

HOUSE OF ASSEMBLY

Monday 17 February 2003

The **SPEAKER (Hon. I.P. Lewis)** took the chair at 2 p.m. and read prayers.

CASTALLOY

A petition signed by 1053 residents of South Australia, requesting the house to urge the government to put people's health and wellbeing before profits and relocate Castalloy from the North Plympton area to the site at Wingfield selected by government for foundries in the metropolitan area, was presented by the Hon. J.D. Hill.

Petition received.

SHOP TRADING HOURS

A petition signed by 616 residents of South Australia, requesting the house to refrain from passing legislation that would extend shop trading hours, was presented by the Hon. J.D. Hill.

Petition received.

HOSPITALS, NOARLUNGA

A petition signed by 121 residents of South Australia, requesting the house to provide intensive care facilities at Noarlunga Hospital, was presented by the Hon. J.D. Hill.

Petition received.

HOUSE OF ASSEMBLY TAPESTRIES

Petitions signed by 39 residents of South Australia, requesting the house to reconfirm support for its resolution of 17 February 1993 to dedicate space in the House of Assembly chamber for two tapestries commemorating the centenary of women's suffrage, was presented by Messrs Hill and Snelling.

Petitions received.

PENSIONERS AND LOW INCOME EARNERS

A petition signed by 357 residents of South Australia, requesting the house to protect pensioners and other low income earners from further large increases in electricity prices, council and water rates and motor registration fees, was presented by the Hon. J.W. Weatherill.

Petition received.

GEORGE'S CORNER

A petition signed by 3 155 residents of South Australia, requesting the house to urge the government towards reducing the road speed limit from 110 to 80 kph on the section of National Highway One, north of Port Pirie, 500 metres north of Wimpy's Motel to 500 metres south of Rangeview Caravan Park, known locally as George's Corner, was presented by the Hon. R.G. Kerin.

Petition received.

PORT AUGUSTA COURTHOUSE

A petition signed by 2 342 residents of South Australia, requesting the house to recommend to the government the

relocation of the proposed new courthouse planned to be erected on the vacant block of land on the corner of Commercial Road and Jervois Street, Port Augusta, and that the vacant block be converted to a public park, was presented by the Hon. G.M. Gunn.

Petition received.

SCHOOL BUS POLICY

A petition signed by 610 residents of South Australia, requesting the house to urge for an immediate review into the government's school bus policy to determine a fairer and more equitable policy which will provide access to school buses in regional South Australia, was presented by Ms Maywald.

Petition received.

SAME SEX RELATIONSHIPS

A petition signed by 27 residents of South Australia, requesting the house to support the passage of legislation to remove provisions from all state legislation which discriminates against people in same sex relationships, was presented by Ms Bedford.

Petition received.

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 12 to 14, 21, 24, 40, 42, 59, 103 to 105, 107, 113, 117, 119, 120 and 121; and I direct that answers to questions without notice be distributed and printed in *Hansard*.

PAPERS TABLED

The following papers were laid on the table:

By the Speaker—

Public Works Committee—Report on Clare Valley Water Supply Scheme, received and published pursuant to section 17(7) of the Parliamentary Committees Act 1991:

Pursuant to Section 131 of the Local Government Act 1999 the following reports of Local Councils:

Adelaide City Council—Annual Report, 2001-02

Adelaide Hills Council—Annual Report, 2001-02

Campbelltown City Council—Annual Report, 2001-02

City of Marion—Annual Report, 2001-02

City of Mount Gambier—Annual Report, 2001-02

City of Playford—Annual Report, 2001-02

City of Port Adelaide Enfield—Annual Report, 2001-02

City of Port Augusta—Annual Report, 2001-02

City of Port Lincoln—Annual Report, 2001-02

City of Salisbury—Annual Report, 2001-02

City of Unley—Annual Report, 2001-02

City of Victor Harbor—Annual Report, 2001-02

Clare and Gilbert Valleys Council—Annual Report, 2001-02

Corporation of the Town of Walkerville—Annual Report, 2001-02

District Council of Ceduna—Annual Report, 2001-02

District Council of Cobber Pedy—Annual Report, 2001-02

District Council of Copper Coast—Annual Report, 2001-02

District Council of Franklin Harbour—Annual Report, 2001-02

District Council of Karoonda—Annual Report, 2001-02
 District Council of Kimba—Annual Report, 2001-02
 District Council of Lower Eyre Peninsula—Annual Report, 2001-02
 District Council of Loxton Waikerie—Annual Report, 2001-02
 District Council of Mallala—Annual Report, 2001-02
 District Council of Mount Barker—Annual Report, 2001-02
 District Council of South Mallee—Annual Report, 2001-02
 District Council of Tumby Bay—Annual Report, 2001-02
 District Council of Yorke Peninsula—Annual Report, 2001-02
 Light Regional Council—Annual Report, 2001-02
 Mid Murray Council—Annual Report, 2001-02
 Naracoorte Lucindale Council—Annual Report, 2001-02
 Northern Areas Council—Annual Report, 2001-02
 Town of Gawler—Annual Report, 2001-02
 Wakefield Regional Council—Annual Report, 2001-02
 Wattle Range Council—Annual Report, 2001-02

By the Premier (Hon. M.D. Rann)—

Public Sector Management Act 1995, Section 69—
 Appointment of all Ministers' Personal Staff

By the Treasurer (Hon. K.O. Foley)—

Electricity Industry Superannuation Scheme—Report
 2001-02

By the Minister for Energy (Hon. P.F. Conlon)—

South Australian Independent Industry Regulator, The
 Office of—Report 2001-02
 Electricity Standing Contract Process, Inquiry into—Final
 Report and Determination—October 2002

By the Minister for Health (Hon. L. Stevens)—

Chiropractors Board of South Australia—Report 2001-02
 Institute of Medical and Veterinary Science—Report
 2001-02
 Occupational Therapists Registration Board of South
 Australia—Report 2001-02
 Public and Environmental Health Council—Report
 2001-02
 South Australian Psychological Board—Report 2001-02

By the Minister for Environment and Conservation (Hon.
 J.D. Hill)—

Arid Areas Catchment Water Management Board—Report
 2001-02
 Eyre Peninsula Catchment Water Management Board—
 Report 2001-02

By the Minister for Transport (Hon. M.J. Wright)—

Highways Act 1926, Section 20(4)—Lease of Properties—
 Transport SA.

LEGISLATIVE COUNCIL VACANCY

The SPEAKER: I lay on the table the minutes of the assembly of members of the two houses held today for the election of a member of the Legislative Council to hold the place rendered vacant by the resignation of the Hon. Michael John Elliott, at which Kathryn Joy Reynolds was elected.

CHILD PROTECTION REVIEW

The Hon. M.D. RANN (Premier): I seek leave to make a ministerial statement about the Review of Child Protection in South Australia.

Leave granted.

The Hon. M.D. RANN: On 25 March 2002, shortly after the new government was sworn in, I announced a comprehensive review of child protection in South Australia to be conducted by Ms Robyn Layton QC. I made this review an urgent priority because of allegations of sexual abuse of school children and of children in other institutions where cases of abuse or neglect had not been handled satisfactorily. The government also felt there was an urgent need to ensure that the welfare and needs of children incarcerated in the federal government's detention centres at Woomera, and now Baxter, are being met. Robyn Layton is undertaking a mammoth task which will soon be completed.

I am told her final report will be nearly 900 pages in length. She received a massive 438 registrations of interest from members of the public during her review and examined 203 submissions. The report is still being finalised for publication by Robyn Layton QC. Robyn Layton's brief was to consider the legal framework of our child protection system and whether it is adequately dealing with child abuse and neglect in our community. In more than 80 consultations with community-based organisations, government and non-government services, international as well as Australian experts, as well as members of the public Ms Layton has found we have had in South Australia a system which more often than not places the interests of the child second.

For decades, there has been a system which focuses on reacting to incidents of child abuse and neglect rather than a system which puts in place measures which actively prevent child abuse from occurring in the first place. We want unashamedly to focus on the child's best interests by way of improved support for families and community services which educate, intervene and care for children and young people who are either at risk or who have been subjected to abuse and neglect. It has been revealed that the number of mandatory notifications of abuse of children in South Australia increased by more than 6 000 to 16 000 in the four years to 2000-01. Whether this is due partly to increased abuse or simply increased awareness of reporting procedures for abuse, these are appalling figures. I am sure that every member of this house is shocked by these figures.

The Layton review, commissioned by this government, is the most comprehensive review of child protection in decades. Ms Layton has found that for an effective child protection response we need to look at services in the areas of health, police, education, housing through government, community and church agencies. The Layton review will contain more than 200 recommendations and will call for a major overhaul of our child protection laws in South Australia. Some of the recommendations will be controversial; some are just plain commonsense.

I can inform the parliament today that key among these recommendations are the creation of a Child Protection Board and a Commissioner for Children and Young Persons. Ms Layton recommends that the board, which also would have specific indigenous representation, be responsible for the promotion of a unified approach to child protection in this state and that it report to the Premier. It is recommended that the Commissioner for Children and Young Persons would report to parliament and that it would be given the power it needs to act as the voice and advocate for our children.

The Layton review recommends also the immediate release into the community of children and their families from the Baxter and Woomera detention centres. The review finds that abuse of these children is a direct result of their detention with adults in an inappropriate institutional

environment. To quote from the chapter on children in detention, the Layton review says that the effect of detention on children is:

... so devastating to the wellbeing and development of children and will have such lasting consequences during their lifetimes, which may in fact be spent in Australia, the State Government has a responsibility to take a strong position on this issue.

These children are subjected to poor health care, poor nutrition, anxiety and significant behavioural problems. The long-term damage to children held in detention cannot be underestimated. The detention of children is a time bomb for the future.

The review also finds that there could be grounds for South Australia to challenge in the High Court the federal government's constitutional power to hold children in detention and thereby deny the state's right to protect children within its borders. I will provide both the Prime Minister (John Howard) and the Minister for Immigration (Philip Ruddock) with copies of the completed report when it is published.

The Layton review also calls for a Charter of the Rights of the Child in Care to be developed and enshrined in legislation. Ms Layton has also set out a series of recommendations aimed at improving the level of services from government agencies, including improved education and training for staff who deal with neglected or abused children, something which I know the Minister for Social Justice holds close to her heart.

The review finds that it has become increasingly obvious that our criminal justice system is not working for children. It proposes making the giving of evidence in court a less frightening ordeal for children by allowing children to give evidence in other ways. It notes that child abuse is strongly associated with crime, drug and alcohol abuse, homelessness, school truancy and low academic achievement. The review calls for an improved system of school-based counsellor and social work support.

Another key recommendation of the Layton review is a statutory scheme for screening and monitoring people who are working either as volunteers or employees with children in sports or recreation bodies or religious organisations. These measures, if they are endorsed by the government, will require major legislative change, in particular in the area of child protection and child related employment for screening and monitoring, and for the establishment of statutory bodies such as the Commissioner for Children and Young Persons and the Child Protection Board. As a government, we will examine the results of the review closely, and Robyn Layton will take the review a step further with public consultation on its recommendations over the coming months.

It is clear from this report that what we need is a more rigorous focus and priority within government and the community on child protection. We need a consistency across government and community agencies on how we handle cases of child abuse and neglect, as well as best practice in public accountability and transparency. We need to better identify, track and monitor sex offenders in order to prevent them from offending again. No member of parliament could possibly disagree with that. Above all, we need to better promote the interests of children and young people with an improved network of services designed to support children at risk and prevent the long-term adverse effects of child abuse. We as a parliament, we as parents and we as citizens have a duty to protect the innocence of our children. The government is committed to improving the system which protects children

in this state and, as soon as the report has been finalised by Robyn Layton QC, it will be immediately tabled in this parliament and released publicly in its entirety.

INSURANCE, THIRD PARTY

The Hon. K.O. FOLEY (Deputy Premier): I seek leave to make a ministerial statement.

Leave granted.

The Hon. K.O. FOLEY: I rise to inform the house of the government's decision regarding the management of the Motor Accident Commission's compulsory third party (CTP) claim system. On recommendation of the Motor Accident Commission board and with the support of the Prudential Management Group of government and the independent probity auditor, cabinet has today accepted the board's unanimous recommendation that the contract be awarded to Allianz Australia Insurance Ltd. The contract for this function is presently with SGIC General Insurance Ltd, a publicly listed, wholly-owned subsidiary of Insurance Australia Group (IAG). This has been the case since the former government privatised SGIC in 1995. Following privatisation, under the Motor Accident Commission charter, the compulsory third party claims management contract was awarded to SGIC. This contract has been extended a number of times since then and is currently due to expire on 30 June this year.

The process that led to today's decision began in April 2001 when the former Treasurer, the Hon. Rob Lucas, gave his approval for the Motor Accident Commission to begin a competitive tender process for future management of compulsory third party claims. Expressions of interest were first sought on 19 September 2001. Seven parties registered initial interest, and a short list of five parties was compiled. Subsequently, three parties who had registered initial interest withdrew, citing competing work priorities. Allianz and SGIC-IAG delivered complying tenders by the closing deadline.

The Motor Accident Commission has managed this process in its entirety. Various committees were established by the Motor Accident Commission to conduct the evaluation and negotiation stages of the tender, with oversight provided by the Claims Management Committee. This committee received support from the probity auditor together with independent financial and legal advice to assist with the analysis and financial information and the development of contract documentation.

Following thorough consideration of both tenders, the Claims Management Committee recommendation to the board of the Motor Accident Commission was that Allianz was the preferred tenderer. The board of the Motor Accident Commission endorsed the recommendation of the Claims Management Committee. Subsequently, the board of the Motor Accident Commission recommended to government that Allianz be appointed as the manager of the commission's compulsory third party claims.

The Motor Accident Commission board has advised that the recommendations to appoint Allianz have been taken in the interests of long-term claims management. The contract will run for 5½ years from 1 July 2003 until 31 December 2008. The board is confident that Allianz has a solid understanding of claims management practices through its compulsory third party operations in New South Wales and Queensland and also through its extensive involvement in the management of workers' compensation claims in South Australia.

The board has concluded that Allianz exhibits the appropriate financial strength for the purpose of this contract. The board has considered Allianz's credit rating and determined that the company is rated at a level that would qualify it as investment grade.

A precondition of awarding this tender was that the claims management business be managed from an office located within South Australia throughout the term of this contract. The board of the Motor Accident Commission has advised that Allianz has given an undertaking to employ at least as many staff as are currently employed by SGIC-IAG to manage compulsory third party claims in South Australia. To assist Allianz achieve a smooth and efficient transition, I am advised that Allianz is committed to recruiting many of these people from SGIC-IAG who possess the necessary qualifications.

To this end, Allianz has allocated \$1 million for the attraction and retention of key staff. I am advised that Allianz will immediately set up a secure web site for SGIC-IAG staff to access, which will provide them with the ability to register interest in a career with Allianz. Employees at SGIC-IAG who decide not to transfer to Allianz may have the opportunity of relocating to alternative positions within the SGIC-IAG group or they may be offered a redundancy package.

The transition in claims management will be effective from 1 July. The Motor Accident Commission will shortly begin a comprehensive consultation process involving major stakeholders to ensure a seamless transition from SGIC to Allianz. I am advised that those with outstanding claims will not be affected by this transition. This arrangement is not about privatisation and it is not about outsourcing. This was achieved under the leadership of the former government. This is about achieving the best outcome for the management of compulsory third party claims in South Australia.

SAME SEX RELATIONSHIPS

The Hon. M.J. ATKINSON (Attorney-General): I seek leave to make a ministerial statement.

Leave granted.

The Hon. M.J. ATKINSON: It is government policy to remove unjustified discrimination against same sex couples. The Labor Party has promised a comprehensive review of all state legislation to remove discrimination against gay, lesbian, bisexual and transgender people and same sex partners. Accordingly, the Minister for Social Justice and I today publish a discussion paper examining the areas of law in which discrimination exists and inviting public comment on what should be done. The paper will be available on my web site and also through that of the Minister for Social Justice. Information on the web site explains how submissions can be made.

South Australian statute law now does not recognise a same sex couple for any legal purpose. It does not matter how long the parties have lived together. It does not matter that either one may have altered his or her legal rights in reliance on the relationship. The statute law treats such couples as if they were not a domestic partnership. The government thinks this is wrong and intends to right it. After all, the law recognises heterosexual relationships in many ways. Apart from attaching legal rights and duties to marriage, it also automatically attaches rights and duties to unmarried heterosexual couples after certain periods of cohabitation.

The Family Relationships Act 1975 creates the status of 'putative spouse'. This arises where a heterosexual couple has

lived together for five years continuously, or five out of the last six years, or has produced a child. Many of our laws now treat putative spouses equally with married spouses. For example, putative spouses have the same rights as married spouses in inheritance, wrongful death claims and guardianship matters.

Other laws also give rights to heterosexual de facto spouses even if they do not meet the criteria for putative spouse status. An important example is the De Facto Relationships Act 1996, which permits de facto partners to make legally binding property arrangements, and also empowers the civil courts to divide or reassign their property if they separate. Neither status is available to same-sex couples. There is no statutory mechanism by which they can choose to be recognised as a couple, nor are any automatic protections attached by law to their cohabitation. Same-sex couples are thus treated differently from heterosexual couples in matters of property, rights on death, health and guardianship matters, and parenting and family responsibilities.

The discussion paper looks at how legal equality for same-sex couples might be achieved. It asks how we can identify who should be recognised by the law as a couple, and it considers what has been done in other states. The paper does not deal with marriage itself, as it is a matter for commonwealth law under the Marriage Act 1961 and beyond the scope of state law and will not be addressed in this review. This is an important matter and one about which many people will feel strongly. The government wants to hear all points of view—

Members interjecting:

The SPEAKER: Order! Not just now.

The Hon. M.J. ATKINSON: I hope, therefore, that many South Australians will take this opportunity to comment and I look forward to bringing legislation before the house soon.

MUNDULLA YELLOWS

The Hon. J.D. HILL (Minister for Environment and Conservation): I seek leave to make a ministerial statement.

Leave granted.

The Hon. J.D. HILL: The state government takes seriously the threat of Mundulla yellows on native vegetation. Mundulla yellows potentially poses a threat to a wide range of eucalypts and other species of native flora and could impact on our biodiversity as well as industries such as farming, forestry, tourism and the apiary and cut flower industries. Once symptoms of the disease appear, there is reportedly no recovery. In March 2001, the previous government, in partnership with the commonwealth's Environment Australia, allocated \$142 000 for the first year's research into the cause and prevention of the dieback syndrome.

Last year the Department for Environment and Heritage and Environment Australia assessed the work done to date and determined that it was necessary to continue the research program as originally proposed for the coming four years. The purpose for the research continues to focus on achieving the most accurate scientific information about the causes and remedies of the syndrome to enable us to protect our native vegetation as soon as possible. On 6 July 2002, the Department for Environment and Heritage advertised nationally for tenders for the next stage of research. Institutions known to possess the required facilities and expertise were also contacted directly to provide expressions of interest. A DAIS probity adviser was employed to provide an objective, outside overview of the tender process.

The evaluation team for the process included an independent molecular biologist of international repute and a steering committee of DEH executive members. Tenders closed on 28 October 2002. After this, site visits were made to assess the applications. I am pleased to announce that the steering committee and evaluation team were unanimous in their choice of a team from the Institute for Horticultural Development based in Victoria. Team members include researchers from the Forest Science Centre, the University of Melbourne and from the Arthur Rylah Institute, centre for applied ecological research.

This team has expertise in a very broad range of relevant areas including plant disease, disease diagnosis, integrated pest management programs, examination of hydrological changes which may interact with biotic factors, exotic disease contingency planning and viruses, bacteria and fungi. Principal investigators include Dr Jo Luck, from the Institute for Horticultural Development, providing molecular and biology quarantine expertise; Ian Smith, of the Forest Science Centre, providing plant pathology and forest science expertise; and Dr David Cheal, Manager for the Arthur Rylah Institute, Flora Ecology Research, who will examine environmental factors which interact with diseases.

A 12-month contract for \$150 262 has been awarded to the Institute for Horticultural Development, and work is expected to commence next month. I am confident that this team of experts will be able to provide us with the answers we need to give our native vegetation protection against the deadly disease.

STANLEY REPORT

The Hon. M.J. WRIGHT (Minister for Transport): I seek leave to make a ministerial statement.

Leave granted.

The Hon. M.J. WRIGHT: I advise the house about progress in developing options for the reform of workers' compensation and occupational health, safety and welfare. On 20 June 2002, I announced a review of workers' compensation and occupational health, safety and welfare to be conducted by Mr Brian Stanley, former President of the Industrial Court, Industrial Commission and Workers' Compensation Appeal Tribunal. Mr Stanley has been assisted by Frances Meredith in the area of workers' compensation and by Mr Rod Bishop in relation to occupational health, safety and welfare. I take this opportunity to thank the review team for their hard work in this important field.

The review provided its report to me on 20 December. I announced the review to a joint meeting of the Workers' Rehabilitation and Compensation Advisory Committee and the Occupational Health, Safety and Welfare Committee. Throughout the review these statutory committees were consulted. Over 150 submissions were received by the review. The Stanley report will be delivered to a joint meeting of the Workers' Rehabilitation and Compensation Advisory Committee and the Occupational Health, Safety and Welfare Advisory Committees on 25 February.

Consultation with stakeholders, and in particular through the relevant statutory advisory committees, is a central aspect of this government's development of reforms in industrial relations, workers' compensation and occupational health, safety and welfare. As I have previously stated, I will consult with the stakeholders about the review's recommendations before determining a complete response to the recommenda-

tions of the Stanley report. I look forward to engaging with the stakeholders to deliver meaningful—

The Hon. I.F. Evans: When are you going to release it?

The Hon. M.J. WRIGHT: On 25 February. Haven't you been listening to the statement?

The Hon. I.F. Evans: You said to the committees: you didn't say publicly.

The Hon. M.J. WRIGHT: And publicly. I look forward to engaging with the stakeholders to deliver meaningful improvements to workers' compensation and occupational health, safety and welfare.

ASBESTOS

The Hon. J.W. WEATHERILL (Minister for Urban Development and Planning): I seek leave to make a ministerial statement.

Leave granted.

The Hon. J.W. WEATHERILL: I wish to inform the house of the current situation relating to the removal of asbestos in public buildings. It is quite proper that there is a high level of community concern about the dangers of asbestos, especially when it comes to children. The community has a legitimate expectation that the removal of asbestos will occur with the greatest care and in line with the strictest of protocols so as to protect public safety. Asbestos was a very popular building material used in the construction of buildings up until 1985 and is present in a range of buildings but often not discovered until building work is undertaken. It is present in thousands of public and private buildings across the state. In its undisturbed form it presents an extremely low risk to public health.

When asbestos is discovered in a public building a clear process is implemented to ensure the safe removal of the material. Recently at Ascot Park Primary School that process failed, although multiple testing has shown there was no health risk to the school community. During December 2002 and January 2003 a project was undertaken at Ascot Park Primary School which included the removal of the corrugated asbestos roofing sheets and their replacement with a galvanized metal roof. This work was done by a subcontractor with a restricted asbestos licence who was qualified to undertake the removal of non-friable asbestos: that is, asbestos in a stable form like that which was at Ascot Park. Daily air monitoring was undertaken by Crichton Environmental Building Management both internally and externally adjacent to the site. These results showed that there were no airborne fibres present and the spaces were safe to occupy.

After completion of the work two small pieces of cement sheet (approximately 2 centimetres) and several small cement chips were found in the school's sports shed. These were subsequently removed and the shed was cleaned. On 10 February the school community including staff and parents had the opportunity to meet with a representative of the Department of Public Health, University of Adelaide, and a specialist public health medicine consultant to raise any questions and issues related to health risks arising from the incident. The school has been kept informed at all stages. During that meeting further testing was requested of the high-level window sills where the removal of sheeting had occurred. These tests revealed traces of asbestos in a non-respirable form that was associated with cement and sand binders.

The specialist report stated that the asbestos was unlikely to have come from the recent roof replacement. Whilst the

material did not present a risk to staff and students it was removed over the weekend of 15-16 February to allay concerns. Further tests on lower level services have not revealed any asbestos traces.

I have asked for an investigation to determine whether there have been breaches of contract and whether the internal systems of DAIS and inspections are adequate to ensure there is no risk to any building occupants or people working at the site. DAIS has enlisted an independent expert to assist with this investigation. Dr David Cruickshanks-Boyd and Martin Armstrong of Parsons Brinckerhoff (formerly PPK Environment and Infrastructure Consultants) will undertake the investigation. They are recognised experts in the field of asbestos and environmental management. The investigation will identify any shortcomings in the response to the Ascot Park incident and make recommendations if any immediate further action should be taken at the Ascot Park Primary School related to health and safety.

The investigation will also review DAIS policies, programs and procedures related to the management of asbestos in government assets as well as national and international benchmarking of asbestos management of public assets. It will consider the identification, management and removal of asbestos including contractor selection and licensing, inspection and disposal regimes and communication arrangements with end users. There will be consultation with key stakeholders. The recommendations of this investigation will enable the government to determine whether there need to be any major changes to the state's system of monitoring, management and removal of asbestos.

QUESTION TIME

HEALTH BUDGET

The Hon. R.G. KERIN (Leader of the Opposition): Will the Premier confirm that at least \$104 million of the \$967 million in budget cuts announced in last year's budget will be cuts in health? The Premier has repeatedly assured South Australians that health would be quarantined from Labor's cuts. However, government documents released in December reveal a \$104 million expenditure reprioritisation in the health portfolio. Additional information provided to the opposition shows that agencies such as the Julia Farr Centre, the Intellectual Disability Services Council and the Autism Association are just three of the agencies targeted for cuts and that hundreds of agencies, programs and services will be affected.

The Hon. K.O. FOLEY (Deputy Premier): Can I say from the outset—

Members interjecting:

The SPEAKER: Order! The Deputy Premier.

The Hon. K.O. FOLEY: Thank you, sir. That was a little scary. Welcome back. I say from the outset that the government confronted a very difficult budget situation when it came to office. We know that members of the former Liberal government were fiscal vandals. We had to make very difficult decisions quickly to stabilise the health of the state's finances. What I can say is that Labor went to the election saying that we would spend more on health and education, and that is what we did in our budget. We are spending more money on health and education in this budget, notwithstanding the very difficult budgetary position we faced, namely, tens of millions of dollars of unaccounted for cost pressures.

It was a woeful budget situation. Members of the last government spent like drunken sailors. When we came into office we did a number of things quickly. With our first budget, we put the first instalment down to repair the balance sheet of this state. In doing so, in difficult economic and financial times, we delivered real growth in health and education.

In the forward estimates period of our budget, we saw a \$160 million increase in health spending—a 3 per cent real increase in outlays in health. That is what this Labor government did. This will give the house an understanding of the incompetence of members opposite: since being in opposition, members opposite have continued their complete disregard for the quality of our balance sheet of financial management. We are keeping a tally of the promises of members opposite.

The SPEAKER: Order! It may be of interest to the member, the honourable Deputy Premier, that he is keeping a tally, but it is probably not relevant to the answer he was asked to give to the question from the leader.

The Hon. K.O. FOLEY: I respect your ruling, sir. The context in which I was saying that is that members opposite could not manage the budget in government, and they cannot do it in opposition. Since members opposite have been in opposition, a tally at this stage approximated \$600 million of unaccounted expenditure, promised by members opposite since they went into opposition. They were out there, promising everything. They were saying, 'We'll have royal commissions; we'll fund the wine centre; we'll do anything.' You simply could not manage your budget in government, and you have continued to be fiscal vandals in opposition.

Members interjecting:

The SPEAKER: Order, the member for Davenport, for the second time!

Mr Brokenshire interjecting:

The SPEAKER: Order, the member for Mawson, for the second and final time!

ECONOMIC DEVELOPMENT BOARD

Ms RANKINE (Wright): My question is directed to the Deputy Premier. What is the Economic Development Board's progress towards the development of its economic plan for South Australia?

The Hon. K.O. FOLEY (Deputy Premier): I know that the Economic Development Board receives bipartisan support in this chamber and, indeed, in the other house. The work of Robert Champion De Crespigny and the Economic Development Board is, and should be, above politics. It is about giving our state the best economic chance we can have. The house would be aware of the sobering picture of the South Australian's economy's under-performance in a national context that was presented in the Economic Development Board's *State of the State* report, released on 6 November 2002. Under-performance in the national economy has been going on for decades under governments of both persuasions, so this is not a political observation: it is a statement of fact. The report is stark, but not grim. It provides an optimistic outlook for South Australia, and both the Economic Development Board and the government are sure of the state's ability to turn around its economic performance.

I hope I can speak—I know I can—for members opposite in applauding the Economic Development Board Chairman, Robert Champion De Crespigny: the work that he and his board are doing is outstanding. As Mr De Crespigny has said,

no change is not an option, and this government cannot be expected to act alone. Solving our state's economic problems cannot simply be the responsibility of government alone. The community must own the problem, and the community must work towards the solution.

The cooperative theme that has been carried through the Economic Development Board continues. We will release, in April of this year, a strategic economic plan for South Australia. A wide consultative process has commenced to feed into the plan with a series of round table forums that are currently under way. The process will culminate, as we know, in the Economic Growth Summit on 10 to 12 April 2003 at which a major gathering of a broad section of the community will provide critical input to the government on the state's strategic economic plan. Consultation is focusing on those issues that the EDB considers fundamental to building a strong and prosperous economy—community attitudes, education, export, finance, government efficiency, infrastructure and population. These are the critical issues identified by the EDB, and the work must go towards dealing with these issues.

The Economic Development Board's work is outstanding and its results are beginning to materialise. Members opposite, I hope, are laughing at something other than the Economic Development Board and its work. I can take it if they are laughing at me, because I am a funny guy. The important point is that the solution to our state's economic future does not involve government alone: it involves the wider community, business and politicians of all persuasions. We must pull in the right direction. When it comes to economic development, we are a bipartisan government. We welcome the opposition's support of our work because, when it comes to economic development, party politics have no place at the table.

HOSPITALS, FLINDERS MEDICAL CENTRE

The Hon. DEAN BROWN (Deputy Leader of the Opposition): My question is directed to the Minister for Health. Why were nursing staff at the Flinders Medical Centre told last week that the intensive care beds in the neonatal unit at the Flinders Medical Centre will be closed this year, if no decision has yet been made 'at this point', as claimed by the minister over the past weekend? I have a letter signed by five registered nurses from the neonatal unit which I will read.

The Hon. L. Stevens: Will you table it?

The Hon. DEAN BROWN: Yes, I am happy to do that; names have been removed.

Members interjecting:

The Hon. DEAN BROWN: No, I will protect the staff.

Members interjecting:

The SPEAKER: Order, the Attorney-General!

The Hon. DEAN BROWN: The letter states:

We, the undersigned, who work in the neonatal unit at the Flinders Medical Centre, have been told this past week that the intensive care beds at the neonatal unit at Flinders will be closed. We understand that this is to occur this year. Yours sincerely,

I am also told by the nurses that a very senior staff member briefed the senior clinicians in the neonatal unit just last week on the closure of the level three neonatal critical care beds.

The Hon. M.D. Rann: This was last week's story, wasn't it?

The Hon. DEAN BROWN: This was Saturday's story, and the minister claimed that no decision had been made as yet.

Members interjecting:

The SPEAKER: Order!

The Hon. DEAN BROWN: The nurses and the public deserve better and a full explanation.

Members interjecting:

The SPEAKER: I do not think it is funny. The minister.

The Hon. L. STEVENS (Minister for Health): The public of South Australia certainly deserve better than the outrageous scaremongering of the shadow minister for health. On Saturday morning I woke up to the news of the shadow minister's latest little foray into scaremongering, and I quote from his press release as follows:

Yesterday the government told staff at the Flinders Medical Centre that its intensive care unit will be closed this year.

Let me put the record straight and stop the scaremongering by the shadow minister. No decisions have been made in relation to that service or any other service. Discussions are going on about neonatal services, and indeed such discussions have been going on for a number of years. In fact, this issue was first raised in 1999, in the shadow minister's own review.

Members interjecting:

The SPEAKER: Order, the deputy leader!

The Hon. L. STEVENS: Thank you, Mr Speaker.

An honourable member: They are now four years old, those kids.

The SPEAKER: Whoever is in kindergarten can also be quiet.

The Hon. L. STEVENS: The very first time this proposal was raised was in the shadow minister's own review of gynaecological, neonatal and obstetric services in South Australia. When the shadow minister criticised this government and me for establishing a generational health review, he suggested that we did not need the review and that we could just adopt the recommendations of his four reviews that had finished and the 21 that were still pending. That is what the shadow minister's advice to me was when we established the generational health review. We are not going to do that: we are not going to take services in isolation, as the shadow minister would have me do. I want to explain to the house that we are having a generational review of health services.

The Hon. I.F. Evans: Really?

The Hon. L. STEVENS: Yes, we are, and, as part of that review, hundreds of people across this state are discussing, reviewing and thinking about ways in which we can improve the health system that was left to us by the shadow minister. I have encouraged these discussions, unlike the previous government, which had its discussions in secret. We encourage people to have their say about how the health system can be improved. There is a hell of a lot of work to do because the mess that we were left with is significant. What I will say to everybody here is that, yes, discussions are going on throughout South Australia in relation to services at all levels across the board. The only decision that has been made in relation to the generational health review and services in the future is that no public hospital will be closed and no public hospital will be privatised.

However, as far as the rest goes, we need to look at the whole lot again. We need to rebuild our health services, and we will do it. We will have a plan and we will involve the community of South Australia, and that means that we will have discussions, ideas and a process by which decisions will

be made. No decisions have been made at this particular time, but when John Menadue reports at the end of March, I expect that he will lay down a process that we can follow—

The SPEAKER: I invite the minister to come back to the Flinders Medical Centre nurses.

The Hon. L. STEVENS: Certainly, sir. When John Menadue reports, a process will be put in place to make decisions about how we structure the services, including services across the metropolitan area, so that we can rebuild our services, repair the damage of the previous government and deliver on our promises to the people of South Australia to rebuild South Australia's health system.

Members interjecting:

The SPEAKER: Order, the member for Morphett and the deputy leader for the last time!

MARGARET TOBIN MENTAL HEALTH CENTRE

Ms THOMPSON (Reynell): My question is also directed to the Minister for Health. Following the government's announcement of the go-ahead for a new mental health facility at the Flinders Medical Centre to be named in honour of the work of the late Dr Margaret Tobin, what will be included in this project and when will the centre be commissioned?

The Hon. L. STEVENS (Minister for Health): I thank the member for Reynell for her interest in the services that are supplied to the people of the south through the Flinders Medical Centre. On Sunday 9 February 2003 (a couple of weeks ago), the Premier announced that state cabinet had approved the construction of the Margaret Tobin Mental Health Centre at the Flinders Medical Centre. This centre will honour the commitment and dedicated work of Dr Margaret Tobin to reform our mental health services before she was tragically murdered in October last year. The centre will feature 40 acute care beds and locate services into the community. This will guarantee people from the southern region greater access to world-class mental health services.

The Margaret Tobin centre means that we can provide better integrated services and, ultimately, better mental health for patients and their families. The centre will house an acute mental health ward, intensive care beds with associated day living facilities, a secure, private external courtyard area, therapy areas, and teaching and research facilities. It will amalgamate 20 beds from Glenside Hospital with 20 beds from the Flinders Medical Centre to a site that will incorporate Flinders University's teaching and research facilities. The project will cost \$14 million and will be referred to the Public Works Committee later this month. Construction should commence before June 2003 and be completed and commissioned by early 2005.

I must say that I am particularly pleased to be able to talk about this important capital works program from the current government, because everyone in this house would remember that this program was announced and reannounced year after year by the previous government and the previous minister, and it is with great pleasure that the Labor government makes it a reality.

HEALTH BUDGET

The Hon. R.G. KERIN (Leader of the Opposition): Will the minister for human services now detail where cuts of \$104 million over the next four years to the human services budget will be made? Documents submitted by the

Treasurer just before Christmas show that the health budget last year and for the next three years has \$104 million cut from it. Last Thursday on ABC radio, the minister for human services was asked three times by the compere whether \$104 million was being cut, and three times the minister refused to answer the question. Besides Julia Farr Services, the Intellectual Disability Services Council and the Autism Association, this parliament has been refused information on where the cuts are to occur.

The Hon. L. STEVENS (Minister for Health): Mr Speaker, I am not the minister for human services: I am the Minister for Health, so I can answer only in that capacity.

An honourable member interjecting:

The Hon. L. STEVENS: The leader is already speaking about units over which I do not have jurisdiction, so I will talk only in relation to my own jurisdiction. I am pleased to answer this question and to follow on from my colleague the Treasurer, because I was aware of the 10 February media release by the shadow minister in which he talked about the Rann government's cutting \$104 million from the forward estimates of health over four years. Again, the shadow minister was wrong, as he so often is these days.

The fact is that considerable increases in the health budget were set down by the Treasurer in the budget released last year. I would like to detail some of the increases in funding that came to health in last year's budget. They were: \$9.5 million over four years for elective surgery; \$51.8 million over four years for extra hospital beds; \$5 million over four years for extra adult mental health services; \$2 million over four years for extra mental health acute care pilots in country areas; \$2 million over four years for mental health services to children and young people; \$2.7 million this year for the nurse recruitment and retention strategy; \$8 million over four years for extra dental services; and \$4 million over four years for early intervention programs for young children.

There is also an extra \$119 million in capital to complete the rebuilding of three of our major metropolitan hospitals. On the radio, the shadow health minister went on to talk about cuts to hospitals. I want to ensure that that particular piece of scaremongering is scotched once and for all—

Mr BROKENSHIRE: Mr Speaker, I rise on a point of order. I draw your attention to standing order 98 regarding relevance in respect of an answer to a question.

The SPEAKER: I was curious about the way in which the minister was handling the matter, and my curiosity continues. I remind all members, particularly ministers, that the answers they give need to be relevant to the questions that are asked and that they should not debate the same.

The Hon. L. STEVENS: Thank you, Mr Speaker. It is important for me to give these details to the house because this is part of the misinformation that has been put out in the media to the people of South Australia by the shadow minister in relation to supposed budget cuts to health by this government.

Mr BROKENSHIRE: Mr Speaker, I rise on another point of order. I again draw your attention to standing order 98. I believe that the minister totally disregarded your direction.

The SPEAKER: I will listen very carefully to the minister's reply.

The Hon. L. STEVENS: Thank you very much, Mr Speaker. As I was saying, I would like to detail to the house the fact that statements in the media by the shadow minister in relation to cuts to hospital services in particular are quite

wrong. I would like to give some examples of that to the house. I refer to the metropolitan hospitals—where we were supposed to have cut funding. The budget for the Royal Adelaide Hospital in 2001-02 was \$243 million, and it is now \$264 million; Flinders Medical Centre's budget has gone from \$166 million to \$178 million; Queen Elizabeth Hospital, \$153 to \$163; the Lyell McEwin's has gone from \$64 million to \$72 million; the Repatriation hospital's has gone from \$34 million to \$37 million; Noarlunga has gone from \$23 million to \$26 million; and the Women's and Children's budget has increased from \$133 million to \$142 million.

To complete the picture, in terms of country health services, there was a 3.8 per cent increase in funds. While I was on the radio last week, the shadow minister was prattling on about cuts to country health services. There were no cuts—

The Hon. Dean Brown interjecting:

The Hon. L. STEVENS: There were no cuts to the country health service budget. We have put in more money than you ever put in. So, I think that you should stop whingeing and go away and do something useful.

MURRAY MOUTH

Mr RAU (Enfield): My question is directed to the Minister for Environment and Conservation. What progress has been made to keep the mouth of the Murray River open?

Members interjecting:

The Hon. J.D. HILL (Minister for Environment and Conservation): I am deeply concerned that members opposite laughed when they heard this question, because it is one of the most important environmental matters facing our state, as you would know, sir, as a member representing part of the Murray River in South Australia. Conditions at the Murray Mouth deteriorated rapidly in the middle of last year, as all members would know; and that prompted me to write to the Murray-Darling Basin Commission in August to obtain approval for the biggest dredging operation in the history of the mouth. That dredging commenced in October 2002.

This operation has involved digging a channel from the Goolwa side to the mouth and a channel from the mouth to the Coorong side. The dredge will then go back over the channels to widen them. The channel from the Goolwa side broke through the mouth on 23 November 2002. Approximately 150 000 cubic metres of sand had been removed up to 10 February this year. The project is at a critical point. Although an enormous volume of sand has been shifted—

The Hon. W.A. Matthew interjecting:

The SPEAKER: The member for Bright will come to order.

The Hon. J.D. HILL: As I was saying, the project is at a critical point. Although an enormous volume of sand has been shifted, the mouth may yet close. From the very start of the project there has been a risk that the channels may not be sustainable and silting and shallowing would occur. Shallowing is the process of the collapsing of the side of the dredged part. There is some evidence that this effect is now—

The Hon. D.C. Kotz interjecting:

The Hon. J.D. HILL: It is wonderful; it's true. I thank the former minister for her compliment. There is some evidence that this effect is now occurring. The South Australian government and the Murray-Darling Basin Commission are working together to respond to the changing environment of the mouth and to ensure that the dredge succeeds. It was originally expected that the dredging operation would shift

about 300 000 cubic metres of sand and be completed by about the middle of this year. However, it is more likely that the final amount will be something greater than this, and the project may take some months longer.

If the dredging had not occurred the mouth probably would have closed by now with severe consequences for the Coorong. The Murray Mouth dredging is a short-term measure, as members would know, to try to keep the mouth open and to protect the Coorong. Of course, what we need for a long-term solution is more water for the Murray River.

LEGIONELLA INFECTION

The Hon. DEAN BROWN (Deputy Leader of the Opposition): My question is directed to the Minister for Health. Now that the ice machine at the Royal Adelaide Hospital has been identified as the source of the legionella infection of almost two weeks ago, will the minister acknowledge that her claim that there was no risk to other people was both untimely and incorrect? The opposition has been advised that a doctor using ice from the ice machine during the critical period felt at risk as a result of using the machine. The ice machine was removed as soon as the legionella infection was directly linked to the Royal Adelaide Hospital, yet the hospital did not issue any alert publicly to those people who had consumed ice from the machine.

The Hon. L. STEVENS (Minister for Health): We certainly are ranging over the topics. I will be very pleased to answer this question.

Members interjecting:

The Hon. L. STEVENS: No; I will be very pleased to answer this question.

The SPEAKER: Order! The minister will get on with it.

The Hon. L. STEVENS: Certainly. As every member in the house would know, tragically, a woman patient at the Royal Adelaide Hospital died a week or so ago. She had contracted legionella's disease while at the Royal Adelaide Hospital. As far as we know to this point it seems that the likely source of that infection was the ice machine in her room. I must say that, in answering this question, this is another example of the absolute irresponsibility of the shadow Minister for Health, who knows very well that strict protocols are followed by environmental health officers from the Department of Human Services—plus the hospital—in terms of dealing with cases of infectious disease, or such things as legionella and other infectious complaints.

We know that when that occurred those protocols were actioned immediately; that the hospital took immediate action to flush the pipes, to test the water and to test all patients who had been in that ward. Of course, all those things were done within two or three hours of determining the nature of the infection that was afflicting the patient. It is true that no public health warning was given to the public. I think that it is very important to understand the difference between a public health warning and simply awareness by the community that such a thing has happened. Public health warnings, as the shadow minister well knows, are given on the advice of scientists and departmental officers in public health on the basis of the risk to the public.

There is a very fine balance between a public health warning and panic in the community. Public warnings are given if it is seen that there is a risk to the public. In this particular case the infection was contained and dealt with, and the decision was made not to give that public health warning. This is not the first time this has happened. In fact, I was

really amazed when the shadow minister went on radio and pompously told the audience—

An honourable member: Pompously?

The Hon. L. STEVENS: Yes, he pompously told the audience that when he was minister he would never have done this and that public health warnings were always given. The very next day an officer from the Department of Human Services was able to recount 19 separate incidents when, in fact, no public health warning had been given, because it had been determined that, in the same way as with this incident, it was not necessary and that it was not a risk to the public. The shadow minister is great on giving advice but, unfortunately, when he was the minister he did not actually follow it.

KOURAKIS, Mr C.

Ms CHAPMAN (Bragg): My question is directed to the Attorney-General. What was the value of the legal work performed for the Attorney-General by Chris Kourakis QC before his appointment as Solicitor-General? As is known, Mr Kourakis QC was appointed Solicitor-General on 23 January this year. In the latest Register of Members' Interests, under the heading 'Gifts', the Attorney-General has included 'gratis and contingent work from Mr Kourakis'. In the previous register of interests, the Attorney-General estimated the value of legal advice and representation from Mr Kourakis at \$9 000.

The SPEAKER: The Premier.

Members interjecting:

The Hon. M.D. RANN (Premier): No; things are quite different these days. Go back and ask some questions, because the Attorney-General absented himself from cabinet during the discussion and the decision and declared his interests, which is quite different from what we have learnt about occasions in the past.

Members interjecting:

The SPEAKER: Order!

Mr Brokenshire interjecting:

The SPEAKER: Order! The member for Mawson knows that he is treading water already; and other members of the opposition, namely, the members for MacKillop, Newland, the deputy leader and the member for Bright, are also up to their neck in cold water. The member for Bragg.

Ms CHAPMAN: I ask a supplementary question: what was the value, Mr Premier?

The Hon. M.J. ATKINSON (Attorney-General): I cannot say what the value is because I simply do not know; I did not get a bill. It was for the defence of a defamation action and the preparation of a counterclaim for the solicitor.

Members interjecting:

The SPEAKER: Order!

TAXIS

The Hon. M.R. BUCKBY (Light): Will the Minister for Transport advise the house what steps are being taken to review or rescind fines imposed on taxi drivers who have not been able to install security cameras in their cabs through no fault of their own? I have been advised that one of the companies contracted by some drivers to supply and install security cameras in their taxis withdrew from the contract and that consequently these drivers were forced to switch to another supplier late in the piece. This new supplier has been

unable to complete the fitting of the cameras by the required deadline, and these drivers are now being fined \$220 for not having a security camera fitted. I am informed that, when these drivers approached the Passenger Transport Board to outline the situation, they were told to fill out the back of the form and have the matter resolved in court.

The Hon. M.J. WRIGHT (Minister for Transport): In the lead-up to the date by which cameras were to be installed, that type of situation to which the member for Light refers was discussed with the PTB. It was suggested by my office to the PTB that if situations arose of the type put before us by the member for Light today, where the individual taxi operator was not at fault, a penalty would not apply. That was the original message given by me to the PTB, and the matter will be pursued.

The simple answer is that if an operator is able to demonstrate their bona fides, namely, that through no fault of their own they did not have the camera installed, they will not be fined. If, on the other hand, they made no attempt to place an order and did not go through the due process expected of them to meet the deadline, the situation is different. We will pursue this matter in accordance with the policy which was provided by my office to the PTB. I understand that while I was on leave a number of drivers wrote letters, and that correspondence is being checked and pursued.

SOLICITOR-GENERAL

Mr SNELLING (Playford): Whom did the Attorney-General consult before making the appointment of Solicitor-General?

The Hon. M.J. ATKINSON (Attorney-General): Part of my job as Attorney-General when appointing judges of the Supreme Court, the District Court or magistrates, or in looking at—

Mr Brindal interjecting:

The SPEAKER: Order! I warn the member for Unley for the second and last time.

The Hon. M.J. ATKINSON: In looking at who should be the Solicitor-General, I did some preparatory consultation before going on vacation, when cabinet made the decision to appoint Mr Kourakis: I upheld the tradition adopted by the Hon. Trevor Griffin of consulting the opposition about the appointment, and I consulted the Hon. Robert Lawson. It is fair to say that there were really only two or three candidates for the appointment of Solicitor-General. I consulted the Hon. Robert Lawson and he provided me with only one recommendation. The recommendation that he gave was that of Christopher Kourakis. When I pointed out—

Members interjecting:

The Hon. M.J. ATKINSON: No. There's more. When I pointed out to him—and others were present—that Mr Kourakis had done some pro bono legal work for me, which as members would know was disclosed on the Parliamentary Pecuniary Interests Register, Mr Lawson's response was: 'You shouldn't hold that against him.'

Members interjecting:

The SPEAKER: Order, the member for West Torrens, the Minister for Education and the Premier!

Members interjecting:

The SPEAKER: Order!

TAXI COUNCIL

The Hon. M.R. BUCKBY (Light): Will the Minister for Transport advise the house whether the Premier's taxi driver committee has been convened and, if so, when the group met; and will he say whether any recommendations have been forwarded to the government? If so, will they be released to the house?

Members interjecting:

The SPEAKER: Order!

The Hon. M.J. WRIGHT (Minister for Transport): The Premier's Taxi Council has met twice, and it will meet quarterly. This is the first time that there has been a Premier's Taxi Council: it is groundbreaking in its delivery. The Premier chaired both meetings, and we were both present at both meetings. I will need to check the detail of the second part of the question in order to be certain. To the best of my memory, I do not recall any specific recommendations, but I am not saying there have been none—I will go back and check that.

At the first meeting, the Premier provided an opportunity for members of the council to put forward agenda items for the second meeting, which took place in the last week or two. Of course, we also have the opportunity to do the same. For example, at the first meeting it was suggested that we bring Phil Baker of the airport board to discuss the airport as one of the ongoing problems of the industry. We now have a subcommittee which is working towards bringing forward recommendations to the next Premier's Taxi Council meeting.

I cannot say with any certainty that there have been no specific recommendations, but I am happy to check that for the member for Light. I can say with great confidence that the Premier's Taxi Council is up and running and working very well. There have been two meetings, and there is great confidence within the industry about the way in which it is operating.

The whole process has been very democratic in terms of the election of members. There were representations from right across the industry, including drivers, operators, people from the country, people from tourism and private interests. I am sure that this will be a very important and august body which will continue to operate very successfully.

PORT RIVER CROSSING

The Hon. M.R. BUCKBY (Light): Will the Minister for Transport confirm that the proposed third river crossing costs have blown out by \$22 million to \$160 million? A detailed study has revealed instability of the ground at the site of the proposed road and rail bridges. The opposition has been informed that, in order to keep the costs from rising further, the government plans to defer parts of the expressway's first stage from Francis Street to South Road. These deferred expressway links are to extend Hanson Road to the expressway and for an overpass at the Salisbury Highway and South Road intersection.

The Hon. M.J. WRIGHT (Minister for Transport): I think the member for Light would be aware that the first stage of the Port River expressway was launched in December. I do not think he was able to attend, but I think there was representation from the opposition. I will come back to him with the details he has asked for, but I am sure that the member for Light and others would be interested in stages 2 and 3. There is still a lot of work being done on discussions

with the federal government in regard to stages 2 and 3. I think, generally speaking, that people would be comfortable with this and would be aware of what is proposed, but to give you a brief snapshot I will say that stages 2 and 3 refer to the road and rail bridges. Although stage 1 stands alone and is a very important part of the project, what it is all about—and I am sure the opposition agrees—is stages 2 and 3, which are the really exciting parts of the project. We will be coming forward through the MPICC in regard to the development of those details. However, with respect to the specific detail for which the member for Light asked, I am happy to bring that back.

The SPEAKER: Order! I point out to the minister that, under the terms of section 16A of the Parliamentary Committees Act, if it has blown out by that much, the matter needs to go back to the Public Works Committee.

TELEPHONES, EMERGENCY

Mrs REDMOND (Heysen): Will the Minister for Transport advise how many of the emergency telephones on the South-Eastern Freeway are not operational, and will he say when he anticipates that they will be made operational? On 22 January 2003, an elderly constituent contacted my office to advise that he had tried to use one of the emergency telephones on the South-Eastern Freeway earlier that day. However, the phone was not working. His subsequent inquiries and further inquiries by my office resulted in advice that this was only one of many such phones on the freeway that are currently not operational and that this has been the case for some time. I wrote to the department on 28 January 2003 formally seeking advice as to how many phones are not operating, how long they had been inoperative and when they would be fixed but to date I have received no reply.

The Hon. M.J. WRIGHT (Minister for Transport): As the member for Heysen has said in the question—

Members interjecting:

The SPEAKER: Order, the member for Wright!

The Hon. M.J. WRIGHT: As the honourable member has said in the question, this is operational, and I do not have that level of detail with me. However, I am happy to get that detail. I would also like to say to her—and I do not doubt this for a moment—that, given that she wrote to the department on 28 January, I hope she would have some more information before then. I apologise on behalf of the department, and I will undertake to get that detail for her as a matter of urgency.

VINE RUST

Mr VENNING (Schubert): Is the Minister for Environment and Conservation able to inform the house as to what is currently being done to prevent vine rust and to ensure that it does not enter South Australia, and can he give a commitment that vine rust will be eradicated from Darwin before the Adelaide to Darwin rail link opens?

The Hon. J.D. HILL (Minister for Environment and Conservation): Of course, the matter of vine rust has been on the agenda for the ministerial council meetings, a couple of which I have attended. We are attempting to get money from all the states to prevent the spread of this disease. I do not have the details in front of me at present, but I am happy to get a full report for the member. I accept that this is a very worrying thought—that something could come into South Australia from Darwin, which has the most minuscule of all wineries. Of course, this state is very dependent on the wine

industry, and our industry could be most severely damaged. It is important that we try to fight this. I will get a full report for him.

TAFE

Ms BEDFORD (Florey): My question is directed to the Minister for Employment, Training and Further Education. What are some of the key findings in the recently announced Kirby report on TAFE governance?

The Hon. J.D. LOMAX-SMITH (Minister for Employment, Training and Further Education): I thank the member for Foley for her interest in the state of our TAFE institutes in South Australia. On 20 August I informed the house that I had implemented a review of TAFE governance that was being undertaken by national further education leader Peter Kirby and the review team including Robin Ryan and Darryl Carter. The final report included criticisms of moves made by the former government to corporatise the state's technical and further education system at the expense of sound financial management and good governance. It also clearly points to a serious financial position, poor management and strategic neglect within TAFE over recent years. This report is clear evidence that the former minister and government cut TAFE loose from any management control.

The three main concerns contained within the report are a lack of leadership provided to the system in recent years, the absence of any strategic planning to set priorities for state development and a failure to maximise the benefits of TAFE institutes working together, resulting in duplication and wasteful competition. The report also identified wide-ranging measures which this government can implement in order to rebuild TAFE in South Australia as a unified system which delivers a strong public vocational education and training service. Some of these measures include the establishment of a TAFE board—

The SPEAKER: Order! I ask the minister to pull that microphone a little closer to the direct line—

The Hon. J.D. LOMAX-SMITH: It is a matter of my height, because I cannot get close enough to the microphone.

Members interjecting:

The SPEAKER: Order! Those people who are vertically challenged do not have to respond.

The Hon. J.D. LOMAX-SMITH: Some of these measures include the establishment of a TAFE board, creating collaborative rather than competitive structures between TAFE institutes, and the creation of a three year rolling strategic plan which is in line with the state training plan and draws upon the work of the Economic Development Board and the Social Inclusion Board. It is proposed that the new measures be implemented through the Department of Further Education, Employment, Science and Technology, and that there is a renewed focus on educational service and state economic development within a framework of new governance and financial management structures, while accomplishing a renewing of our TAFE institutes. This will take time and resources, and this government, unlike the former government, is committed to rebuilding a TAFE system which delivers results for individual South Australians and which contributes to the future growth of our state.

AUSTRALIAN SCIENCE AND MATHEMATICS SCHOOL

Ms CHAPMAN (Bragg): What action has the Minister for Education and Children's Services taken to ensure that the recently opened \$14 million Australian Science and Mathematics School has the facilities to accommodate the 80 students who have been forced to return to their own schools because no practical courses are available? The Australian Science and Mathematics School, established at the Flinders University and open for business at the beginning of this academic year, had received some 170 student enrolments. However, in the absence of all resources and facilities being available, some 80 of those students enrolled have had to return to their own schools to continue their education until the situation is remedied. As these students have assumed that they would be able to commence at the new facility this year, their previous schools would not have taken them into account in their allocation for funding. When will that be remedied?

The Hon. P.L. WHITE (Minister for Education and Children's Services): The honourable member may recall that part of the reason why the school is not further advanced at this stage is that the commencement of construction was delayed by more than 12 months by the previous government. Obviously that has had an impact. It was delayed for more than 12 months by the previous government; that is clear in the budget paper. Indeed, in the penultimate budget of the then Liberal government, this was its major capital work and highest priority for the capital program. It was not even started. That was the big press release, but 12 months later what did we see? Re-announcement of the work and, again, it had not even been started. So, for the opposition to complain that the school was not finished at the end of last year is totally hypocritical because members opposite delayed the start of construction for over 12 months.

Mr WILLIAMS (MacKillop): Mr Speaker, may I ask a question supplementary to that?

The SPEAKER: If the honourable member wishes, yes.

Mr WILLIAMS: I was amazed to hear the question and the answer to it. I have a constituent from a country town whose parents approached me some time ago, highly excited—

The SPEAKER: Order! What is the question?

Mr WILLIAMS: What special arrangements have been made for country students who have been accepted to the Special Mathematics and Science School as at the end of last year? In explanation, sir, with your leave—

The SPEAKER: Order! The honourable minister.

The Hon. P.L. WHITE: I will check with the department for an answer to that question. I was not aware that there was any problem. In fact, the university on which the campus is based, which is Flinders University, recently gave me feedback saying that they were very happy with the sharing arrangements that are in place for those students who have started at the ASMS (the Australian Science and Mathematics School) this year. They are on campus, and I should put on the record the gratitude of the department that Flinders University has made its facilities available to those students. I will check with the department and bring back a more current report for the member.

ASH WEDNESDAY

Mr CAICA (Colton): My question is directed to the Minister for Emergency Services. Was the commemoration of the 20-year anniversary of Ash Wednesday a successful event?

Members interjecting:

The Hon. P.F. CONLON (Minister for Emergency Services): It is regrettable that some members on the other side feel that this question should not be asked: I have just heard some of their comments. I know that that would not be the view of the member for Mawson, who was there. I would like to put on record that it was a beautifully conducted ceremony, and the contributions in music, Bible readings and speeches were outstanding. The Premier's speech was an outstanding contribution. The day, as much as it can be with the memory of such a tragic event, was an outstanding success. The involvement of the vast array of CFS volunteers was moving.

The ceremony also had a very good positive effect for the future in that it reinforced the message that we have been trying to get out, and getting out very successfully, over the last three months about the dangers of this bushfire season. I am very pleased that we have got this far through the season without the major fires that we so feared. As members would know, on three different occasions we have made extra allocations in funding—twice to the Country Fire Service and once to the Department of Environment and Heritage in order to assist them in this bushfire season. The reason that I wanted to get this question up today—

Members interjecting:

The Hon. P.F. CONLON:—although I am completely surprised by it, of course, is that I have criticised the former government for some of the problems that it left, and I will not go over them again, so I think it is only fair to congratulate it for leaving something very valuable. The work this year of the chief executive, Vince Monterola, and the chief of the fire service, Euan Ferguson, has been outstanding. They were appointments of the previous government and they have done an outstanding job of protecting the community this year, as have all the volunteers.

COOBER PEDY, ALCOHOL CONSUMPTION

Ms BREUER (Giles): My question is directed to the Minister for Consumer Affairs. What is the state government doing about promoting responsible drinking in Coober Pedy?

The Hon. M.J. ATKINSON (Minister for Consumer Affairs): Coober Pedy is lucky to have a member of parliament who is vigilant about crime and its causes. I was in Coober Pedy on Friday with the member for Giles to attend a public meeting for the Constitutional Convention.

The SPEAKER: And I was there, too.

The Hon. M.J. ATKINSON: Yes, Mr Speaker, you were there also. Alas, the Liberal Party did not have a representative at that meeting. I was pleased to see the responsible approach taken by licensees and townspeople in tackling alcohol abuse and alcohol-related crime in Coober Pedy. I understand that a local licence holder and manager approached the Liquor and Gambling Commissioner about ways of dealing with violence and anti-social behaviour associated with alcohol in the town. The local licence holder and manager realised that things were so bad that it was affecting tourism and trade and that licensees, as well as patrons, needed to accept responsibility if matters were to improve.

The licence holder and manager suggested to the Liquor and Gambling Commissioner that an accord be established for Coober Pedy.

An accord is an agreement developed by licensees, the police, local councils and the Liquor and Gambling Commissioner aimed at promoting the responsible service and consumption of alcohol. Accords are voluntary unless the participants agree to have the accord reflected in licence conditions. Similar accords have been set up in Port Pirie and Mount Gambier in addition to those in the metropolitan area. The police, local councils and other participants in Port Pirie and Mount Gambier have all reported reduced levels of alcohol abuse and alcohol-related crimes since the introduction of the accords. Although the Coober Pedy accord will not be finalised until the end of the month, licensees have already agreed to measures such as: no carry-off sales before 11 a.m.; no carry-off sales of fortified wine before 3 p.m.; a limit of one unit of fortified wine per person per day unless sold to people staying overnight at recognised camping or tourism facilities; and carry-off sales stopping at 10 p.m. The Liquor and Gambling Commissioner is currently working on new accords at Port Lincoln, Whyalla, Port Augusta and Clare.

I want to add that all was not so gloomy at Coober Pedy. It has many magnificent features. Two per cent of people on the electoral roll attended the Constitutional Convention meeting, which I thought was outstanding. I very much enjoyed the hospitality of the proprietor of the Coober Pedy Experience motel, which is all underground in a former mine shaft, and the Serbian Orthodox Church, club and priest's residence at Coober Pedy is nothing short of sensational.

GRIEVANCE DEBATE**TERRORISM**

Mr HAMILTON-SMITH (Waite): I rise on the matter of the current international crisis before this country and, indeed, the world regarding the prospect of resolving the crisis in Iraq and the crisis emerging in North Korea. I particularly rise to share the view of many Australians that I sincerely hope that war is averted and, should war in some form be necessary, that it is with the UN's sanction and support.

However, there is a need for all Australians, and all South Australians, to face up to the harsh facts of life in the new international environment in which we find ourselves. Let there be no doubt in the mind of any South Australian of the dangers that are presently presented to us here in Adelaide, throughout South Australia and throughout this country by the proliferation of weapons of mass destruction—those nuclear, biological and chemical. I know from my previous military service and from a study of this matter that the consequences of the use of such a device in this country would be horror beyond most Australians' wildest imagination. Nuclear devices can now be contained within compartments smaller than a shipping container. In fact, the USSR had a number which were the size of a large suitcase, some of which I understand from briefings I once received are unaccounted for. They can be remotely detonated using a mobile phone from the other side of the world whilst lying

in a storeroom or ship in any Australian dock.

The biological weapons we are discussing offer the prospect of reawakening diseases such as bubonic plague, the ebola virus and forms of various diseases that we have not seen for centuries. These can be genetically re-engineered to resist treatment. These things can be moved around in bottles or flagons resembling wines or other liquids and, if appropriately distributed, could kill the best part of the population of Adelaide or any other capital city in this country.

The chemical weapons are equally horrific. I have read reports and seen footage of trials of these weapons taken during World War II and subsequently on animals which would horrify any Australian. These chemical weapons have already been used by terrorists. They may, and in all likelihood will, be used again. South Australians and Australians need to understand what we are dealing with here. South Australians and Australians need to ask themselves whether the world community can allow the Adolf Hitlers of the 21st century to develop and maintain the means for global annihilation.

Those who say no will recognise the need to be prepared to take action to prevent the acquisition of such weapons by Iraq, North Korea and other rogue dictatorships. Those who say yes want to open the door to a world in which a basket of unpredictable and irrational dictators will acquire such capabilities and use them. Ultimately, this will include passing those weapons to the people who perpetrated the events of 11 September and the slaughter in Bali. Such deniable operations, perfected during the Cold War, are extremely well practised by countries such as Iraq and North Korea, which are KGB trained. I am very happy to talk to any member about those techniques. The North Koreans have already used their own secret service to destroy a KAL aircraft over Thailand.

If you think it cannot happen, you are fooling yourself. We are dealing with a simple alternative. Take action now or face the prospect of a catastrophe later. The form of the action that we take now is the question in point. I urge politicians of all persuasions to make the judgments and the decisions they know are right to protect the lives of Australian families, and not the decisions and judgments they believe are expedient, based on people's fear of war. None of us want to go to a war. All of us would like to see things resolved peacefully, but the consequences of appeasement are too horrific to imagine.

MEDICAL INFORMATION BOOKLET

Ms RANKINE (Wright): In March 1999 I told the house about a local initiative in the northern suburbs. During that speech I made a prediction, and I am pleased to tell the house today that my prediction has come to fruition. On that day I told the house about a medical information booklet that was commencing a trial in the northern suburbs with a print run of 5 000 booklets. This very simple booklet was the brainchild of Rob Snell, a local paramedic serving at the Modbury station of the South Australian Ambulance Service. It has been actively promoted by life support officer Graeme Aistrophe since 1999. It is a very simple booklet, as I said, comprising about four pages, in which people can list their medical practitioners and the medications they take. It is placed in a small plastic sleeve and attached to the refrigerator. The initiative has been strongly supported by the Rotary clubs of Golden Grove, Modbury and Tea Tree Gully.

On that day, I predicted that this initiative would be so successful that it would go state-wide and possibly become a national project. I am very pleased to say that, since that time, over 100 000 copies of the booklet have been distributed throughout South Australia and 190 000 have been distributed Australia-wide. They are now being distributed throughout metropolitan Victoria, rural Victoria, Queensland, New South Wales, the Northern Territory, Tasmania and the ACT, and I understand that negotiations are currently under way with Western Australia. The booklets are uniform across the nation. They simply display different covers identifying the local ambulance logo and the colours of those services.

This is an outstanding achievement, and it is a wonderful example of a state government service and volunteer organisations working together and achieving real and substantial benefits for our community. The project has been endorsed nationally by Rotary and it is now also supported by Lions. It has received a \$5 000 grant from the Premier's Community Service Fund, and I was delighted when it was awarded the Community Project Award for 2001 by the City of Tea Tree Gully. It was also awarded the Premier's Community Service Project Award in November 2001. I was the nominee on both occasions, and I am delighted that the project received such recognition.

As I said, the booklet is very simple, it is very clear, it is easy to fill in and, most importantly, it is very easy to use. The promotional material about the booklet states that the book could save your life, and it really does do that. In a traumatic situation, if ambulance officers do not have all the information they need, they are required to collect all the medications a person is using and take them to the hospital. Minutes saved in that situation can equate to a life saved. I understand that the booklet is now available at the accident and emergency section of the Ashford Hospital, and that is a real accolade for the initiative. I understand also that Serco bus drivers carry them in their buses and that Kimberley-Clark has given one to every employee in Australia and is now printing some for use in its New Zealand plants.

This is not to be used instead of a Medic Alert bracelet, which needs to be with a person at all times. It is to be available when trauma occurs at home, and we know how difficult it can be for relatives to remember medical conditions and medications when someone has been taken off to hospital. I am sure that Dame Roma Mitchell, who launched the project in May 1999, would be very proud to see how successful it has been. I once again offer my congratulations to the ambulance officers from Modbury who have been instrumental in getting this project off the ground and the very supportive service clubs that have well and truly got behind this initiative and ensured that it has become a national project.

STATE PROMOTION

The Hon. G.M. GUNN (Stuart): A media release issued by the Attorney-General last Friday states that the government welcomes the promotion by any member of parliament of South Australian industry and products overseas. I agree with that sentiment. All members should promote the state. However, as a former speaker, I am deeply disturbed by the so-called memorandum of goodwill and understanding referred to by the Attorney-General. The document raises questions that have not been satisfactorily explained.

In its opening words, the document refers to the Hon. Mr Peter Lewis by reference to his position as Speaker of the

South Australian parliament. The nature of the arrangements is indicated in the document by involvement of the vice-mayor of Harbin City. This official character is confirmed in the second-last paragraph, in which Harbin City is described as one of the three parties. Moreover, it was reported in the *Advertiser* of 28 January and the *Stock Journal* of 30 January that the member for Hammond had signed an MOU with senior officials with Heiljong Jiang province. The media reports refer to the MOU as a result of a trade mission led by the Speaker.

Whilst everyone in this place might know that the Speaker does not represent the government of the state of South Australia, people overseas may not be so well informed. It is important that the good reputation of the South Australian parliament and government be upheld. If any of the proposed business arrangements referred to in the memorandum of understanding do not meet the expectation of the Chinese parties, our state's reputation will suffer. In South Australia, dairy farmers who hope to benefit from the \$20 million deal will also be concerned if they do not receive the benefits that they anticipated.

I have been in this place long enough to remember the damage which the state suffered in the eyes of the Chinese as a result of the Bannon government's ill-fated Marineland proposal. The government had to pay \$2.7 million to the Chinese company, Zhen Yun, and the state's reputation was in tatters.

I would like to see a report from the new Minister for Trade and Regional Development on the arrangements referred to in the memorandum of understanding. The Speaker represents this parliament. In my opinion, the prestige which is accorded to the office is the prestige and honour of the parliament—

Mr Koutsantonis interjecting:

The DEPUTY SPEAKER: Order! I point out to members, and in particular to the member for Stuart, that they must be very careful in discussing this matter because, under the rules of debate, matters relating to the Speaker and other particular persons can be dealt with only on the basis of a substantive motion. The member needs to be careful in terms of what he canvasses in his contribution.

The Hon. M.J. Atkinson interjecting:

The DEPUTY SPEAKER: The Attorney-General will listen in silence.

The Hon. G.M. GUNN: I am aware of the nature of the comments. This memorandum of understanding shows that the private mining interests of any Australian party that were the subject of discussions need to be carefully considered. In my view, members should not use their membership of this parliament (or any position in parliament) to promote their own personal business interests. I draw to the attention of the house that this is not a matter which has not been reported in the media, because on 30 January on the front page of the *Stock Journal* the heading '\$20 million cattle deal' attracted a great deal of discussion and interest. The article indicates the number and types of cattle that may be sold.

Again, the heading in the latest edition of the *Stock Journal*, 'Dairy export drive gains momentum', refers to Speaker Peter Lewis and also to a previous announcement and various other aspects of this important matter.

The Hon. M.J. Atkinson: You're a bit Green, are you? Do you wish you had done it?

The Hon. G.M. GUNN: I do not think that I could ever be referred to as being 'Green'. I am proud that I have been

a developer and made a contribution to the state with my production.

The DEPUTY SPEAKER: Order! The member for Colton.

FISHING, RECREATIONAL

Mr CAICA (Colton): I do not know whether members of this house are aware but I am a keen recreational fisher and have been a fisherman for a long time. In fact, it might be of interest to the house to know that in 1969 I was the Henley Beach fishing champion fishing off the Henley jetty. I caught more trumpeters than anyone else! This summer—

The Hon. J.W. Weatherill interjecting:

Mr CAICA: There was no size limit on trumpeters and it is a good thing, too. However, this summer we have seen more sand crabs and blue crabs than I can remember off the Henley jetty, the Grange jetty and, in fact, all the jetties from Brighton through to Port Adelaide. It would not be unusual to have 100 or 150 nets off the jetty on any particular night. That is a good thing because it enables people who do not normally catch fish or crabs to be exposed to that wonderful recreational activity and, at the same time, take something home to eat. That is the real bonus with fishing.

There have also been greater numbers of large yellowfin sand whiting this year than I can remember for some time. That again is a good thing because it allows people to learn about their sea environment, to catch fish and to take some home and eat them. I encourage my children and all kids to take up that healthy activity. Whilst there are some very good aspects to this abundance of seafood which is available off our local coast this summer, there is also a downside, and I want to focus on the downside. When fishing at the Henley jetty as a youngster, I was told by some of the old fishermen to return what you can to the sea after you have caught it. That means that, if you clean your fish, you throw what you do not want back. You always return what you can by virtue of the fact that it is food for other animals in the food chain. It is something that I have adopted and embraced all my life and continue to do so.

However, one of the downsides of crabbing that is occurring at present, as a result of the hundreds of people and the hundreds of nets, is that a lot of bait is left on the jetty and many plastic bags are falling over the side. In reality, some education program should be undertaken with the people who are crabbing to ensure that they observe what are proper practices for our environment and its relationship to recreational activities such as fishing. When I say, 'Return what you can to the ocean', the reality is that chicken carcasses do not come from the ocean, nor do beef hearts, lamb hearts or soup bones. They should be taken off the jetty and put in the bins which are placed at the entrance to each jetty. Currently the Charles Sturt council is debating with its members whether to put bins at the end of the jetty to cater for this.

My argument would be that the people who are too lazy to remove their offal from the jetty, in general, would be too lazy to walk the extra 20 metres to throw it in the bin. There are two issues. First, we need to educate the people who are fishing; and, secondly, we need to look at ensuring that people comply with the things that must be observed. We need to ensure that there are people checking the regulations not only in relation to the size of the crabs and the fish that are being caught but also the rubbish, offal and so on that is left on the jetty. There are bins at the entrance to each jetty

and, as I said, a debate is occurring about whether or not bins should be placed at the end of the jetties.

It is a matter of taking your stuff home. If there was ever an argument for deposits and levies on plastic bags, you only need to go to the jetty on any particular hot night when the crabbers are out in force to see some of the rubbish that finds its way into the ocean—and we know the damage that plastic bags can do. I urge not only the people in my electorate but the people who come to the beach to enjoy the beachside and the fruits of the sea to ensure that they observe proper procedures and behaviour in respect of rubbish and, if you are on the beach, leave only your footprints in the sand; that is, leave no other semblance of your having been there.

MEMBER FOR MITCHELL

Dr McFETRIDGE (Morphett): Earlier this afternoon we were in the upper house and we congratulated the newest member to the upper house on her appointment. I would like to applaud the introduction of a new party in the lower house. In recent months, the member for Mitchell made a personally courageous decision to show his convictions, to be honest with himself, which is as important in politics as is trying to be as honest as you can with your colleagues and certainly your constituents. To make the decision that he has made, the member for Mitchell has worn his heart on his sleeve a little. He will be criticised for some of the decisions that he will have to make, and certainly I for one will be delighted if he is able to maintain the courage of his convictions.

I do not know the member for Mitchell that well, but I do know from what I have seen of him in the house and his performance at various multicultural functions around this state that he has some very strong beliefs, whether they be on insurance issues, refugee issues or any other issue that may have social inclusion policies associated with them. He is a very useful member in this house. I do understand though that during his deliberations he was being pursued—I am not sure, perhaps the member for Colton can correct me if I am wrong—by the member for Colton, his brother Ron Hanna and the other heavy, Mick Doyle. They were given the job of trying to convince him that he should stay within the Labor Party. If that is true, I hope that the member for Colton has not been too badly affected by that, because certainly he is another star performer on that side of the house.

I look forward to seeing how the new Greens member in this place performs. Certainly, I will be interested to hear his answer to a question that I would put to the Premier, if he were here, namely, 'Premier, where will you store South Australia's nuclear waste? Where will you store it? Will you store it interstate? You cannot do that; you must store it here. So, where would you store it?' I would say, 'You will store it in the place that is the safest single repository in the world, as I am informed, which is here in South Australia.' The need for a safe repository is something of which we are all conscious. There is just no way that you can avoid producing nuclear waste. The big problem we have with the current technology is where to store the waste safely.

Who knows how we will be able to handle nuclear waste in 10 or 20 years. We do not know what technology will be available. So, to say that the waste will be sitting up there for thousands of years is just another fear and scare campaign. It is wrong of the Premier to keep dumping on the state. In fact, when I went to my electorate office the other day, stuck onto the sign outside my electorate office was a sticker that read, 'South Australia—the nuclear dump state'. Who is

responsible for that attitude? The Premier is. He keeps dumping on this state. Let us have a look at the history of the Labor Party in terms of nuclear waste in South Australia.

Let us remember that it was a federal Labor government that started looking at nuclear waste here. Let us remember that it was in the early 1990s that the state Labor government and the federal Labor government made the decision to store nuclear waste here: it was not Liberal but Labor governments back in the 1990s. Who was it that moved 2 000 cubic metres of low level nuclear waste and 35 cubic metres of intermediate level waste to Woomera without any public consultation? We heard the Premier talking the other day about high level nuclear waste—not higher level nuclear waste, not low level, intermediate level or higher level than low level, but high level. We do not have any high level nuclear waste in Australia.

The Lucas Heights nuclear reactor does not produce high level nuclear waste. It is produced only by nuclear reactors, and we do not have those in Australia. Where will you store the nuclear waste, Premier? Come out and answer that question. Answer it honestly and openly to the people of South Australia because they need an answer. They do not just need fear and scare campaigns. They do not need cunning political stunts. This government has a history of managing the media. I will have more to say about that in the future, but it is coming to an end. The honeymoon is over, and I do not mean a Honeymoon uranium mine; that is something else we need to support.

Time expired.

PARTY ALLEGIANCE

Mr HANNA (Mitchell): I place on record today some remarks about my change of allegiance. On 30 January 2003 I resigned from the Labor Party and two days later I was accepted into the Australian Greens. For that decision I have had overwhelming support, truly surprising support, not only from my own local community but also from many people within the ALP (the Labor Party) and also, of course, from my new party, the Greens. In respect of my local community, as I say, the level of support has been quite amazing, and it seems mainly to have derived from a community need for integrity in politics. It was seen by the community—and, if I may say so, rightly—that the move I made was to enable me more fully to express my convictions in this place and to represent my local constituency better than I had before under the rules and disciplines of the Labor Party.

It was with regret that I left the ALP, but it was with greater regret that I perceived that the ALP had departed from its traditional values. As I saw it, when you were a member of the Labor Party in the 1950s or 1960s you had to be zealous about it because the party kept getting a drubbing election after election. That idealism sustained the Labor Party at state and federal levels through the 1970s with the successes of Dunstan and Whitlam, but by the 1980s a number of careerists had entered the party.

They saw that the way was open for them to advance through the Labor Party, winning elections to the Treasury benches with all the benefits that flow from that. I see that there are some very senior people in the Labor Party now whom I would term careerists. By that I mean that they put their personal power and the power of their colleagues ahead of the principles of the ALP as set out in the party platform and convention resolutions. I was, however, very pleased to have a very great deal of support from continuing members

of the Labor Party, particularly those ordinary members who are unaligned with any particular faction and those who are members of one or other of the left factions of the party. The only difference between us, essentially, is the pragmatic choice of whether it is better to go on fighting for progressive ideals within or outside the party, and I came to believe that there was no further progress to be made from within the party, and hence my decision.

I think that the Labor opposition leader (Simon Crean) was poorly advised to call for my resignation from the electorate of Mitchell. The argument is hollow when one considers that I have pledged to support a Labor government in respect of supply and in respect of votes of confidence. Therefore, those voters in the electorate of Mitchell who sought to have a Labor government completely irrespective of the candidate put up by the party are going to have their wish prevail until the next general election. For those people, of course, who voted for Kris Hanna personally, they are going to get what they voted for also.

On a more esoteric level, I can point out that the constitution, of course, makes no reference to political parties and so, in a technical sense, there is absolutely no difficulty with the decision that I have made.

Very briefly, the reasons behind the decision go back to the debate in this place in August when public liability insurance was debated and the numbers were crunched—not just within the Labor Party but in the left of the Labor Party—to ensure that measures would pass this place to cut compensation for mums, dads, children and anyone injured in a public place or in road accidents so that insurance companies could enjoy greater profits.

There was no quid pro quo, there was no promise or assurance of any kind from insurance companies that premiums would be reduced, and we are still faced with a continuing public liability insurance problem in the community. However, it was a regressive measure and I regret ultimately voting for it in the parliament.

In November last year a number of issues arose on which I felt extremely strongly that Labor had taken the wrong stance. These related to civil liberties, anti-terrorism laws and the war issue and refugees.

Time expired.

SELECT COMMITTEE ON GENETICALLY MODIFIED ORGANISMS

The Hon. J.W. WEATHERILL (Minister for Urban Development and Planning): I move:

That the time for bringing up the committee's report be extended to Monday 24 March 2003.

Motion carried.

SELECT COMMITTEE ON THE CROWN LANDS (MISCELLANEOUS) AMENDMENT BILL

Mr O'BRIEN (Napier): I move:

That the time for bringing up the committee's report be extended to Monday 24 March 2003.

Motion carried.

The DEPUTY SPEAKER: For the benefit of members, it is a little confusing but the motion that was just passed empowers that committee to continue on. Government Business, Order of the Day No. 7 appearing on today's *Notice Paper* deals with the interim report, which relates to the matters covered thus far by that committee. That matter stands in the name of the Hon. Iain Evans and will be dealt with tomorrow if the government so deems. Government Business, Order of the Day No. 8 appearing on today's *Notice Paper* is the bill, which will follow consequently, one would imagine, on the outcome of the select committee. It is a little confusing but, hopefully, that clarifies the situation.

HEALTH AND COMMUNITY SERVICES COMPLAINTS BILL

Adjourned debate on second reading.

(Continued from 24 October. Page 1786.)

Mr KOUTSANTONIS (West Torrens): It gives me great pleasure to speak to this bill because I think this is one of those reforms that are long overdue and, unfortunately, it has taken a Labor government to get it moving. The bill will establish a health complaints ombudsman, something that the community has been demanding for a long time. It was in the process of being delivered in 1993 by the then Independent health minister, Dr Martyn Evans. When he entered into a coalition with the Labor government, he intended to create the position of a health ombudsman, but unfortunately—or fortunately, depending on your perspective—Labor lost the election in 1993 and the new administration did not see fit to introduce an ombudsman for health services. So, we have gone nearly nine years now without an ombudsman for health complaints.

I feel so passionately about this issue because a number of constituents have come to me with complaints against health service practitioners and providers. They feel that the medical profession consists basically of a club of insiders and that if you have a complaint it will fall on deaf ears, that mistakes happen in the health industry and that the health service provider says, 'There's not much we can do about it, so go on your way and be grateful for the services you receive.' That view is not good enough, and I applaud our Minister for Health (Hon. Lea Stevens) for what she has done. This is a piece of legislation of which we in this parliament can be proud. It is the reason why Labor governments are elected: to defend the right of consumers (especially in the area of health), especially when the people of South Australia look to us for leadership.

My constituent, whom I will not name, approached me just before the last state election, and I have also had recent dealings with her. Her complaint is that she entered into a voluntary sterilisation program at the Queen Elizabeth Hospital. They were trialling a form of contraception that she wanted to use. She already had three children and she did not want any more, so she and her husband decided to enter this voluntary program on a trial basis. The program had been trialled internationally and was now being trialled at the Queen Elizabeth Hospital by a visiting professor. She was informed that this program had had a 100 per cent success rate throughout the entire world, that it was foolproof, and that they were required to do tests in South Australia to gain certification to allow the procedure to be conducted long term in public hospitals. She agreed and signed the necessary waivers so that her medical information could be used for

research purposes. She subsequently had the process done. Unfortunately, afterwards she fell pregnant. So, the assurances of the people who administered the program were wrong: it was not 100 per cent successful.

Most academics accept that when you conduct any sort of a trial you will not get a 100 per cent success rate, that you might get 98 or 99 per cent depending on the treatment. My constituent was not worried when she fell pregnant; it was not of major concern to her; she just thought that the procedure had failed, that she had fallen pregnant, and that was fine. She is happy to report that she now has another healthy baby. What concerns her is that, after she gave birth at the Women's and Children's Hospital, information concerning the birth was given to the research team without her knowledge.

The research team sent a fax to the Women's and Children's Hospital requesting details of her labour and the birth. The information concerned things such as the weight and sex of the child, whether there were any complications and just general and medical information. This information was then volunteered by the hospital to this research group, which caused a great deal of suffering and pain to my constituent, because she did not want that information given out to anyone. She received numerous telephone calls at home from this research group, which badgered her. They knew the name of her child, where she was born and her weight, and they asked her how she was progressing. My constituent felt violated.

Unfortunately, there was nothing that we, as a government, could do because this had happened under the previous administration, and there was no ombudsman in place to deal with it. The minister was very sympathetic to my constituent's cause and did everything she could to remedy it. An apology was given, and the system has been rectified so that it will not happen again. But it does not change the fact that my constituent feels violated. She feels that, with respect to something very personal that had happened to her—the birth of a child—information was given out to people who were not entitled to have it.

This bill allows people such as my constituent to take up this type of case with an ombudsman, who will act independently and fairly and take on board all the relevant points of the particular case and deal with them. It is a long overdue reform. When I read the minister's second reading speech, I noted that the former minister for human services tabled legislation in 2001 which broadly dealt with the same issue, as a result of pressure that then shadow minister Lea Stevens applied to then minister Dean Brown on this issue. We felt that the bill was deeply flawed, but the then Liberal government refused to even push on with it, and it was not even debated. This relates to the point made by the minister during question time—the hypocrisy of the former minister for human services to get up and make complaints about what this administration has or has not yet done, after they had nine years in government to do something as basic as establishing an ombudsman. We have done it in our first 11 months. We are delivering on our promises, because we are a government of good faith. We do not go to an election making promises that we cannot keep; we do not make extravagant promises. As the Treasurer detailed today, the opposition has already made, in the first 11 months, over \$600 million worth of promises, which it cannot fund. But, of course, that is all the form that it has; it has good form on this sort of issue.

This bill will provide an independent means for assessment, investigation, resolution and conciliation of complaints. While I was trying to manage my constituent's complaint against the hospital, I found it to be a very frustrating and difficult process. This legislation will make it easier for people such as my constituent to make a complaint without having to go to their local member of parliament. People feel threatened by these medical review boards; they feel as though they are closed clubs and that they have to go to someone else to make their complaints for them. I think that, through this bill, we will see an increase in complaints to the ombudsman—not because the health system is not providing adequate services, but because people will feel empowered to finally go forward and make complaints. We are not afraid of that. Our government is not afraid of criticism; it is not afraid of people being empowered.

As an aside, I read a recent report in the *Advertiser* that Torrensville is now the smelliest suburb in South Australia. I disagree with that; I reject that completely. But we have empowered local residents to ring up and complain to the EPA. We have an informed electorate. They know how to make the complaints, they know whom to write to, they know whom to ring. Finally, we are seeing people making use of their government, taking full advantage of it. It does not mean that Torrensville is the smelliest suburb in the state; it just means that, finally, my constituents are empowered, and that is because we have a Labor government. I think that, with this bill, we will see an increase in the number of complaints. That is a good thing, because we will find out where the mistakes are in the system and we will fix them.

Of course, what did the former minister do? He made it difficult to complain and held out the medical review board as being the only way you could make a complaint about anything. Then, when no complaints were made and no action was taken, the minister would trumpet about how good our health system was. The people of South Australia saw through that. That is why the most unsuccessful minister of the former administration was the minister for human services. Anyone with any form of experience in campaigning knew that our best issue in the last campaign was health—absolutely health. He murdered them. Some might say he did that on purpose, after having lost his prize position as premier. God knows he had no love for the former premier, given the hotline between some members opposite and the then leader of the opposition, much like the hotline between the politburo and the White House during cases of emergency.

I will run through a brief chronology of what happened in the former Liberal administration in terms of how it dealt with complaints. As I said earlier, in the last Labor administration former minister Evans attempted to set up a health complaints ombudsman. However, unfortunately—or fortunately, depending on who you are—we lost that election. In 1993 the new administration took office and no action was taken at all—none. In 1993 to 2001, there was no action. In 1995, minister Armitage established a small unit within the state Ombudsman's office to deal with public health sector complaints only. From memory, that is not local GPs but public hospitals. In 1998 our then shadow minister introduced amendments to the Ombudsman's Act to extend powers to private health sector providers. Unfortunately, that was not supported. We introduced a bill in 2000, which again was not supported.

The Hon. L. Stevens: We didn't even debate it.

Mr KOUTSANTONIS: The government would not even let us debate it. In 2001, our shadow minister, on the third attempt to force the former administration to action, introduced a private member's bill. We had to do this as a private member's bill. Unfortunately, again, the government would give us no time to debate it, and it lapsed. In 2001, the saviour of the Liberal party, Dean Brown, comes into the parliament and introduced a bill, basically based on what our shadow minister had done, because he was forced into action by her advocacy for the issue. Unfortunately, the bill was flawed, as you would expect from the former minister. We would bring on the debate, but of course the minister would never let the bill be debated and it lapsed.

We were elected in February, formed a government in March and in July 2002—less than three or four months after we were sworn in—there was a bill before this parliament to have an ombudsman established. That is what you get with a Labor government. You get action. It is like a Hollywood flick, full of action. The briefing note I have from the minister in which she details what the bill will do is very impressive. It is something the shadow minister might want to read one day, if he gets around to it. In the bill, we have ensured that complaints must be rights-based and must be transparent and accountable—two things that were foreign to the former government. We will be transparent and accountable. We are not afraid to be criticised. We will have extensive powers to investigate and to be conciliatory. This is important. This is the meat in the bill. We will give the ombudsman power to investigate and not the medical review board, which is a foreign little boys' club, and I know that the minister will not like my saying that, because she has to defend doctors and medical practitioners. I do not. I have to defend my constituents. People find those review boards to be a closed little club, and this ombudsman will crack it open. As Ralph Jacobi used to say, the best disinfectant is sunshine. It will be independent, and we must provide protection to complainants and service providers alike, that is, it will be independent, fair and balanced. It must be accessible to all South Australians; that is, anyone can make a complaint, unlike the current system, where you have to go to your member of parliament. Under this system, anyone can access the complaints service and go to the ombudsman.

We will resource the ombudsman. We will give the ombudsman research facilities and the ability to analyse complaints. We will provide education to people using the service, and there will be consultation. First, we will get the two parties talking to each other, which the former government failed to do during its nine years in power. For the first time in South Australia, this bill provides an avenue for ordinary citizens, ordinary residents, to make a complaint about the health service with which they have been provided.

The Hon. Dean Brown interjecting:

Mr KOUTSANTONIS: The former minister interjects that we had an ombudsman in the past. That is right. You allowed the former ombudsman a small part to play in investigating public health sector complaints but not complaints about private GPs or private hospitals. This legislation goes further. Finally, this bill will give some assurance to the people of South Australia that this government is acting for the betterment of South Australia and that we are getting on with the job of delivering a key election promise. I urge members opposite to support this measure and to support our minister in her endeavours.

Dr McFETRIDGE (Morphett): I rise to support the intent of this bill but, certainly, I am concerned about its scope. We all know that hospitals are very dangerous places. I am not sure whether these figures are accurate because, if they are, they are absolutely astounding. I understand that approximately 10 000 deaths and 200 000 adverse events occur in hospitals because of stuff-ups. If that were the case, you would really need to consider whether you would go to hospital if you were sick; unfortunately, people do. A close relative of mine is in hospital at the moment, and this has prompted my need to speak on this bill.

I am concerned about the scope of the bill. The definition of 'community services' includes services for the provision of emergency relief. Does that include the Salvation Army or a service for the relief of poverty or social disadvantage? Will my Rotary Club be scrutinised? Will it suffer a \$5 000 fine if it does not produce documentation within a matter of days? This concerns me. However, I support the need for closer scrutiny of the medical profession and its obligation to release information if adverse events or deaths occur. The recent *legionella* case and the reports of super bugs highlight the need for public openness and awareness.

Under current legislation, the ombudsman's office tries to assist. At the moment I have a constituent who has been trying to retrieve records of an adverse event but, at this stage, the ombudsman's office is unable to assist with any further information. This lady had a hysterectomy and, according to her report, the surgeon was in a hurry to catch a plane to go on holiday. He perforated her bladder, and she ended up with acute peritonitis. That was 15 years ago, and she is still having problems today. Trying to get her medical records released to have the case investigated has been an absolute nightmare for this lady. So, to have recourse to a specific office may be of some benefit, or it may be necessary to revisit the scope of the powers of the current ombudsman's office. It is important that there be an avenue for complaint.

I am considering the Veterinary Practices Act, which will come before this place shortly. Certainly, the Veterinary Surgeons Board's mechanism of dealing with complaints works well, although it requires some legislative tightening, which should be achieved by the new legislation. Does the Health Ombudsman replace the medical tribunal or the chiropractor or physiotherapy tribunals and boards? Will he be the sole source of complaint? If that were the case, I am sure that the Medical Board and the chiropractor, physiotherapy and other allied medical boards would be relieved of some of their duties.

The new ombudsman will take on an onerous task, so he or she will need to have quite a large budget at their disposal to cope with the plethora of complaints that I am sure will be received. We know that many of them will be vexatious, and I hope that the expertise is available to assist this new officer to get rid of such complaints. My information is that 90 per cent of complaints before any of the medical or veterinary boards are not so much vexatious as communication breakdowns, misunderstandings or misapprehensions. It is very important that public expectations are not raised to such a level that they are unrealistic.

It is also very important that, if this bill is successful, we do not have any collateral damage and that the Salvation Army, Rotary clubs, Lions clubs, Meals on Wheels and all the other community bodies do not get caught up in a net. This government claims to be socially inclusive, and I am sure that it does not wish for that to happen and that it will be

more than happy to consider the amendments that the opposition puts up.

Ms RANKINE (Wright): I start by congratulating our minister on once again introducing this legislation. As we have heard, this is legislation that the Labor government promised at the last election. It has a very long history and is testament to the determination and commitment of both the minister, this government and previous Labor governments. It is sad that the Liberal opposition does not have quite such an illustrious history in relation to our health consumers and service recipients. They did all they could to circumvent this much-needed initiative.

People have the right to have confidence in our services, and in our health services in particular; they have the right to information; they have the right to be able to make inquiries or lodge complaints; and they have the right to know that a complaint or concern will be effectively, appropriately and compassionately investigated and responded to.

This bill is about accountability and transparency, and none of our health services or service providers should be concerned in any way. This is about high quality service provision and protection of both the service providers and the service recipients.

More often than not, people do not want to cause suffering or problems for those providing the services, whether they are private hospitals or doctors, or whether they are providing some form of community service. They simply want to ensure that their concerns are acknowledged and righted. They want to ensure that the same mistakes do not continue to happen time and again.

The Hon. P.F. Conlon: We want new mistakes.

Ms RANKINE: That is right. 'We want new mistakes,' says the member for Elder. This is just simply about ensuring that services are appropriate, and the focus of this legislation is about resolution and consensus. I have brought a number of issues before this house time and again about problems within our health service, for example, and the difficulty in having those issues resolved.

One issue came to my attention in October 1999, when a constituent of mine who was suffering cancer was treated and left on a mattress at the Modbury Hospital where, after some days, he died. This obviously caused his wife considerable concern. It was not until March 2001 that his widow received acknowledgment of her concerns and an apology from the hospital. I had raised this issue in parliament and had tried to get information from the hospital through FOI applications and a whole range of measures that were undertaken. When the Modbury Hospital acknowledged that that treatment was not particularly appropriate and wrote to Mrs Queenan, I stood in this house and congratulated it for doing that. I hope that with the establishment of a community health and services ombudsman that process would not take three years to resolve. Mrs Queenan did not want compensation—she never sought that. She wanted acknowledgment that the treatment her husband received was not appropriate and that the hospital would ensure that it did not occur again.

When I stood in this house and spoke about Modbury Hospital's apologising, it was the same day that the then Minister for Health, Dean Brown, spoke about introducing his legislation. It was interesting that just a couple of months later COTA issued one of its newsletters discussing the then Liberal government's health complaints bill. I thought it worth reading into *Hansard* some of its comments about the then government's bill. It started off by saying:

For many years COTA, along with other community organisations, has been pressing the state government to establish a strong, effective and independent health complaints system covering the whole health sector. All other states and territories have already set this up.

This is just another example of where under the previous Liberal government we were just left to tail behind the rest of the states rather than be leading. The newsletter continues:

On 29 March the state government finally introduced a health complaints bill into parliament. An earlier draft of the bill had been circulated during the Christmas holiday period. The government received a lot of submissions in response to the draft, but there was no opportunity for public discussion and debate.

Is that not consistent with the way that government operated? It continues:

COTA had a good many concerns with the draft bill and presented these in a detailed submission. The bill now in parliament addresses a few of these concerns but leaves many unanswered, and in other respects is worse than the draft.

That is an amazing indictment from a very reputable organisation. It is particularly interesting that the former minister for health has been running around, as the minister said today, stirring up a whole lot of anxiety in the community about a range of health issues. A presentation and discussion seminar on this bill was organised by the Australian Institute of Administrative Law on 9 April. The newsletter continues:

Guest speaker was the Northern Territory's Ombudsman and Health Complaints Commissioner, Peter Boyce. He pointed out that, despite many similar features to the SA bill, the Northern Territory's act included a much wider range of services and even covers volunteers. He emphasised that the complaints process introduced by the Northern Territory legislation had made matters fairer and more transparent than in the past because all complaints were now known to the Commissioner as well as to the registration boards and the Commissioner can now intervene at any time if not satisfied.

There is a spirit of cooperation in the relationship between the Commissioner and the registration boards, and sometimes the board and the Commissioner each look into parts of a complaint. Complaints can be made orally and people can be assisted in the production of a written version of the complaint.

To outline some of the problems COTA identified with the then minister's bill, it stated that there were so many difficulties in the bill that they were too numerous to cover in detail. However, a few of their key concerns were that the health complaints commissioner needs to have real power to pursue complaints and get them resolved and that the commissioner should not have to negotiate with other authorities or be subjected to the direction of the minister. It goes on to say:

COTA also thinks the bill should either include a charter of rights for users of health services or require that one be developed in the first 12 months. Instead, the bill provides for lots of different 'codes' to be developed by various health professions and services.

Like the Commonwealth Aged Care Complaints Scheme, COTA wanted a health complaints system that encouraged and was able to deal with verbal complaints, even anonymous ones. This bill allows for that. COTA said that any bill:

... should provide for people to be actively helped to assert their rights and make complaints. This bill requires complaints to be written and does not actively promote a 'complaints friendly' culture.

That is a really sad indictment. So, if you are an older person receiving a service and you have a concern or a complaint about that service, you could not sit down and talk to someone about that, you would have to make a formal written complaint. Ian Yates, the Executive Director of COTA, said:

Most consumers do not want litigation but a quick resolution of a bad episode and the reassurance that it will not happen again to other consumers.

That is absolutely what the general public want. They want to know that they can make a complaint, they can make it in the form that is appropriate to them—

The Hon. J.W. Weatherill interjecting:

Ms RANKINE: That's right, a bit of respect. They want to know that they will be listened to, taken account of and their concerns acted upon. Mr Yates said:

Main points that consumers wish to see in a complaints process are prompt, quick action; a user-friendly, accessible process; simple language; a resolution focused system; progress reports during the resolution process; a system which learns from its mistakes—

and that is very important—

and a clear understanding of what consumer rights and entitlements are.

The other very important aspect of this legislation is that people will now have the right to complain about and access information from private hospitals. I raised an issue in this house some time ago, and I will not go into detail about that instance because it is now being looked at by the Coroner. A very serious instance was brought to my attention of a person suffering food poisoning who was treated by two private hospitals in this city. The husband of the woman who became ill and subsequently died told me that he had tried to get the medical records from the two private institutions and was refused. I truly did not believe him until I wrote to those institutions on his behalf and was told that that documentation would not be released unless he had a court order. The man had paid for his wife to be treated at those two hospitals but he could not get her health records. As I said at the time, if you give your car to a mechanic, you can get a report when you pay the bill.

Mrs Redmond interjecting:

Ms RANKINE: Not their records—you get the record of your car. You get the record of what they have done to your car. The member for Heysen might not think that is a good idea but, if you are entitled to your medical records from a public hospital, where you can be treated free of charge, surely if you go into a private hospital for treatment, you should be entitled to your medical records. You should not then, having paid an arm and a leg, have to incur—

Mrs Redmond interjecting:

Ms RANKINE: In some cases that may well be the case. You should not then have to incur legal costs to get a court order to access your medical records. That is a damning indictment. That is a very important point in this legislation and it is one that is going to be rectified. It has taken considerable time to get this legislation into a position where it may be passed. It has quite a long history to this point and I congratulate the minister and hope that the opposition will get behind this much-needed initiative in South Australia.

Ms CHAPMAN (Bragg): The substantive debate on this matter is not something that I wish to traverse. I thank the Deputy Leader of the Opposition for outlining the significant amendments that are to be proposed and I regret to note that, in viewing the amendments presented by the government today, it appears that it is not the intention of the government to take those into account. The substantive issues have been presented as to how the government's bill will inadequately provide for, as well intentioned as they may be, the consumers of South Australia in this area, and I regret to note that they have failed to incorporate the Deputy Leader's sensible submissions in relation to those amendments. The matter that I wish to speak on briefly relates to how this bill may affect

another group of perhaps unintended 'beneficiaries' of this bill, and may be to their detriment.

As the house is aware, I undertake responsibility for education and children's services on behalf of the opposition and, accordingly, when considering the institutions and organisations within that area, it concerned me that independent schools may be inadvertently caught under this legislation. This was a matter that had been brought to the attention of the government, and I keenly looked at the amendments presented today in the hope that there might be some clarification of this issue. On my glance there is not, and in that case I proceed to make the following points.

The bill, I suggest, is likely to incorporate independent schools, including pre-school early learning centres, under the proposed definition of 'health service' and 'health service provider', even though these activities are clearly incidental to the activities of the school. They support the educational process rather than being the core service of the school.

Additionally, I suggest that the independent schools may also be covered by the definition of 'community service' for the provision of particular educational programs to indigenous students and students with disabilities. Students undertake community service as part of the formal school program. Students and staff visit aged care facilities, child-care centres and community organisations. This commitment needs to be free from the possibility of investigation by an ombudsman, I suggest. The Department of Education and Children's Services 'health support planning in schools, preschools and child-care services' provides a framework for the health management of their students. Indeed, it is the recommendation of the Association of Independent Schools of South Australia that the independent schools follow that same framework.

I wish to point out that the health support planning guidelines identify four categories of health management in schools, thus we are looking here at a guideline recommended to be implemented by independent schools that specifically covers the following:

1. First aid. This is as defined by the registered first aid training organisations and undertaken in line with the training they provide.
2. The control and prevention of the spread of infection and infestation. This encompasses public health practices as directed and defined by the Public and Environmental Health Act and the regulations and policies under that act.
3. Supervision for health-related safety. This encompasses record keeping, medication management, facilities and equipment issues, and education pathways inclusive of child and student health care needs.
4. Personal care. This encompasses the provision of personal hygiene support, continence care, oral eating and drinking support, and transfers and positioning.

The provision of these services is often expected by parents and is integral to the school, meaning 'duty of care' obligations to students and Disability Discrimination Act obligations. Therefore, it is of great concern that the activities of schools (as outlined) could be covered under the proposed bill, and in particular the definition of 'health service'. In particular, the assistance to some students with disabilities to enable them to attend school may be covered by the definition. Even physical education may be covered. The federal privacy commissioner believes that school records regarding physical education fall within the definition of health records. Then there is school counselling and career education services that could be covered by the proposed legislation.

Volunteers who assist teachers with school camps, work in the school canteen and assist teachers with reading programs could also be covered. Then, of course, there is the boarding facilities provided by some independent schools that could also be covered by the legislation. Some schools also employ a school nurse, and other staff are trained to administer first aid. If there was no provision for the accountability requirements of independent schools at all, then perhaps there would be some legitimate argument for that to be incorporated, but independent schools already have extensive accountability requirements, and further requirements as could be imposed by this legislation could lead to duplication and an increase in costs and the administrative burden.

The current accountability requirements include the non-government schools registration board requirements outlined in the Education Act 1972, schools accountability to parents through the contract of enrolment, liaison with the students' health care professionals, individual schools accountability arrangements to the school board, principal and so on, accountability to the school community, and of course the Disability Discrimination Act, the Child Protection Act and other commonwealth and state legislation. There is a very considerable and extensive provision for the accountability requirements of independent schools. It should also be pointed out that staff within independent schools are rarely health care workers, although they may provide some basic health care as an incidental part of their responsibility. Therefore, it is inappropriate that these incidental services should lead to a fundamental change to school accountability arrangements through the possible involvement of an ombudsman.

Given all that, this was a matter which was of concern to me, and accordingly I forwarded a copy of the Health and Community Services Complaints Bill to the association—that is, the Association of Independent Schools of SA—for its comment. Indeed, it appropriately took up this matter with the Minister for Health and corresponded with her to seek some reassurance. I refer to the minister's letter of 24 October 2002 in which she outlines her interpretation and says:

Let me offer you clear assurances that education services and education service providers, government or non-government, are not within the framework of the bill.

Health and community services are clearly defined in the bill and I draw your attention to these definitions.

These definitions do not include educational bodies such as your members.

On the face of it, that would be a very strong reassurance indeed to the association. Of course, that still does not identify how that is covered in the bill because of the lack of definition which I have outlined. But here is the concerning part. In her response to the association, the minister says in the penultimate paragraph:

Thus, should a school seek to offer a health or community service (as defined in the legislation)—

which we say is clearly within that definition and can be easily caught—

I can assure you and your members that if a complaint arises which may come to the attention of the HCS Ombudsman, it would be dealt with in a way that is fair, independent and balanced, and in a way that should seek a resolution if possible.

It was all very well for the minister to give what appears to be an ironclad guarantee that they will not be covered, but she then goes on to say, 'If you are caught in this definition, I want to assure you that you will be dealt with fairly, etc., in

the process of this new ombudsman's regime that is about to be implemented.'

This is not a reassurance. This is a qualification or, I suggest, a confirmation of the poor presentation of the definition in this bill, and if the minister were really serious about ensuring that this area of the education community is entitled to have that exclusion she would have specifically made that provision in the bill. But it is quite clear that this is an issue that has been thoroughly considered by those who can be affected. It is an issue that has been taken into account in their writing with concern to the minister, and it is an issue which the minister has blatantly ignored in properly ensuring that this area is not caught.

We have heard a number of comments about how it is not the government's intention inadvertently to capture all the examples that have been mentioned by the speakers. Here is yet another serious area of the education community which is likely to be affected by this and which is likely to be drawn into another framework and structure of accountability when they are already properly provided for, and when the parents and children affected by those services are adequately provided for in an accountability process. I have recorded my concerns about this matter. It seems that the minister will proceed irrespective, and so be it if they are caught.

Ms BREUER (Giles): First, as a member of parliament, let me say that health issues occupy a considerable amount of my time, as I deal with people who see me about various issues, complaints or problems with the health service. As members of parliament, very often we are able to help out in those circumstances, but very often it goes much further and there is very little we can do. It is important for me to say how much respect I have for our health and community services in South Australia. My experience in most cases has been that they are delivered in a very caring, respectful and professional manner.

This was really brought home to me last year when I spent considerable time caring for an elderly friend of mine who had an accident. As an old man of 83 years of age, he spent three months in the Whyalla Hospital. Initially I was visiting a couple of times a day, so I was able to see first-hand how our health system operates. I was most impressed. The Whyalla Hospital is an excellent facility. For many years it has served our community well. Over the years it has gone from approximately 160 beds to about 90 now, but it is still an excellent facility.

The CEO, Margaret Nihill, and Director of Nursing, Jim McMenemy, are always responsive to any issues that I raise. We meet on a regular basis. If I have an issue, I have only to lift the phone and ring one of them, and the matter is generally sorted out very quickly. They are happy to hear these things from me and to sort out any issues that may arise in the hospital.

I was very impressed by the care and commitment of the nurses and staff in the hospital. Often they work long hours, when shifts follow on from each other. Although they have to do this, they are always caring, respectful and very professional. I have never forgotten, when visiting this old friend of mine, watching two very difficult patients who were awaiting placement in an aged care facility. One patient regularly dropped his trousers. Another patient who regularly smoked could not understand why he was not allowed outside to smoke. The staff would give him make-out cigarettes to try to make him happy. I remember that on one occasion, in very flowery language, he told them where to stick their cigarette.

These two patients occupied considerable amounts of time, yet the nurses managed the rest of the ward and looking after the full-time needs of these particular patients until they were able to get alternative care. I am very impressed with our hospital system, our health system, and the way in which it operates, but things can go wrong.

I also experienced this while my old friend, Don, was in hospital. At one stage I became extremely frustrated. He had been in hospital for about four or five weeks and nothing seemed to be happening to him. I could not find out any information, partly because he had no close family. A couple of other people and I were caring for his wellbeing. However, officially we did not have power of attorney, we were not his guardians or anything else and I suppose that we could not receive very much information. It seemed to us that Don was in limbo. He was extremely ill, and on two or three occasions we thought that he was going to die. Nothing much seemed to be happening.

I was able to create a bit of a fuss about this. I let a few people know that I was not very happy about the situation, and I asked what on earth was happening. Suddenly things fell into place, I believe, because of who I was. Information was given out and, suddenly, things were happening in his case. I believe that I was able to get this sort of attention because of who I was. In some cases I feel that when old people are in hospital things are allowed to go on and maybe they slip through the system. I believe that this bill is very important as it relates to this area, because if relatives do find out at a later date that this has happened they have some sort of recourse.

Also, we would regularly roster friends to go to the hospital to feed Don because he was not capable of feeding himself. One day one of the nurses told us off quite sharply. She said that he could feed himself. We tried to point out to her that he could not feed himself at all. If you did not put the food in front of him or put the food into his mouth, the poor old man would starve. That was another instance, I think, of overwork. The staff was not able to see what was happening, but it did highlight to me that things can go wrong in hospitals. Indeed, the member for Morphett mentioned some figures that indicate that mistakes do happen in hospitals.

I believe that some studies have shown that 60 per cent of hospital deaths are caused by infection or by mistakes; so, things can go wrong. However, I think that a much bigger issue covered by this bill relates to doctors. Often doctors believe they are God. My colleague the member for West Torrens mentioned this. He said that the minister may not be too happy about the things he said, and perhaps she might feel the same about me, but I can also say what I think about doctors. Over the years I have had many dealings with doctors. I think that, in many cases, probably as a result of society's attitude, doctors do believe they are God, that they are infallible and that things do happen as a result.

If you try to investigate or try to get any sort of action nothing happens, because who is going to take them on? I was involved in a situation in the last couple of years where a country hospital employed a doctor who was virtually the sole doctor in the town. This doctor worked extremely long hours—ridiculous hours. In lots of ways he chose to do that but, being the sole doctor in a community of about 5 000 people, he was very much overworked. However, the situation had reached a stage where it was dangerous to his patients. He was actually visiting patients in hospital at two and three o'clock in the morning after working all day.

He regularly fell asleep during consultations. When he was talking to patients he would fall asleep. Someone tried to point out to him that he needed some assistance but he was not too keen on this. Luckily, we were able to get some action taken, and now the township can boast a couple of other doctors and the workload has lessened considerably. In this case this doctor, while he was very much loved by the community, took on too much responsibility and disasters could very easily have happened.

I want to point out the situations and problems that country patients often have with medical treatment. Of course, bigger communities such as Whyalla, Port Augusta, Port Pirie, Mount Gambier and Port Lincoln do have reasonable medical services because they are reasonably sized towns. However, they cannot do everything and they are not able to provide the services that are provided in metropolitan Adelaide. So for country patients, more issues are involved in the health system.

I get regular reports from patients who are sent to Adelaide for treatment with specialists or doctors. They come to Adelaide at considerable expense to themselves. When they get to Adelaide they get to see the doctor or specialist, who will take a cursory look at them and tell them to come back the next week when the situation will be looked at again. This is not possible for many of them. We have tried to get through to the system that it is important that they get treatment on the spot, but they still continue to be sent away in many cases.

The problem is that, while PATS is a good system for country patients, it has many drawbacks, one of which is that the person does not get accommodation reimbursement for the first night. For example, when people from Coober Pedy come to Adelaide, they have to get accommodation in hotels or motels overnight, but they do not get any reimbursement for the night away from home. They also do not get their fares paid upfront so they have to find the cost of the fare to Adelaide. It is a difficult scheme and, when they are told to come back next week, it is virtually impossible.

Sometimes inappropriate appointments are made, particularly for dental services. An appointment is made in Adelaide and they see the dentist in Adelaide; then they are told that they could have seen a local dentist so they are sent home to see the local dentist. That is another issue which we are following up. I know a woman who for two and a half years has been trying to get extensive dental treatment for cleft palate problems. She has been promised over and again that she would see this doctor or that doctor and he would do this or that. Nothing has happened for two and a half years. She is still waiting. She has not been able to get any response from the authorities about why this is happening and why she is being made to wait. It was only when we intervened that we were able to get some real action taken for her.

The member for West Torrens mentioned situations with doctors. Recently, I was perturbed to see reports of what is happening with medical services in the Mount Gambier area. Doctors have complained about the health administrators in that area, that they are inefficient and that they do not know what they are doing. I was angry about this situation because this seems to be happening with regularity throughout the state and, particularly in Whyalla, I am having this problem at the moment. We have had some major problems with some doctors and surgeons. Their response has been that it is the hospital's fault.

But we are talking about very tight budgets in these hospitals. They have to stick to their budgets. The doctors and

surgeons have been told to stick to budgets. Surgeons have been told to cut their hours and to stick within the regular hours provided by the hospital. They continually refuse to do this and keep booking in patients. One person was booking patients into theatre from 7.30 a.m. until 9 p.m. Theatre costs were blowing out completely. When the hospital asked him to stop, he got very angry.

A patient with bowel cancer was admitted for an operation one afternoon. The operation was scheduled for 1 p.m. Of course, he went in the previous night and had extensive preps for a bowel cancer operation. At 1 p.m. he was waiting to be taken into the theatre and at about 2 p.m. someone came along to ask whether he knew what had happened and why he was still waiting. They then told him that his operation had been cancelled and that the doctor would be along shortly to talk to him. The surgeon told him that they would not let him do the operation and asked whether he had private medical cover because he would do the operation in Adelaide in a couple of days.

Members can imagine this poor fellow with bowel cancer lying there and getting told his operation was cancelled because the hospital would not let the surgeon do it because they could not afford it. It was a dreadful situation for this patient. He was discharged and went home, although he had his operation a couple of days later. I was extremely angry about this. I contacted the hospital and found out that it was not the hospital but, rather, the surgeon who came up with this because he had been told to cut down his operating hours. This poor patient was the unfortunate victim. In this situation I believe doctors have overstepped the mark and are abusing the system. No-one is chasing them and telling them to stop. They often write letters blaming the health system, and I think they are putting us in an appalling situation.

Often when we have had major issues with the health system the registration boards have investigated complaints but the system has not been seen to be impartial. I believe this bill will resolve a lot of those problems. I think registration boards do a great job, but at times they are a bit precious. I have had considerable dealings with local health providers in my part of the state because we have an acute shortage of GPs and specialists, all sorts of medical practitioners, but particularly GPs.

I understand that part of the problem involves the fact that the registration boards will not look at overseas doctors whom we have tried to bring into the country and have put up all sorts of barriers. I am not talking about lowering medical standards. I have been involved in the employment industry and in training and education for many years, and I would never like to see standards lowered so that we bring in people who have got their degree out of a cornflakes packet, but sometimes registration boards are a bit precious about this.

This is a problem which I hope we might be able to alleviate because in many areas of South Australia the situation is becoming critical and we are not able to get enough doctors. Recently, a number of South African doctors have come into our part of the state. Their presence has solved all sorts of problems for us and they have been very well accepted by the community. We are very thankful for our South African doctors, a lot of whom have come here through the university campus in Whyalla and the School of Regional and Rural Health.

If this bill passes and we get an ombudsman, a lot of doubt about impartiality, etc. will be dispelled. In investigations people will not be able to be accused of covering up, and I

think the system itself will be much safer because if you have nothing to hide you really do not have anything to worry about. Volunteers should not have any worries, because if they are not doing anything wrong they will be protected by the ombudsman. They should never be deterred from doing that sort of work because they think the ombudsman might find them. I am not quite sure what the member for Bragg was on about today. I thought we were talking about a health bill, but I really could not understand some of the comparisons that she was making.

An honourable member interjecting:

Ms BREUER: Yes, I think she had it wrong again. This bill has been long-awaited and its history has been discussed on many occasions. A lot of work has been done on this bill, and I think consumers will be well protected and that it will restore some faith in justice, because the only alternative for many people who have complaints about the health system is to go through a lengthy court process. Not only would that add to the trauma of what is happening to them and their family but they would not be able to afford the lawyers' fees, so they will not be able to take the risk of taking on doctors and hospitals and possibly losing the case. I commend the bill, I am very happy with it, and I congratulate the minister on finally getting this legislation before us.

Mr VENNING (Schubert): I will not speak very long on this issue but, as has been said, health is a very important issue for all MPs in this parliament. I want to speak on this measure today because probably the greatest need in my electorate at this moment is for a new hospital complex, particularly for the Barossa. We have some very good hospitals and they provide brilliant services, but when I consider the state of the hospitals, particularly Angaston, it is an absolute disgrace that people are expected to provide an accredited service (which it is) in facilities as old and decayed as those facilities which have had no real money spent on them for years because it has been seen as a waste to spend good money on an old facility. It is a credit to those who work in it. The minister has been there a couple of times, and I pay tribute to her for that—the most recent time was to present the accreditation. When you walk through the different levels of the hospital, through all the decaying areas, particularly in the cooking and associated areas, I am amazed that it is still like it is and that it has not raised the ire of public health authorities before this. I fear that an incident could happen—and I am sure that one will happen—unless something is done about this.

I was pleased to be sitting as a member of the Public Works Committee last week, when we had an all day sitting. The DHS people gave evidence and we considered how we, as the Public Works Committee, would discuss future projects that DHS is likely to put to us. It was a general meeting, just sort of feeling the way as to how public works could better facilitate the system, and it was generally good all around. I was fascinated to see a graph that showed the age of hospitals in South Australia, and how directly proportionate the standard of health care is in relation to the age of those hospitals. I asked whether hospital names could be included on the graph, because I knew where Angaston was going to be—in fact, I reckon it was off the graph.

The worst column on the graph was in respect of those 50 years old. There was nothing older than 50 years. I remind the minister (and she knows this) that Angaston is a lot older than 50 years. I note that the leader of the delegation (and I will not name him because, no doubt, the minister will know,

anyway) certainly picked my line of questioning, and he said that he would provide the names of the hospitals. I said that I did not think that there would be too many worse health facilities in relation to the physical building and the facilities than is the case with Angaston, and he agreed. I did raise the question rather pertinently, and he agreed that they would, hopefully, look at some way in the future of getting the thing off the ground, whether it be via a public-private partnership or whatever. I say to the minister: I do not care how you get it there. You will get my full support as long as we can provide a new facility, because the pressure is really mounting. Also, with respect to the aged care side of it—

The Hon. L. Stevens: Your full support?

Mr VENNING: That is right. The pressure is mounting in respect of the aged care sector because, as you know, sir, the Barossa is going through a real boom period. We had thousands of people in the Barossa on the weekend—there were 9 500 at one concert. How could a health facility like this deal with a tragedy that could happen at a huge public gathering such as we had at the Sir Cliff Richard concert—which was a fantastic success, as you would expect in the Barossa?

I note that the Minister for Tourism is in the chamber. The minister should never consider cutting the tourism dollar, because if you spend a dollar in the Barossa I am sure that the Barossa will give you back 10. The minister knows that. I am a bit cautious about the budget cuts, and I am watching that very carefully.

We certainly are very aware of the health facilities in the Barossa, and I pay the highest tribute to the doctors, the nurses and the aides who work in all hospitals, in particular the two hospitals in the Barossa—the Angaston and the Tanunda hospitals. I think that the Tanunda Hospital has a life after a rebuild but, certainly, the Angaston Hospital does not. I pay the highest tribute to these people, because they deliver great service in a facility that can only be described as aged, decayed and almost to the point of being dysfunctional. The minister knows that, and we all know that. But all politics aside, when it comes to priorities, this has to be of the highest priority.

I know that, in the last year of the previous Liberal government, minister Brown brought a bill to the house, but it was never proceeded with because of the election. This bill is similar to, but different from, that bill. I welcome parts of this bill, particularly in relation to the opening up of a complaints channel because, without being too personal, I have an older sister who is both a very highly trained medical person and a lawyer. She always said to me that this was the area of greatest difficulty—the medical advocate and the legal side of it. This is a reasonable attempt to open up this area and provide a channel for complaints. It clarifies where this medical ombudsman comes in—without casting any aspersions on the current ombudsman who does this work—under the minister and, therefore, under this parliament. That is a good move.

I also welcome the definition of ‘volunteer’, because so many volunteers are involved in this. That starts with the volunteers of St John, who are very much involved with our hospitals, because in country areas usually a St John ambulance or a volunteer team picks up the patient from the football or whatever. This area still has not been quite clarified, and hopefully the minister will do that. Of course, we have others involved with Meals on Wheels in Angaston. Given the state of the kitchen there, I am very pleased that this measure means that they will not be held responsible.

Also implicated are all the other volunteers, including those involved in the Rotary, Lions and Apex clubs who do a lot of work.

I will not go any further. There is no sense in delaying the debate, because we will see how we go with the amendments. I say to the minister that I will support the general tenor of this bill, and I will support the second reading. However, I qualify that heavily by saying that we should see what we can do with these amendments before we get to the third reading. I will sit back and listen with interest to the debate. This is a very important bill, and I congratulate the government and minister for introducing it, because it is generally the correct and right thing to do.

Mrs MAYWALD (Chaffey): I rise to support the initiative that has led to the introduction of the Health and Community Services Complaints Bill. It has been a lengthy process and a long time in the making. I was first aware of this initiative through the now minister when she was the opposition spokesperson on health. I had cause to spend a lot of time with the minister in going through that bill and what she was hoping to achieve. Also at that time I had many meetings with the government and minister of the day in respect of where they wanted to see it go.

The debate on the original opposition bill was delayed some time while the government decided how it would handle it. The government then introduced a bill which was somewhat different from the opposition’s bill, and I found that process somewhat frustrating. Both sides agreed that something needed to be done, but both wanted to do it and both had different ideas on where it should come from. Being the meat in the sandwich, as we often are on the crossbenches, the present Minister for Local Government, Trade and Regional Development and Minister Assisting the Minister for Federal-State Relations (Hon. Rory McEwen) and I asked both the opposition and the government to join us in a round table discussion about where they were going and where we might be able to support initiatives from both sides.

We had one meeting and the discussion was lively. A number of issues were laid on the table, where there were going to be philosophical points of difference. However, there were a lot of areas in which we could have moved forward. Unfortunately (or fortunately, depending on which side you look at it, I suppose), the election was held, and now the new government has introduced a new bill. The new opposition has introduced a whole raft of amendments, and the new government has introduced a raft of amendments as well, having sat down with all parties again. I thank the minister for continuing with that process, because it certainly makes it much easier for those of us who do not have access to resources for researching these kinds of things. Given the number of amendments put forward by both sides of the house, it is much easier to have everyone in the one room to discuss where they are coming from.

The new government has now discussed a number of the issues that I, other members and the opposition have had in respect of the bill. We have come to agreement on several, and a couple of outstanding issues still remain. It will be interesting to see how the debate goes during the course of the committee stage.

I congratulate the minister on the way in which she has handled this matter. It is a very difficult process when so many issues are involved, so many amendments that need to be discussed and so many different positions that can be taken in supporting the same initiative. I always say to people in my

electorate that, for every person who comes into my office with a good idea, 25 people follow who say why it is not. I think that this is the case with this bill: a lot of people have had different ideas on how it should operate. I support strongly the establishment of the Health and Community Services ombudsman, and I look forward to the debate in committee.

Mr RAU (Enfield): I rise to support this bill. It is very encouraging to see this legislation coming before the parliament. Everyone who has spoken on the measure thinks that it is a step in the right direction. However, I highlight this very important aspect. In my professional life, I have dealt with a number of people who have been aggrieved, or feel themselves to have been aggrieved, by medical practitioners or medical practices. People often see solicitors and say, 'We had this problem. We went to the hospital, and we had an outcome we didn't expect or didn't want, or didn't anticipate was possible.' Very soon, they are into the litigation process.

That is not the fault of the legal system. As other speakers have said today, it is often because it has been impossible for these people to get into a room with the individuals who were responsible for their problem and have an opportunity, first, to tell them their concerns and, secondly, to hear an explanation and, where appropriate, receive an apology.

It is important that we remember that in the first batch of legislation which went through this parliament last year relating to the so-called insurance crisis we had an important section which provided that the mere fact of an apology provided by a tortfeasor should not be taken as an admission of liability and used against that person in subsequent litigation. Consistent with that, this legislation actually encourages the conciliation of problems.

I believe that taking this step and introducing this bill will do more to deal with the so-called insurance crisis (which, in my opinion, is a load of baloney). The real problem with this so-called insurance crisis is not that the law needs to be changed to provide that people injured by criminally negligent people should not be able to recover their rights. We should be doing something constructive in line with this measure.

I applaud the minister for introducing this legislation. As a result, people who have problems will not, as a first resort, go to their lawyers; will not, as a first resort, issue summonses; and will not, as a first resort, get themselves onto the flypaper that is litigation. Perhaps they will start by approaching the ombudsman and saying, 'I have this problem. I would like you to look into it.'

The ombudsman will have access to material that is relevant to that problem and will be able to investigate it. The ombudsman will be able to give these people a sense of validity, that their problem is not a load of nonsense but is, in fact, a real concern. They will be able to arrange for the problem to be examined in an unthreatening environment where, in many cases, the outcome will be that they are satisfied. These people who are coming forward with complaints about medical practitioners or medical practices are, after all, just human beings. They want to be recognised as a person in their own right, a person who has some dignity and a person who has a right to be treated with respect. That is precisely what this legislation will achieve.

I would go so far as to urge the minister to speak to her colleagues, in particular to those who have been presented with the Ipp report, which recommends a series of second wave, if I can call it that, legislation to amend laws in relation to negligence and so on. I implore the minister to go forth and

speaking to her colleagues, wave her excellent bill in front of them and tell them that this is the way to solve the problem, particularly when dealing with medical issues. This is the way to solve the problem, not by draconian amendments to laws making injured people responsible for their own injuries in the circumstance of gross negligence or stupidity on the part of somebody else making them an invalid. You do not blame the victim.

The Ipp report and many of the recommendations in it are, in my opinion, a disgrace; unlike this bill, which is a model piece of legislation. As I said, it should be the subject of a discussion between the minister and her colleagues, and the minister can proudly take this legislation to them and say, 'If you think there are problems in the insurance area, do not take away people's rights.' Do not make people victims more than they already are. Give them a vehicle to conciliate their problems. Give them an opportunity to face those who have caused them a problem. Get the people who have caused the problem to sit in a room and show a bit of backbone and face the people whom they have injured and make a proper and sincere apology. That is the way forward.

I cannot say often enough that this is an approach which should be used not only in the area of medical negligence. The minister might be aware that the Ipp report recommends in relation to negligence that a panel of expert doctors be selected to say what is appropriate practice within their field. The amazing thing about doctors, particularly in some of the specialities, is that they operate in a club. Sometimes, medical students who want to become specialists in a particular field have to leave South Australia, even Australia, in order to get qualifications in plastic surgery or neurosurgery or something else because they are not mates with the people who are in the club. And when they come back to Adelaide and they have to be admitted to the college because they have the qualifications, what happens? They come back from the United States or Europe with the latest techniques and most recent information about medical practice. They are innovators trying to keep up with the latest developments in science. What happens? The club is doing it the old way. The club encourages people to do it the old way because that is the way they have always done it. The people who will be judged by the club will probably find themselves in a position where the club says they are not up to it and they are not doing it the right way. They are at risk under this new test proposed by Ipp. What a silly proposal!

Contrast that with this bill. Commonsense oozes from every sentence. This is the way forward. We should be looking at this not just in terms of the health and community services area; we should be looking at all professional services where people have legitimate complaints about accountants or anybody else. This is the way forward. Conciliate, talk, apologise, treat the people with dignity and get on with a solution. That is the solution to these problems, not finding ways to amend the law so that the insurance industry is protected from its own stupidity, which is basically what we are looking at here.

I have an example to give concerning a member of my family, whom I will not identify and who is now departed, who went into hospital to have a tonsillectomy. When he woke up he was extremely uncomfortable because he had been circumcised. His wife was happy about it because she had adjusted the form because she thought it would be a nice addition to their arrangements. But the fact is that he was a very distressed man and all his visitors would ask, 'How is your throat feeling?' and he would say, 'My throat is all right,

but have a look at this', and other things would be shown. At the end of the day, if we had this sort of thing in place at the time this now departed member of my family went through this very traumatic experience—and I do not know whether their relationship ever got back on a completely even keel, although it did last for many years thereafter, so one assumes that ultimately they got over it—he would have been able to go the ombudsman and say, 'I went in for a tonsillectomy; I came out circumcised and with a tonsillectomy—I got more than I asked for—can you investigate it?' I assure you that you would not have tried to sue the person for that because the inquiries ultimately would have revealed that it was what his wife thought was a helpful suggestion in adding something on to the form.

The point I try to make is that many mistakes go on that can, but should never, wind up in litigation. The simple answer to the problem is this farsighted, constructive approach, which talks about bringing people together, getting them in a room, having a talk about the problem, and not taking away people's rights but giving them the right to have access to the information they need so they can understand what has happened, giving them the right to face the person who has caused the damage they are complaining of, and giving them the right to hear the explanation. It may be that when they hear it that they come to the conclusion that there was no way they could not have had this outcome.

Many of these outcomes in medical practice are not clear. Any medical procedure has a degree of risk associated with it and there are always some possibilities. If individuals are properly consulted about these things through a process such as this, ultimately they may say, 'I am not happy with the outcome, but I understand the doctor did their best and this was a possibility they could not reasonably have been expected to avoid; I accept that and move on.'

Not all my relatives have illnesses, but I had another relative who had a relatively minor problem where they needed an operation in their bowel. In the process muscles were cut and this person has serious ongoing problems. This person decided not to sue, but they would have loved the opportunity to face the person who did it and get them to explain why they were going to have these problems for the rest of their life and be faced with these difficulties. It would have been a great comfort to them that they had a moment where everyone got in a room, there was a resolution of the problem, it was brought to a head, people got as far as they could on the subject and they moved on. This is what this is all about. I know I risk being accused of being a broken record, but I come back to Ipp again. My goodness, is it not nice to see constructive, progressive measures such as this that deal with people's problems, give them something they can really use and give them peace of mind, because at least they have had their day facing the person who has caused the trouble.

The Hon. S.W. KEY (Minister for Social Justice): It is very important that there be a contribution from all of us in this place on this matter because as members of the House of Assembly I am sure all members here would be well acquainted with members receiving constituent complaints that range from maltreatment through the different health and community services areas through to issues that need some process and policy to take up. If you have a complaint or grievance in the community services area at the moment, although you can go to your local member and get some satisfaction through the state, federal or local government

procedures, there is no compunction or emphasis on the fact that some sort of solution needs to be found. In many cases, going through a grievance procedure is as much as the constituent really wants. They want to be listened to, they want to have the opportunity, where possible, to have their grievance followed through to the point where they are believed, and maybe in some cases there is mediation and perhaps a solution.

This bill is important because there needs to be a uniform and consistent approach rather than the haphazard approach that people in the community have had to put up with in the past in both health and community services. One of the other reasons that we need to have this initiative is that health and community services are connected and there are a lot of interface issues. Care in one area may be taken up in another area. For example, the interface between health, ageing and disability services happens all the time.

As the Minister for Social Justice, I am often presented with complaints and issues that deal with a whole lot of the portfolios that I am responsible for and also connect with the portfolio areas, including mental health, for which the Minister for Health is responsible. There is a big connection between the accommodation and community service areas that I am responsible for and the mental health area, and that is something that minister Stevens and I are working on to ensure that not only is there a well-rounded service that supports people but also a process of dealing with issues that arise.

The other thing that we need to consider is that South Australia is really behind the eight ball as far as providing services and complaint mechanisms. All the other states in Australia have a mechanism for making complaints, both in the private and the public sectors, with regard to community and health services. So it seems reasonable that this state should make sure that there is better access for South Australians with regard to their rights under the systems and services that are provided and access to a mechanism to hear their issues and complaints.

There has been a lot of discussion in the community about this long-awaited initiative. I know that, when she was shadow minister, the Minister for Health held extensive meetings and consultations with people to make sure that the views of the community were taken into consideration. As members in this house know, Labor held over 150 Labor Listens meetings. Not only did we listen but now we are trying to put into practice the information that we received from the community. At many of those Labor Listens forums, certainly the ones that I attended, one of the focus areas was the lack of mechanism or process for dealing with some of the complaints that people had with public services, in particular, but also services that were provided by the community sector.

One of the things that has surprised me as Minister for Social Justice is how many of the services that were previously part of the state public sector have been contracted out or devolved into the community sector. As the minister with major responsibility for the community services area, I find that the departments for which I am responsible have a relationship with at least 750 community organisations. So, it is particularly important that, if we are talking about rights and responsibilities and also a process of dealing with grievances and complaints, the not-for-profit, non-government, charitable and for-profit community organisations are covered under the umbrella of health and community services.

Members would be well aware of the work of the ombudsman. I know a number of issues that the ombudsman has responsibility for and, assuming that the health and community services complaints process is put in place, the health and community services ombudsman will work very closely with the existing ombudsman and other people who take complaints.

It can only enhance the ability of the community to try to have some of their grievances satisfied but also, as the previous speaker (the member for Enfield) has said, to have an opportunity to seek some justice for any problems they may have had with that service. I do not have as good a story to tell as the graphic and awful things that happened to the member for Enfield's family, but a number of the concerns that constituents who come into the Ashford office have raised with me are equally bad. Most of those issues have had nowhere to go. I have certainly taken up their complaints, particularly when they have related to the public sector. Quite often in the private sector, despite the fact that there is a private health ombudsman, these issues have not gone very far and there have been no grounds to take up the complaints that have been raised with me.

I note, however, that some initiatives have been taken by hospitals, in particular, and health centres about having a grievance process. You can actually make a complaint and it is followed through, but to actually have a legal process

that backs up a grievance procedure and a complaints procedure will make the applicant more powerful, and there will be some obligation to try to seek some sort of mediation or resolution for that person. The community services area, as I said, is quite a complex one and it will be important for the sector, once the legislation is promulgated, that we sit down and talk about how we might assist people to make complaints about service providers, both in the public and private sectors, and to make sure that there is not only mediation and support but perhaps some solutions which mean that the issue moves forward rather than backwards.

An example I cite is the sort of conciliation that has occurred for many years in the industrial relations system through the Industrial Commission, and the sort of mediation that has happened through the Equal Opportunity Commission. This bill offers those sorts of solutions and finality for people who have difficulty either with health or community services.

The Hon. L. STEVENS secured the adjournment of the debate.

ADJOURNMENT

At 6 p.m. the house adjourned until Tuesday 18 February at 2 p.m.