital beds in a formal sense as they used to be, but that is merely a reflection of the nature of the development of health services throughout western society.

We have some fragmentation of services and, as has already been noted from this side of the Chamber, we have about 200 health units in South Australia at the moment. There is no question that they can work against providing an integrated and coordinated service for consumers. Because of that the current Act allows for services within the ambient of Royal Adelaide Hospital or Queen Elizabeth Hospital right down to the provision of small country health services, and that tends to create inefficiencies in terms of their response and coordination directly to the Health Commission.

We need to recognise the cost comparison which indicates that South Australia spends about 6 per cent more than the national average on health services. This is primarily a result of above average levels of service delivery. So, the State health system should concentrate on understanding the health service requirements of the community and obtaining them from the most efficient and effective provider from any sector, whether it involve the Government or non-Government sectors. The purchaser/provider mechanism with respect to country people to be enacted under the new legislative framework ultimately will provide a significant net beneficiary mechanism to country health service consumers.

First, a significant number of country patients receive uncomplicated medical and surgical services in the metropolitan area. It has been indicated that there is no technical or quality reason why such services should not be provided in country hospitals, and all it serves to do is undermine the viability of some of those country services. In so doing, it limits the ability of those country services to improve services in the country hospital network. Therefore, under the proposed system via service agreements the country health purchasing office can make decisions that such services should not continue to leak and otherwise find ways of getting those services back into the country hospital system. That should ultimately help improve the opportunity to have greater retention of country GPs in our region and further

help provide an attractive incentive to improve specialist services in country areas as well.

This purchaser/provider arrangement will provide a significant shift in the buying power towards the country purchasing office, which under this arrangement will hold funds and will be able to exercise significant and real purchasing power in obtaining those services from the metropolitan providers. I am confident that this purchasing power will have many substantial benefits for country people. While I endorse the implementation of this purchaser/provider model as part of the legislative framework for this reform and as a means to restructure health services, it is important specifically that it not institute an organisational structure without having the flexibility to adjust to changing expectations and practices and to the changing realities of demographics and cost impositions as technology advances, and it must be able to adjust to all the limitations of the resources available to the Government.

As to this purchaser/provider model and notwithstanding the comments I have made, I acknowledge that the planning functions of the metropolitan and, in my case particularly, the country purchasing office depend on linkages to the community. While it is acknowledged that there are large areas in the State with small communities and with diversities within those smaller communities, the country purchasing office will have no easy means available to undertake such planning. Therefore, it is imperative that this planning process is thorough and equitable. I know that the Health Commission is aware that resource allocation models for country regions may need further development. For the purchasing officer to effectively and efficiently perform this role, there must be confidence in the models.

While the purpose of legislation is to enable much greater flexibility in accessing services, in the first place the needs and priorities have to be identified and then I am sure the resources will be available to utilise the system. I am sure that in his concluding remarks the Minister will reassure country people that country areas will not be disadvantaged in the process just because they presently do not fit into a commonly used model. The legislation also encompasses the framework for the existing operation of casemix funding and, even though it has taken some implementation over the past 12 months, the fact that the Commonwealth has endorsed it as a mechanism for modelling of health funding—I understand all States will be using casemix funding procedures as from the next financial year—is sufficient endorsement that casemix funding, about which we are adamant, will work as part of the Bill. I also want to congratulate and thank the Minister for the level of consultation he instigated.

Members interjecting:

Mr ANDREW: Members opposite may smirk and smile. Let us go back to late last year when the Minister and the Government were developing the framework and the options in terms of how this legislation was to be formulated. I remind members opposite that the Minister positively and publicly went out to country communities and was very amenable and receptive and offered two options in terms of regionalisation—

Ms Stevens interjecting:

Mr ANDREW: That is exactly what happened. There is no doubt that the legislation before the House today is a clear and direct reflection of the consultation that occurred late last year. There is no question that, because of that consultation and because country communities have been given the opportunity to choose one of the two options, there is clear and widespread acceptance. In my electorate, by a majority decision, option 2 has been chosen by the local boards. That option was chosen through a democratic process, and that is what is being reflected. It will remain their choice, and I know the Minister has already indicated that and will continue to indicate that publicly.

Naturally, the Bill must provide the open framework and flexibility to allow local boards to ultimately choose whether they continue to stay or move. If they see greater benefit in option 1, that is entirely their choice. As part of the progression of this Bill, and since it has been distributed to country boards over the past 10 days, I have made a very determined attempt to consult with my electorate. I have telephoned board members and received numerous telephone calls from a wide spectrum of members from hospital boards throughout my electorate. I would have to say that only one indication of concern of any consequence has come from a board member, and that was raised in a general sense in respect of the powers of the Minister and the chief executive officer. I note also in my electorate—

Ms Stevens interjecting:

Mr ANDREW: One board member out of five hospital boards in my electorate. I also note the comments made from the other side, and some concern has been raised in my electorate on behalf of the Country Womens Association. If it had wanted to examine the legislation more closely, I respectfully point out that, before running off to Opposition members, it should have consulted with either me or the Minister. We would have clearly put on the record that those powers, about which it is concerned, already exist in the current Act. Over the past few years the association made no attempt to express similar concern to the previous Government.

When it is dealing with something like $1 400 million in respect of the health budget, it is quite appropriate and relevant for the Government to have the ultimate say. It needs those executive powers under special and unique circumstances. It cannot be responsible for delivering the health budget unless it has reserve powers. I know those reserve powers will be used sparingly. Historically they have been used sparingly. There is no logical reason why they should be used in any other way but sparingly and with good reason, and there is no logical reason why that should change.

I believe that those concerns have been whipped up by emotion and without any formal justification just to give the Opposition a lot of noise and a lot of blah. As I have indicated, when the Government has the responsibility to deliver that amount from the State budget how can we, as a Government, be held responsible unless we have the ultimate decision making power? As has always been the case, local country communities and local country boards will be acknowledged and listened to in terms of their needs. I note that the Bill specifically provides for 'continuing consultation' and working with local government departments and local government associations in country areas.

The right of repeal—which is in the Act at the moment—remains. It was the previous Government that closed country hospitals. We have no such agenda. We are on the public record as giving a firm commitment not to close country hospitals, and I am pleased to stand by that and be part of a Government that has given that commitment. The only other comment of concern relates to the disposal of community assets. We all know—and this is very clear in the current legislation—that the majority of community assets are owned in the form of charitable trusts, or something similar.

They require special legislation or, alternatively, a Supreme Court order to dispose of them and, for the life of me, one can only be responsible as a Government to recognise that instead of being alarmist. Country hospitals and health service units are a fundamental core to the quality of life in South Australia. Country communities place a very high value on health services, not just the need to access them but also for the social and economic role they play in the wider community. Support for those services and facilities is not just historic: it is part of the fabric of our local country communities.

I feel very confident that this Bill will ensure that local community health services and the fabric that they represent and are part of will be enhanced through the ultimate delivery of more efficient and effective health services. This Bill moves the delivery of health services in South Australia into the twenty-first century and provides a more modern, flexible and accountable structure for creating a better health service in this State.

The SPEAKER: Order! The honourable member's time has expired.

Mr QUIRKE (Playford): My wife and I have been consumers of the State's health service in recent times, and I am quite proud to tell the House that the Queen Victoria Hospital has provided an excellent service and, indeed, was still providing an excellent service as of 10 minutes ago when I left there.

The Hon. M.H. Armitage interjecting:

Mr QUIRKE: I can tell the Minister about the casemix problem in that hospital. It is quite a topic of conversation amongst some of the staff. However, I do not want to waste most of my time here tonight because I have waited five years for this Bill. I have been in this place five years and I have been waiting to have a full-blown debate on the Health Commission. The Minister should be ashamed of himself for giving the Opposition only a few days to deal with this matter. The shadow Minister has done an excellent job of screwing together three or four batteries of amendments that no doubt will keep us very busy tonight—

The Hon. Frank Blevins: Miraculous.

Mr QUIRKE: Indeed, as the member for Giles says, it is a miraculous job, and no doubt it will improve further still as this Bill marches up the corridor before we come back. Minister, you really ought to reflect on why we are here so late tonight with so little notice on this Bill and how that situation has come about. Having said that, the Opposition is always in the business of providing good and efficient health services, and all of the constructive comments on this side of the House are aimed at ensuring that justice is done.

Now I want to do my bit of justice on this organisation. In five years I have been amazed at some of the health units and the way that they have conducted themselves in what could only be described as a vacuum. That needs to be said. Unfortunately, the Health Commission as such—the idea of setting up an organisation to achieve a large number of things and keep itself at arm's length from the Government, which means the purse strings, and do things properly—in general has been a failure.

I am somewhat chastened by the fact that there is not a gallery here tonight. I do not know what has happened. The last time I spoke on health in this place was a couple of years ago in the Estimates Committee, and there were 127 in the gallery. I was absolutely shocked that day when I saw 127 hanging around up there, on the floor and everywhere. I wondered who was running our hospitals and what would happen.

I remember asking a question on mammography. The 127 did not know anything about it, so they had to get another one who came in and told us all that we wanted to know. The answers were very good, I found out what I wanted to know, and in the follow-up questions it turned out to be accurate information. However, I had some concerns about there being 127 of them in the gallery. I note that the following year there were only 80 or 90. At the end of the day a large number of staff did not appear to be gainfully employed at the Royal Adelaide, the Queen Elizabeth or any one of the other coal face institutions where health services are delivered in South Australia. I am sure that they are all gainfully employed and that through that whole process—

The Hon. M.H. Armitage interjecting:

Mr QUIRKE: Well, I doubt that, Minister. We went through that whole exercise that day and used the skills of probably a dozen of them. However, at the end of the day there seemed to be a rather top heavy organisation. I agree with the member for Elizabeth that we shall be constructive and will seriously look at health service provision in South Australia, because it is a very serious business. Indeed, it is time that more control was absorbed at the central level. The problem is how much control. Certainly there has to be a balance. The amendments that will be moved by the Opposition will seek to strike a proper balance in that respect.

I should like to put in a cheerio here, because I am sure that many of those whom I mentioned who are not in the gallery tonight will read the *Hansard* report. The cheerio is to the Salisbury Health Service. Since Michelle Faulkner got hold of that outfit about 18 months ago, she has done a good job. I want to say that before I tell the truth about the rest of the organisation. She picked it up when its relationship with me and other members and persons in my community was at rock bottom.

Most health services are into preventive health medicine, or whatever one wants to call it, and they do a reasonable job. They have programs, some of which are very interesting and others we wonder about the benefits of. But Michelle has made sure that some of those programs, even the way-out ones, have stayed in my community. The others, before her time, had a commitment that they would take everything they possibly could out of the electorate of Playford and the other, as they put it, wealthy electorates and take it to where it suited them. It was a strategy that largely worked.

I frustrated and stopped a few bits of it. I raised a few matters in the House and saw the then Minister for Health and pointed out that he could save himself a few hundred thousand dollars if he did not agree to build a smaller building than the one they already owned at Ingle Farm. I said that he would be doing me a favour—that is, he would save himself a few hundred thousand bucks—and at the same time ensure that some of the services, such as the creche service which was essential to the single mums in the poorest part of my electorate, would stay, because they had no intention of building it up again. Some of the other officers who were responsible for the programs would remain in the old building, but when the new building was built there would be no place for them. Unfortunately, he told me that things were too far advanced on the whole thing and that deals had been done with the Salisbury council, none of which went near me as the local member. In fact, I was concerned about that, so I asked my predecessor, and he told me that they did not ask him, either.

When the Hon. Martyn Evans became Minister for Health I took the same proposal to him. But the Health Commission had thought that one out. They got all the documents signed two weeks before he took over to make absolutely sure that they had their new building. The tragedy is that it cost $200 000 to lose half of the services in my electorate. I do not know where those services have gone, but they are not in my area.

I do not have a lot of time tonight, but I could tell the story of the bus that was bought with local funds and was assigned to the Health Commission through the Salisbury Health Service. It performed a wonderful task. It used to pick up pensioners and take them for medical services. It also did something else: it took them shopping. In my electorate that is not a bad idea, given that it is up and down the side of a hill.

In 1991 I received a very impudent letter from the Salisbury Health Service directing me to attend a meeting in six weeks, and they demanded that I scream at the local council because it was not putting on a bus that they were taking away and putting somewhere else. This letter told me that I ought to look to my future, so I did. I rocked up there that night with my local Federal member and between us we made sure that we had the numbers. What is more, when we got there we found that we were to get a lecture from some poor individual, who was pulled out of the STA, on how to route buses. For about 10 or 15 minutes he told us how they worked out timetables, which was wonderful information! Then someone else got up and said this, that and the other. Unfortunately for the people who set this up—the Salisbury Health Service—there were 186 people in the audience. The Federal member and I, with the bus that they were trying to get rid of, made sure that those people rocked up there that night, and unanimously they passed a motion of no confidence in the people who were running the show.

It is a community-based organisation, and I am spending too much time on it, but I could speak on this topic for hours, because I have many stories about this organisation. I have been waiting years for this opportunity. I will mention one other story. Not only were they not chastened after the bus episode, but they came to my office and wanted to know why we were so unreasonable about the whole thing. In fact, one of the officers told me that these services were not needed in the area any more or they did not want to service this community and they wanted to shift somewhere else. Then they let slip that there was to be an annual general meeting at which they were going to elect the board. I thought that was a great idea, I spoke to my local Federal member, and we decided to have some say in who was going on the board. I have been in a lot of branch operations in my life and I have a bit of a reputation for—

Mr Venning: Stacking meetings.

Mr QUIRKE: The member for Custance says, 'Stacking meetings.' I offered to help his preselection last year, I offered to give him some advice, but there are some people, I have to tell the member for Custance, who are better at it than me, and they are the Salisbury Health Service. When I got there, not only did they have it all sewn up but they had everybody lined up to go on this community consultation board—and they all approved of what the Salisbury Health Service was doing. Large numbers of them even worked for the organisation in different places. It was one of the better episodes that I have seen.

I should watch what I say, but the only other episode in my life was when Don Dunstan asked me to stack out with the Hon. Trevor Crothers the Freedom from Hunger campaign. I do not really want to go into that too much, but the Hon. Trevor Crothers was elected that night as the President of the Freedom from Hunger campaign.

An honourable member: What about you?

Mr QUIRKE: I didn't run for any positions. That was seven or eight years ago. The Hon. Don Dunstan told me a certain set of rules on the way in but unfortunately they were a bit fast for him as well, and he was not elected. However, all credit to the Hon. Trevor Crothers—he managed to get up. He made a very good President of the Freedom from Hunger campaign, and it has had a lasting impression on him and the organisation ever since.

Under Michelle Faulkner the Salisbury Health Service is much better. However, it is pretty difficult to go to town to talk with the Health Commission about various things, because it consists of about 101 tiny boards all over the place. I admire all the previous Ministers for Health because I would not have put up with some of the things that went on in that organisation for five minutes. I take my hat off to Martyn Evans, as I think he struggled pretty hard with that organisation. I do not know how long he or the Ministers before him dealt with it.

However, I do remember when the Hon. Don Hopgood was responsible for that organisation. On one occasion the Health Commission was doing something else that upset me and a large number of my constituents no end, and I told the Minister that we had a problem. A member of the health service wanted to speak to me but the bosses directed her that, under no circumstances, was she to go near my office and tell me what was going on. I asked the Minister about that, but I was told by the health service not to worry about it, because the Minister would back it up; it was used to it.

But there was another player in this and that was the Speaker of the House, and I pointed out that interference with the workings of a member of Parliament was a breach of parliamentary privilege and that, if she ever did it again, the matter would be dealt with in Parliament. I must say that that officer became so upset at what she saw going on that she resigned her job and left, and so did every member of that team, because this is the silent way in which bureaucracies like this function. I hope that my speech is read by large numbers of people in power in that organisation, because I would hope that through this whole legislative program, namely the Bill and the amendments of the shadow Minister and whatever happens in the other place, we will start to see some very effective use of health dollars which I believe are wasted in interminable bureaucracy.

While I am giving out advice tonight—and I might be in trouble when I finish it—I want to say that our Federal cousins really ought to get the message about private health. I remember about 25 years ago buying a car from a car yard. It signed me up to its finance company, and its finance company signed me up to its insurance company. When I had an accident, I had to take the car to their crash repair shop and they all ripped me off all the way through.

Mr Venning interjecting:

Mr QUIRKE: No; it was not the Volvo. It was an old mini that I have seen on the road while I have been driving my Volvo, and I have pointed out to the guy that I started out in that mini. The point of that story is that that was the Laurence plan last year: you would have a few doctors sign up, you would have a few friendly hospitals that would charge discount rates and that would be how you would keep insurance down. If that is private insurance, I do not think

many people are going to want it. There is one simple way to solve the problem but it may be too expensive for the Commonwealth, and that is to make private insurance tax deductible. It will cost about $3.5 billion to make it tax deductible, and the Federal Government really needs to take a close analysis as to whether it will get off the top end of its Medicare bill the same amount of money. I suspect that at this stage it will not.

An honourable member interjecting:

Mr QUIRKE: The member for Kaurna refers to a motion, but I suspect that is probably premature. It may be better and cheaper for the Federal Government to inject another $2 billion into the health budget to solve the waiting list problem than giving a tax deduction, but that I do not know. However, I would suggest that health in Australia is a $30-plus billion business now; it is a very large slice of our economy, and it is growing. I understand that the outlays last year were about $34 billion and they are growing at a dramatic rate. Indeed, health services in Australia were 4½ per cent of GDP 15 years ago: they are now 8 per cent and still growing.

We are an ageing community and at the same time we are also a community that has the best medical technology available, and that costs a large amount of money. As a consequence, South Australia is at the downstream end, as are all the other State Governments, and I am sure most members—certainly the members on this side—are committed to the Medicare system. We want to see the best Medicare system implemented in all our public hospitals in South Australia and that is going to mean dollars going where they are the most effective, where they were intended to go, so that this expensive technology that we now have can be used effectively for all persons in the community and not, as some would have it, those who have the means to pay for it. I am committed to public health: I am not committed to large amounts of bureaucracy that soak up very large funds that are needed in our hospitals.

As a consequence of that, although unfortunately it has started in this way and we have had very little notice of it, this debate is a fundamental and crucial one, because we have to deliver this service. It is our job to deliver this service, and my hope is that through this process of debate we will deliver it effectively and efficiently.

Mr VENNING (Custance): I support this Bill. Country hospitals play a vital role in their community, as you would know, Mr Speaker. I have served on a hospital board for a period of nearly five years, and nothing has given me more grief than to consider the reason why we are debating this Bill tonight. We have to consider health as we do all other Government services—to maintain the best possible service for the least cost. Why? Because we have been reduced to a high debtor State to the extent of $9 billion due to incompetent management by the previous Labor Government. Everything we do has to be focused on what was done before. So, in our situation today, everything has to be dollar based because everything has to be paid for. If we do not take these measures now, the future of this State will be very bleak indeed.

The standards of health care in our hospitals is world class, but the health system in Australia is in a terrible state. The movement of people from the private health system into the public health system is leaving massive shortfalls in health costs, and this Government has to pick up the tab. The Labor Party's record in this area is disastrous. Both the Leader and the shadow Minister, the member for Elizabeth, said in the House today that we will take over and close hospitals. What hypocrisy! The Opposition is resorting to smear campaigns and scare tactics. I was in the middle of the closing of the Blyth Hospital, and I know the hypocrisy that went on then. What selective memories we have in this place!

What about the others? Consider the record again. They say that this Bill will enable us to close hospitals. What about Blyth Hospital; what about the rationalisation of services at Tailem Bend, Minlaton, Onkaparinga and Laura? Are these mirages in the desert? The previous Government made these changes under the existing Act. The Laura Hospital was saved only by last minute intervention by very competent local members, and we are still trying to undo the ridiculous public versus private ratio that former Minister Evans put up. This Government is unable to undo that, although I know that the Minister is doing all he can to unravel it.

What a ridiculous scenario that was—to lock all hospitals into this private to public bed ratio, and if the ratio got out of kilter you lost funds or you faced a penalty. It was a totally ridiculous and crazy situation and I am amazed that we are still locked into it. Commonsense was not even considered when this was done. In hospitals you do not know who will come to the door; you do not ask whether a patient is publicly or privately insured. You take them in because they are ill and require service; you do not ask whether they are publicly or privately insured before you admit them. The whole thing is totally ridiculous and ludicrous.

Under the present Act these hospitals were closed, so this Bill gives no more powers than we already have. This scare tactic has been going around. The record is there for all of us to see. Scare tactics about the control of local assets have been used in many of our hospitals. I had contact from both Eudunda and Kapunda hospitals. The member for Elizabeth told us she had a word from them, and I will get back to them. Scare tactics were involved, and one rumour was that the Minister would remove control of local assets from local people. That statement is rubbish, because the Minister can only recommend the disposal of assets. The Governor has the power by proclamation. Cabinet also has to agree to that proposal. The existing legislation has similar provisions about disposal of assets and liabilities. That is in the current Bill. Likewise, we have been informed by the honourable member that there is a problem about the lay-off of staff, but the whole thing has been a complete beat-up.

Under option 2, in relation to regionalisation, country purchasing powers and the purchasing providers will or should mean big savings. The change from the Health Commission to a department of Health is a good move. As in the old days, there will be devolution of decision making into the areas where services are provided. That sounds to me like good, plain commonsense. Local budgeting will add incentives. A contestability policy has been introduced, calling for the establishment of performance benchmarks; closer involvement with the private sector has been embarked upon; and the bottom line, as always, is quality, efficiency, effectiveness and value for money, and I also add the word 'compassion'.

The central office will be reorganised to implement the purchaser provider model for each of the two regions, the metropolitan area and rural and remote South Australia. It is no longer appropriate to view the role of the State health systems as principally to provide all health services required by the public. Rather, the State health system should concentrate on understanding the health service requirements of the community and then obtain the necessary services from the

most efficient and effective provider of high quality health services, whether the private sector, non-government organisations or traditional public sector organisations.

One of the key objectives behind the introduction of the purchasing provider arrangements is to introduce competition into the provision of some public health services, thereby using competitive market forces to drive down the cost of these services whilst maintaining quality. This has become a basic benchmark in the wider community not only here but also in almost every country in the world, particularly our Asian trading partners for whom this is now the benchmark—accountability of all services, be they Government or private. We all have to be accountable. When we move away from this principle, we see the massive cost blow-outs we have had in the past.

Further objectives are to provide a focal point for consumers to access more directly decisions about service priorities, to facilitate a more rapid service response to new or changing health needs and to create real purchasing power for budget holders. The reorganisation will thus see a purchasing function established in the department—a metropolitan health purchasing unit and a country health purchasing unit—drawing on the current resources of the metropolitan and country health services. The funding and purchasing it involves will be separated. This seems to be basic commonsense, because we will see this area split into two, and we know the areas are quite different. There will be incentives for the regions and others to do their budgeting and prune their budgets and to make savings. If savings are made, the various hospitals and regions will be able to maximise those savings and use them under their own management.

I have also heard the scare tactic that the Minister has said that we will be going on to option 2, that is, setting up the regional controls which will control the actual budgeting. The Opposition is saying that after establishing this we will very deviously change over to option 1 in the regions and take the controlling power away from the local hospital boards. I totally refute that. If that ever could or should happen, I will be standing there to stop it, particularly in relation to those hospitals that do not wish to go that way. It is very cheap politics to say that will happen. The hospitals right through my electorate have accepted the principle that the regional boards will be set in place, with all hospitals having representation directly to the regional board, and the regional board doing the sharing of the budgeting. The local hospital boards—the boards which are closest to the hospitals and closest to my heart—will always be involved with the actual running of the hospital, having control and their fingers on the pulse of the hospital. I am confident that that will be the case. As I was on the board of the Crystal Brook Hospital, I knew exactly—

Mr Caudell: When was that?

Mr VENNING: It was five or six years ago that I was a member of the District Council of Red Hill and I served as the council representative for about five years. The board was very efficient and we made various savings, but there was no incentive to do that because eventually the system took the money away. One had to either stash the money or make it appear that you ran a very slovenly outfit. It did not stack up. There was no incentive for the board, administrators or doctors to be frugal in what they did. This is why over the years the health system has become what it is—very cost ineffective and, while providing a very good service, certainly not giving good value for the dollar. I know that we are in straitened times, and the boards in my area are the first to appreciate that they can live under this new regime with the Minister setting down the guidelines. I have confidence that the Minister is not trying to hoodwink or con any of us, because these are basic guidelines to which we can all adhere and which we can use. For the Opposition to come out in this House today and say it is all a big con is totally ridiculous and an absolute travesty of justice. It had its chance; look what it did to the system and what we inherited. A total shemozzle could not be any worse.

Whatever the final result, I am confident that this Bill will go a long way toward bringing South Australian health back into the realm of efficiency, service, quality and value. I know we cannot anticipate all that will happen in the months and years ahead, but this is a good indication. I want to assure all hospitals, particularly country hospitals and more particularly those in my electorate of Custance and later Schubert that, irrespective of what the future holds and whatever happens after this Bill, I will always give my total support to our hospitals, the local boards and regional boards who run them and the committees who support them. Hospitals are a key part of our communities, country and city. Many communities built those hospitals and have raised money to help run them. The Bill is a blueprint for all this to happen. I will watch its development in the months and years ahead with great interest. I congratulate the Minister and commend the Bill to the House.

Mr CAUDELL (Mitchell): I should like to comment on the remarks made by previous speakers. The diversification of opinions from members opposite is amazing. A couple of them really got stuck into the Minister for Health, accusing him of every ill that has hit our hospitals since the plague. However, the member for Playford had a very responsible attitude, and it made me wonder where the others were coming from. Maybe there is a bit of division in the Labor Party in relation to the formulation of its health policy. It is obvious that the comments of the member for Elizabeth and the member for Hart had no relationship to those of the member for Playford. Listening to the member for Playford made me think about the health problems facing the residents of my electorate, all brought about by the scorched earth policy of the former Labor Government and its Bankcard diplomacy. As we know with Bankcard diplomacy, at some stage it will have its day of reckoning. We all appreciate that when the debt has been run up, at some stage the bill has to be paid.

For some unknown reason, a former Treasurer of this State had a calculator with an error factor of $700 million. Every time he punched in the numbers he failed to take that into account. Come December 1993, the banks turned to this State and said, 'Hey, your Bankcard is overdrawn. You have run up a deficit of $8 billion, plus liabilities, etc.'

In its term of office, the Labor Government closed five country hospitals, as indicated by the member for Custance, who said that they had been closed under the existing Act. The member for Elizabeth has the audacity to say that the new legislation will close hospitals, yet the existing legislation allowed former Labor Health Ministers to close five country hospitals.

What I really want to speak about is the effect on the residents of Mitchell of the previous Government's health policy and the health legacy with which this State has been left. Prior to the election, I came across a constituent who had a broken arm. It was not an ordinary break: it was a complete break between the shoulder and the elbow. That constituent

could not get the arm fixed because it was considered to be elective surgery. It took six months. My constituent was put into the Julia Farr Centre because of extreme pain. He was drugged out of his mind until someone could make bed space available for him. Such were the funds of this State in 1993 that no-one could attend to my constituent.

After the 1993 election, and after an additional $700 million had gone down the gurgler because no-one had adjusted the former Treasurer's calculator, people came to see me who had been waiting more than 12 months for open heart surgery that had been scheduled in 1993. Other people came to me about their hernia operations. They had not been told when those operations would be scheduled because such surgery was considered to be elective, and they had to put up with uncontrollable pain. Other constituents asked me, 'When, Colin, can you help me get hip replacement surgery? I wake up in the morning and I grab my walking stick and I have problems getting around. I am on painkillers constantly. I have never taken a tablet in my life before but now I am living on painkillers.' Then there are the constituents with very minor problems such as sinus conditions, who cannot get an operation scheduled.

When I think about my constituents with health problems (and Mitchell is a very old area), I realise that these problems have not just arisen overnight: they have existed for a long time and have continued to build up because of the previous Government's Bankcard diplomacy. At some stage, they have overflowed. It makes me wonder what has happened to accountability in the Health Commission. What has happened to the efficiency of the Health Commission? What has happened to the managerial responsibility of the health service? Something has had to be done, and at last something is about to be done to ensure that there is accountability, efficiency and managerial responsibility so that the people at the end of the line can receive the health service they so rightly deserve. No-one can escape the fact that the previous Government had a scorched earth policy in relation to economics. No-one can escape the fact that it had a Bankcard diplomacy with regard to providing services to the State.

The Hon. Frank Blevins interjecting:

Mr CAUDELL: The member for Giles says that I am getting repetitive. Unfortunately, that form of diplomacy and economics is staring us in the face. We have no other option but to remind people that the earth was laid bare in front of us and that the Bankcard was full. There was no room left on the Bankcard for this State to pay for a teacher, let alone a doctor.

Mr Condous: They had all the gear, but there was no money in the bank.

Mr CAUDELL: They had all the cards—Bankcard, Visa, Mastercard, American Express, Diners Club—they had the lot, but all those cards had been used up to the limit and there was no money to make the payments. We had no money to pay for teaching or for health, and the constituents of South Australia have suffered as a result of that scorched earth policy. That is why it is important that we reiterate it so that people do not forget. As was the case with the First and Second World Wars, this matter will be raised constantly, lest people forget, because it is important.

The Minister has come forward with accountability, efficiency and managerial responsibility in relation to this Bill. The member for Hart carried on for 20 minutes about health policy and Medicare. I should like to talk about the private health system and its impact on hospitals in South Australia. We should look at the Lawrence plan for private health insurance. I have seen that plan at first hand in relation to South Australia and my constituents.

The Lawrence plan of the private health insurers accredits their own doctors and hospital systems. I have a constituent who took his wife to the hospital. She went there as a result of a stroke and then went into one of the private hospitals to convalesce. Having 100 per cent private health insurance cover, at the end of her stay in hospital, the person concerned thought that, seeing she was paying $2 000 a year for that private health insurance cover, everything would be okay. However, as my constituent and her husband walked out the door of the convalescent hospital to go home, they were hit with a bill for $800 for pharmaceutical expenses. Why were they hit with such a bill? Because, under the Lawrence plan, there was no arrangement between that private hospital and the private health insurer.

Under the private health insurance system involving the Lawrence scheme, more and more South Australians will be faced with that uncertainty of private health insurance as to whether the hospital they go to will actually pay the bill. So, more people will opt out of private health insurance and more pressure will be put on the public health system. In turn, that will put more pressure on the dollars available under the budget. We have had enough of the Lawrence scheme.

It is enough that the member for Elizabeth gets stuck into the Minister regarding the Flinders Medical Centre but, if the honourable member actually took five minutes of her time to go to Flinders Medical Centre to see what the problems with the system are, she would see that one of the biggest problems in the public health system today is that associated with the Federal Government's lack of funding for nursing homes. We have one of the dearest nursing home systems—

Ms Stevens interjecting:

Mr CAUDELL: If you keep quiet for five minutes, you will hear me.

The ACTING SPEAKER (Mr Venning): Order!

Mr CAUDELL: Under Federal funding, the nursing homes system is not receiving funds and, as a result, hospital beds are filled with people under geriatric care because they are unable to be transferred into a nursing home. Therefore, we have a situation where the public hospital system is filled with people who are under aged care and who would be better off and better cared for under the nursing home system. Because the Federal Government is not providing adequate coverage and assistance for nursing homes, our public hospitals have the pressure of costs associated with geriatric care.

This Bill deals with accountability, efficiency and managerial responsibility. It took me more than five months to get a profit and loss statement from one of the health centres in my electorate—more than five months just to get the documents supplied to me for their 1993-94 returns. The Labor Party wants to continue those health centres because the member for Playford and the Federal member for Makin have stacked those particular branches of the health centres with their particular identities so they can maintain them and have a base for the next State election. When I went through these particular financial returns, it was amazing. Most of the expenditure for printing and stationery occurred in the financial year 1993-94. What happened in 1993-94? There was a State election, and in my electorate funds were used from that particular area most probably for campaigning in the seat of Mitchell.

When you read the financial returns for these health centres, it is very obvious where those funds went to. It is no

wonder that those health centres were not keen to supply me with their financial returns. I am sure we will hear more of that matter in the future. As I said before, the Minister for Health is to be commended for his actions in introducing the Bill; he is to be commended for his actions in reducing the number of boards in the health system; he is to be commended for his actions in setting up a Health Department; and he is to be commended for setting up accountability, efficiency and managerial responsibility in health.

Mrs GERAGHTY (Torrens): I have listened to this debate quite carefully and particularly to some of the comments of the member for Mitchell. I also listened to the comments of the member for Playford, and I must say he brought back many memories, some long forgotten and some better forgotten, I might say. He has a particular way with words, and some of that is because he is a new dad, so he has a little extra sparkle, not that that will be the case in a couple of months when he has been woken up on numerous occasions. Just to comment on the member for Mitchell's remarks concerning nursing homes, I worked in a nursing home, and I can tell—

Mr Caudell interjecting:

Mrs GERAGHTY: You wish I was still there? I am sure some of the patients do, too. I was actually very caring and very good about it. When I worked in nursing homes, in general they were run for profit. They were owned occasionally by doctors or other business interested people, and they ran them for profit. They did not give adequate food or adequate care to those patients. A lot of those people were made to get up at 5 a.m. in winter, to meet the roster system, and they sat in freezing cold rooms where they were fed and showered to look presentable when the family came in.

Mr Caudell interjecting:

Mrs GERAGHTY: I might tell you I am very proud of the fact that, through the Health Commission and through my union, I had that stopped. Our patients were allowed to remain in bed until a decent hour, 7 or 8 a.m., had breakfast in bed if they so chose, and were never shoved into cold, common rooms left to freeze because it fitted in with the roster. I certainly hope those conditions have changed, because I left that particular nursing home with a great feeling of guilt that simply by leaving I was deserting people who really needed a little love and attention and people to stand up and have a damned good bash at a system that worked on profit above the care of and consideration for human beings, particularly elderly people. It was a damned disgrace in those days. So, I certainly hope it has improved, and I hope the Minister—

Mr Caudell interjecting:

Mrs GERAGHTY: That is an interesting point and we can talk about that later. I believe all members should—and probably do—look towards improving health care in our communities; that certainly applies to members on this side of the House. However, my great concern is that this Bill simply does not do that. It does not look towards providing proper health care.

The Minister seeks, through this Bill, to reduce health care. Good health care is the right of every citizen in this State. No concern has been shown, that I can see in this Bill, for those in the community who are aged, in need of geriatric care or on a low income. This Bill is really about cutting the essential services on which our community relies.

It is all for the mighty dollar. Under the Bill the Minister has the power to change the structure of what we know as a good and reliable health system. He seeks to amalgamate hospitals simply to reduce costs. What about good health care? As I said, what about the rights of families and the elderly? What about their right to easily accessible health care? The Minister has quasi privatised Modbury Hospital and has ripped from our community its confidence in the hospital.

When Modbury Hospital was built in our community we were fiercely proud of it, but now secrecy surrounds its management. The Government said it would be more accountable and open, yet when we ask questions about its private management we are fobbed off with more and more rhetoric. Why is the Government rushing through the Bill? This rush is of great concern to me and to many people in Torrens. Why the haste? We keep asking ourselves about that. If the Government wants to be accountable and if, as it says, it wants open government, let the Minister prove that by having proper and full community participation.

I have an electorate full of people more than happy to discuss this issue with the Minister. They would like to know that the Minister takes the time to read their letters and consider their views. We are asking the Minister to let us debate this Bill properly and give members in this place and the community time to do that. As I said, I have listened to the debate. The member for Unley claimed that the Opposition has got it wrong. He also said that the Bill is about good health services.

I know who has got it wrong—it is not members on this side of the House. I think we have got it absolutely right. The radical changes in this Bill to our health system need to be more fully examined, but the Minister simply will not let that happen: he just wants to rush the Bill through. I will not dwell on this next issue, but I have raised it on many occasions in the House, that is, the raping of the mental health system, and the destruction of a system which properly cares for the needs of those in our society who need specialist help.

Mr Caudell interjecting:

The ACTING SPEAKER: Order! Interjections are out of order.

Mrs GERAGHTY: This is all part of the system. It has been funded already. People with mental health problems need the help of fully qualified and caring mental health workers, which is something that this Bill does not even consider—the needs of the community. It does not consider that at all. The mental health system has been plundered and, as I said, the Government has now forced people to rely on charitable organisations. Basically, our mental health system has been decimated because all these services—not just in mental health—are being outsourced with gay abandon, and the needs of people who use the system are completely ignored.

As the member representing the people of Torrens, how can I or any member in this place support the Bill, a Bill which affects their health needs, the health of their children, their mums and dads and their neighbours? The Government has not even given us the courtesy of full and proper consultation. We have had no scrutiny over the Bill because there is no time for scrutiny. I suppose that that is the way to go when the Government does not want the community to know what is going on. There is no public scrutiny. I believe that that is just poor management of Government affairs, and it treats our community with contempt.

Mr Caudell: You're the one who should be seeing a mental health specialist.

Mrs GERAGHTY: I would be happy to see a mental health specialist and discuss your problems with him. I have a great deal of trouble with the Bill. If we are not given the opportunity to look at it fully and investigate it—

Mr Caudell interjecting:

The ACTING SPEAKER: Order! The member for Mitchell is out of order, and I suggest that the member for Torrens should not respond to interjections.

Mrs GERAGHTY: Thank you, Sir. The member for Mitchell may be right, because I have now lost my train of thought. However, I have not lost sight of the fact that we have not been given enough time to have full and proper consultation on this Bill. I know that the community is incredibly disturbed by it, and it is a poor reflection on this Government.

Mr ROSSI (Lee): I am worried about the member for Hart's comments about me in respect of the Queen Elizabeth Hospital. Since 1962 I have lived no more than three bus stops from the hospital. I have seen the hospital in its hey day and I have seen it since the Liberal Party took office in December 1993. Indeed, I have friends and relations who have worked at the Queen Elizabeth Hospital for all that time. I remember when the then Labor Premier, Don Dunstan, changed the Health Department to the Health Commission and, since then, things have not been right.

The Queen Elizabeth Hospital used to be one of the best hospitals in the metropolitan area. It used to have a lot of trainees and patients and two floors catering for private patients, and the hospital windows and maintenance of the hospital were first class. The member for Hart referred to the former member for Albert Park who, I believe, contributed $35 000 a year by walking from the hospital to Port Pirie. The member for Hart does not consider that $35 000 a year is much less than the $3.5 million cut from the Queen Elizabeth Hospital budget during those same years. I believe the budget was cut because the former member for Albert Park was a member of the then Public Accounts Committee and could not add up the finances of the Labor Government. They were so depleted that he took up the walk to Port Pirie to ease his conscience.

The member for Hart is only one of six new members, and there are only five older Labor members in the Opposition, so where is all the experience that they believe they have? Where is the experience that gives them the right to say that they know better? They have been run by bureaucrats for too long; they have been taking advice from bureaucrats because they have no idea about how to run a business; and they have no idea when they are hoodwinked.

I agree totally with the member for Playford in respect of his experience with the Salisbury Health Service. Indeed, I have experienced some of those hoodwinking episodes by Labor members in health centres. They always want more and more while giving less and less. About 12 months ago three Liberal members from this Chamber, including me, and three from the other place met with Queen Elizabeth Hospital Board members and their representatives. We then discussed all the problems occurring at the hospital. The information they gave us was relayed to the Minister, and he acted upon it. Therefore, I give the Minister full support in this legislation. I do not accept the member for Elizabeth's comments about the problems at the Queen Elizabeth Hospital. My main reason for saying that is that, since that meeting 12 months ago, I have not been approached by any members of the board of the hospital.

Members interjecting:

Mr ROSSI: They have not approached me. I do not take any notice of the member for Hart, who leaves love notes in ministerial documents. At the present moment the Queen Elizabeth Hospital has poor maintenance: the plumbing does not work, the kitchen is in a deplorable state and the windows of the hospital have not been cleaned for years. Before the Liberal Government took over in December 1993, hundreds of pigeons nested on the windowsills of the hospital. What maintenance did the Labor Party carry out on the Queen Elizabeth Hospital, which was one of the best hospitals in the area?

I turn to the Royal Adelaide Hospital. Again, I consider that quite a number of people at that hospital are incompetent and paid too much for the poor job they do. They should be sacked and, as far as I am concerned, when we get rid of the incompetent public servants and bureaucrats in some of these departments the better the health system in Adelaide will be.

The Hon. FRANK BLEVINS (Giles): I support the main thrust of the Bill.

Mr Becker interjecting:

The Hon. FRANK BLEVINS: The Opposition supports the main thrust of the Bill. There is nothing surprising in my supporting it.

Mr Meier interjecting:

The Hon. FRANK BLEVINS: Why is it a surprise?

The ACTING SPEAKER: Order! The member for Goyder is out of order.

The Hon. FRANK BLEVINS: If the honourable member had listened to our spokesperson in this area he would have heard her support very strongly the main thrust of the Bill, and the way the main thrust is being implemented is the bone of contention that will keep us here all night. As I was saying, I support the main thrust of the Bill. In essence, the Bill attempts to clarify the Minister's powers over the public health industry, and that is worthwhile. One reason I have a deal of sympathy for the thrust of the Bill is that about seven years ago—and some would argue foolishly—I volunteered to be the Minister for Health for only a brief period—and I made that one of my stipulations—when the system was, whilst not quite in turmoil, experiencing a deal of agitation around the place.

I was informed by one very efficient and experienced person in the office, probably the most experienced person in the entire Health Commission who worked in the Minister's office, that there was, at the last count, 187 incorporated health units. She did not guarantee the accuracy of that figure because she could not find them all. I notice in the Minister's second reading explanation that it has crept up to approximately 200 incorporated health units, and I do not believe that this makes for too much sense. In the short period I was there I did not visit all the 187 incorporated health units, but I visited a fair number of them. My biggest impression was that, whilst all the people involved in them were very well meaning, their attitude, almost without exception, was that they demanded the right to do what they wished when they wished at the taxpayers' expense.

The Minister and the Minister's office was seen as something of an irritant, and the head office of the Health Commission was seen as a total joke. I was Minister for Health for about eight months. I do not think I have come across so many egos in my life. Those who did not feel that they had this God given right to lay on hands and do as they wished, as I say, at someone else's expense, thought their

principal role in life was to advance up the hierarchy of the Health Commission at almost any cost. The manoeuvring that took place in the Health Commission for power, status and salary was more gross than anything I saw in any other department I had the good fortune to look after.

Many years ago, when I was a relatively new member of the Parliament, I opposed the setting up of the Health Commission—not that my opposition to it made any difference. I was a new and young member and my voice did not count. I am no longer new; I am an old member, and I am not sure that my voice counts for much more 20 years on. But I did oppose the establishment of the Health Commission. I thought there ought to be a health department, and I thought that the health department ought to be maintained. I thought the Health Minister ought to maintain that very direct responsibility for the spending of about 20 per cent of the State's budget. These things, as in all things in Government, follow the fashion, and it was very fashionable around Australia at the time to do away with health departments and set up health commissions. The wheel has turned full circle over the intervening 15 or 20 years—

Mr Atkinson: You are still here to see it.

The Hon. FRANK BLEVINS: Yes. It is now fashionable to do away with health commissions and reintroduce health departments. Ministers and all the bureaucrats around the place will have nice warm feelings that they are doing something substantial, and the patients will not be treated one wit better or one wit worse for the monumental upheaval that will go on amongst the bureaucracy as they all fight to maintain their territory.

Mr Atkinson interjecting:

The Hon. FRANK BLEVINS: I do not know. I would only recognise the faces. I would not refer to the gallery; it is out of order, as the honourable member knows. They will fight for their own little bit of territory; they will fight to maintain their classifications; and they will fight to maintain the prestige that they feel is their due. As I said, patients will not make a blind bit of difference. All the restructuring under the sun makes no difference to them whatsoever. I do not think it matters a great deal to waste time, effort and money on non-health issues, but I am afraid that that is the nature of the beast. Quite a bit of funding will be syphoned off for the benefit of the bureaucrats rather than the benefit of patients.

We are fortunate that we have in Australia probably the best and the most efficient health service in the world. Efficiency is important. It is important in all areas, and not only as an end in itself. The more efficient we can be in the health system, the more funds can be expended in other areas. Many other areas require financial attention other than incorporated health units. If one talked to virtually anybody in those incorporated health units and within the Health Commission, one would believe that Governments and taxpayers were put on this earth to pander to them. That is not the case.

Nevertheless, within the financial constraints of about 7 per cent or 8 per cent of GDP, which is what we spend on health, I do not believe that any other country in the world delivers such outstanding outcomes for a such relatively small amount. We should contrast what occurs in the United States where the private sector runs rampant. Doctors there are able to skim off even more of the health dollar and the private hospital system is able to make exorbitant profits. I think that the proportion of American GDP that is spent on health is about 12 per cent, and there are no better outcomes for the health of the American population. I believe that we do it extremely well in Australia and very well indeed in South Australia.

What difference will this Bill make to somebody who requires some of these health services? The answer is very little difference at all. If one needs a medical procedure, such as an appendectomy, one will still get it. Whilst there is a Federal Labor Government, one will get it at no cost at the point of service, if one is sensible enough not to be in a health fund.

This Bill will do nothing but annoy an enormous number of people, because almost all these incorporated health bodies have significant numbers on their boards. Those people feel that they do valuable work in the community, and most of them will be very cross that the bureaucrats are finally kicking them out, because that, in effect, is what the Bill does. It gets rid of these people and replaces them with bureaucrats who feel that they are experts and know it all, but most of them are just career public servants. They work in the Health Commission one week but, if there is a slightly better job paying $10 a year more in EWS or Correctional Services, they will be there like a shot. By and large, they could not care two hoots about health: they would care as deeply about the water industry, justice, or any other industry if it paid them $10 more.

People in these communities care about their local hospitals, and they now feel that their efforts are no longer valued. These people put in a great deal of effort at a level that the health bureaucrats, with their $100 000 salaries, tend to look down on. I refer to people baking cakes for hospital fetes and crocheting the endless things that local members have to buy at these fetes—

The Hon. M.H. Armitage: Jams.

The Hon. FRANK BLEVINS: Yes, jams. People really do put their heart and soul into this and have done for many years, some of them generation after generation. Rightly or wrongly, they feel that almost without any consultation whatsoever the Minister is getting rid of them, taking over their role and, in effect, telling them that what they have been doing for decade after decade is worthless and is no longer required, because people in the city centre believe they can do it better than the boards. That is the perception.

Whether the reality coincides with or reflects that perception is another question, but there is no doubt from the cards and letters which are rolling in that that is what people believe. There is no-one in the Labor Party, in this Parliament or outside, who has in any way influenced those boards and others in the community to start the cards and letters rolling in. If anybody believes, for example, that the Country Women's Association can be persuaded by anybody in the Labor Party to go out and staff the barricades on behalf of the present system, they are just being foolish. The Country Women's Association has never been influenced by the Labor Party.

Why the tearing hurry to get this Bill through? At the end of the day, what power does the Minister not have to operate the health system? The thing that determines how the health system operates in the main is money, and the Minister has control over the purse. If the Minister wants to close a hospital, he can. The Health Commission will rubber stamp whatever the Minister says. I do not know whether anybody here can name anyone who is on the Health Commission. It may be that a handful of people can name the Chair of the Health Commission and an even larger handful may be able to name a few of the longest serving Chairs of the Health

Commission. But who are the rest and what do they do? All they do is rubber stamp what the Minister says.

If the Minister already has the power through the public purse to determine what happens in health, why the hurry to get this Bill through? What will change if the Bill goes through in six weeks, two months or something like that, as it probably will? What is the tragedy in that? What will be lost? What patient will be disadvantaged by this Bill waiting three months? I agree with the member for Elizabeth that the Bill should formalise some greater consultative procedures. Unless in country areas—I do not think it matters quite so much in the metropolitan area—we give the community a feeling of having some involvement in its health units, we shall get a great deal of dissatisfaction and we will not get the community support for those health units that we have enjoyed in the past. That would be a great pity.

I do not support boards which are comprised overwhelmingly of members who are not health specialists. The majority of members and staff of the Health Commission in the city centre and many of the CEOs are not health specialists any more than are the members of the boards. I do not believe that the boards ought to run the hospitals in a way that can impact adversely on patient care. I think that boards have to be very careful that they do not try to usurp the role of those who know something about patient care. I do not mean just doctors, because there are others in the health system and in the community who often know a great deal more about health care than members of hospital boards. I am not saying that hospital boards are the be all and end all: all I am saying is that they should be representative of the community. Rightly or wrongly, the communities in these small places—and I have had to deal with them—believe that these faceless bureaucrats who come and go, who are dictating in the Health Commission one minute and in TAFE the next or wherever, are telling them what to do in their own communities.

I believe that, with suitable amendments which spell out more explicitly the role of the communities in those areas and with some time to persuade those communities that they are going to have a meaningful place, the Bill can be improved greatly. If the members of the community are given time and if the Health Commission bureaucrats and the Minister get out there and explain it to them, I believe they can be persuaded. The effort ought to be made because we are playing around with communities. I believe that the outcomes the Minister requires are overwhelmingly legitimate, as the member for Elizabeth has already said. All it needs is a little bit of time and a little bit of caring for the communities by the Minister, and I believe, in any event, that the Parliament is going to ensure that that time is made available.

Mr BECKER (Peake): I have never heard such a pathetic debate by a very poorly informed Opposition.

Mr Atkinson: You say that every time.

Mr BECKER: The honourable member has not been here for long enough to understand the issue fully either. With the exception of two speakers on behalf of the Opposition, we have had the same old attack on the Liberal Government. Let the Opposition bear in mind and remember for the next 2½ years—if not for many years to come—that there has been a change of government in South Australia from 12 December 1993 and there is a change of philosophy. No longer do the socialistic dictates operate in South Australia: we are in a free enterprise and private enterprise operation, and the whole system has changed.

Mr Atkinson interjecting:

Mr BECKER: I am glad the member for Spence has opened his mouth again. Ambulance transport did not cost $400 before the unions sabotaged the St John Ambulance and before your weak Government gave into union demands.

Mr ATKINSON: I rise on a point of order. The member for Peak is referring to us by the pronoun 'your' and he should be referring to us as 'the Opposition'.

The ACTING SPEAKER (Mr Venning): The point of order is upheld. The member for Peake will refer to members by their electorate.

Mr Atkinson interjecting:

Mr BECKER: Shut up; Millhouse was a pain in the neck and you are becoming one too. I hope there is a method of surgery that we can use to remove it.

Mr Atkinson interjecting:

The ACTING SPEAKER: Order!

Mr BECKER: The ambulance service under the previous Labor Government was destroyed when volunteerism was taken away. We then had a State Ambulance Service which had to use the St John Ambulance logo and which tried for some time to use the St John name. They were absolute cheats, and now the cost of an ambulance is about $400 on average. Prior to that, no thanks to the Labor Party, it did not cost anywhere near that amount of money, because the volunteers and the people who were proud of their State and their ambulance service, which was being conducted by St John, were prepared to give of their time to help others who needed that assistance. What happens now? The average and poor families in this State are unable to afford an ambulance, and this is creating a terrible situation when sick children must be taken to the Children's Hospital. Asthmatics and those whose GP recommends that they be taken to the hospital now have to rely on other people or they take the risk and try to find out whether they can pay the cost later.

That is what the Labor Party did to the health services in South Australia. In 1977, when I joined the Public Accounts Committee, we were looking at the old Health Department. The Public Accounts Committee inquiry was based on the absolute scandal of the waste and mismanagement of that department by the very poor administration of the Minister at the time.

Mr Atkinson interjecting:

The ACTING SPEAKER: The member for Spence is out of order.

Mr BECKER: Many shortcomings were recognised as a result of that investigation and unfortunately the Minister for Health lost his portfolio through the findings of that inquiry. It was recommended that there be a Health Commission. We argued and anguished for a considerable time trying to decide whether we should leave it as the old Hospitals Department or whether we should have a Health Commission, and when the Liberal Party won government in 1979 again we argued and debated whether we would continue with the Health Commission. We decided to stick with the Health Commission in the interests of the quality of patient care, because that was our top priority.

Mr Atkinson: Dropped from the Ministry.

The ACTING SPEAKER: Order! The member for Spence it is out of order. He has been called to order four times in the past four minutes. He can participate in the debate if he so wishes.

Mr BECKER: Would you like me to move that the member for Spence be named? I am just in the mood. We got rid of Millhouse one night, so do not push me. The Health Commission was given the responsibility to look after the

health services for all the requirements of the people of this State. No member in this House would have had as much experience as I have: I had to visit my disabled son and wait around in casualty rooms at all three of our major teaching hospitals, in services such as the spinal injuries unit, the outpatients unit through to neurological wards and various others. I do not care what anyone says: we have one of the best hospital systems and one of the best health care systems in Australia. The Labor Party can criticise it until the cows come home—

Ms Hurley: We built it.

Mr BECKER: You made a really nice job of the Flinders Medical Centre. That was supposed to contain 1 000 beds. What happened? It was Dunstan's great dream—a 1 000-bed hospital which the Government could never afford. You blew that too. The country hospitals are wonderful. The member for Giles hit home when he talked of the community involvement in supporting our country hospitals. I had no sooner joined the Bank of Adelaide when the rest of the staff and I were put on the board of the local hospital to assist with the fund-raising. We knew what it was like to raise a few dollars here and there to keep the local hospital going, but it was affordable and by those efforts we made it affordable for the people in the community who could not afford it.

Every hospital has the same type of auxiliary and fund-raising organisations to support its activities. More importantly, the whole issue that has been missed tonight is the research that has been undertaken in and by our hospitals for the benefit of the people of this State. The Queen Elizabeth Hospital Renal Unit, the Spinal Injuries Unit and the Burns Unit at the Royal Adelaide Hospital are all outstanding achievements. The Flinders Medical Centre in the areas of psychiatry and of neurological disorders is outstanding. Every hospital has its own specialty. I mention the Modbury Hospital and the way it looks after its patients, and the Children's Hospital. No matter where you go in the world, everyone speaks very highly of South Australia's hospital administrators, surgeons and health scientists. They are well known for their achievements and ability. The Federal Labor Government destroyed the health system when it did everything it could to discourage people from taking out their own health insurance.

The member for Playford hit the nail on the head when he said there has to be an incentive and that there should be tax deductions for health insurance. Given that in the past few days his wife presented him with their fourth son, he well knows and appreciates the health services. This evening some of us visited Stewart Leggett in hospital. Four days after his double bypass operation I have never seen anybody look so well; he looks tremendous. As a matter of fact, he is bored; he has been walking around and he wants to leave the hospital. These achievements have been provided by our own health specialists in the various units in our hospitals. Some years ago we anguished over spending $3 million to upgrade the operating theatres in the Royal Adelaide Hospital heart unit. It has paid for itself time after time. No matter where you look you will see that we have an outstanding health system, and it needs to be maintained.

Let members of the Opposition remember that it was they who took away 110 beds at the Queen Elizabeth Hospital; nobody else closed those beds but previous Labor Administrations. I would not criticise the current Minister for Health, because he has hardly been in the job long enough to sort out some of the financial messes that he has inherited. The Queen Elizabeth Hospital lost those beds under a Labor Administration because it changed the health system, and members opposite should not come in here blaming us and saying that this legislation will not work.

Whenever a new Government (particularly a Liberal Government, because of the change in philosophy) wants to do something, we find sabotage by the unions and we see headlines such as that which appeared in the *Weekly Times* this week: 'The cash-hit QEH to close beds over Easter' (so what?) 'Government denies $11 million overrun'. The article states:

> A spokesman for Health Minister Michael Armitage said that the figure was something being spouted by the Australian Nursing Federation who had a member standing as a Labor candidate for the Federal seat of Adelaide.

There is your sabotage. We get sick and tired of people going around sabotaging our health, transport and water systems—anything and everything that these people can get their hands on. Let them be reminded that there is a change of Government—a change of administration—and we will do it our way, because we have the mandate. I totally support the Minister and wish him the best of luck.

The Hon. M.H. ARMITAGE (Minister for Health): I move:

> That the time for moving the adjournment of the House be extended beyond 10 p.m.

Motion carried.

Ms WHITE (Taylor): This Bill is a poor piece of legislation. It is a muddled attempt to achieve an objective which is not clear, in a way that is not clear, by a Minister who seems unclear about what that objective is and indeed about the direction in which health service provision in this State should go. Certainly, the rhetoric in the preamble to the Bill states that its purpose is to develop a health system which is directed at a high standard of care and which has a proper focus on human values (whatever that really means), but where in the body of this piece of legislation is there anything that demonstrates a commitment to public access and to quality of health care, which are basic tenets in this community? Where is the reference to Aboriginal health care issues; where are the advisory mechanisms which should be included in this Bill to ensure proper consultation with the community and access to that decision making in the community? Is it perhaps the intention of the Minister that there shall not be those checks and balances that consultation would ensure?

This Bill seeks to give the Minister unfettered powers, on the one hand, without the checks and balances required in any responsible piece of legislation on the other hand. There is no clear structure in the body of this Bill about how the State system is to develop in this area, nor any guidance as to its direction. It is really just a 'trust me' approach. Why should we—the members of this Parliament and the community of South Australia—accept that 'trust me' approach? This is a Minister who, when questioned about shutting the Willows health service, said, 'It cost too much money.' To the obvious question, 'How much money will you save by shutting the service?', the Minister did not know: 'I will get back to you,' he said. Then, today in Parliament he says that the closure of that service was not about money at all. In what direction does the Minister want to take this State's health care? This is a pure grab for public, hospital and community assets at whim; it provides the ability to sack board members at whim and the ability to close and amalgamate services without the

due checks and balances that should be provided in this legislation. They are just not there.

Perhaps the members of this Parliament and the community would be much more prepared to trust this Minister if this piece of legislation were better thought out. The Minister has had ample time to prepare a good measure—as the member for Elizabeth points out, more time than we on this side of the House and the general community have had even to look at this Bill. That process would be part of what is expected to take place in connection with the consideration of legislation in this place. But, no, this Bill is being rushed through, because it will not hold up to the scrutiny of considered deliberation.

This Bill contains radical changes, and they are being proposed by a Government that is driven by the ideological principles of privatisation and reduction of public involvement in our health care system. It is driven by a Minister in all too much of a hurry to show the community that he is doing something. But how can we tell what that something is and whether it will be good for the State without due and considered consultation? In its present form this Bill cannot and should not be passed by this Parliament, and it is the duty of every member to consider it properly and amend it substantially to ensure that the health system for the community of South Australia is driven in the right direction, with the right checks and balances, resulting in a proper, quality health system.

Mr MEIER (Goyder): I have found the debate from the other side incredible—incredibly naive, incredibly misguided and incredibly wrong. So much nonsense has been espoused. We have heard so much twaddle, with members opposite prattling on for hour after hour, seeking to misrepresent what is in this Bill. The shadow Minister and many of her colleagues have been peddling untruths, and I am disgusted with the standard of the debate from the Labor Opposition. For a start, they have claimed that the Bill has been rushed through. This Bill was introduced on 23 March, which will be three weeks this Thursday. That is more time than most Bills get. A huge amount of time has been given to this Bill.

The shadow Minister complained about its being rushed in, yet this Bill has been held over from one week to another week. It was debated last Thursday and is being debated again today. We have had seven hours of debate today and there will probably be another four or five hours of debate, so it will have had 12 hours plus the two hours from last week as well. This Bill will have been debated more than just about any other Bill that has been before this place in 12 to 15 months. Yet, the shadow Minister keeps complaining that it is being rushed through. I find that absolutely incredible.

Ms Stevens interjecting:

Mr MEIER: The shadow Minister interjects and says that it is not she but other South Australians who are complaining. They are complaining because she has peddled untruths around the place, and at such a rate. When I was driving around my electorate on Friday, I was staggered to hear news broadcast after news broadcast in which it was said that the member for Elizabeth had managed to hold up the Bill in the other place, that she had managed to stop this move by the Minister. I thought, 'Hang on, I'm sure that was the Medical Health Services Bill we were debating yesterday.' I checked up and said, 'She's wrong, wrong, wrong.' However, to top it all off, an article appeared on page 38 of the *Sunday Mail* stating:

> The State Government has been accused of trying to fast track major reforms to the State's health system without proper debate. The Health Services Bill was stalled in the Legislative Council by combined Opposition and Democrat numbers after receiving less than two hours debate in the House of Assembly. Opposition health spokeswoman, Ms Lea Stevens, said that the move thwarted a bid by the Health Minister, Dr Armitage, to rush through a Bill that would remove the independence of South Australia's health system and place it under his direct ministerial control.

What a fabrication! What an untruth! It is outrageous. Does not the honourable member know that that measure is still before this House and that we stopped at 6 o'clock Thursday? In the year and a bit that she has been here, has she not realised that we adjourn at 6 o'clock on a Thursday under normal circumstances? That is standard procedure, and the honourable member was halfway through her speech. We heard her speak for hour after hour today, yet as Opposition spokesperson she has peddled this total untruth in the *Sunday Mail*. I find it amazing that the member for Elizabeth is still on the front bench. I hope that her Leader, if he is still Leader in the next few weeks, will remove her quick smart, because she is a liability to her Party and to the health services in this State. The article continued:

> 'I am not going to credit Dr Armitage with his attempt to radically change the entire structure of the health service with less than two hours debate in the Lower House and without any prior consultation,' Ms Stevens said.

That was just three days after the member for Elizabeth, the shadow Minister, took the adjournment after two hours debate, yet she gave the impression to the South Australian public that the debate had finished. We have now had another seven hours. I hope that there will be a very sincere apology from the shadow Minister, because it could easily be interpreted that she has misrepresented what has happened in Parliament. I will wait for an apology and give the honourable member due opportunity to make that clear in the Committee stage, because I am far from impressed by what I read in the *Sunday Mail* and from what I heard on the radio on Friday.

Also, we have the other accusation that there has been no proper consultation. Where has the shadow Minister been? In September 1994, the Minister released a proposed structure for the management of the State health system. That was seven months ago. Certainly many of my hospitals contacted me and I said to them, 'Make your viewpoint known, because this will form the basis of the legislation.' It was quite clearly stated. They said, 'Thank you, John; we will make our viewpoints known.' I personally took letters on their behalf and presented them to the Minister. They were taken on board by the appropriate authorities during the seven months of consultation between then and now.

What does the shadow Minister want—seven years of consultation? Is not seven months enough? I would say to the people of South Australia that they are more than sufficiently intelligent to be able to take on board a new system within seven months. Many of my constituents appreciated the consultation offered to them during this time. I am disgusted with the way the shadow Minister tries to portray to the media and the people of South Australia that there has been no proper consultation.

Ms Stevens interjecting:

Mr MEIER: I have heard the words of your colleagues and the things you peddle out to the general electorate and to the media. I hope the honourable member is learning from this experience not to go peddling untruths in that respect. It does not work, and she has been found out and found out

badly on this occasion. Many fine contributions have been made from this side. The Minister summed up the arguments very well. There is no doubt that there has been proper consultation and that this Bill has not been rushed through. It is probably taking longer than just about any other Bill we have had for the past 15 or 16 months that we have been in Government. It is incredible to hear what the Opposition has been trying to peddle. I have a few questions to raise in the Committee stage, and I look forward to the speedy passage of this legislation.

The Hon. M.H. ARMITAGE (Minister for Health): I thank members for their contributions to the debate. I do not intend to cover every matter raised, because a number of them clearly will be more appropriately dealt with in Committee. Given that it is already past 10 p.m., I have some feeling that it may be a long night, so I will not detail all those matters now. There are several points that I think require specific comment. First, I am very pleased that the member for Elizabeth and a panoply of members opposite have recognised the need to re-visit the structure of the health system. Thank goodness they at least recognise that because, having been in Government for 10 or 11 years, and having done nothing about it, at least they are happy to acknowledge that something needed to be done.

I am also pleased that the member for Elizabeth has even acknowledged the need for the Minister to have increased powers to provide better coordination of health services. The coordination of health services is what is so important today to ensure that the most appropriate services are being provided as cost effectively as possible. In acknowledging that, the member for Elizabeth used some very demonstrative terms to describe the present health system, such as, 'Independent fiefdoms where the interests of individual institutions are the dominant consideration.' That is quite clearly not an appropriate way to manage a major portfolio interest for the State. It is simply no longer acceptable to have 'independent fiefdoms where the interests of individual institutions are the dominant consideration.'

Let us look at those individual institutions for a moment. The individual institutions to which the member for Elizabeth glibly refers are in fact multimillion dollar public enterprises. I would like to read into *Hansard* some of the gross funding allocations for these institutions: the Women's and Children's Hospital, $95.4 million; Flinders Medical Centre, $119.3 million; the Queen Elizabeth Hospital, $120.7 million; the Royal Adelaide, at North Terrace, $173.3 million; the Lyell McEwin, at present constituted, $38.6 million; and the South Australian Mental Health Services, $72.5 million. In the country—and I ask the House to note this—the allocation for Angaston is $2 million; Mount Gambier, $15.1 million; Port Augusta, $12.9 million; Port Pirie, $11.3 million; Murray Bridge, $5.3 million; the Riverland, $4.9 million; and Whyalla, $17.8 million. My advice tonight is that the smallest country hospital has a budget funded by the taxpayer of $1 million. The smallest country hospital has $1 million of public funds in its gross funding allocation.

I ask: are the Opposition and the member for Elizabeth seriously suggesting to the people of South Australia that the Minister ought not have the power to ensure that the public money tied up in those public enterprises is appropriately protected? Is the member for Elizabeth saying that the Minister ought not have ultimate power over $173 million spent at the Royal Adelaide Hospital? Is the member for Elizabeth saying that the Minister for Health—

Ms Stevens interjecting:

The Hon. M.H. ARMITAGE: Fascinating. I know I am not supposed to react to interjections, but the member for Elizabeth said that I already have that ultimate power, and that is a major failing in the arguments of the Opposition. I intend to come to that later. When I asked the member for Elizabeth whether she thought that the Minister for Health should not have immediate and direct power over the $173 million being spent at the Royal Adelaide Hospital, she interjected and said that I already have that power. Is the member for Elizabeth suggesting that I should not have that ultimate power over Lyell McEwin, with its allocation of $38.6 million? Is the member—

Ms Stevens interjecting:

The Hon. M.H. ARMITAGE: The member for Elizabeth says that she is not suggesting that I should not have that ultimate power. Again, that is a failing in her argument. The member for Elizabeth says she is not for one moment suggesting that the Minister should not have that ultimate power. I know that I should not react to interjections, Mr Deputy Speaker, but I find myself forced to when, by her interjections, the member for Elizabeth quite clearly brings her own argument tumbling down around her. Is the member for Elizabeth suggesting that the Minister ought not have ultimate power over even the smallest country hospital, upon which the gross funding allocation is $1 million of hard-earned taxpayers' money? I would suggest that her argument earlier tonight was wrong and she is clearly now changing that argument because (a) she is suggesting I already have that power and (b) she is not suggesting I should not have it.

With respect to that, I would suggest that the member for Elizabeth has some very deep and meaningful discussions with her few remaining colleagues who were around during the State Bank debacle. If she is not convinced about how the Minister needs to have ultimate control over the expenditure of taxpayers' money, a little bit of consultation with the majority of the community who still remember the State Bank debacle will no doubt reinforce the point. I would suggest that the member for Elizabeth speak particularly to the member for Giles about how much control people ought to have over public spending.

Well I recall the night of 11 December 1993 when the member for Giles was within an ace of losing his seat. Well I recall his passing comment that in his view the election result was due to the State Bank directors—and nothing else—because the then Government had not had the control he believed it should have had over the expenditure of public money.

Ms Stevens interjecting:

The Hon. M.H. ARMITAGE: As for sacking boards and hospitals, which has been reiterated parrot fashion by the Opposition, let us go back in history. Let us ask the residents of Tailem Bend, Blyth, Onkaparinga and Minlaton what happened to their hospitals. Let us ask them not only what they think about the ability in the present system to close hospitals but let us ask them whether they believe that the Minister under the present Act can close their hospitals.

The member for Giles said that under the present Act the Minister has all the power because the Minister controls the money. Who closed the hospitals of Tailem Bend, Blyth, Onkaparinga and Minlaton? It was none other than the Party to which members opposite belong and who now so strenuously object to this power in the Bill.

Ms Stevens interjecting:

The Hon. M.H. ARMITAGE: The member for Elizabeth says that they did not close hospitals in the way that we are going to do it. Let us ask the people of Blyth whether they care how their hospital was closed. Let us ask the people who live in Minlaton, Onkaparinga and all these areas whether they care how their hospital was closed. They do not care at all how their hospitals were closed—what matters to them is that under the present Act Ministers of the Labor Party closed them willy-nilly with no consultation whatsoever. Bingo! There go the funds; end of story—and that is in the present Act. This lot have the hide to say that we are seeking extra powers. What a joke.

Ms Stevens interjecting:

The DEPUTY SPEAKER: Order! The member for Elizabeth is extending the debate by way of interjection, thereby making a second speech on her own behalf. A dead horse is a dead horse.

The Hon. M.H. ARMITAGE: Thank you, Mr Deputy Speaker. Whilst I accept that the member for Elizabeth is extending this debate, I am pleased that she is because, as I indicated, she is giving me solid arguments about the points she was fallaciously making before. As to the closure of country hospitals, this Government made a pre-election commitment, which I stand by, that no country hospital will close unless the community requests it. I challenge the member for Elizabeth to make a similar commitment. I recognise that it will be many years before any Labor Minister for Health will have even the prospective opportunity to put it into action, but I challenge her to make such a commitment. She can make it at any time. In fact, she can make it in one of her famous media releases, because I am sure the media would love it.

Ms Stevens interjecting:

The Hon. M.H. ARMITAGE: The point is that no ALP member has ever made a commitment to keep country hospitals open. We have not only made a commitment but we have done it. Last year, faced with the most dreadful budget situation of any Government—thanks to nothing that we had done but primarily for other reasons; just ask the member for Giles why we were facing such a budget situation—did we close country hospitals?

Did we say, 'We will be hard economic rationalists. Let us close country hospitals because there is a history of it, with five already closed, so let us close four and then we will be able to stand up and say that the Opposition closed five and we closed only four.' Did we do that? No; we said, 'We recognise that country hospitals are an important part of the community. Not only will we keep our election promise not to close them but we will provide rural access grants and give them funding to make sure that they stay open'.

It is farcical if anyone attempts to compare the potential powers under this Bill and the commitment made and honoured by this Government with the powers presently in the Act which were used and abused by the previous Government. Let me also address the matter of the decision of the Minister of the day. When the decision was taken to close Blyth, Tailem Bend, Onkaparinga and Minlaton (despite whatever method may have been used), was the decision of the Minister of the day subject to appeal? Nothing in the current legislation provides a right of appeal, but there is a common law right of appeal in the Supreme Court. The Bill before members today does not alter that. It is exactly the same appeal provision as is extant in the current legislation.

I now turn to the sacking of boards, which is something that has flowed across the Chamber. What happened in the case of the South Australian Mental Health Services Board under the present Act? It had nothing to do with the legislation that we are bringing in and nothing to do with the powers that we might be going to give ourselves—not a jot of it. We can see what happened. Let us look at the present Act and what happened to the SAMHS Board. It was sacked. What happened to the Angaston Hospital Board? It was sacked under the present Act. Who did it? The Party to which members opposite belong. Why did they do it? They did it because the system in those instances had broken down to such an extent that there was no other way to go.

What if—and this is what the member for Elizabeth seems to want—that power had not been there? Is she really suggesting that, if the system is falling down around its ears, the Minister of the day—whether it is me at present or a future Liberal Minister over the next 20 years or, I suppose, at some stage a Labor Minister for Health—ought to say, Uriah Heep style and with much hand wringing, 'This is really tough. I would like to do something about it but I cannot'? Is that what the member for Elizabeth is suggesting?

Is she suggesting that millions and millions of taxpayers' dollars should be put at risk, or is she prepared to address reality and say that the health system is a multimillion dollar enterprise and someone has to say, 'The buck stops here.'? That is exactly what this Bill does: it is all about accountability and making sure that the taxpayer is not at risk.

Mrs Kotz interjecting:

The Hon. M.H. ARMITAGE: As the member for Newland says, if the member for Elizabeth seems not to know what the current Act says, she cannot be expected to speculate too much about what might happen in the future. Much has been made about the Minister's supposed power to acquire and dispose of community owned health service properties. This is simply not so. Country property is most likely subject to a charitable trust and, as such, either special legislation or a Supreme Court order is needed to dissolve such a trust. For the Bill to give the Minister that power it would have to state specifically that any charitable trusts are dissolved. Therefore, I emphasise that it is not in the Minister's power to dispose of community assets. If the member for Elizabeth is referring to clause 35, it is precisely that kind of clause in the Bill under the current legislation where community assets in the case of Onkaparinga and Blyth hospitals were handed back to the community.

The honourable member suggests that high quality care comes a poor second to economic considerations. I would suggest, quite frankly, that she is missing the whole point of the Bill. It is all about achieving high quality services and best value for the dollar for the consumer, and I make absolutely no apology for that. The consumer, in seeking any other form of goods or services, is after the best quality and best value for the dollar within the allowance of their budget, and I am delighted to stand accused of doing the same thing on behalf of the consumers of South Australian health care.

I wish to address a couple more matters before moving to Committee. The power which we are supposedly getting in this Bill, which the member for Elizabeth, by way of interjection, now agrees we have already got, is nothing more than standard line management. Somewhere along the line, in any system, authority must go to someone who is prepared to take that authority, to make the decisions and to be accountable. Ask any company what happens in standard line management. Clearly someone is responsible; someone is accountable. I emphasise that we are talking about a very big enterprise. We spend, on behalf of the taxpayers of South

Australia, $1.4 billion. The member for Elizabeth interjected that she does not expect me not to have the power to have ultimate control over that, again destroying one of her arguments. The simple fact of the matter is that authority must go back up the line, particularly where $1.4 billion of taxpayers' money is being expended.

I have referred to the small hospitals, our policy commitment and the rural access grants but, in particular, the member for Chaffey said that he felt sure that country people would not be disadvantaged under this Bill. Indeed, they will not be because, as the member for Giles said, the power will be with the country purchasing unit, which will mean that it has the power to make the decisions.

The casemix system, whilst it is not specifically related to this Bill, has been embroiled within it by the Opposition. I will not miss the opportunity to refer to it, because the health system under casemix has coped. In fact, it has coped terrifically. The system has coped with the budget cuts, which were brought about solely because we had to get the State's debt under control, and there has been totally appropriate pressure placed on inefficient hospitals in the system. But what do we note about the system into which casemix has been introduced and into which there has been a large budgetary expectation? What we note in particular is that not one hospital has closed, compared with the blanket cuts which would have occurred under the previous funding system. Clearly, a number of those hospitals would have been under immense financial pressure. Not only have we acknowledged that but we have also, under the casemix funding system, provided that extra safety net of the rural access grant.

I intend to bore certain people in the Chamber while telling the member for Elizabeth for the first time of an experience I had recently. A board member, who had been quite a vocal critic of the casemix system, approached me from across a room. I recognised him and I thought, 'Here we go, another diatribe', and I steeled myself for it. In fact, the person said to me, 'Michael, I want to tell you something. Since 1 July last year a number of things have happened: doctors are still admitting patients, which happened before; doctors are making all the decisions about when patients are to be discharged, which is exactly what happened before; we are still getting paid; the hospital is running well and, do you know, Michael, we have made a whole lot of efficiencies that we did not think we could make.'

I ask, Mr Speaker, quite disingenuously: does the member for Elizabeth think that is a good idea? Does the member for Elizabeth think it a good idea that the doctors are happy, the patients are happy, the hospitals are happy and the taxpayers are getting a dividend? Does she think that is a good idea, or would she rather we poured extra funds into the hospital? Would she rather we wasted funding for the hospital? Is that what she wants? I look forward to the honourable member telling me that at some stage because, quite clearly, the system is working very well and the taxpayer is getting a dividend.

I wish briefly to talk about the contribution by the member for Playford, and I congratulate him on the birth of his young son, Kristian, at the Queen Victoria Maternity Home. I am delighted he and his wife had such a positive experience in a public hospital. He said, as a major part of his contribution to the debate, that he has been here five years and has noted specifically in that time that the health units have been working in a vacuum, that they have been at arm's length from Government, and he made the unequivocal statement that 'in general that has been a failure'. This Bill addresses those problems and I look forward to his support.

He further went on to say that it is quite appropriate to seek more control at central level. I was also very interested to hear him say words to the effect that the Federal Government, meaning Dr Lawrence, should get the message about private health insurance, and he is seeking some form of incentives. Briefly, the member for Giles said that the boards of country hospitals at the moment are feeling devalued and that they are no longer required. I would remind every board member in a country hospital at the moment that, under a number of the proposals for regionalisation which were suggested by the previous Government, local boards would go: they would not have been retained. How devalued would they have felt about those proposals? We have made specific commitments to keep those local boards so that we can have that local community input.

I want to address a particular issue, given that the member for Elizabeth and a number of members opposite have appeared to complain about this grab for power. I forget the exact words but let us call it a grab for power by the chief executive of the new department and the Minister under this Bill. The member for Giles—who is not just the member for Giles but a former Minister for Health, so no-one in the Opposition knows the system better than the member for Giles—asked, 'What power doesn't the Minister already have?'

That is a crucial point: what power doesn't the Minister already have? He went on to say, 'The Minister has the power of the dollar. He can close hospitals willy-nilly already.' He made the point succinctly that, under the present Act, the Minister already has that power. I would draw the attention of the House to the fact that there are two thrusts to the Opposition's concerns about this Bill: one is a grab for power and the second is the concept of regionalisation. The member for Elizabeth indicated that the Minister for Health already has the power. The former Minister quite specifically asked, 'What power doesn't the Minister already have?' Therefore, there is no change in that situation whatsoever.

The real change in this Bill is not about the power of the Minister to close hospitals or sack boards, because that is already there. It is there by example; it is there by admission from the Opposition. The changes in this Bill, which are long overdue, are about regionalisation. The changes are about the way in which the health system will be administered. The community has been consulted about regionalisation until it is blue in the face, or perhaps I should say until it is green in the face, because there have been dark green papers, light green papers, select committees on health administration—of which I was a member and, indeed, of which the previous member for Elizabeth when he was then the Minister for Health was the Chairman—the Audit Commission and so on. There has been endless consultation about the only change that this Bill brings in, which is regionalisation.

The member for Giles asked, 'What is the rush?' There is no rush. I am a very practical person. I knew weeks ago that there was no chance of getting this Bill into the Upper House during this week. I knew all along that this Bill would always be debated in this House and there would be a period of about five weeks when it would not be debated. I ask the member for Elizabeth, as a reasonably new member, what then happens? We then have the budget introduced in this Chamber, and there is a vacuum in the Upper House where no legislation goes through because we are debating the budget. The plan has always been for this Bill, having been

introduced and debated appropriately here and having been in the community for five to six weeks while we break, would then have a period of debate in the Upper House to fill the vacuum whilst we are debating the budget here.

The last and absolutely crucial point relates to the member for Giles who, when talking about the various boards and how they were constituted at present, in effect, said, 'The boards are representatives of the community.' I agree with him completely. They are there because they are community representatives. I emphasise that point, because it will be a crucial factor later in the debate.

The important thing about this Bill is that it brings about a significant change which is long overdue. It does not give the Minister or the Chief Executive powers that they do not already have. Again, the members for Giles and for Elizabeth, by way of interjection, agreed conclusively that we already have those powers. This is a far reaching Bill. It will enable much better administration of the $1.4 billion of taxpayers' money. I look forward to its progression through the House.

Bill read a second time.

In Committee.

Clause 1 passed.

Clause 2—'Commencement.'

Ms STEVENS: When will the Bill be proclaimed? Will it be proclaimed in its entirety or will sections be proclaimed separately and, if so, what are the details?

The Hon. M.H. ARMITAGE: I am uncertain when it can be proclaimed because I do not know when it will pass and whether it will come into force *in toto* or in sections. However, it is my view that it will come in in one fell swoop. The whole object of the exercise is to get the Bill operative.

Clause passed.

Clause 3—'Medicare principles.'

Ms STEVENS: I move:

Page 1, lines 18 to 22—Leave out paragraphs (a) (b) (c) and (d) and substitute the following:

(a) is directed at achieving the highest standard of care; and
(b) establishes a proper basis for continuing improvement in the health of the people of the State; and
(c) has a proper focus on human values; and
(d) values and facilitates the participation of voluntary and community based organisations in the provision of health services; and
(e) provides for access to health services on a non-discriminatory and equitable basis; and
(f) allows for flexibility and innovation.

This amendment reorders the points and adds more. In a Bill called the South Australian Health Services Bill the object, which is the first statement that a person reads, needs to address health. It is a small but important point in terms of the culture and tone of the Bill. I believe that the way we have reordered that takes care of that point.

In paragraph (a) we have replaced the word 'high' with 'highest standard of care'. I was surprised to see that we were aiming for only a high standard of care. I would have expected that within the object of the Bill we would have been aiming for the best. I should be interested to hear the Minister's comments on that.

I was perplexed with the words 'a proper focus'. We spoke about that ourselves and with Parliamentary Counsel. I should like some input from the Minister on how he sees the interpretation of 'a proper focus'. A number of people, including ourselves, have asked what it means, because it is value laden. What is the Minister's definition of 'a proper focus'? We will listen to him and take into account what he says when we come back to the Bill in the Upper House.

We believe that paragraph (d) is a very important addition. We think that it should be up front in the object of the Act that this system in this State 'values and facilitates the participation of voluntary and community based organisations'. We think that should be in the first statement of the Bill. Equally, we think that access and equity are so important that they should be explicit and up front. We believe that a State health system providing 'access to health services on a non-discriminatory and equitable basis' is a fundamental principle that has to be included in the first set of statements.

The Hon. M.H. ARMITAGE: The Government opposes the amendment, but not as such. We believe that paragraph (e) is in the Medicare Agreement anyway, so that is irrelevant. We accept the points raised by the Opposition in relation to paragraph (d) and indeed, following receipt of the amendments from the Opposition, we have decided in some of our subsequent amendments to move that that be inserted in clause 7, which deals with the functions of the chief executive. Rather than just having it as an object of the Act we want to make it even more specific as a function of the chief executive. So, whilst I oppose the amendment I am not suggesting that it is not appropriate, and I am more than happy to move the amendment to clause 7 in relation to the functions of the CEO.

As far as the proper focus on human values goes, that is quite clearly an attempt by the Government to indicate to the community of South Australia that it is not focusing only on economic values. The Health Commission and the Ministry for Health primarily run a system which helps people who are sick. Clearly those are the values upon which we wish to focus. I accept that it is easy, when faced with a large budgetary restriction, to overlook those values and, so that there was no way we could be accused of not taking account of those absolutely appropriate human values in a health system, we decided to put that right up front in the objects of the Act.

Ms STEVENS: The Minister made the point that paragraph (e) is irrelevant because it is in the Medicare Agreement. I know that, but our position is that access and equity are very important and they need to be stated not only because we are bound to the Commonwealth Government through a Medicare Agreement but because we as a State also think that it is important. So I do not think it is irrelevant at all. I find it interesting that the Minister dismisses it and says that it is irrelevant. In other words, he is saying that the only reason it would be mentioned in this Bill is that there is a Medicare Agreement, which is a link with the Commonwealth Government in relation to Medicare. Again, our point is that it is important enough for us on our own, without the link to the Commonwealth Government, to say it in the object part of this Bill.

I heard what the Minister said in relation to the proper focus on human values, but it was interesting that he said that the health system deals with people who are sick. I would have thought that the health system also dealt with people who are healthy and whom we are trying to prevent from becoming sick. The health system looks at the health of the whole community, and that is the issue I was making. I do not know of another way to phrase it, but we will give it some thought over the next few weeks. Certainly I still have concerns about the proper focus issue. Also, the Minister did not talk about the 'highest standard of care' and the reordering of those priorities in terms of health first, and then

progressing down to management issues, and I would like to hear what he has to say on those issues.

The Hon. M.H. ARMITAGE: I will address immediately the observation of the member for Elizabeth about my indicating that paragraph (e) was irrelevant because it was in the Medicare principles. The reason it is irrelevant is that the Medicare principles are schedule 2 of the Bill. It is in the Bill already in schedule 2, page 25. It is irrelevant because it is attached as schedule 2 to the Bill. Schedule 2 is entitled 'Medicare principles' and covers choice of services, universality of services, equity and service provision and efficiency and quality of service provision.

Ms Stevens: I know it is there.

The Hon. M.H. ARMITAGE: The member for Elizabeth says that she knows it is there, but I am saying it is irrelevant because it is already in the Bill. We are signatories to the Medicare Agreement, and the Medicare principles are schedule 2 of the Bill. One of the reasons that the Government is not willing to put in 'the highest standard of care' is how does one define the highest? I can guarantee that I could provide you with three different physicians or clinicians at a different level who would all say that their particular procedures are the best. There cannot be three that are the best. I understand the point the honourable member is making, but that is exactly why we are directing this at a 'high standard of care'. We are looking for world quality services. The member for Elizabeth has heard me say on numerous occasions that the only two criteria upon which we are basing our health policies are world quality services, cost efficiently.

Ms STEVENS: The Minister may have missed my point in terms of the Medicare Agreement. I know it is contained in the Bill. However, I am saying that it is important enough for a separate statement on its own merit. In terms of the word 'highest', when you aim for something you aim for the highest. I take the Minister's point that sometimes it is hard to define, but I still think it is an important thing to do. It concerned me when I saw the word 'high' because I wondered whether the Minister was acknowledging that South Australia's health system would not be the highest. Under the current circumstances of cost cutting and cutting back of services, I have some doubts. Therefore, I certainly want to ensure that the word used is 'highest' and to ensure that that is what we are aiming for. However, I have heard what the Minister has said on that point.

Amendment negatived; clause passed.

Clause 4—'Medicare principles.'

Ms STEVENS: I move:

Page 1, line 24—Leave out 'to be observed by' and substitute 'binding on'.

This amendment is quite simple; we want to make clause 4 stronger. We believe that the words 'binding on' are stronger than the words 'to be observed by' and we think those principles are worthy principles for a public health system. Therefore we want the strongest possible interpretation.

The Hon. M.H. ARMITAGE: Section 26(3) of the Commonwealth Health Insurance Act 1973 provides:

To give effect to the Medicare Principles and Commitments, a State must:

(a) . . . .

(b) either:

(i) adopt the Principles and Commitments or,

(ii) if the State cannot adopt the Principles and Commitments—make reasonable efforts to adopt the Principles and Commitments;

If we do not make those reasonable efforts, we do not get the funding: it is as simple as that. As the words 'to adopt or make reasonable efforts to adopt' are utilised in Federal legislation, I believe it is appropriate that we have the words 'to be observed by' rather than the words'binding on'. I emphasise that there is no stepping away from the Medicare principles or the expectations of the Health Insurance Act and, indeed, I reiterate that the Medicare principles are part of schedule 2 of this Bill. It is an important matter for the flexibility of the system that we 'observe' rather than have those particular principles 'binding on' all service units. It may be that some units are different from others. It is a simple fact that those matters can be flexible across the whole system, but there is no question that we will adopt the principles or, if the State cannot adopt the principles, make reasonable efforts to adopt them. That is part of the Federal legislation to which we have been signatories, and clearly we would want to do that because, if we do not, we do not get the money.

Ms STEVENS: I know the complaints procedures are not covered in the principles, but certainly they are part of the Medicare Agreement. What is the Minister doing about them? We do not have any yet.

The Hon. M.H. ARMITAGE: This matter has been in our policy paper from before the election. We indicated that we would be resourcing the office of the Ombudsman to take over that role of the independent health complaints office, and I should emphasise that that commitment was in our policy document before the Medicare principles indicated that expectation. I acknowledge that there has been a perception (and I underline 'perception', because it is not factual) within the system that sometimes the health advice complaints office is Caesar judging Caesar. It is part of our policy commitment. I have recently undertaken more than preliminary discussions with the Ombudsman, and very shortly that office will take over the independent complaints office, with all the securities, strengths and so on of the Ombudsman's Act, which contains powers almost equivalent to a royal commission.

Amendment carried; clause as amended passed.

Clause 5—'Interpretation.'

Ms STEVENS: I move:

Page 3, line 2 Leave out 'handicap' and substitute 'disability'.

The wording 'mental handicap' is a 'deficit' expression, so we seek to substitute 'handicap' with 'disability'. Also, the expression 'chose in action' on page 2, line 28 does not make sense; there must be a typographical error.

The Hon. M.H. ARMITAGE: The Government is happy to accept the amendment. I am informed that the word 'chose' comes from the French *la chose*, meaning 'the thing'. I am informed that it is a technical legal term; it means 'the thing in action'.

Ms STEVENS: I am sure that is correct, but it seems to me that we need to write the Bill so that most of us who are not lawyers can understand it.

The Hon. M.H. ARMITAGE: With respect, these are the definitive terms and, whether or not we like it, we are passing a legal document. Sometimes I tear my hair out, and I know the member for Ross Smith tears his out on this issue sometimes, but the simple fact is that we are enacting legislation which, with the best will in the world, will sometimes end up in court with protagonists on either side, so we have to define things according to the lawyers. As the honourable member knows, on occasions she and I have agreed about the rights of lawyers and whether they should

be involved in things. This is a legal document and, accordingly, as that is a legal term, it should remain, but I accept the honourable member's amendment.

Amendment carried; clause as amended passed.

New clause 5A—'Functions of the Minister.'

Ms STEVENS: I move:

New division, page 4, after line 2—Insert new division as follows:

DIVISION 1—THE MINISTER

Functions of the Minister

5A The Minister is responsible for—

(a) planning the proper development, consistent with the object of this Act, of the publicly funded health system; and

(b) ensuring proper distribution and coordination of health services to achieve the best possible return from the resources available for health services; and

(c) supervising the administration of this Act.

This amendment outlines the functions of the Minister. A short time ago I was really pleased to hear the Minister quite passionately explain his accountability: he used the term 'the buck stops here'. He talked about the need for accountability and his own role in that. So, I would expect the Minister to support this amendment, because it puts him clearly at the top of the tree so that he is completely accountable for the administration of this Act.

The Hon. M.H. ARMITAGE: Whilst listening to the arguments of the member for Elizabeth, I think she is slightly misguided in that the Bill quite clearly provides that the Minister is at the top of the tree, without this clause, in that the chief executive is responsible for the administration of the Act, subject to the control and direction of the Minister. There is absolutely no legal doubt where the control lies and, accordingly, I do not believe it is necessary to insert this clause. I would further instance that, were the Government to accept this measure, proposed new paragraph 5A(a) would make the Minister responsible for planning the proper development—in other words, an action. That is not really the Minister's role. In my view, the Minister has an overview rather than an active role. Accordingly, the amendment will not be supported by the Government, but that does not mean in any way that the intent of the clause is not in the Bill, because it is. I am absolutely certain and I am informed that legally there is absolutely no doubt that the Minister is in control or, to use the words of the member for Elizabeth, at the top of the tree.

Ms STEVENS: The Minister has talked at length about how this Bill is about accountability. I accept what he has just said but, if he is accountable, he is at the top: let him be explicitly accountable. If he is interested in changing some of those things around, we are happy to consider that, but let him be explicitly accountable. He has talked about that as a major thrust of the Bill, about the fact that this did not apply to the way things had been working in the Health Commission over the past 20 years, but that he, Michael Armitage, is putting the stamp of accountability on our health system. He is the Minister; let him put it in there in an explicit fashion.

The Hon. M.H. Armitage: I point out that the present Act functions subject to the control and direction of the Minister. That is exactly the type of thrust that is contained in the present Act. I delight in drawing to the attention of the Committee the fact that Opposition member after Opposition member complained about this Bill's giving the Minister too much power. Member after member complained about that almost *ad nauseam*. But what do we see in one of the amendments from the Opposition? Members opposite want to increase the power of the Minister. All I can say is that, under the present Bill as it is drawn, there is no doubt that the Minister, again quoting the words used by the member for Elizabeth, 'is at the top of the tree'.

New clause negatived.

Clause 6 passed.

Clause 7—'Functions of the Chief Executive.'

The Hon. M.H. ARMITAGE: I move:

Page 4, after line 18—Insert new paragraph as follows:

(da) to facilitate on a periodic basis appropriate community consultation to ensure that the community has the opportunity to express its views on the functioning and development of the health system and have those views taken into account; and

I merely wish to draw to the attention of the member for Elizabeth that, despite what she has said on a number of occasions, the purpose of the Bill is to give authority away from the centre on a day-to-day basis. Clearly, as I have said before, we believe there is a need to have an ultimate power where we are spending $1.4 billion of the taxpayers' money centrally. However, I do not believe it is necessary for the chief executive to undertake the appropriate community consultation, and so on. I believe it is a very laudable goal, which is why I am happy to move an amendment from the Government's point of view to provide the word 'facilitate'. In other words, it is the responsibility of the chief executive to ensure that it happens. However. I would prefer to see each region, each local hospital board or whatever choose to undertake appropriate community consultation with their appropriate community.

I believe that the Opposition's amendment would require the chief executive to undertake that appropriate community consultation. I believe that, whilst consultation is appropriate, it is better to have that as a function of the chief executive in ensuring it occurs rather than requiring him or her to undertake that consultation personally.

Ms STEVENS: The Minister said that the purpose of the Bill was to give away power from the centre. I think it is abundantly clear from the legislation that, if that is its purpose, it certainly does not come over in the legislation as it stands. That was demonstrated without a doubt by the information that we were able to provide during the second reading debate with respect to the across the board comments in relation to the perception of those in the system. The Minister has to admit that, and I think it is important. There is a perception that the community is not part of this. In fact, there is little in the Bill that even mentions the community. As I said in my second reading speech, this is one of the areas where we will certainly be pressing our amendments, and we will be doing that in the other place as well, because we think it is an essential part of the health system.

The CHAIRMAN: Is the member for Elizabeth arguing over the difference between the words 'facilitate' and 'undertake'? The member for Elizabeth can move an amendment that the Minister's amendment be amended by substituting 'facilitate' with 'undertake'.

Ms STEVENS: I move:

Page 4, after line 18—Delete the word 'facilitate' and insert the word 'undertake' in lieu thereof.

The Hon. M.H. ARMITAGE: The Government opposes the amendment to the Government's amendment. The Government does not object to the principle of community consultation, and we have moved our own amendment to ensure that that occurs. If we replaced 'facilitate' with

'undertake', we would centralise the expectation that that would be undertaken by one person, the chief executive of the day. I do not believe that that is the most efficient way of ensuring appropriate community consultation. Accordingly, I ask that the member for Elizabeth acknowledge the importance of community consultation occurring in the most efficient way possible.

Ms STEVENS: I obviously support this, because it was my amendment that was first up and which the Minister has lifted, and that is great. I am pleased that he has done that. It is our amendment that he has amended. I take issue with what the Minister has said. I believe that 'undertake' is a stronger word than 'facilitate', and I think it is appropriate in this clause. We all know that the chief executive of a department has powers of delegation in relation to all of their functions.

I also point out that the word 'undertake' is provided in clause 8(1), where we have the chief executive undertaking or participating in research, development, etc. So, it is used in another clause. Obviously, we do not expect the chief executive to become involved in everything that is provided in paragraph (i). I believe that 'undertake' is the more appropriate word. It was in the initial amendment we put up but the Minister replaced it with 'facilitate'. Therefore we stick with that.

The member for Elizabeth's amendment to the amendment negatived; the Minister for Health's amendment carried.

Ms STEVENS: I move:

Page 4, line 24—Leave out paragraph (h).

I will be brief—

Members interjecting:

Ms STEVENS: I will take my time, then. That is democracy. The Opposition wishes to delete this paragraph. As I said during the second reading debate, we believe that the chief executive of the public health system is not an agent of the private health sector. In saying that, we acknowledge that both the public and private health sectors work together. We are saying that the chief executive officer of the public health sector has a role to encourage that sector. His or her role is certainly not to encourage the private health sector or act as its agent. How does the Minister see this paragraph in terms of his own policy of contestability? The Minister's policy of contestability is supposed to encourage the public sector to achieve quality benchmarks. That is the contestability policy—that is its aim—to get the public sector operating to world class bench marks of service provision.

It is certainly not the role of the CEO to encourage private participation. This is an interesting provision because it reveals the Government's agenda to wind down public services and spend time encouraging the private sector, rather than working with the public sector, non voluntary and community organisations and co-existing with the private sector without getting into the business of encouraging it. The private sector employs business people whose job is to create business. They can do that on their own. The chief executive is not their agent.

Mr CUMMINS: I am amused at the member for Elizabeth's concept of agency. I assume she has not bothered to look up what it means. There is no doubt that the clause does not provide for the organisation's acting as an agent for private health insurance. 'Agency' means that someone stands in the shoes of the principals and the agent can contractually bind the principal. This provision has absolutely nothing to do with that. It is patently obvious that the member for Elizabeth does not know what she is talking about. I suggest that, before she comes in here to debate Bills, she does a bit of homework and does not keep us here with the inane comments she is making through her lack of understanding of legal concepts.

The Hon. M.H. ARMITAGE: I make no bones about the fact, and I have done so on a number of occasions in this Chamber, that, if we are able to encourage private participation in the provision of health services and thereby provide better and more cost effective public health services, I will be forthright in undertaking that encouragement of the private sector. However, there is nothing about privatisation here. There is nothing about winding down the public sector. We are talking about exercises which may well see, as we have seen in respect of Modbury Hospital, the private management of a public hospital.

Of course, all these functions must be read together, and in that regard paragraph (h) provides:

to encourage private participation in the provision of health services;

The member for Elizabeth should also read paragraph (c), which provides:

to provide, or enable the provision of, health services that are necessary for the public benefit;

This is a continuum. We are not saying in this clause that the only function of the chief executive is to encourage the private sector—of course not—but, as a continuum and as a broad spectrum of functions to provide world quality services cost efficiently, they are appropriate groupings of functions for the chief executive officer. Accordingly, the Government will insist on this paragraph's being included in the Bill.

Mr CLARKE: With respect to paragraph (h), and as the member for Elizabeth has pointed out, the Government is clearly signalling that one of the prime functions of the new chief executive will be to get rid of the public hospital system. That is what it boils down to. The member for Newland laughs but, as she will find out at the next election and as her counterparts in New South Wales found, their views about the privatisation of public health services in New South Wales over the past seven years cost a number of her colleagues their job.

The member for Norwood may well sneer, and I realise that he gets upset at having to be in this Chamber beyond normal sitting hours because it interrupts his fees on brief that he likes to collect. In fact, it is interesting that the member for Norwood is in the Chamber tonight. He has been here very rarely when we have debated other matters and Bills of major importance. Perhaps one of his clients is a private hospital; I do not know, and we can only speculate on that.

The DEPUTY SPEAKER: Order! It is against Standing Orders to attribute improper motives to a member.

Mr CLARKE: I was only hypothesising, Sir, with respect to that matter. If it means questioning the Minister about the Bill until midnight, 1, 2 or 3 o'clock, so be it.

Mr Meier interjecting:

Mr CLARKE: The member for Goyder interjects, 'Would you like a guillotine?' That is the sort of response I would expect from a Government too arrogant by half with that size majority. What I find offensive is that the Minister has brought in legislation surrounding the establishment and maintenance of a public hospital system and has put up in neon lights that one of the prime responsibilities of the new chief executive officer is to flog off our public health system to the private sector.

The Minister referred to Healthscope with respect to Modbury Hospital as not being privatisation. No-one out in voter land believes the Minister. In fact, I have just been to Port Augusta where I spoke to people about the Minister's plan to flog off the Port August Hospital under the guise of 'We'll keep the assets, but we will hand over management and control to the private sector, and that is not really privatisation'. The people of Port Augusta do not believe the Minister, and they do not believe their local member when he deigns to visit Port Augusta to find out just what they think about the Government's desire to flog off their hospital. In terms of your whole approach to health, Minister, the fact of the matter is, from my journeys and talking to a number of people in hospitals in the rural areas of the State, not one of them cops your argument.

Mr MEIER: My point of order, Mr Chairman, relates to relevance. I believe that the Deputy Leader has not applied any of his remarks to clause 7.

The CHAIRMAN: The Chair has already drawn the attention of the Deputy Leader to the fact that he was straying far from the subject of the clause.

Mr CLARKE: As always, Sir, I accept your ruling. I do not see how I was straying, because my argument goes right to the heart of a fundamental issue. The difference between us and the Liberal Party is that we believe in an effective, well-resourced public health system. We are committed to a public health system, just as Bob Carr was with respect to the New South Wales elections in 1991 and 1995. And, as the members for Elder, Norwood, Unley and Lee will find out in the next elections in 1997, a well-resourced public health system is what the community wants. By all means do it if you want to but, at the end of the day, you will be like turkeys welcoming a Christmas come early with respect to your whole approach to the public health system.

The Hon. M.H. ARMITAGE: The majority of what was said by the member for Ross Smith does not warrant response, so I do not intend to respond. However, I do intend to draw the attention of the Committee to a number of initiatives which were undertaken by the previous Government. They include the provision of the private hospital integrated with the public hospital at Noarlunga; the provision of private beds subsidies at Keith Hospital; the plans to produce on the campus of Flinders Medical Centre a private hospital.

Mrs Kotz interjecting:

The Hon. M.H. ARMITAGE: Yes, member for Newland: private participation is the point I make. They include also the original calls for tender for a private hospital on the Modbury campus. Unfortunately, the member for Ross Smith, who has a bit of a history of opening his mouth without thinking, once again has been hoist with his own petard.

Ms STEVENS: I know that the Labor Government in the past worked with the private sector—

The Hon. M.H. Armitage interjecting:

Ms STEVENS: That is not the point. We are saying that it is inappropriate for the chief executive, as one of the major functions, to encourage private participation. We believe that private businesses can encourage themselves. We are not saying that they do not have a place in the system.

The Hon. M.H. ARMITAGE: If the member for Elizabeth thinks that letting a contract for a private hospital on the campus of a public hospital is not encouraging private participation with the provision of health services, she is wrong. If the member for Elizabeth thinks that commencing the tender process for the provision of a 100 bed private hospital on the campus of Flinders Medical Centre is not encouraging private participation in the provision of health services, she is misled. The simple fact of the matter is that a Labor Government has done exactly that, not because it is ideologically pure or anything but because it is sensible. And because it is sensible we will continue to do it.

The Committee divided on the amendment:

AYES (8)

Atkinson, M. J.	Blevins, F. T.
Clarke, R. D.	De Laine, M. R.
Foley, K. O.	Hurley, A. K.
Rann, M. D.	Stevens, L. (teller)

NOES (26)

Andrew, K. A.	Armitage, M. H. (teller)
Ashenden, E. S.	Baker, S. J.
Bass, R. P.	Becker, H.
Brindal, M. K.	Buckby, M. R.
Caudell, C. J.	Condous, S. G.
Cummins, J. G.	Evans, I. F.
Greig, J. M.	Gunn, G. M.
Hall, J. L.	Ingerson, G. A.
Kerin, R. G.	Kotz, D. C.
Matthew, W. A.	Meier, E. J.
Rosenberg, L. F.	Rossi, J. P.
Scalzi, G.	Such, R. B.
Venning, I. H.	Wade, D. E.

PAIRS

Geraghty, R. K.	Brown, D. C.
Quirke, J. A. nt.)	Leggett. S. R.
White, P. L.	Penfold, E. M.

Majority of 18 for the Noes.

Amendment thus negatived.

The Hon. M.H. ARMITAGE: I move:

That Standing Orders be so far suspended as to enable the House to sit beyond midnight.

Motion carried.

The Hon. M.H. ARMITAGE: I move:

Page 4, after line 24—Insert new paragraph as follows:

(ha) to encourage the participation of voluntary and community based organisations in the provision of health services; and

Amendment carried.

Ms STEVENS: I move:

Page 4, after line 28—Insert new paragraph as follows:

(ja) to provide the Minister, for dissemination to incorporated service units and other relevant bodies or persons, with monthly reports on the financial activity, service delivery, surgical waiting list movements and work force statistics during the month in respect of each incorporated service unit; and

We are inserting into the functions of the Chief Executive Officer of the department another provision to ensure accountability. We want to make sure that the monthly statistics, which used to be a regular feature of the Health Commission prior to this Government taking office, continue. We all know that the release of data from the Health Commission over the past year or so have been very poor. The data have not been coming out on a regular monthly basis, as they did in the past. We know how important these statistics are in relation to casemix funding and proper scrutiny and accountability of the system across all its units. Essentially, we are saying that, for the sake of accountability, this amendment should be adopted.

The Hon. M.H. ARMITAGE: The Government opposes this amendment on the basis that a large amount of work would be involved in the provision and dissemination of this information on a monthly basis. The whole thrust of the Government's policies in this area has been to decrease administration, given our budgetary restrictions. As the member for Elizabeth knows only too well, I have been quoted on numerous occasions as saying that I will not stand by and see administration waste money which could be utilised in providing services. This amendment would produce a new bureaucracy. I am not happy to see that agreed to, on the basis that the money utilised in that bureaucracy as proposed in the amendment could be better spent providing health services.

Ms STEVENS: I want to be absolutely clear about what the Minister said. I heard him say that it was too expensive to produce the monthly gold book—

Mr Brindal interjecting:

Ms STEVENS: That is what we are talking about. I am referring to the monthly statistics in relation to 'financial activity, service delivery, surgical waiting list movements and work force statistics during the month in respect of each incorporated service unit.' We are talking about the gold book, and we got that wording from the gold book. We are saying that that has been an important regular occurrence in the Health Commission which of late has not been happening. It concerns me if the Minister is saying that it is too expensive to put out the data by which health units are able to monitor what is happening. The department has decided to fine health units if they do not get their statistics in on time; yet the Minister is not prepared to provide the data for the health system. I am very concerned about that. It is very important and I should like the Minister's comments on it.

The Hon. M.H. ARMITAGE: I am more than happy to comment on it. If what the member for Elizabeth is talking about is the gold book, there has been no change in its dissemination and I am happy to continue the previous practice. However, I will not stand by and see a new bureaucracy created as such. The passage of this amendment is not necessary. If the member for Elizabeth is talking about the gold book, no change has been made.

Ms STEVENS: We are certainly talking about the gold book. There has been a change in relation to the gold book, because it is not coming out monthly or on time. So, we want to hear the Minister guarantee that from now on the gold book will continue. We moved this amendment because there has been a change; they have not been coming out on time.

An honourable member interjecting:

Ms STEVENS: That is correct; we certainly have not received them and many health units are saying that they have not received them on a regular monthly basis. They get them three months late. For accountability in the system, the information needs to go out—and this is about the gold book, which is a regular monthly report for dissemination to all incorporated services units across the system—so that they can see the trends and what is happening in each of those areas. That is what this amendment is about.

The Hon. M.H. ARMITAGE: As I have indicated, there has been no change in the gold book. By dint of the fact that there are 200 independent units in the system, the gold book is often difficult to put together. That has not happened just since we got into Government; that happened previously. The information in the gold book is often several months behind date. It is factual: this Government has not done that. I well recall seeing gold books under the previous Administration that would be a couple of months late.

Let us not get into an argument of semantics: the simple fact is that there has been no change in relation to the gold book under this Government; I have issued no directive whatsoever; and I now give an assurance that there will be no change to the gold book. I am more than relaxed about that. Accordingly, as I indicated before, it is my view that paragraph (ja) as proposed refers to more than the gold book. I am not happy to see a new bureaucracy created, but I am only too happy to continue the practice of dissemination of the gold book.

Ms STEVENS: But you cannot guarantee that on a regular monthly basis.

An honourable member interjecting:

Ms STEVENS: They should be able to. It is important that the Minister get his act together and enable the health units in the system to get the information they need—and, surely, the information the Minister needs—to be able to monitor what is happening in the system. That is perfectly reasonable. We will raise it later.

The Hon. M.H. ARMITAGE: At the risk of repeating myself—and I will not be threatened by the prospect of it being raised later, as stated by the honourable member in a dogged tone—the simple fact is that there has been no change. I know it is sometimes frustrating to get information a month or two late. However, I assure the member for Elizabeth that that happened when her cohorts were in Government. It has happened for years. There has been no change, and I assure the honourable member that there will be no change; there will be absolutely no change either now or in the future to what has happened in the past with the gold book.

Amendment negatived.

Ms STEVENS: I move:

Page 4, after line 32—Insert new subclause as follows:

(2) Particulars of the assignment of functions to the Chief Executive by the Minister must be included in the Department's annual report.[1]

[1] See s. 8 of the *Government Management and Employment Act 1985*.

This amendment is a simple one. Again, it relates to the accountability/open principle that we are trying to put into the Bill.

The Hon. M.H. ARMITAGE: The Government is tempted to agree to this amendment but, given the great list of functions of the chief executive that are contained in clause 7, we have had a great deal of difficulty thinking of functions which the chief executive may be assigned but which are not already in the clause. I ask the member for Elizabeth whether she has any particular example of anything which she believes would not already be mentioned in the functions of the chief executive as we are passing it.

Ms STEVENS: We want more detail about those functions. Surely there must be a management plan in relation to the chief executive.

The Hon. M.H. ARMITAGE: With respect, the member for Elizabeth does not understand her own amendment. She is moving a further amendment after line 32 which, as I read it, would see the particular functions which have been assigned to the chief executive by the Minister under clause 7 (k)(ii) included in the annual report. Maybe I am wrong; that is why I am asking for an example. We are happy to provide all the information about the various other functions, but I think the member for Elizabeth might like to revisit this

amendment. The question I asked before was that, given the long list of functions that is already there, what other functions does she think may be assigned.

Ms STEVENS: I was wrong; I know what the Minister means. I do not have any examples, but we are saying that, if there are any, they need to be included. It just covers it.

The Hon. M.H. ARMITAGE: As I indicated in speaking to this first, the Government is inclined to vote for this amendment. However, because I am not 100 per cent certain of what it means I will take the option of voting against it at this stage, but I will be more than happy to discuss with the member for Elizabeth between now and when it is debated in another House the sorts of opportunities that might present, and I would be happy to move an amendment from the Government in the other House if necessary. Accordingly, because of that uncertainty the Government will oppose the amendment at this stage.

Amendment negatived; clause as amended passed.

Clause 8 passed.

Clause 9—'Statement of policies and strategies.'

Ms STEVENS: I move:

Page 5, after line 30—Insert new subclause as follows:

(5) An approved (or revised) statement of policies, strategies and guidelines is a statutory instrument that must be laid before Parliament and is subject to disallowance in the same way as a regulation.

We are moving this amendment because this is the major planning statement policy, strategies and guidelines for implementing a system of health service delivery in this State and as such it is probably the most important formal document in the department. It is for that reason that it must be open and able to be scrutinised in Parliament and subject to disallowance.

The Hon. M.H. ARMITAGE: The Government strongly resists this amendment on the basis that the Opposition is seeking to have Government policy and the implementation of that policy subject to potential disallowance in the Parliament. Quite frankly, that is ridiculous. No other department has its policy debated in Parliament in this fashion and, accordingly, I certainly will not stand by and have the health area subjected to that scrutiny. However, I am only too delighted to have the policies of the Government, for which the chief executive prepares an implementation strategy, subjected to a public scrutiny, and that occurs every time there is an election. That is exactly what the preparation of public policy is about, and I know only too well—as indeed the member for Ross Smith attempted to indicate by way of interjection in very recent times—that Governments are indeed judged by the people on the policies which they have implemented. Accordingly, we reject this amendment.

Ms STEVENS: It is my understanding that a business plan in the SGIC Act was also subject to disallowance, so this is not the only case like this at all; there is another example. This is a very significant document. This is a department which has a quarter of the State's budget; therefore, we believe that this is quite reasonable.

The Hon. M.H. ARMITAGE: At the risk of repeating myself, the Government believes it is totally unreasonable. After coming into Government, I recall that in the first few months we discussed a number of initiatives to which the Government was committed in its policy directions and in its publicly stated policy documents. Indeed, the chief executive and, on his behalf, the executive and officers of the commission prepared guidelines and strategies to implement those health service delivery plans which at that stage the Government had already received a mandate from the people of South Australia to implement. That includes such matters as reorganisation of the health system administration; for example, this Bill.

It includes matters such as the opportunity via competitive tendering to contract a number of services so that the people of South Australia can get the best value possible. It includes opening up to the private sector the opportunity of providing public services, and it includes a number of strategies, including the casemix funding strategy and DRGs, and so on. All those were public policies of the Government, and the strategy and guidelines for implementing that health service delivery were prepared by the chief executive and the then Health Commission. That is the way Government runs, and to surmise that a Government might allow its policy direction to be subject to disallowance in the same way as a regulation is, quite frankly, specious and we will not sit around and have it happen.

Amendment negatived; clause passed.

Clause 10—'Delegation.'

Ms STEVENS: I move:

Page 5, line 32—After 'may' insert ', with the approval of the Minister,'.

This is fairly self-explanatory. Again, we are attempting to sheet home the accountability authority to the Minister.

The Hon. M.H. ARMITAGE: This amendment is also opposed, because it is simply not needed. Clause 6 provides that the chief executive officer is subject to the control and direction of the Minister for the administration of this Act and, accordingly, any delegation of any power or function that the chief executive officer undertakes is undertaken subject to the control and direction of the Minister. No other chief executive in the public sector is under such stratagems, and we do not believe that the chief executive in the health area ought to be, either.

Amendment negatived; clause passed.

Clause 11—'The department.'

Ms STEVENS: I move:

Page 6, after line 8—Insert new subclause as follows:

The department's annual report must include particulars of—

(a) the implementation of this Act in relation to each aspect of this Act; and

(b) the state of health prevailing in the community and, in particular, the state of health of the Aboriginal community, the aged and persons of low socio-economic status; and

(c) the action taken to improve the state of health of the community and of those sections of the community referred to in paragraph (b).

Why are the role and functions of the new department not spelt out, and what are they? In relation to the amendment, we believe that, again, this is an accountability provision for the department. The Minister is big on accountability across the health system for incorporated service units and every other part. The department should also be accountable and, in particular, we specify that the department's annual report should include particulars of the implementation of the Act in relation to each aspect of the object of the Act; the state of health prevailing in the community; and, in particular, the state of health of three particular groups where we know there are specific concerns of health status, and they are the Aboriginal community, the aged and persons of low socio-economic status. The third part of that is to report on the action taken to improve the state of health of the community and those particular sections of the community.

The Hon. M.H. ARMITAGE: The Government is happy to accept this amendment with a number of corollaries or riders. First, I am interested in why, if it is so important, such an amendment to the present Act was not moved during the 11 years that the Labor Party was in Government, but we will let that slide. Importantly, I emphasise that there is a national body known as the Australian Institute of Health and Welfare, and the present Health Commission reports each and every year to that institute just such statistics as are provided in this clause.

The point has been made to me that, whilst it is nice and perhaps gives us a warm inner glow to get our own statistics from within South Australia, it is more relevant to get national statistics on a number of these matters, but, to report nationally, we have to keep our own statistics. We can do that, but I make the point that it is of more value to utilise the statistics on a national basis. Paragraph (c) provides for the action taken to improve the state of health of the community and of those sections of the community referred to, and so on. I would emphasise that, by implication, it is difficult to draw epidemiological conclusions from one annual report to another. In fact, it is much better to look at a five year time frame on an epidemiological basis.

We accept the amendment, but I point out that it has some limitations as to what the people of South Australia may expect to get out of it and what they will actually get out of it. One of those limitations is that an annual epidemiological report on the state of health and improvements in the state of health of those people is often not of much value: we get a trend line over a five year reporting period. So, we accept the amendment from that point of view. I am also more than happy to see the state of health of the Aboriginal community being mentioned in that matter, although, given that it has been mentioned in the second reading debate by a number of members of the Opposition, I would draw their attention to my second reading explanation, in which I talk about regional service communities. I will quote again, for the member for Elizabeth and other members of the Opposition, the relevant paragraph in the second reading explanation. It states:

> Regional service units will consist of a regional board comprising members from each of the service units or clusters of service units, along with community and Aboriginal members.

The point I make is that we are quite specifically saying that we will no longer be patronising and include in the Bill what we will do for the Aboriginal community. What we are doing, as identified in the second reading explanation, is saying that we will make sure that Aborigines are members of the regional boards. Indeed, they will be calling the shots. They will be administrators of what is appropriate.

So, whilst I accept that the state of health of the Aboriginal community is part of this clause, I do not accept the inference that we are not paying attention to Aboriginal health in this matter; far from it. We are giving members of the Aboriginal community a much greater say than they have previously had by specifically saying that they will be members of the regional boards. Further, in relation to the matter of Aboriginal health, I would like to report that, yesterday, given that it is now five past 12, the Aboriginal Health Council agreed in principle to the establishment of a division of Aboriginal Health within the Health Commission, and an independent Aboriginal Health Advisory Body will replace the current Aboriginal Health Council. So, even within the present commission, we are, if you like, up marketing the Aboriginal health focus. The Government accepts the amendment with the proviso that, as I mentioned before, the community may not get exactly what it expects out of it. However, we are happy to see those things included.

Ms STEVENS: I am pleased to hear that the Government accepts the amendment. In relation to the other matters that the Minister mentioned in terms of consultation with Aboriginal people, that was one of the issues. When we read the second reading explanation, I saw that there and I saw it in his option 2 paper.

The Hon. M.H. Armitage interjecting:

Ms STEVENS: Because it is not in the legislation. We wanted to make sure—

An honourable member interjecting:

Ms STEVENS: No, that is why it is there. It is important enough to be included. I am pleased that the Minister has accepted it.

The Hon. M.H. ARMITAGE: I emphasise that, in a sense, it is paternalistic. We are happy to accept the amendment—that is the bottom line—but in a sense it is paternalistic. I emphasise that the creation of regional boards with specific representation for members of the Aboriginal community is in fact a very positive step.

Ms STEVENS: I must respond to that. In no way is it paternalistic. The amendment is simply a reporting requirement. It reports on a fact that we know, and that is that one of the most shameful aspects of our society is the health of the Aboriginal community. We also know that there are particular issues in relation to the aged and to the health of people from lower socioeconomic status. Rather than being paternalistic, this is acknowledging a social justice issue whereby there are specific groups for whom we have to take special measures to redress an imbalance.

Amendment carried; clause as amended passed.

Clause 12—'Incorporation of service units.'

Ms STEVENS: Will all publicly funded hospitals and health centres become incorporated service units? Which publicly funded hospitals are not now incorporated, and what will become of these unincorporated hospitals? Will the Minister guarantee that all hospitals will be given the option to become incorporated service units?

The Hon. M.H. ARMITAGE: The answer to the first question is 'Yes'. As to whether all public hospitals are now incorporated, the answer is 'No'. An absolute handful—and by that I mean three or four—are not. I was attempting to ascertain which ones are not, but I think they include Eudunda and Tanunda. If they wish to become an incorporated service unit under the legislation, we have no difficulty with that.

Ms STEVENS: I move:

Page 7, lines 6 to 7—Leave out subclause (2) and substitute the following:

(2) Before the Governor establishes an incorporated service unit—

(a) the chief executive must—

(i) invite representations on the proposal from interested members of the public by notice published in a newspaper circulating in the area in which the incorporated service unit is to be established; and

(ii) consider representations from members of the community made in response to the invitation within a reasonable time (which must be at least 60 days) specified in the notice; and

(iii) report to the Minister on the representations made by members of the community; and

(b) the Minister must (having regard to the representations from members of the community and other relevant matters) approve a constitution for the incorporated service unit.

Essentially, this amendment will ensure community consultation in respect of the establishment of an incorporated service unit. It makes explicit a requirement that the chief executive must invite representations on the proposal from interested members of the public, consider those representations within a reasonable time and then report to the Minister. The Minister must take note of those representations by the community and approve a constitution for the incorporated service unit. The Opposition thinks it is important and that consultation and getting the process right will achieve the best outcome.

The Hon. M.H. ARMITAGE: I am quite surprised at this amendment because virtually all members of the Opposition during the second reading debate indicated that they felt that the boards of hospitals were very hard done by. They made a point of saying that the Government appeared to have the boards of hospitals under the gun. I point out that the boards of hospitals, which will become incorporated service units, are made up of community representatives. They are there as members of the community, and they jealously guard their community involvement and representation of the community. Already they have input into this whole process. A number of regional boards have already been formed on an interim basis and are awaiting the passage of this legislation. They already have copies of the draft constitutions of relevance. So the Government opposes this amendment on the basis that board members are already community representatives. They are there with a job to do. It would appear as though the member for Elizabeth does not trust these boards which are comprised of community representatives.

Ms STEVENS: It is not that we do not trust the boards but perhaps that we do not trust the Minister or the person who might occupy that position. We say that before the Governor establishes an incorporated service unit those things must happen. We say that a process of consultation, which we have specified, must be undertaken. We are not saying that the Minister must do all of what a community says, but the Minister must undertake the consultation process and must have regard to what is said. It has nothing to do with the boards. We say that whenever one of these units is set up, including new ones in the future, community consultation should be an essential part.

The Hon. M.H. ARMITAGE: I assure the member for Elizabeth that board members from local hospitals which become incorporated service units insist that they are community representatives. They never stop telling me that they are representatives of the community. Clearly, as provided in subparagraphs (i), (ii) and (iii) of paragraph (a) the chief executive must obtain representation from community members. These people are members of hospital boards specifically so that they can represent members of their community. That is exactly what they do all the time. So, we are already getting community input. As I indicated, we are in no way holding back anything. The interim regional boards, which have been set up before the legislation is passed, already have copies of the draft constitution. The Government opposes this amendment because a mechanism already exists to involve community representatives (the hospital board members), who have a stake in the hospital.

The Committee divided on the amendment:

AYES (8

Atkinson, M. J.	Blevins, F. T.
Clarke, R. D.	De Laine, M. R.
Foley, K. O.	Rann, M. D.
Stevens, L. (teller)	White, P. L.

NOES (26)

Andrew, K. A.	Armitage, M. H. (teller)
Ashenden, E. S.	Baker, S. J.
Bass, R. P.	Becker, H.
Brindal, M. K.	Buckby, M. R.
Caudell, C. J.	Condous, S. G.
Cummins, J. G.	Evans, I. F.
Greig, J. M.	Gunn, G. M.
Hall, J. L.	Ingerson, G. A.
Kerin, R. G.	Kotz, D. C.
Matthew, W. A.	Meier, E. J.
Rosenberg, L. F.	Rossi, J. P.
Scalzi, G.	Such, R. B.
Venning, I. H.	Wade, D. E.

PAIRS

Geraghty, R. K.	Brown, D. C.
Hurley, A. K.	Leggett, S. R.
Quirke, J. A.	Penfold, E. M.

Majority of 18 for the Noes.

Amendment thus negatived; clause passed.

Clause 13 passed.

Clause 14—'Designation of incorporated service unit as regional service unit.'

Ms STEVENS: I move:

Page 7, after line 26—Insert new subclauses as follows:

(2) A proclamation designating an incorporated service unit as a regional service unit must provide for the composition of the unit's board of directors and for the appointment or election of persons to the board.

(3) Before a proclamation is made under this section, the Chief Executive must—

(a) invite representations on the proposal from incorporated service units in the proposed region by written notice given to each of those incorporated service units; and

(b) invite representations on the proposal from interested members of the public by public notice published in a newspaper circulating in the area in which the incorporated service unit is to be established; and

(c) consider representations made in response to the invitations within a reasonable time (which must be at least 60 days) allowed in the respective notices; and

(d) report to the Minister on the representations.

(4) A proclamation under this section is a statutory instrument that must be laid before Parliament and is subject to disallowance in the same way as a regulation.

I ask the Minister: will the regional service units in all seven country regions be formed by designating an existing incorporated service unit, or will any new incorporated service units be formed to become an original service unit? Which unit will be the regional service unit in each region, and how will that be determined? The Minister noted that the staff of regional service units are to be drawn from service units within the region. How will that be determined, and will the incorporated service units in the region be consulted or have any say in that determination?

The Hon. M.H. ARMITAGE: The answer to the first question is, 'Yes'. We have no desire to create anything new. We are not about adding to the cost, although we will be creating regional boards which, under the Act, will be service units themselves, but we will not be creating any new hospital, or whatever, as such.

Another question was: which unit will be the regional service unit? That decision will be up to the regional board.

How will the decision be made? Again, that is self-evident from the previous answer I gave. How will the staffing of the regional service unit be determined? It is most likely, I would believe, that they would come from the hospital or the service unit which makes up the regional service unit, but it may well be that the board determines to advertise outside. But that, again, would be a matter for the regional board.

Ms STEVENS: The first part of the amendment in relation to the regional service units seeks to be very clear about the composition of the unit's board of directors and also the process for the appointment or election of persons to the board. Again, it is a provision for accountability and openness. We want to be quite sure that the boards of directors are representative of the community and do the sorts of things the Minister has spoken about in his second reading speech in relation to representation on those boards, and therefore we want to be able to see that. That is part 2.

Part 3 is simply another consultation mechanism. We want to be sure that, in establishing a regional service unit, appropriate and adequate consultation is undergone with the communities, that the Minister considers the representations made by the community in response to consultation and that, in that consultation process, there is a report to the Minister. Finally, we are saying that a proclamation under this section is a statutory instrument that must be laid before Parliament and subject to disallowance in the same way as the regulation. We think that this is really important in this case because there are only seven regional service units. They are very important in terms of the delivery of health services.

The Hon. M.H. ARMITAGE: The Government opposes this amendment, on the basis that the boards of regional service units will in fact come from the individual hospitals, in the vast majority, or incorporated service units which are the present local hospitals. They will be people who are judged as fine community representatives already. They will have some status in the community already, if you like, as representing those community needs and, accordingly, there would be no slight on those people in the first instance. The other point that I would make in relation to this clause is that it simply does not allow for proper planning of the system. We are well down the track of having regional service units and regional boards and so on in place already before the legislation has even been passed—the member for Elizabeth looks askance—not generated by us. This is because a number of the regions are saying, 'We would like to be involved in this. We would like to set up our own regional or interim board whilst the legislation is being debated.' In fact, we are well down the track already. To have that planning process now put under a different form of scrutiny would be a backward step.

The other point is that this builds in quite large time delays. We are part of a global economy and such time delays are not tolerable today. More importantly, as the member for Giles would know, having been a former Minister for Health, boards quite frequently change for personal and other reasons. For example, particularly in country areas, people move. To have each of these changes brought before Parliament for proclamation is unworkable. Accordingly, we oppose the amendment. However, in opposing it, we emphasise that the people who will be on these boards already have a history of representing communities on hospitals or clusters of hospitals within those regions.

Ms STEVENS: I am concerned about what the Minister has just said. We are talking about putting into the legislation mechanisms for establishing regional service units. The Minister has said that he does not have time and that he has already half done it.

The Hon. M.H. Armitage: They have done it, not us.

Ms STEVENS: All right, they have done it, but obviously at your instigation, with your paper, and all the rest of it. The Government cannot put legislation together by saying, 'Half of it has been done; therefore, we will not put in a good process.' I think that the good process has to be put in. If we have to look at some transitional provisions, then look at them later. However, as a matter of principle, we should put the good process into the legislation at the start. I do not accept that because it is half done or because some groups are already in this situation that is a reason for knocking back this suggestion.

The Minister mentioned that the proclamation would have to be changed because the members of the boards change. We are talking about the proclamation providing for the composition of the boards. I refer not to actual individuals, but to types of individuals—community representatives, staff representatives, or whatever. I am not referring to the names of people. We were also looking at mechanisms for appointment or election, so it is again the process of how people will be appointed to the boards. We still hold the view that these are very important units in the health system, and they deserve this scrutiny. If the process is done correctly, there should be nothing to worry about in what we have suggested.

The Minister mentioned a time delay. We have asked for 60 days for consultation. When establishing a major body, that is not a lot of time. I have come from the Education Department where we looked at the amalgamation of schools. That department has extensive consultations—maybe too long, but they are certainly longer than 60 days. I do not think that is unreasonable. People have monthly meetings and they need to arrange things. I do not think it is too long at all and it is an important safeguard for communities. If situations are already established, let us look at them in terms of the transitional procedures later. Will the Minister also comment on the metropolitan scene in relation to regional service units?

The Hon. M.H. ARMITAGE: What particular element of the metropolitan scene does the member for Elizabeth wish me to comment on?

Ms STEVENS: I am sorry; I meant the situation in the metropolitan area. How does this work in terms of regional service units in the metropolitan area with the RAH, the QEH, the amalgamated QEH/Lyell McEwin, and so on? What is the thinking there?

The Hon. M.H. ARMITAGE: There are really only two regions in the State, one being metropolitan and the other rural. The seven regional bodies we are setting up are sub-regions within the rural area, so this does not apply as such to the metropolitan area. The Government believes that these sorts of things would be better put into the constitution of the regional service unit rather than having them expected, as they would be under this amendment.

I take the point the member for Elizabeth made previously that she did not want each individual appointment to the board to come before Parliament, but she will see, if she reads her amendment again, that that is the effect, because a proclamation designating an incorporated service unit as a regional service unit must provide for the composition of the unit's board of directors. If the unit's board of directors changes, it will be expected to go through the process on a regular basis, which would involve inviting representations on the proposal, getting back representations, considering

them over 60 days, reporting to the Minister and so on. That large time delay is simply unacceptable in the world in which we live today. It in no way underscores the importance of the representation from the community.

I again ask the member for Elizabeth to speak practically to the member for Giles, because he would know that board members change regularly in rural areas and it is quite easy, within the space of a couple of weeks, to get new representatives. I do not believe that the sector ought to be subjected to such long waits when perfectly appropriate people can be put into the system anyway. We are talking about people who are already members of boards of smaller units within the regions. We are not talking about people who are not community representatives: they are already, by dint of the position which they occupy, strongly identified as community representatives.

Ms STEVENS: The intent was for this proclamation to come before Parliament once. I have listened to what the Minister has said and, before this Bill goes to the Upper House, we will certainly review that and will try to get our intent into it. However, we will still support this amendment as it stands at this point.

The Committee divided on the amendment:

AYES (8)

Atkinson, M. J.	Blevins, F. T.
Clarke, R. D.	De Laine, M. R.
Foley, K. O.	Rann, M. D.
Stevens, L. (teller)	White, P. L.

NOES (26)

Andrew, K. A.	Armitage, M. H. (teller)
Ashenden, E. S.	Baker, S. J.
Bass, R. P.	Becker, H.
Brindal, M. K.	Buckby, M. R.
Caudell, C. J.	Condous, S. G.
Cummins, J. G.	Evans, I. F.
Greig, J. M.	Gunn, G. M.
Hall, J. L.	Ingerson, G. A.
Kerin, R. G.	Kotz, D. C.
Matthew, W. A.	Meier, E. J.
Rosenberg, L. F.	Rossi, J. P.
Scalzi, G.	Such, R. B.
Venning, I. H.	Wade, D. E.

PAIRS

Geraghty, R. K.	Brown, D. C.
Hurley, A. K.	Leggett, S. R.
Quirke, J. A.	Penfold, E. M.

Majority of 18 for the Noes.

Amendment thus negatived; clause passed.

Clause 15—'Functions of a regional service unit.'

The Hon. M.H. ARMITAGE: I move:

Page 8, lines 5 and 6—Leave out 'private health service providers and other relevant organisations and persons within the region' and insert 'voluntary and community based organisations, private health service providers and other relevant organisations and persons within the region, to ensure there is proper coordination'.

I believe this amendment encapsulates the intent of clause 15(3) as in the Bill whilst at the same time embracing the theme of what the Opposition was intending in its amendment.

Ms STEVENS: I am not sure why there was the change from our amendment. Essentially it is it same thing; the words are just turned around. I support the amendment.

Amendment carried; clause as amended passed.

Clause 16—'Assignment of functions to regional service units.'

Ms STEVENS: Why is the original option—the option one scenario—included in the Bill when the Minister stated in his second reading explanation that 82 per cent of hospital boards prefer option two? We understand that the Minister has assured units that option two would be the Statewide model. We are wondering why option one is included. In what circumstances would option one be used? How does the Government propose to choose between a board of trustees and a regional service unit when vesting property? Why is the role of a board of trustees limited to administering property when in the second reading speech the Minister specified other roles? We are saying that that should be explicit. That particular point has caused quite a lot of concern out in the community with people feeling they have been devalued and only used to administer property when they have other functions.

The Hon. M.H. ARMITAGE: The board of trustees will administer the community asset and the board of the regional service unit will administer the Government asset. I think that is a very important distinction in the first instance. Another question that I recall in that barrage of questions is: why is there a possibility of option one here? It is a little like the proclamation that we were talking about before. I do not believe that Parliament necessarily needs to be bogged down with unnecessary amendments or proclamations or whatever. Accordingly, we have put into the legislation the possibility if at some stage the spectre of option one were to seem reasonable.

The member for Elizabeth is absolutely correct: 82 per cent of the people responding said they wanted option 2 so, for simplicity and because a number of the regions were already going down the path of setting up their interim boards under option 2, that is what we have done in the first instance. We are implementing option 2 across the system, but we do not want to have to come back to Parliament if at some later stage option 1 is more appropriate.

Ms STEVENS: Is the Minister standing by the wording 'asks for a transfer'? This provides that people will not move to option 1 unless they ask for a transfer of functions to the regional service unit. Presumably, that is what subclause 16(1) means. Will the Minister confirm that?

The Hon. M.H. ARMITAGE: Yes.

Ms STEVENS: I move:

Page 8, after line 11—Insert new subclause as follows:

(1a) Before an incorporated service unit asks for transfer of its functions to a regional service unit, it must—

(a) invite representations on the proposal from interested members of the public by notice published in a newspaper circulating in the area in which the incorporated service unit was established; and

(b) consider representations from members of the community made in response to the invitation within a reasonable time (which must be at least 60 days) specified in the notice; and

(c) report to the Minister on the representations made by members of the community.

Our amendment seeks to insert the same consultation provisions that we moved previously. Again, we think that it is appropriate that when an incorporated service is asking for a transfer of its functions it needs to go through that. We believe that is a big decision and that, before such a regional service unit undertakes that decision, it needs to go through that consultation with its community. We would like that specified, as we indicated in previous amendments.

The Hon. M.H. ARMITAGE: The Government is strongly opposed to these proposed new subclauses, quite

simply because we trust the board members. What we have here is that, in a scenario where an incorporated service unit asks the Government for a transfer of its functions to a regional service unit, the Opposition is telling the Government by this amendment that it does not trust those board members to be reflecting the community position adequately. We reject that out of hand, because the board members only too often tell me how much they jealously guard their community representation.

If they are coming to the Government and saying, 'We wish to have our functions transferred to a regional service unit,' we reject the notion that they do not represent the community already. I look forward to informing all those community representatives—all those board members—that the Opposition and in particular the shadow Minister for Health simply do not trust them. She does not trust them to represent the views of their community, because they are coming to the Government under this clause and saying, 'We wish our functions to be transferred.' I very much look forward to hearing what the community representatives—the board members—feel about not being trusted by the Opposition. We reject these amendments out of hand.

Ms STEVENS: It has nothing to do with whether the Opposition trusts board members. In approaching this Bill we have said right from the start that we think that community consultation by whoever—by the chief executive officer, by the Minister (especially by the Minister) and by boards too—is an important concept.

The Hon. M.H. Armitage interjecting:

Ms STEVENS: No, it is not a matter of trust; it is a matter of saying that our health system in South Australia believes that community consultation is important. Therefore, all parts of our system will, when they make significant changes, undergo a consultation process, and we have made it a consistent one. I do not believe that boards in our State will interpret it in the way the Minister has. I think that boards will see that this affirms what they are already doing and makes it consistent in terms of a consultation process throughout the legislation.

The Hon. M.H. ARMITAGE: In moving this amendment, it is absolutely 100 per cent clear that the Opposition does not believe that the board members, who are quite clearly community representatives, are capable of making their decision that would see that incorporated service unit ask for the transfer of its function—ask for, not be directed, but ask for the transfer of its function. As I said before, I have every faith that the board members of the incorporated service units would represent their community to the nth degree and they would not make a decision that their community would not want. I will stand up for them and we will reject this amendment, simply because we trust them to do the job which they believe they are doing and which they have been entrusted to do.

Ms STEVENS: In putting these amendments together, we did get some suggested amendments sent to us. One suggestion which came from the Hospitals and Health Services Association of South Australia on this clause said, very briefly, because they also did not have a huge amount of time:

> Assuming it is the board that makes the decision to transfer its functions to regional services, again it is imperative that the community affected by this decision be informed and provided a reasonable time to comment.

The Hon. M.H. ARMITAGE: I look forward to asking all the board members of all the hospitals whether they believe that they are appropriate community representatives, and I look forward to sending to them a copy of the representations made by the Hospitals and Health Services Association on their behalf because, as I have indicated to the member for Elizabeth, I believe very strongly that all the board members believe only too rigorously and demonstrably that they are appropriate community representatives.

Amendment negatived.

Ms STEVENS: I move:

Page 8, lines 15 to 17—Leave out all words in these lines and substitute the following:

(a) vest property of the incorporated service unit that was granted by, or otherwise derived from, the Crown—in the regional service unit; or

(b) if there is property that cannot be dealt with under paragraph (a)—establish a board of trustees (comprised of persons from the community served by the incorporated service unit) to administer the property and vest the property in the board of trustees.

I think this makes clearer what is in the Bill. The Minister has indicated that he is prepared to accept this.

The Hon. M.H. ARMITAGE: The Government is happy to accept this amendment.

Amendment carried; clause as amended passed.

Clause 17—'Board of trustees.'

Ms STEVENS: Why are the terms of appointment, duties, composition and method of appointment of boards of trustees not spelt out in the Bill?

The Hon. M.H. ARMITAGE: Because it will be in the constitution of the board of trustees.

Ms STEVENS: I move:

Page 8, after line 34—Insert new subclause as follows:

(3a) Meetings of a board of trustees must be open to the public.

The Opposition is of the view that meetings should be open to the public.

The Hon. M.H. ARMITAGE: The Government opposes this amendment, not because it does not want meetings to be open to the public but because it believes it is appropriate for the board of trustees to make that decision. If the constitution of the board of trustees, which as I indicated before will provide for the various appointments, is silent on whether meetings will be open or closed, the board can make any decision it wishes. I believe that it is appropriate that the board rather than the Parliament make the decision. Local government has the opportunity on occasions under its own motion to move into camera on some matters. It may be that a board of trustees would make a similar decision. In indicating opposition to the amendment, I am not suggesting that meetings will not be open but that that is a decision which the board of trustees will make.

Amendment negatived; clause passed.

Clause 18—'Functions of board of trustees.'

Ms STEVENS: I move:

Page 9, after line 7—Insert new subclause as follows:

(2) A board of trustees must not sell, transfer, lease or otherwise dispose of any real property that is used, or set apart for use, for the provision of health services except on a resolution of the board in which at least two-thirds of all the trustees concur.

The Opposition believes that the board should act in the interests of the community on whose behalf it is custodian of the property which it is looking after.

The Hon. M.H. ARMITAGE: The Government opposes this amendment only because, as I indicated when summarising the second reading contributions, the board of trustees would need to apply to have a charitable trust wound up

before it could sell, transfer or otherwise dispose of these matters, or apply to the Supreme Court—as the member for Elizabeth and I know only too well, the Supreme Court seems to get its nasty little fingers into all sorts of things—or come back to the House as was done recently in respect of the Hutchison Trust in Gawler. The board of trustees would need to make specific application for that to occur.

Ms STEVENS: The Opposition will think about this and decide what to do in terms of the Legislative Council.

Amendment negatived; clause passed.

Clause 19—'Amalgamation of incorporated service units.'

Ms STEVENS: I move:

Page 9, lines 12 to 14—Leave out all words in these lines and substitute the following:

(2) Before the Governor amalgamates two or more incorporated service units, the Minister must—

(a) ensure that each incorporated service unit affected by the amalgamation consents to the amalgamation; and

(b) approve a constitution under which the incorporated service unit formed by the amalgamation is to be administered.

This is an important part of the Bill. The Opposition has real concerns about the power to amalgamate without due process or regard for the two separate units. If a proper process is followed, and if the reasons for the amalgamation are logical and there are benefits, that will not be an issue and the consent can be gained.

The Hon. M.H. ARMITAGE: The Government opposes the amendment. If we look at each of the incorporated service units affected by the amalgamation, in the first instance I reiterate, as the member for Giles said, that the Minister has ultimate power under the present Act via the purse strings to ensure that whatever happens does happen. More importantly, the whole question of amalgamation is done with the ideal of garnering administrative efficiencies, and a number of those can be made in the system. The aim is to provide economies of scale with the very best intention to provide the best and most appropriate health care with the opportunities that the economies of scale may provide.

There is the opportunity to share equipment and, as a number of members know, equipment is expensive in the provision of the best possible health care. Accordingly, to amalgamate units to share equipment is a positive step. The amalgamation of two or more incorporated service units importantly allows a redistribution of resources, and to that extent I draw to the member for Elizabeth's attention the Queen Elizabeth Hospital and Lyell McEwin amalgamation, whereby resources are moving to where they are needed and where they have been documented as being needed for a long period.

Under the non amalgamated system the resources simply did not move. Many advantages can be gleaned from an amalgamation, and there is obviously the opportunity to rationalise some of the super specialties. Indeed, a number of super specialists in Adelaide have already had discussions along those lines. The Government believes that enormous advantages are potentially available from the amalgamation of service units in some circumstances and, where we are attempting to be a world class service operating as cost effectively as possible, it is important that those advantages be taken. We reject the amendment.

Ms STEVENS: The Opposition does not disagree that there are situations where amalgamation is the way to go. We do not disagree with that at all. However, we are saying that the Minister has to do his work in ensuring that the process is such that people can understand the benefits. If the Minister does that properly, he will get the consent that we are asking him to achieve. I am pleased that the Minister raised the amalgamation of the Queen Elizabeth Hospital with the Lyell McEwin because, in my view, the process used was not a good one.

The process was too rushed. People were treated in a very token fashion, and especially the board of the Lyell McEwin Hospital. They were virtually put over a barrel as regards what the advantages were going to be to the north; and, in terms of agreeing, they were contacted on a Friday afternoon by telephone. There was a Monday morning meeting with two or three board representatives—they could not get the whole board together with that short notice—as the Minister wanted to make a press announcement the next day. They had to give an in principle agreement without knowing the full ramifications of what they were agreeing to.

The Minister told them that, if they really wanted the advantages in the north, they should agree. That is no way to run a health system, and the Minister should plan his changes better than that so that we have a proper process. Again, we believe that this amendment is achievable if proper processes are followed. We are not saying that amalgamation is not the right way to go in some circumstances. We agree with what the Minister says in that regard, but we are saying that he and his officers need to do the work to ensure that the benefits are sold to the units concerned, in terms of all those issues the Minister has mentioned. If those benefits are there, I believe he will have his consent and there will be no problem with this amendment.

The Committee divided on the amendment:

AYES (8)

Atkinson, M. J.	Blevins, F. T.
Clarke, R. D.	De Laine, M. R.
Foley, K. O.	Rann, M. D.
Stevens, L. (teller)	White, P. L.

NOES (25)

Andrew, K. A.	Armitage, M. H. (teller)
Ashenden, E. S.	Baker, S. J.
Bass, R. P.	Becker, H.
Brindal, M. K.	Buckby, M. R.
Caudell, C. J.	Condous, S. G.
Cummins, J. G.	Evans, I. F.
Greig, J. M.	Gunn, G. M.
Hall, J. L.	Ingerson, G. A.
Kerin, R. G.	Kotz, D. C.
Matthew, W. A.	Meier, E. J.
Rosenberg, L. F.	Rossi, J. P.
Scalzi, G.	Venning, I. H.
Wade, D. E.	

PAIRS

Geraghty, R. K.	Brown, D. C.
Hurley, A. K.	Leggett, S. R.
Quirke, J. A.	Penfold, E. M.

Majority of 17 for the Noes.

Amendment thus negatived.

Mr MEIER: Recognising what the Minister said in relation to the proposed amendments from the shadow Minister, I bring to the Minister's attention a letter that I have received from the Chairman of the Board of Directors of the Southern Yorke Peninsula Health Service. I believe one of their four particular concerns relates to this clause; namely, the provisions of the Bill which allow for the arbitrary amalgamation of incorporated service units and the vesting

of property in a range of specified bodies. I know that the Minister has detailed his reasons for not accepting the Opposition's amendments, but has he anything further to add to the Southern Yorke Peninsula Health Service, which will perhaps further allay any of their extreme concerns?

The Hon. M.H. ARMITAGE: Amalgamation does not in any way mean a decrease in service provision at one of the sites, and I emphasise the matter that we talked about when discussing the Opposition's amendments in relation to the Queen Elizabeth and Lyell McEwin hospitals. The amalgamation occurs and the efficiencies are gleaned at the administrative level, which may then see a redistribution of resources. Amalgamation can be very positive for service provision, but it does not necessarily mean there will be a decrease in services in one area or, more importantly from the country point of view, a cessation of services.

Ms STEVENS: Many country hospitals are concerned about their property and other things for which they have worked for some time.

The Hon. M.H. ARMITAGE: I am surprised, because we addressed this matter before. I reiterate that the vast majority of community assets for which people have worked long and hard—we all know about lamington castles and such things—are charitable trusts and without a Supreme Court decision or coming back to Parliament we cannot dissolve those charitable trusts. They are the sorts of instances I quoted previously. In the past, community assets have been handed back to the community. That is why the Bill provides for boards of trustees.

Ms STEVENS: Clause 19(4) provides:

> The proclamation providing for the amalgamation of two or more incorporated service units may vest property, rights and liabilities of the incorporated service units subject to the amalgamation in a specified body or person.

What does that mean?

The Hon. M.H. ARMITAGE: The member for Elizabeth is reading too much into that matter. We are talking about a proclamation of something or other, and the specified body or person would be specified in the proclamation. That phraseology is to ensure that the proclamation contains that information.

Clause passed.

Clause 20 passed.

Clause 21—'Incorporated service units to be subject to direction.'

Ms STEVENS: I move:

> Page 10, line 12—Leave out subclause (3) and substitute the following subclauses:
>
> (3) A direction cannot be given so as to reduce an incorporated service unit's capacity to meet its health service delivery objectives under its constitution.
>
> (4) A direction under this section must be given in writing and must be published in the *Gazette*.

This clause deals with the chief executive's power of direction. There are far ranging powers about which we have a number of questions. We will review the answers to those questions in what we come back with in another place in a couple of months. The amendment relates to accountability and the right of the public to know.

We are saying that a direction cannot be given so as to reduce an incorporated service unit's capacity to meet its health service delivery objectives under its constitution. We are saying that if a health unit is set up, for instance, to provide a dental service, there cannot be a direction from the chief executive to cancel that if it is in the constitution of that body, and then we are saying that a direction under this section should be given in writing and must be published in the *Gazette*. We are doing this because we believe that it should not be necessary very often. We would be expecting that these things would not happen every day of the week, that they would be in specific circumstances and that those two things ought to apply.

The Hon. M.H. ARMITAGE: A number of points need to be made: first, and most importantly, the chief executive cannot override the constitution and, also, if this amendment were to pass, it would not allow appropriate planning of health services because it quite frankly locks in the *status quo*. There is no way, if this amendment were to pass, that any incorporated service unit could ever change its function and that is unacceptable, particularly given clause 14 that we have already passed where the Governor assigns functions to a regional service unit which is an incorporated service unit in itself. The regional service unit itself may be thwarted. Merely because it locks in the *status quo* I think in itself is enough reason to oppose the amendment on the basis that appropriate planning may well determine that some services are better provided in some different area.

It may well be, as an example, that an incorporated service unit will be in a situation where another incorporated service unit in the region has facilities to do laparoscopic cholecystectomies, for instance. If that was the most appropriate way to go clinically, the passage of this clause would not allow a direction to be given that would see the incorporated service unit that did not have the advantages of that modern technology to downsize its service commitment so that people could get a better service elsewhere. I am sure that that is not what the member for Elizabeth wants.

Ms STEVENS: The Minister said that the chief executive officer cannot override the constitution. What would be in the constitution of the incorporated service units? I gave the example of pulling out a dental service with a direction. Would a dental service be in the constitution, and is that how they would be drawn up?

The Hon. M.H. ARMITAGE: The answer is, 'Yes, that would be in the constitution', but passage of this would then automatically prevent the provision of a better, improved, more cost effective dental service somewhere else. That is because we would not be able to give the direction to reduce that incorporated service unit's capacity to meet its health service delivery objectives under the constitution.

Ms STEVENS: The Minister has mentioned that the chief executive officer cannot override the constitution of an incorporated service unit. I do not believe that that is stated anywhere in the Bill. The question is: should it be?

The Hon. M.H. ARMITAGE: I am informed that it is a legal precedent and in all of these things we are inserted into a continuum of legal processes. This is another part of a legal process that is a legal precedent.

Amendment negatived.

Mr CLARKE: In relation to clause 21, paragraph (b) deals with the transfer of resources (including human resources) between service units. That is a very wide discretion that the chief executive has. That may exist under the current legislation but, off the top of my head, it seems that the chief executive, in a capricious manner—unless he or she is otherwise constrained by an award or an industrial instrument of some description—could simply push employees, whether they be nurses, orderlies, management or administrators of service units from one part of the State to the other without any compensation or without consultation

with the employees concerned. It seems a very broad definition.

The other point is that, whilst it includes human resources, the issue of what the Minister referred to as 'lamington castles' arises. As we all know, a number of hospitals rely on auxiliary groups which raise funds to purchase particular items that go into hospitals. Again, it would seem that, without any consultation, the chief executive would have the power to take those resources that may have been purchased for a particular hospital by an auxiliary group or some charitable group which specifically raised funds to donate a particular unit, such as a bed, a dialysis machine or whatever it might be, and simply transfer them to another hospital.

The Hon. M.H. ARMITAGE: This is a very important clause, and I am pleased to address it. If we consider the matter of resources in the first instance, the matter of someone who has perhaps donated a dialysis unit, the advice that I have been given is that such resources often are donated in one of two ways. One is totally free of conditions where the person donates a renal dialysis unit, end of story, in which case if the decision was taken to transfer that from point 'A' to point 'B' that could be done, because there are no conditions. However, if there is a condition that the gift, such as a renal dialysis unit, be donated for the use of 'X' hospital or 'X' incorporated health service, that may not be able to be transferred to a different incorporated service unit.

However, it would depend on the conditions of gift, as my advice goes at the moment—the resources themselves. As far as the human resources go, despite any potential for thinking evilly of that phrase, it is meant to address the transfer of some super specialities. I indicated in discussing a previous clause that some of the super specialists of Adelaide are beginning to think that they perhaps ought to amalgamate to garner the efficiencies of administration and so on. If for instance—and it is a 'for instance' because it has not got to this stage yet—there were some very specialised human resources at institution A and the super specialists said that they could make efficiencies by all moving to hospital B, and if we were unable to ensure that those human resources were transferred, it would be simply a waste of those human resources, training and so on. It is designed to ensure that the best possible use is made of what are literally human resources, because people who have many skills are quite clearly resources within the system. If that transfer did occur, my advice is as is the case now: they would transfer with present conditions and so on.

Ms STEVENS: One of the things that has been put to me as an initial reaction by people in the field is: does this mean that the chief executive can transfer a person from Mount Gambier to Port Augusta?

The Hon. M.H. ARMITAGE: In the truest sense of the word or the way it is written, the answer is 'Yes.' However, one would have to ask why one would do that. The examples I have given previously, in terms of using human resources appropriately, are what this is for. This is not designed maliciously and capriciously to move people around the system. There is no value in doing that. In the truest sense of the word, as it is written, the answer is 'Yes.' However, in the Minister for Health's position one would always have to be answerable to Parliament.

Why would someone be moved totally capriciously from Mount Gambier to Port Augusta? The answer is that they would not be. If, however, they were part of a very specialised team and that team was better able to move elsewhere and it was deemed appropriate to offer those human resources the opportunity and they were moved, that might be a different story, but that would never happen on a whim.

Mr MEIER: I bring to the Minister's attention a couple of other points that the Chairman of the Board of Directors of the Southern Yorke Peninsula Health Service made with respect to clause 21. The letter given to me states:

> Of particular concern is the concentration of such wide ranging powers in the hands of two persons, i.e., the Minister and the Chief Executive Officer. There seem to be virtually no 'checks and balances' on these powers.

I will address the second point, which is also relevant to this clause. The letter states:

> The Minister's prior decision to maintain health unit boards of directors as the responsible body for the local health delivery seems grossly at odds with the provisions of the Bill which require boards of directors to act in accordance with [the] direction of the chief executive.

Is the Minister able to allay the fears of the Southern Yorke Peninsula Health Service?

The Hon. M.H. ARMITAGE: In the first instance, I have addressed the matter of the concentration of wide ranging powers in the hands of two people on a number of previous occasions, but I indicate that those powers are in the present Act, so there is no reason for anyone who is operating completely effectively and efficiently and without ministerial or chief executive officer interference under the present Act to expect that, if they continue to provide services appropriately, anything will change, because it will not.

In relation to the second matter, the boards of directors have a number of guidelines for the provision of services. They provide services within the Act, according to their constitution and according to the service agreement with the health unit and the Health Commission. The chief executive's power of direction comes into operation only when the boards of directors or health units step outside those matters. The direction of the chief executive is there not to address the matters that I have talked about before within the Act—the constitutional service agreements—but to address the issue if a particular small country hospital suddenly decided it wanted to provide cardio-thoracic surgery. Clearly, it would be in no-one's interests for that to occur, and the chief executive officer may direct that the boards of directors are outside their service agreement, and accordingly there would be an expectation that they would come back within those agreements.

Mr CLARKE: Following up my earlier question to the Minister, whilst I appreciate that clearly one must try to maximise one's resources, both human and physical, I address partly paragraph (c) as well, because the conditions of employment of a service unit staff are subject to quite wide discretion by the chief executive. The conditions of employment would be modified to some extent by any award or other industrial instrument for most employees. However, an award does not usually cover the whole ambit of one's employment contract.

I would like an absolute assurance from the Minister that, with respect to the transfer of resources, both human and physical, and with respect to the conditions of employment, the chief executive officer would follow what would be regarded as modern management practices, including a full consultation with the organisation concerned and the employees who may be affected by any such transfer. I do not argue with the fact that some transfers must occur from time to time, but the example that the member for Elizabeth cited occurred to me in my role as the secretary of a union: some

land salesmen in their 50s who were working for one of the major wool broking companies and living in Adelaide were suddenly told, 'If you want a job, you can be a land salesman based in Port Augusta but, no, we will not help you with the sale of your house and, no, we will not help you in the purchase of a new home that you will be moving into. We will not help you with the cost of relocation or in terms of the stamp duties both on the sale of the home and the purchase of the new home.'

That was how the private sector sought to transfer some of its employees, hoping that they would in fact resign and thinking they would avoid paying redundancy pay. I was fortunate enough to take the matter to the Industrial Relations Commission and get an order against them with respect to redundancy pay in that situation. Nonetheless, those examples do occur, and chief executive officers vary from person to person. One personality could be warm and furry, like the Minister; the other could be far more brutal, like the Deputy Premier, in their attitude to one's employees, so we have to be particularly careful.

Lastly, on the transfer of resources, whilst I appreciate the Minister's comments that some of the gifts made to hospitals may have been made without strings attached, nonetheless some form of consultation or courtesy to the organisation that donated it is essential, otherwise they may have forgotten to put a condition on it and then suddenly find out that the thing donated has gone somewhere west, maybe for very good purposes, and they do not feel particularly happy about raising funds for that hospital again.

The Hon. M.H. ARMITAGE: I will address all those matters, but in addressing the last matter I take up one of the phrases used by the member for Ross Smith in relation to the transfer of resources and human resource and so on. Would we get a guarantee that modern practice would be identified and utilised in those circumstances? Yes, the guarantee is that that would be the case. Modern practice would indicate that there would be a courtesy acknowledgment to the people who had donated a piece of equipment. I emphasise that, if the people who have donated in one or two ways have donated it freely, there is a strong possibility they would have no dilemma because they are making a gift to the hospital saying, 'We want to provide better health services for South Australians. There is a renal dialysis unit.' If, for all the good reasons the member for Ross Smith has identified, we are able to say it would be better utilised somewhere else, I am sure they would agree. There would be no problem in that whatsoever.

So far as the conditions of employment go, the present Act has the conditions fixed by the commission and approved by the Commissioner for Public Employment. In fact, all we are doing under this clause is, if you like, substituting the 'Chief Executive' for the 'Commissioner for Public Employment'. There is nothing magical about this. It is just a different way of approaching what is done now.

Ms STEVENS: What is meant by paragraph (d)?

The Hon. M.H. ARMITAGE: There is nothing new about this provision; it is already provided for in the service agreements between hospitals and the commission.

Ms STEVENS: Regarding paragraph (f), this is a sensitive area for health units. What is envisaged in this paragraph, and how will the concerns of people who fear the taking away of their equipment and facilities be met?

The Hon. M.H. ARMITAGE: I hoped that I might be asked a question regarding this matter, which I am delighted to address. Paragraph (f) is particularly important. I do not mean to be derogatory, but the shadow Minister has not been involved in the area of health for very long so she may be amazed to learn that in South Australia about three or four years ago there were a number of hospitals with about 20 kilometres between them. Some of these hospitals were within 10 to 15 minutes drive of each other. Because of personal jealousy of members of the board, nursing staff and doctors—in other words, people with the worst possible human failings—lifesaving equipment at one hospital was not able to be used at another hospital despite the fact that, in many instances, they saw the same patients or patients who lived between two hospitals. For instance, on Sunday, those patients might have gone to hospital A and on Thursday to hospital B because that is the direction in which the family car was being driven. If a doctor in hospital A wanted to drive his own car to hospital B, pick up the equipment and use it at hospital A, this could not happen because of petty jealousy—amazing but true. I think it absolutely appropriate that that sort of stupidity not be contemplated or allowed in a system that is attempting to be efficient and to provide health care to South Australians.

Clause passed.

Progress reported; Committee to sit again.

MINING (SPECIAL ENTERPRISES) AMENDMENT BILL

Returned from the Legislative Council with an amendment.

MINING (NATIVE TITLE) AMENDMENT BILL

The Legislative Council intimated that it had agreed to the recommendations of the conference.

HOUSING AND URBAN DEVELOPMENT (ADMINISTRATIVE ARRANGEMENTS) BILL

Returned from the Legislative Council with amendments.

SOUTH AUSTRALIAN WATER CORPORATION BILL

Returned from the Legislative Council without amendment.

ADJOURNMENT

At 2.6 a.m. the House adjourned until Wednesday 12 April at 2 p.m.