

**HOUSE OF ASSEMBLY****Tuesday 23 October 2007**

**The SPEAKER (Hon. J.J. Snelling)** took the chair at 11:00 and read prayers.

**HEALTH CARE BILL**

Adjourned debate on second reading.

(Continued from 27 September 2007. Page 983.)

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (11:01):** This bill was introduced by the Minister for Health on 27 September 2007. On behalf of the opposition, I thank ministerial staff and departmental officers for the two briefings (15 and 22 October) that were provided on this bill. It is fair to say that the bill has been under discussion in the broader community (although we will have some comment to make on the consultation process) over a sustained period—effectively, over the last two years. The government issued a draft bill on 1 August 2007 to a wide range of stakeholders, members of parliament and boards, seeking their comments by 10 August 2007.

There has been some variation from the draft bill, leading to the bill that has now been introduced for our consideration. Generally, this measure introduces reforms to the governance and administration of hospitals and health services and, in particular, provides for the abolition of hospital unit boards and the introduction of centralised decision-making. It also brings the ambulance services in South Australia under the direct responsibility of the Minister for Health. Ambulance services in South Australia have historically sat with health; they have operated under emergency services as well and have then been brought back under health, and are now being legislatively restructured, with certain new parameters, under this bill.

Specifically, the bill will provide for the administration of hospitals and health services under a new structure, which will be detailed. The bill will establish a health performance council as essentially the new consumer voice. The council will establish health advisory councils to replace, in certain circumstances, although not directly replicate the unit boards that operate across the state. It is to provide for the licensing of ambulance services and the licensing systems for our private hospitals. The bill proposes to effect this change and comprehensive review of governance, at least of the public health sector, by repealing the Ambulance Services Act 1992, the Hospital Act 1934 and the SA Health Commission Act 1976.

The opposition opposes this bill. That opposition is comprehensive and without dissent. I will present to the parliament a number of reasons why the opposition opposes this bill. It is fair to say that there are five important points. First, the governance reform in this bill has been highly selectively cherry picked from the Generational Health Review. Whilst aspects of it are consistent with Mr Menadue's report, there are glaring omissions from the governance structure proposed in this bill. Secondly, the opposition utterly opposes the centralised employment of some 25,000 employees of the Department of Health and its regional offices and the services that it provides in the community.

Thirdly, the opposition says that the removal of hospital boards, particularly in the absence of a regional structure, fails to recognise the value of what these boards have done over the past 160 years of this state's history (during which time there has been significant public health administration) and the contribution they make; and the bill also introduces a regime under which the minister has the ultimate power to dispose of these boards by referring to them subsequently as health advisory councils (HACs) without their consent. Fourthly, health advisory councils will have no effective influence; they will be a voice only. These hospital boards, as a group, historically have been an important advocate for communities and consumers, but health advisory councils will be a voice with no influence.

Finally, the bill deals only partly with the governance of health. It proposes to change comprehensively the governance arrangements for the public hospital and health sector, but it simply translates the licensing provision for the private hospitals in South Australia from the previous legislation. The minister says, 'We will review that and fix it up later.' This is consistent with this government's piecemeal approach to a myriad of legislation; it is not acceptable in health as it has not been acceptable in education reform, planning reform and local government reform. It is not acceptable that the government says that it is necessary to do a review of health after 30 years of the current legislation (I refer, in particular, to the South Australian Health Commission Act) and only do half of it. That is not acceptable to the opposition. We need to see the full

disclosure on the table about what is going to happen. Our private hospitals do not deserve to be tacked on with a proviso that says; 'We will review you'—which we need to do—but we will do it later.'

Finally, I would say that I will have a significant amount to say about the Health Performance Council which has been proposed by the government and which has a structure within this proposed legislation. I think it is fair to say that the opposition would see it at first blush as being an important initiative if you are going to have any voice for consumers and any capacity for patients, consumers, their families and the local communities to have some genuine access to it and a reporting and accountability process to parliament.

At first blush, that looks pretty good. I propose to outline to the parliament my concerns, however, about what we are about to receive in this bill and what will be a welded-on attachment to the Education Department and about the minister, with the Independents, trying to suggest that someone can vote independently if they are a member of the ALP caucus and have a say, but they cannot ultimately go against caucus rules. That is how independent it is, and I will have a bit to say about the Health Performance Council in that regard.

I have indicated a summary of the effect of the bill in relation to governance reform, but I will briefly refer to the minister's contribution on the question of: where we are going in governance reform and why, what is the justification and rationale for this approach, and what is the single area of reform that is actually being proposed. The minister pointed out that, as a state, we have a very good public health system, staffed by very committed health professionals and administrative staff.

He says, however, that it is important, if we are to provide safe and effective health services for the future, that we review legislation that has now been over 30 years in operation. The minister says that it is legislation which was developed over 30 years ago and which is now in need of major reform that is necessary to respond to contemporary and future demands. I am not quite sure whether that means that if you have got legislation that is 30 years old or more that that is in itself a ground for reform, but I think he does qualify that down the track.

I would have to say that if the government is relying on legislative review and reform because legislation is 30 years old, then I cannot wait to receive the complete review of the Education Act which, of course, has been sitting there since 1972, which had been comprehensively investigated by a previous government and parliament prior to 2001 and the review of which still has not seen the light of day. Nevertheless, the minister goes on to tell us that there are significant challenges to the health system which, as he says, 'make it increasingly difficult for the public health system to meet the demands in a cost-effective and equitable way unless reforms to the health system are instituted'. He then goes on to say that some of these pressures and trends are recorded and reported upon in the Generational Health Review report, of which Mr John Menadue was the author and which I will refer to shortly.

The minister claims in his second reading speech that, 'It'—meaning the Generational Health Review report—'clearly identified fragmentation and duplication of planning, funding and governance arrangements as major inhibitors to the development of a coordinated health system, and a systematic approach to improvements in health outcomes for South Australia.' He then points out that this bill does represent the opportunity for the house to be able to make fundamental reforms on governance arrangements. He says:

Without these reforms South Australia risks having a public health system that is incapable of meeting the challenges identified in the GHR report and by other national and international bodies to provide a more sustainable public health system with better and more equitable outcomes for its population.

He goes on to say that, to effect greater coordination, less fragmentation and the reduction of unnecessary duplication, it has been clearly identified by the GHR that there are barriers to that. To address those he says:

The Health Care Bill will enable the Chief Executive of the Department of Health to have the overall responsibility and greater control over services provided by the public health system. This will enable the public health system to have a much better capacity to act as a coordinated, strategic and integrated system.

He then goes on to say that, with some qualification, the chief executive is responsible to the minister, with neither the minister nor the chief executive being able to give a direction in respect of clinical treatment of a particular person. With that qualification, he says to the parliament in his contribution that it is necessary to vest and centralise this power to the chief executive, overseen by him as the minister, to effect these changes. He also goes on to talk about the objectives (which I will refer to in some detail later) and dealing with a population focus and a primary health focus,

which I do not have much issue with. However, I want to go back to the governance aspect and what the Generational Health Review really says.

The Generational Health Review, identified as Better Choices, Better Health; Final Report of the South Australian Generational Health Review, published in April 2003, was presented and announced by the Hon. Lea Stevens, the former minister for health, after the review committee had been appointed in May 2002, chaired by Mr John Menadue, as I have previously said. Intending no disrespect to him, I should recognise that it is Mr John Menadue AO. There were some additional documents and reports with important data and, I suppose, a statistical snapshot of South Australia's health, which was largely prepared from national ABS and state data and reports.

I think it is fair to say that it presented the need for a change in the way we delivered health services if we were going to address two important things: one being the increasing demand and diminishing workforce of the future—and I will not go into the arguments about how valid they are, but that is essentially one aspect; and, secondly, the need to appreciate that, with current social circumstances, it was important that we start to have very clear, statistically-based population data underpinning any decisions to be made about future health. I do not take much issue with that because it is important.

I will be referring to what is being done in other states shortly, but there is no question that we have social factors of inequity which need to be addressed, and we have circumstances dealing with chronic disease, an ageing population and the like, which continually need to be addressed. They are not new—and I will provide some historical context of this to the parliament; they are not an invention of John Menadue; they are not a new groundbreaking news basis for the Premier; and they are not the justification for this bill. They are not new factors, but they are ones which I agree with Mr Menadue need to be addressed.

Mr Menadue indicates further that we need to look at aspects, including primary health focus, in our priority objectives. He says that there is a pressing need to deal with a number of these issues because, essentially, if not for social equity then for pragmatic cost reasons it is an issue which is currently usurping a very large proportion of our state finances and budget. I do not actually agree with everything Mr Menadue said on this. I notice that the information in his report is largely provided by the state government and the department, and fails to address the question of how much state and federal governments are actually spending on health relative to their total expenditure—and that shows a very different picture.

It certainly is not consistent with Treasurer Foley's public announcements that health pressure is the reason that he has delayed the budget. The cumbersome burden of having to meet requests for extra funding has now fallen upon the Treasurer, who has made excuses for not being able to meet those requests, and this has been the major driver in his announcements on taxation measures, with references to the rejection of refund ideas and applications for further projects in other jurisdictions of responsibility. According to the Treasurer, health is all consuming, and it is an issue about which information has been transferred to Mr Menadue—it is in his report—and, having received it, he says it is a very important aspect that needs to be considered. In relation to a population-based health governance consistent with the direction we take, with the objectives and with how that is to be implemented, Mr Menadue says:

The power to direct and control resources and health services lies principally at the ministerial level. However, to balance central control and direction and responsiveness to local communities, there is a need for a principal governing body with adequate authority and responsibility for promoting and managing health services for a defined geographical population.

The report does not say that, to effect this objective, all power has to vest in the chief executive and the minister: it does not say that there and it does not say it anywhere in this report. It does say:

Local community participation in health-care agencies and issues needs to be maintained and strengthened. It is important to recognise the continuing interest of local communities in assets that they have funded, and to support and encourage ongoing fundraising and contribution in kind.

Further, the health services:

will require the dissolution or incorporation of all health units and the integration of their management into regional health services.

Mr Menadue has made a very clear statement in the paper today when weighing in on the discussions held at a federal level about introducing local boards for the administration of direct capital funding to public hospitals—a proposal announced by the federal health minister. He states (and this supports the minister's position):

The key to reform in SA was getting rid of—

'was'—it has not even happened yet—

—the hospital boards—they maintain little fiefdoms, silos, they look after their own patch and resist integration.

I will have a bit to say about these hospital and health service boards and what they have done, what contribution they have made to the state, and what they have done to rationalise and regionalise health services, particularly over the last 30 years. In the meantime, John Menadue makes it perfectly clear in his report and in the paper again today that local boards are not the way to go. That is an endorsement of what the minister says. But he also makes a number of recommendations—and this is where the selective cherry-picking comes in with this whole notion of abolishing metropolitan and country health unit or regional boards. He states:

Legislation needs to make the system more accountable to the community with health system performance and decision-making more transparent and inclusive. The Generational Health Review understands that legislative amendment is a likely prerequisite to the formation of the recommended new country regions and the dissolution of the health units.

What has happened here is that the government has said, 'Great! Here's the endorsement. Get rid of those pesky little health boards; they are just a nuisance. All they do is provide us with advice and they are able to criticise.' They have absolute protection under the current legislation from the minister interfering with their assets, with their staff selection, or with their delivery of service.

Of course, they are bound by a whole lot of quality standards and other things, but there is direct protection in the current legislation providing that the minister shall not interfere with those three areas. And what is really important is that, although the minister has seen fit to introduce this legislation to get rid of these boards—which has the endorsement of Mr Menadue in his report—the bill fails at every level to actually provide what he also recommends; that is, regional structure for a voice and a capacity to remain directly involved. By that, I do not mean some performance council that is a welded-on attachment to him or his department or health advisory councils that he can dispose of if he does not like them. The minister needs to re-read this report and understand that the opposition will not participate in the restructure of governance with the extermination of one group on a recommendation in a report and yet patently ignore another.

If you are to have any understanding of how damaging it is to say, 'We'll introduce a new structure without both sides of the picture,' then all we have to do is look at the announcement of the health care plan in June. This is a new plan to cover us in terms of health services to be delivered in South Australia over the next 10 years. It has been openly and repeatedly criticised not just by members of the medical profession, but by consumers, patients, current employees of hospitals and health services, and the clinical, medical and nursing fraternity. We have a situation where the government has announced the plan, put it on the table and said, 'This is what's going to happen, and now we'll consult with you.'

If there was ever an example that should make members of the house patently aware of how unreliable a commitment by the government is to ensure that we maintain an involvement and consultation with stakeholders—clinicians, patients, family members of patients, local communities, and particularly those who are at risk of social inequity (whether they be people from the western suburbs of Adelaide or from remote townships in country South Australia)—this ought to be a sobering reminder that unless a commitment is in the legislation we cannot trust the government to honour it. And I will have a bit more to say about that later.

In his report, Mr Menadue refers to integrated community care services as being the new name for the medical services that will be provided in rural and regional areas. That concerns me because he says that they will still be a key support to primary care services in the regions. He talks about the networking that will take place across a range of locations from a single centre and indicates that they will include minor and elective procedures, chemotherapy, outpatient medical, surgical, high dependency, uncomplicated obstetrics and mental health assessment and treatment in conjunction with general practice. He says:

Integrated community care centres will, in the main, evolve from existing rural regional and metropolitan hospitals and each proposed region would have at least one facility that could be an integrated community care centre. These centres will require inpatient, day patient and diagnostic facilities to be on site.

If you are one of the lucky ones in the country—one of four—you have a chance of getting a good swag of these. However, God help you if you live a long way from any of these major centres of Port Lincoln, Whyalla, Berri (from recollection) and Mount Gambier—and I will come to the importance of those centres not just for country people. I want to make this point: it is very

important to provide medical and health services not just for the people who live in remote, regional and country areas of South Australia and who, I might add, comprise a third of the state's population. I think it is important for the parliament to appreciate that people who live in Unley, Burnside or Enfield travel to the country.

We have population on the move, especially grey nomads; people who have been inspired by the beautiful natural environment of the state are crisscrossing all over the state and country. We have highways and road access to every possible retreat, resort and place of respite you can think of. People are crisscrossing our state on our roads, and they need those health services. In fact, when we look at the network of health services across the state, we find that they are utilised not only by the people who live there but also by the people who travel back and forth as a tourist, a truck driver or as someone providing a service, such as the myriad of people in the Public Service who live in metropolitan Adelaide and who travel to and participate in the activities of regional areas as a result of their work obligations.

We have a mass of people out there who rely on and require these services. We already have some towns that are experiencing a summer invasion, whether they be small towns, such as Elliston on the West Coast, Streaky Bay, Venus Bay or Emu Bay on Kangaroo Island. They suddenly treble their population in the summer when people come to holiday, fish and so on. We also have areas such as Port Lincoln and Victor Harbor, which are attractive locations for spending weekends (and I do not mean any disrespect to those places I do not name) and which have a major transient population who utilise the services. Just ask any general practitioner in these towns how many fish hooks they have to take out of some child's finger during the summer period and you will have some idea of the increased level of service that is needed in coastal regional and rural towns.

Mr Menadue was quite clear in his recommendations that it was necessary also to make sure that services are provided at a local level. Thirdly, apart from making sure the services were available at that local level, he was very clear in his recommendations that it was important to include the people of South Australia who have an interest in or an alliance with this area. Obviously, he is talking about a cohort of patients, former patients, clinicians, hospital administrators, departmental advisers, universities and research teams—all the people who have an interest. Probably the biggest cohort, of course, are those people involved in the nursing and caring services.

I should mention so that it is clear that I am not attempting to exclude in any way those who provide allied health services. It was important that they be part of this, and I thought that was a very important statement in the Generational Health Review. The publication of the South Australian Health Plan and the cries of discontent and anger from people excluded from consultation beforehand ought, again, be a sobering reminder that the government has cherry-picked out of the Generational Health Review what suits it and simply ignored other important aspects.

Of course, the consequence of the South Australian Health Plan is that the government's announcement that it will transform a number of hospitals into general hospitals in the metropolitan area—and they are to be Noarlunga, the Repatriation General Hospital, the Queen Elizabeth Hospital and the Modbury Hospital—has produced an alarming level of concern at the community level. The minister will say, as his representatives have said at public meetings on this issue, 'Well, all change can sometimes be hard to swallow', and that is true. For some people, change that may be necessary or desirable will always be difficult.

However, when you have not been told about it, when you have not been invited to make a submission and you are told, for example, in the Modbury region, that you do not need to have obstetric and more than 24-hour care for paediatric services, these people feel very aggrieved. Publicly at their local government meetings they have expressed their disquiet and urged the government to review its position.

They say, 'That's not right. You might have grabbed some data which says that we are not producing as many children as Roxby Downs or somewhere else in the state, but our catchment area and farther afield is still producing 700 babies a year. We do want these services, we do use them, and we expect to continue to use them. Some children were born here, and we want to have more and we want to have them here. How dare you come and tell us what services we need because of some demographic which the government has plucked out'—and which they claim is not even accurate.

The government should have made a genuine attempt to say 'Well, look, we will look at the population aspect because John Menadue has told us that we should. We will assess that and we will go out to that community and say that we think they are all getting old, that they are shrivelling up and that they are starting to need chronic disease management. They will not have many more babies and those who do can slip across to a few other hospitals. We think that your demographics and your population leads to a trend for more services for an aged community. We are therefore thinking about increasing elective surgery, increasing palliative care services and providing support for the aged in terms of chronic disease management.' That is not always for the aged, I might mention, but it is commonly thrown in at the same level.

They could have said at that point, 'This is what we understand the position to be; what do you think?' But, no, they did not consult with the clinicians, the patients or the people who work in the Modbury Hospital. The best the Modbury Hospital got was an announcement that the government would de-privatise it, bring all the staff back onto its books, and, that after that had happened, that it would be centrally controlled and that it would then have services that would be determined by the chief executive.

That is not only a lack of consultation but also a deceptive act to this community. It is just one example of where there has been not only a failure by the government to come clean on this issue and take the people with them, as the Generational Health Review recommends (as do others that I will mention later) but also the complete evaporation of any chance of anyone trusting the government to consult with these local communities. It has totally evaporated. Those commitments have been demonstrably ignored and a totally different direction has been taken.

So much for the Generational Health Review; an important review—and we have had plenty of them. I will refer to a number we have had over the years. The review is an important document, and I commend it to members as a contemporary assessment of our situation overall. Because I do not agree with some of the things in it—or with some of the things the government has given to Mr Menadue—does not mean it is not an important document.

I refer to a second example of how the government has progressed the governance reform in a way which is not only inconsistent but also highly selective. The government will say it is consistent, as it is has plucked out that paragraph and supported that, having selectively cherry-picked, but it is important that we examine what has happened over the past few years since the committee reported in April 2003. As a first stage of hospital board reform, the government issued policies of statement and direction in June 2003 to establish a regional health structure. These largely related to metropolitan health services and were claimed to be part of the better accountability, improving services, building capacity and so on that have been covered, all of which sound good.

To have an integrated system of care, it announced that it would establish two regional health services for Adelaide: the central northern region, to include the Royal Adelaide, Queen Elizabeth and Lyell McEwin hospitals, St Margaret's Rehabilitation Centre, Modbury Hospital and a number of community health services; and, a second southern region, to include the Flinders Medical Centre, Noarlunga Health Service and a number of other community and mental health services. It announced at that time that the Repatriation General Hospital, which had been invited to be part of that, had declined (and I will refer to that in some detail later and probably in committee).

Importantly, the independence of the Repatriation General Hospital, consistent with the statements of the Premier, former minister and this minister (in his comments in the second reading speech of this bill) was to remain, with it having its own board and unit—it will be the only one left in the state—and it was able to have its wishes respected and not be brought into the southern regional board.

The third one was to create in many ways a statewide but still metropolitan-based regional board for all the women's, children's and youth services but, principally, it was the Women's and Children's Hospital (which was amalgamated in 1989) and Child and Youth Health in order to provide one regional board to deal with all those services; so a significant hospital and health services under that board. Furthermore, it would support the existing regional structures in country SA and work with those units to collaborate on reform. At this stage, there was no mention whatsoever about abolishing the regional boards which had been set up a number of years before. They had local hospital and health centre boards, as well as regional boards. They do not get a mention at this point.

What is important is that in the published material of the government it announced 'there will be no forced removal of local boards in country South Australia'. There it is in black and white in June 2003 after the Generational Health Review has come down. It was an indication that it wanted to move along with governance and not be just added on the end or tacked in the middle but, rather, it made a bold public commitment that there would be no forced removal of local boards in country South Australia.

It is hardly surprising that the former minister subsequently went to country communities prior to December 2005 and said, 'What do you say about disbanding the regional boards because we do not need them any more?' Do members think they would have taken some comfort from the published material of the government which stated that there would be no forced removal of the local boards? Of course they did. They are entitled reasonably to accept that, if the government has published it, it is a genuine commitment which would be honoured. Why wouldn't they?

The government had made the statement and made it abundantly clear that, in getting rid of all the unit boards from the Women's and Children's Hospital, the Queen Elizabeth Hospital and the Flinders Medical Centre in order to have regional boards, when it made a commitment to the country health units and said, 'We will get rid of regional boards,' of course they would line up and say, 'They have done their service.' In essence, the country community has said to me that they have done their service. We have used them as an important instrument in getting together within regions and working out how we rationalise and regionalise the services. It has been a good initiative to do that and they have been able to sit down and work out what limited resources they have. Governments do not have an endless purse, but they are able to say, 'How can we do that in our community? What is the best way we can manage that?' They have done their job.

When I have gone around South Australia and seen country health services from allied to acute services, including aged care, I have to say that they have done a fantastic job of doing the hard decision making in their own communities, rationalising those services and making sure they have best and maximum use of the funds and resources available. So their time was finished, their purpose had expired and the government got rid of them.

Not only were these people unable to rely on this statement as being a genuine, true and committed statement of the government, but also they were not told at the time of the abolition of the local hospital boards that there was any such move on the agenda. There was no mention of it. Instead of this government going to the people of South Australia and saying, 'We need to reform and here is the case for reform. We need some governance and structural reform to facilitate that, otherwise we will go broke, and these are the reasons,' the regional structure of boards was completely removed.

There was not only this statement circulating out there but also no disclosure whatsoever of their intent to abolish the local unit boards, which have in some cases for over 100 years provided the service, raised the money and ensured that the sick and disabled in our community were looked after. If the government was honest and prepared to do as Mr Menadue says, that is, take the community with you when you do the reform, at the very least it would have been honest. Decency would have demanded that the government be honest with this reform. It would have put its case—and it may have had to be a fairly persuasive argument—listened to the response and then made its decision. But, no, it had to go for this big concealment of disclosure approach, and I have rapidly learned that we cannot always trust and rely upon the government's commitments in this regard.

So, there are very specific precedents and examples of the government's form in this regard, and it gives no comfort when we look at what else we can rely on when the government makes a commitment. This is important because, like a lot of legislation that comes into this house (and it may not have always been this way but certainly has been in the five years I have been here while this government has been in power), we are constantly told, 'When the regulations come out we will have this detail covered and we will let you know,' etc. We have always had regulatory power.

I have seen legislation come out in the previous 25 years which we have had to interpret as lawyers, and I have to say that the regulatory and rules powers seem to take up an extraordinary amount of paper these days and there has been a reduction in detail in the legislation which would let the parliament and the people know what is happening as it goes through. You must be able to trust a government to give you the full picture and a commitment and not go back on it. We must have full disclosure, and we must have that before we are expected to sign up to something that is, on the face of it, an alarming reform without adequate nexus to the benefits that the government claims will follow.

I think it is important in this debate that we look at the history of the SA Health Commission Act. It is not the only act we are repealing and reproducing in the areas covered in this bill, and this is not to diminish the ambulance services and hospitals acts in the aspects that are important. The SA Health Commission Act of 1976 was somewhat of a watershed in what had happened in the previous 130 years or so of the colony and state in relation to health.

I will refer to the preceding couple of centuries later in my speech, but I now want to refer to the SA Health Commission Act 1976. As the minister pointed out, this legislation is 30 years old and it needs to be reviewed: it has to change if we are to implement what he says are the necessary outcomes to keep health on the rails as a contemporary service. It is fair to say that, prior to 1976, the South Australian health service was overseen by a number of bodies, including the hospitals department, the public health department, mental health services and various other organisations. Those bodies were all administered through various acts. There was concern that the services were fragmented and lacked an adequate degree of control (it has a familiar ring to it, does it not?). For example, there were a number of hospitals that were not even formerly part of the health system.

There was a general review of the matter under the Dunstan administration in the early 1970s. Justice Bright (as he then was) was commissioned, and a committee was formed, to conduct a very significant review. The Bright report (which was published, I think, in 1973-74) was the basis upon which there was a significant catalyst for the reorganisation of the state health services. It is also important to remember that at that stage there had been a change of government federally—fleeting, thank goodness—and the then prime minister, Mr Whitlam, had introduced a new regime for the provision of medical services—the original Medibank—and we had a whole new structure that related to that. So, it was probably an important time to undertake the review, which became the catalyst for what became extensive and pretty fiery debates in 1976 in this house and in the other place.

Among the recommendations of the Bright report was the suggestion that there should be a single authority external to the Public Service to bring within a unified system of control all health services provided or subsidised by the government, to rationalise the activities of voluntary bodies in the health field and to regionalise and localise the administration of government health services. A portion of that is a direct quote from the report.

The government of the day accepted that, and it introduced the South Australian Health Commission Bill—it is a little bit of *deja vu*: not only have I read the same things in the Bright report as are in the Menadue report, even about ageing populations (and I will come to that again in a minute), but what is incredible is that the Australian Labor Party has form in government, with respect to health governance reform, of being quite deceptive in bringing legislation to this parliament that it claims reflects the recommendations of a review and a report, but which we find is quite glaringly different.

So, not only have I exposed this state government and its failure to follow the recommendations of all of what John Menadue said in relation to governance reform—that is, cherry-picked it out—but the same thing happened 30 years ago in this very parliament, when the Bright report said that we do need the reform (and I have read the statement), and the government went on to establish a health commission in the bill through the parliament. However, what it did not do was follow the Bright recommendation to give this health commission the independent status that had been recommended. In fact, it was critical, according to the Bright report, that if health services are centralised they must be independent of the health department and the bureaucrats, and there must be that arm's length.

The bill fortunately had a fairly rough passage through the parliament and, ultimately, underwent very significant amendment after a further parliamentary inquiry into this matter. The government of the day was caught out and the matter went off to an inquiry. It then attracted some amendment not only to deal with the rationalisation, coordination and centralisation—all that—but also to ensure that there was an arm's length commission. Members who made a contribution to the debate at the time included the Hon. Don Banfield, who was a minister for health from about 1973 to 1979, and the now infamous Peter Duncan, who was also a minister for health. Perhaps it is fortunate that he was only the minister for health for six months, but I will refer to him later in relation to what he oversaw in the sausagegate meat scandal of 1979.

In any event, Mr Banfield was perhaps one of the lesser known members of that government—he did not wear pink pants or safari suits like Hugh Hudson and others—but he was a longstanding and respected health minister. He introduced this bill which claimed to be consistent



with the Bright report but which was far from it. David Tonkin, the leader of the opposition at that stage and subsequently premier of this state, had this to say:

I oppose this bill, which is connected with one of the most blatant pieces of misrepresentation that has ever emanated from the health department. I say that advisedly. It has possibly resulted from the instigation of the minister, who is showing an extreme amount of interest in its passage through the house. In the second reading explanation the following reference was made to the Bright committee report: 'Following a detailed study of the recommendations contained in that report, the government accepted the broad principles of the recommendations and has since that time attempted to implement some of the recommendations relating to community health and the expansion of mental health services.' That is the biggest piece of con work I have seen for a long time. The statement implies that this legislation now before the house is in some way implementing the recommendations of the Bright committee report. That is a sham and a fraud, because this bill does not in any way implement the main recommendations of that report, and the minister knows it.

They got form on what they say is legislation supported by a report. Dr Tonkin pointed out that this report contained a number of things. I want to summarise what they were, because I think they are as important today as they were then. Dr Tonkin further said:

Chapter 3 of that report states: 'The purposes we have in mind are...(a) to bring within a unified control all health services provided by the government...(b) to administer and control every service provided by government agency at a point as close as possible to the place where that service is provided...(c) to encourage existing and new voluntary health services...and to bring the activities of the voluntary bodies in the health field into a unified pattern of health care delivery.' In other words, function a coordinating body, a body which will not discourage voluntary enrolment but which will encourage it and direct it through coordination into areas where, if it so chooses, each body concerned can do the best it can for the community...What have we got? Instead of that situation, we have another government department. It can be called an authority, a commission, or any name one cares to choose. It can be described as a corporate body but it still exists within the Public Service. It is still nothing more than an enlarged government department.

There were many other contributors to this debate—on both sides of the house and in another place—and there were some important reforms to bring development back on track so that it had some consistency with what was in the Bright report. However, this ought to confirm to parliament just how far this government, and its predecessor Labor governments (and I have a few more to point out shortly), are prepared to go to achieve what they want—that is: central control; the silence of critics; getting rid of those in the way; and to have it all put under the umbrella of 'We fund it so we ought to be responsible and directly accountable; therefore we should make all the decisions.' They have been trying to do that for 30 years; they have tried to get away with it and deceive parliament in the past, and they are trying to get away with it this time.

When the Health Commission Act went through that process there were a number of aspects to it. One was that the legislation identified the constitution of the commission which, at that stage, had to be three full-time members and no more than five part-time members who were also to have the necessary expertise and experience needed to effectively deal with health services—that is it was, to a large degree, a skills-based commission. The powers and functions of the board were to extend to all areas of health services in South Australia, and organisations providing health services could be incorporated under the act, which formalised their relationship with the commission. It was a requirement that government hospitals and health care centres where incorporated; however, in those days other health providers could be incorporated under consent. It also had delegation powers and the power to appoint committees.

There was a staged approach to the implementation of this. By 1980 we saw some amendment to the composition of the commission, with the three full-time members being replaced by one full-time member (who was to be the chairman), and with the five part-time members being increased to seven. The chairman also became the CEO of the commission. The role of the commission was further defined in 1981 when the regional sectors were introduced—and it is interesting that this was during the regime of the Adamson ministry (Jennifer Cashmore, as she later became), when there had been recognition by the Liberal government of the importance of regional entities.

When the Bannon Labor government came into power we had a series of different ministers, and further changes were made in 1983 regarding the composition of the committee. The Labor administration came in and changed the number of full-time members from one back to two, and changed the number of part-time members from seven down to three. They abolished the Health Service Advisory Committee altogether. By 1987, 20 years ago (and true to form, as we have seen repeated in history), it got rid of the regional structure.

When one considers some of the information available at that time—including a subsequent book written by Dr John Cornwall, who was a minister for health during this period

(indeed, for a significant time under the Bannon government)—it is interesting how *deja vu* this all is.

So, there was a major change in the 1970s; implementation, with amendments, during the early 1980s; and we had a regionalisation and recognition under the Adamson ministry and Tonkin government. Then, of course, the Bannon era began, and there was sweeping change, with the regional groups being abolished.

At that time, the act was amended to ensure that 'respective roles, functions and responsibilities of the commission and hospitals were defined clearly and unambiguously. These included amending a provision so that the commission was to be 'subject to the control and direction of the minister'. So, history is repeating itself, and you have to go back only 30 years. We have already gone from central, regional to central—and we are only up to 1987. In relation to the Health Commission's ability to function and the need for reform, in a book published in 1989, Dr Cornwall said:

What was far more important was the Health Commission's ability to manage the wider system in a rational and coordinated way. In any rural community, the local hospital provides the status, a symbol of social cohesion and sense of security in times of medical emergency. Locals can often boast that it was built, 'by my father and grandfather'. It ranks with the district councils as a significant employer. As several quality assurance studies have shown, the perception of security in times of medical emergency is occasionally misplaced. Although the standard of general practice in rural South Australia generally remains high, there are exceptions to the rule. On clinical and financial grounds, it is very difficult to justify the continuation of acute patient care and obstetric services in any small hospital which is less than 30 minutes road travel from a district or regional hospital.

If the smaller hospital combines this proximity with a low bed occupancy and a high day bed cost then its role and functions should be changed. Redistribution of budget resources in this way can provide a multimillion dollar expansion of community and mental health services, which are still urgently needed in many rural areas. Twenty-four hour casualty clearing services, backed up by some of the best road and aeromedical retrieval services in the world, can be maintained at their present level without staffing for surgical and obstetric services. There are major problems in rural medical practice; which include deficiencies in undergraduate and postgraduate training for a single or remote area practice; provision of locum services and locum allowances; a lack of adequate continuing education and refresher courses for rural practitioners; professional isolation; a lack of employment and career opportunity for spouses. Providing expensive acute inpatient services in small rural hospitals 20 minutes' drive from a larger district hospital, (where they can be admitted by their own GPs), solves none of these problems.

Well, *deja vu*—Dr Cornwall wrote that some 20 years ago, describing his time and the need for this reform, which occurred in 1987.

I suppose the Australian Labor Party never gives up. That is one thing about the Australian Labor Party: it tries and tries again, and it does the damage while it is in office, and here we are lined up again with the same problem. In 1994, under the Brown Liberal government, a new Department of Health was established, with the CEO reporting to the minister for health. It had a new departmental structure, with not much in relation to autonomy. In 2002, under the subsequent Olsen government, further SA health commission legislation was introduced, which the then government described as: 'to streamline administrative arrangements and to more appropriately reflect the legislation what was occurring in practice'.

The act also sought 'to clarify the functions which would reside with the Commission and those which would more appropriately be vested in the minister'. So, it is fair to say that, at this stage, there was a redefining legislatively of what the commission and the minister would do. It is fair to say that they were very distinct functions, and ministers Armitage and Brown were involved in those deliberations and the subsequent amendments.

Notwithstanding that Dr John Cornwall had centralised extensively in his reforms of the 1980s, and whilst there had been some identification of powers in the early periods of the Brown-Olsen government—who we might remember were somewhat pressed with attention at that time of the major collapse of the State Bank and the financial pressures that that brought on everyone in this state and the legacy it left—they undertook some reform of the legislation and they tidied that up. I will refer to that later when it comes to what we are moving into now.

I think it is important to note that a very significant piece of legislation that is independent of what we are discussing today has a significant effect, and I refer to the reforms that occurred as a result of the government's attempts to protect state employees from the potential negative effect of WorkChoices programs that had been introduced at a federal level in legislation. Of course, we, as the opposition, saw that as completely unnecessary because the state government was employing these people and, if they were at risk of anything, it was of the state government letting them down, not a federal policy which had absolutely no jurisdiction whatsoever over their employees.

Nevertheless, all around Australia, they presented this legislation in their state parliaments, puffed out their chests and pretended to be there to protect the workers of South Australia (their workers, their employees) against the evils of some federal government initiative which had no application to say that this is what they were going to do. But the truth of the matter is that, apart from a publicity stunt, this was a very important transfer and centralising of power to chief executive officers. So, the definition of 'employing authority' was changed from a designated person, as employing authorities to different classes of employees, to a transfer to the chief executive being the employing authority, and that was not just in the health department: it was in every other department in which there is public employment by the state government, in particular under the Statutes Amendment (Public Sector Employment) Act 2006, which is the legislation to which I refer.

That is something that I suppose has slipped in alongside all this in the development of governance reform on the provision of public health services in this state, and it is one which cannot be ignored or overlooked. My understanding of it at present is that it applies because it came into effect as of 1 July but there is some kind of directive (I am not sure of the nature of it) in which the chief executives of hospitals and health services—although, as a matter of law, they are directly accountable to the chief executive of the health department now—are required (so as not to offend the provisions of the current South Australian Health Commission Act) to be responsive to and respectful toward maintaining the relationship directly with their board, because they still exist.

The law still says that the minister is not to interfere, and so to ensure that there is no direct offending of that legislation they are acting under that direction. That is necessary, of course, until this parliament makes a decision in respect of the staff employed on those sites. Whilst there is a management role free of ministerial interference at certain levels then, of course, that should apply. I have no objection to the process, but it is that little piece of protection that is currently ensuring, as best it can, some continued relationship between the chief executives of hospitals, or health services, within the regions that they apply. Some of them are just single units and some of them have several services within them that apply.

I said in opening that the opposition absolutely opposed the centralising of this role to the chief executive of this department, or any department, and we remain utterly opposed to that. I will be referring to a number of philosophical differences between us and the Labor Party as to how this approach produces a fundamental difference in the way this area should be addressed. What I do want to say is this: the chief executive is a very important role, and if this legislation is passed it will give a power to whoever is sitting in the chief executive's office that we have never seen before in the history of governance in South Australia.

Dr Tony Sherbon is the current appointed chief executive. The comments that I am going to make about the history of this office are not to be directly reflected on his performance in the current role, because we are about to make legislation, if this legislation is passed, for all future chief executives: good, bad, useless, brilliant, whatever capacity, we are making legislation for the chief executive to have what I would see as, effectively, absolute control.

I think the minister, who in his speech presents as though he is going to have some capacity with the accountability chain coming up to him, thinks he is going to have quite a significant, I suppose, veto role and capacity where required. I am sure any minister, whether in the current government or whether they are ministers sitting on this side, will understand that, once you transfer that power to the chief executive, how the hell do you even know what he is doing half the time? So, it is important that, when we have areas of responsibility that are between ministers, chief executives, independent bodies, boards, unit representative committees or councils, we know exactly who is responsible for what.

One of the great protections is to ensure that we separate these and that there is a clear definition of who is responsible for what. As soon as you place it in the hands of one, trouble starts. I can tell you that there has been some trouble over the years, and I will be referring to a few of them, when you get dangerously close to absolving because it is too hard or transferring because you think you are doing the right thing, or referring because you think that it will be an effective mechanism, in this case, to provide for better health services in the future.

When I make this observation about the history of the chief executive role in this state, I do so for two reasons: one is because I think it is important that we understand what has happened in this role and what powers are being proposed to be transferred now. I suppose it is particularly important to Dr Sherbon, who is newly arrived in South Australia and is undertaking this role. He is from Canberra, and prior to that he was a resident of New South Wales, I understand, having held senior positions in health administration. I think it is important when he has a look at these debates—and I hope he has more than a glance because, after all, this could be called the Tony

Sherbon bill, for all the power he is about to get—that he gain some understanding of what responsibility is going to be placed on his shoulders and where we see the potential deficiencies for both his office and others that may wish to challenge decisions he makes.

The minister himself is someone who has long been a resident of South Australia—and we welcome everyone to come and live in South Australia. We even welcomed the Premier, who turned up here from New Zealand in 1977. We welcome everybody. South Australia welcomes their ideas (especially if they have some good ideas on health reform) and invites them to participate, whether it is at government, parliamentary or private sector level. However, what we do not want is people (ignorant of what has gone before and saying, 'I know nothing') coming into this state and telling us what we should be doing, or trying to impose a regime which is copied from another state or jurisdiction without any rational assessment of the implementation of any similar approach.

I cite a classic example from New South Wales, where this matter was all dealt with back in 2004—same legislation, same powers, etc. However, without any rational assessment of what has been done, they come over here, pluck out bits of the managerial report that suits them and replicate this type of thing—which has been shown to state Labor governments all around this country—even though it has not brought about one scintilla of improvement in service delivery to citizen of those states. People are still lined up in emergency departments, there are still problems with readmission rates, as well as problems involving years of waiting on elective surgery and dental service lists. It is important that, if you are going to introduce an idea when you come into this state, you make it a good one, and then we will be happy to have a look at it.

I now want to refer to some historical context. I am pleased to have been provided with material by the Parliamentary Library relating to the administration of health services in this state. Members may be pleased to know that I am not about to read a 15-page chapter on this, but Dr Ian Forbes has produced a very concise historical account entitled 'From Colonial Surgeon to Health Commission', which is part of a history of the government's provision of health services in South Australia from 1836 to 1995. I think it is worth having a glance at this publication, which I will summarise from chapter 13. If I miss anyone out it is with no intention to overlook them because they are unimportant, but I just want to identify some aspects which I think are important here. This historical treatise states:

The administration of South Australia's health service was created with the appointment of a Colonial Surgeon. That was, in due course, euphemistically called the Medical Department and thus commenced as a one-man show. Initially, the duties of the Colonial Surgeon were to attend particularly to the indigent poor, and to others referred to him by resident commissioner of the immigration agent. By 1839 the Colonial Surgeon was also performing vaccinations.

We subsequently found the development of the role of inspector of hospitals, and at this point I want to recognise Dr James Geo. Nash. Many of these people, of course, are recognised in our health/hospital infrastructure history, and rightly so. The colonial surgeon and inspector of hospitals was a dual role. Initially, the colonial surgeon had a small department responsible to the Governor in Executive Council over 10 or 20 years, and it took a bit of time to increase that from one to two to three, and so on. Dr William Goss became acting colonial surgeon and superintendent of lunatics on 1 January 1856 and, by 1858, Robert Waters Moore had taken on that role.

This was a period in which we saw the development of the departmental role, or the support role, because the Adelaide Hospital was established, which later received royal consent to be named the Royal Adelaide Hospital by proclamation of the then Governor in 1936. We also had the Adelaide Children's Hospital by 1870 and the Queen Victoria Hospital by 1902, both of which were amalgamated many decades later in 1989. We have a history of mental health services—and I do not wish to overlook them. At the beginning of the colony, our poor mental health patients were in prison. The leaders of the day recognised the importance of those people having their own facility, and a dedicated mental health service and hospital were established where the Botanical Gardens now exist. By 1870, what became the very magnificent development of the Glenside Psychiatric Hospital on Fullarton Road, Glenside, had been built.

So, we had a significant number of public health facilities to deal with general medical health and vaccinations. If one remembers, this is a time—really up until the early 1900s—when we had the management of contagious diseases and the introduction of penicillin, by the 1930s, when we saw some radical reform. I briefly mention that, by 1889, the four government hospitals were wholly supported by the government and the department of the colonial surgeon; they were subsidised by the government, but managed their own affairs. Formerly, they were operating at

Mount Gambier, Port Augusta, Wallaroo and Port Pirie and, latterly, also at Burra, Naracoorte, Kapunda and Jamestown.

So, within 20 or 30 years of settlement, we started a significant network and structure of hospitals. By 1885 we saw the development—and the funding to follow—of the St Margaret's Convalescent Hospital at Semaphore and the Belair Inebriate Retreat and Home for Incurables. By the early part of the 20th century, the government was starting to provide services for the young and also, particularly, for school medical services—again remembering that this was a period when contagious disease was a major health issue and a significant reason for a number of fatal contaminations.

After 1933, at a time when the mortality rate of infants comprised half the number of deaths in the colony, there was a period of significant transformation with the introduction of antibiotics. It was an entirely different profile of hospital and health services with very different diseases and demands. Whilst we had hospital facilities, it is fair to say that there were lots of isolation wards to contain the contagious conditions which, without antibiotics, were likely to cause the tragic death of many children.

The state's financial position has ebbed and flowed. Arguably, one could say that we should have plenty of money at the moment, but South Australia has been through some pretty tough periods, and by the late 1890s—about the time when women got the vote and won the right to stand for parliament—we started to have some pretty serious financial problems in this state. The mining and agrarian economies that were supposed to help our state to flourish had some setbacks, and we were in difficulty as a state, so it is important to remember this in that context.

Interestingly—I do not know whether Dr Sherbon would want to hear this—at the time there was such concern about the state of our finances that it was necessary for the colonial surgeon to take a cut in his salary of £600 per annum, and the salaries of the medical officers in Mount Gambier, Port Augusta and Port Pirie were reduced to £250, £200, and £150, respectively, in light of those circumstances. That does not apply any more, but a few times during our history there have been periods where we have had some trouble, and in those circumstances people have been asked to take a cut. That was not the weekly salary; it was the annual salary.

We have the long era from January 1919 of Mr Charles Spiller who was appointed as secretary to the inspector general of hospitals for the next 27 years. In the early part of the last century, in addition to the small staff for whom the early chief executive had responsibility, there were also seven country hospitals, including Port Adelaide (I do not think that it would want to be called a country hospital these days, it clearly is not, but it was then) and the Parkside mental hospital. The seven hospitals were Mount Gambier, Port Augusta, Port Lincoln, Wallaroo, Port Adelaide, Clare and Port Pirie.

There was a bit of growth in the department in the early part of last century. We also had the great development—again, I think because of the infant mortality issues—of mothers and babies health associations (formed in 1989) and the babies hospital, which also played a very important role. We had the advance of the Red Cross and a convalescent hospital at Woodville for soldiers which was built in 1912. Again, due to the circumstances of World War I, we saw a major commitment to health and hospital services not just in metropolitan Adelaide but across South Australia.

You can drive to town after town in this state and see the war memorial hospitals (general and country hospitals) that have been funded sometimes by huge bequests to recognise the importance of securing adequate rehabilitation services for returned servicemen. That commitment is obvious, and many of those services and facilities are still there today. I am proud to say that, just in the metropolitan area, we have the magnificent bequest by a former German soldier to establish the Burnside Memorial Hospital.

How is that for generosity? He came to Australia, recognised the importance of a facility for returned servicemen and was prepared to give it to a country and a people whose predecessors he had fought against. We had a generosity in our community that I do not think we have seen since. It was close after World War II, and there were certainly significant signs of it once we had healed all wounds post Vietnam. However, the capacity, the commitment, the industry and the preparedness to put the money and work into building hospital and health services across the state post World War I were magnificent, and I am sure that any other states would claim the same.

Because of the importance of contagious diseases, we saw the Mareeba Babies Hospital, which also provided magnificent training facilities. In 1954, we saw the development of the Queen Elizabeth Hospital, to which I think, Mareeba became attached at that stage, and the development

of a number of other services and facilities. I recognise these in the hope that anyone reading this debate does not criticise what we achieved in general hospitals. There was a major expansion in the early part of the last century, particularly post World War I, when there were additional country hospitals, a number of which were subsidised. There were 28 by 1923; 30 the following year; 34 by 1925; 38 by the end of 1929; and 39 the following year. So, that just shows the industry and commitment these local communities had in the development of those hospitals.

As I have said, the Adelaide Hospital was given the royal charter to adopt the name of the Royal Adelaide Hospital in 1939. It was proudly received by the state and proclaimed by the then governor, and it is effective today. It will be interesting to see what happens when the government wants to bulldoze it—who will write to the Queen and tell her, 'Sorry; we don't need it any more. We have decided that we are not going to keep this name'? I would be concerned if one of the duties of our new Governor, Mr Kevin Scarce, were to fly to London with that task so early in his appointment. How disappointing that whole exercise is!

At this point I mention that, when we are talking about the government's cherry picking of the Menadue report as to what is needed in reform, not once in that report was there any mention whatsoever of the need for or desirability of building a \$1.7 billion central hospital on North Terrace—not one mention. He talks about the importance of the capital development of existing structures, that sometimes we could not even keep up all those that were there and that there may need to be some rationalisation. However, he does not mention closing down the Royal Adelaide Hospital on North Terrace, moving it 200 yards down the street and paying \$1.7 billion to build another hospital, not to mention what we now see is an additional \$157 million in the budget under the transport portfolio to clean up the mess, and even that is under a cloud.

We had an assurance by the minister the other day, namely, 'No, that is all in order. That is fine. Some experts out there might be running around saying that it could cost as much as \$700 million to \$1.1 billion to clean up that site, but they have got it wrong. We have done the research. It will cost only \$157 million.' Let me just make one point here, because the government (which has rushed through this idea of building a brand new hospital on the railway site) should ring up the Premier in Tasmania who announced his new hospital (before this lot) on a railway site in Hobart and see how he is getting on and whether there has been any blow-out in budget down there in respect of the clean-up of that site. Not only is the Premier's big announcement to build some fantastic new hospital and not rebuild the current one (which has had hundreds of millions of dollars spent on it in the past 10 years) original but he has copied it from his colleague in Tasmania who announced last year that he was going to build a new hospital (months before these guys even announced their idea) and that the preferred site was the railway yard in Hobart.

We will see about that. We will see what happens about the cost of the clean-up of that site to facilitate the government's new idea there. The important point is that there is no mention of it in the Generational Health Review, and there has been no mention of it by John Menadue since. He could have said, 'Oh, look, I did not put it in there but I should have'; or 'I omitted to mention it but it is a good idea.' I have not heard that, yet he is out there today making anti-federal government statements about the policy it is instituting. I will refer to him later in relation to a paper he has written on adverse events and root-cause analysis. He is out there, he is active and he is in the team. Whilst he may have been the head of the Department of the Prime Minister and Cabinet under Gough Whitlam, nonetheless, as I have said, he is recognised in this field as having significant experience in dealing with health administration.

Now, back to the historical development. We saw the colonial surgeons (that is, the predecessors to chief executives) with a small staff, small salaries (sometimes hacked about) and increased responsibility with respect to the development of health institutions in addition to very significant public health responsibilities. They had to inspect hospitals, they had to ensure that people were vaccinated, and they had to ensure that people were contained if they had a contagious disease (especially before antibiotics), which was a major problem. I would like to recognise Dr Cleland because he was very significant in his term of office as Colonial Surgeon. His service has been recognised in terms of Cleland House at the Glenside campus of the Royal Adelaide Hospital.

I do hope that, when the government develops that plan (that is, what will be left of it because it is selling off half of it, of course), people such as Dr Cleland continue to be recognised in the event that any facility which might be at the hospital and which may be destroyed or bulldozed is kept in some way as some recognition. I make that plea because it is important that we recognise that in our history. We had the Second World War and we had the development of the Queen Elizabeth Hospital in 1954, the Lyell McEwin Hospital in 1959, the Modbury Hospital in

1973, the Flinders Medical Centre in 1976 and the Noarlunga Hospital in 1991—all major acute care facilities which developed progressively when the populations expanded. I will not go into the detail of them all, suffice to say that they have all maintained very important roles in providing a variety of services—medical and health services—to those communities.

In relation to hospitals and health services, when we talk about hospitals in today's language, we understand that the hospital sites at the time of their inception provided acute services, but they are far from that in today's modern health services. Whilst we had a small explosion in the 1970s of separate community and allied health services developing in metropolitan and country areas independently of local hospitals, in the past 35 years we have seen a very different multidisciplinary service being developed from what we knew as the old acute hospitals.

A health service in, for example, a small rural town usually has the following profile: it may have 35 beds, 15 may be for aged care and 15 may be for acute care; it may have special services attached to one or two of those beds for mental health or regional services and the like; it may have some day surgery facilities; it may have some consulting rooms which are empty most of the time but which accommodate specialists and practitioners who visit the hospital; and, it may have nurses quarters, which used to be where nurses resided in the old days when they lived on site which are full of a myriad of allied health service providers—people who provide important counselling, speech pathology, and child advice in relation to health, immunisation and the like. If they are lucky, in some country areas they may have podiatry and other such services that are very important to support the more traditional medical, nursing and specialist services. In reality, they are truly multifunctional health premises.

Major hospitals in metropolitan Adelaide, whether they be general hospitals or one of the spinal group (under the government's new language this is what we call some of these hospitals), are now very much involved in the provision of a multitude of services, plus allied services such as counselling, referral coordinators (people who assist to link with home services and the like), advisory bodies throughout the facility, research and training services, and other significant health areas that make our hospitals very much multifunctional. Much less in the metropolitan area do we see a combination of aged care services in residential facilities, but we see other services that are important for our ageing community, namely, chronic disease management, medical ward facilities for older people, and palliative care. They are not all directly related to aged people, but a significant cohort of our ageing community heavily relies on these services.

Our modern health services are part of a network of many other community services. Whether they be general practitioners providing medical services, specialists, people providing mental health advice, or people giving advice on housing availability or follow-up services, there is a myriad of allied health and other services in the community, which provide an important nexus. Gone are the days when we simply had hospitals as such. So, when I refer to new hospitals I mean these multifunctional facilities. It is fair to say that in the training area major hospitals have always had a role over the past 100 years.

Also, over the past 20 years or so we have developed a much closer network between universities and major country hospitals in order to ensure training opportunities for our medical and nursing graduates, and the like. That is a good thing and, if the government continues to support that, I will continue to support it to do that. It is critical, especially if we wind back the variety and diversity of services available in major tertiary hospitals and the number of tertiary hospitals able to provide training and attract enough specialists to receive and/or keep accreditation in order to provide for the next generation of the workforce.

We desperately need to have on board the support of our major hospitals in country regions; so I applaud that as being an important aspect of it. I understand that there needs to be some other important business dealt with before the luncheon adjournment so I seek leave to continue my remarks.

Leave granted.

**The Hon. J.D. HILL (Kurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (12:56):** I lay on the table a draft template constitution for incorporated health advisory councils, draft template set of rules for the unincorporated health advisory councils, the draft constitution for the Country Health SA Board Incorporated and the draft principles relating to aged-care services and explanatory comments.

Debate adjourned.

*[Sitting suspended from 12:57 to 14:00]*

**GLENSIDE HOSPITAL REDEVELOPMENT**

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition):** Presented a petition signed by 224 residents of South Australia requesting the house to urge the government to retain the areas known as precinct 3, 4 and 5 of Glenside Hospital to ensure they continue to be available as open space and recreational, together with mental health services.

**PAPERS**

The following papers were laid on the table:

By the Treasurer (Hon. K.O. Foley)—

Ports Pricing and Access Review 2007—Essential Services Commission of South Australia

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

Institution of Surveyors Australia—South Australian Division Inc.—Report 2006-07

Regulations under the following Acts—

Maritime Services (Access)—Continuation

South Australian Ports (Disposal of Maritime Assets)—Panel Membership

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

Code Registrar for the National Third Party Access Code for Natural Gas Pipeline Systems—Report 2006-07

By the Attorney-General (Hon. M.J. Atkinson)—

Return of Authorisations issued to Enter Premises Pursuant to Section 83C(1) of the Summary Offences Act 1953—1 July 2006 to 30 June 2007

Return of Authorisations issued to Enter Premises Pursuant to Section 83C(3) of the Summary Offences Act 1953—1 July 2006 to 30 June 2007

Return Pursuant to Section 74B of the Summary Offences Act 1953—Road Block Establishment Authorisations—1 April 2007 to 30 June 2007

Return Pursuant to Section 83B of the Summary Offences Act 1953—Dangerous Area Declarations—1 April 2007 to 30 June 2007

Regulations under the following Act—

Child Sex Offenders Registration—General

By the Minister for Health (Hon. J.D. Hill)—

Animal Welfare Advisory Committee—Report 2006-07

Coast Protection Board—Report 2006-07

Environment and Heritage, Department for—Report 2006-07

Environment Protection Authority—Report 2006-07

General Reserves Trust—Report 2006-07

Heritage Council, South Australian—Report 2006-07

Land Board—Report 2006-07

Radiation Protection and Control Act 1982—Report 2006-07

Wilderness Protection Act 1992—South Australia—Report 2006-07

Regulations under the following Act—

Controlled Substances—Optometrists

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

Construction Industry Long Service Leave Board—Report 2006-07

Actuarial Investigation of the State and Sufficiency of the Construction Industry Fund—Construction Industry Long Service Leave Board—June 2007

Regulations under the following Act—

Fair Work—Clothing Outworkers

By the Minister for Consumer Affairs (Hon. J.M. Rankine)—

Regulations under the following Acts—

Fair Trading—Residential Parks

Liquor Licensing—Salisbury.



**LEGISLATIVE COUNCIL VACANCY**

**The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:02):** I seek leave to make a ministerial statement.

Leave granted.

**The Hon. M.D. RANN:** After serving less than two years of an eight-year term in the Legislative Council, the Hon. Nick Xenophon has resigned to pursue his political ambitions in the federal arena. South Australians who supported Mr Xenophon only last year would no doubt be questioning whether their commitment to him has been properly honoured, given his decision to quit prematurely. As far as I am aware, I have received no letter from Mr Xenophon or the No Pokies campaign regarding a replacement. I understand, however, that anti land tax campaigner John Darley has been mooted for the position, although I am not aware of any correspondence from him regarding the vacancy in the upper house. I have not heard from other No Pokies campaigners as to whether an anti land tax campaigner is their preferred candidate rather than another anti pokies campaigner, given the strength of their vote at the last election.

The resignation has created a casual vacancy in the Legislative Council that must be filled. As I have already publicly said, the government will move to fill the vacancy in accordance with the letter and spirit of the constitution, the law and any relevant conventions. Unlike governments of other political persuasions, this government will not act opportunistically and we will not allow others to act opportunistically to serve their own political ends. I will not be doing a Joh Bjelke-Petersen: I will neither provoke nor aid or abet a constitutional crisis in this state.

On 18 October 2007 I received a letter from the Hon. Sandra Kanck MLC, parliamentary leader of the Australian Democrats, claiming that the vacancy created by Mr Xenophon's resignation should be offered to the defeated Democrat Kate Reynolds. Let me read the letter from the Hon. Sandra Kanck. It states:

Dear Premier, I write in relation to the casual vacancy created by the resignation of the Hon. Nick Xenophon on 15 October. While Mr Xenophon has declared his personal view, as also has the opposition, that the holder of the number 3 position on his ticket at the March 2006 state election, Mr John Darley, should be chosen to replace him, it is my contention that this position should be offered to the former Democrats MLC, Kate Reynolds.

The figures for the Legislative Council count last March show that, on the final distribution, there were two candidates left standing, Kate Reynolds on approximately 36,000 votes and John Darley on approximately 32,000 thousand votes. Effectively, had there been a 12th position elected, that would have gone to Ms Reynolds, who began the count with many more votes than Mr Darley.

There is another argument—a mathematical one—that a count-back, in which it is assumed that Mr Xenophon was never in the count, would result in Mr Darley being elected. The logic of that argument is that all the first preference votes that would have gone to Mr Xenophon should be allocated to Ms Bressington, and then the surplus quota would 'elect' Mr Darley.

However, there is an assumption in that argument that the votes for Mr Xenophon were intended for Ms Bressington and Mr Darley, and that Ms Bressington had the pulling power on her own to get 20 per cent of the vote. Clearly, this is not the case.

No Pokies was never registered as a party, and Mr Xenophon has repeatedly stated in media interviews, that he and Ms Bressington are independent entities. There are no precedents in this case.

The Constitution Act states that 'the procedural rules (if any) prescribed by proclamation...' will apply at the time of choosing the replacement. It is therefore within your power for such a proclamation to determine that the method of replacement in this case would be to choose the person who was next in line to be elected.

Sandra Kanck continues:

There is a mathematical argument and there is—

*An honourable member interjecting:*

**The Hon. M.D. RANN:** This is a very key point from Sandra Kanck. She said:

There is a mathematical argument and there is a moral argument about what the voters intended. I contend that the voters had more intention to elect Ms Reynolds than to elect Mr Darley. I ask that you take this into consideration in determining your government's nomination for the casual vacancy.

So, we have a situation where both the No Pokies group and the land tax group, and now the Australian Democrats, are claiming this position in the Legislative Council. The opportunism of Sandra Kanck's claim is obvious, and the government has no intention of allowing the Democrats or any other group or individual to improperly hijack the process of selecting a person to fill the

casual vacancy. The government will be guided by legal advice and recommendations in the handling of this matter. In particular, the government will act in accordance only with the advice or endorsement of the Solicitor-General, Chris Kourakis QC. I hope to be in a position—

*Ms Chapman interjecting:*

**The Hon. M.D. RANN:** We have just received the letter from Ms Kanck in recent days. So, I hope to be in a position—

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. M.D. RANN:** —to inform the house further on this matter over the next few days. I intend to recommend to the Governor a special joint sitting of the houses before the federal election on 24 November to avoid any further game playing over this issue. There will be no constitutional crisis: we will not provoke one, and we will not allow one to be provoked.

### WATER INCENTIVES PACKAGE

**The Hon. K.A. MAYWALD (Chaffey—Minister for the River Murray, Minister for Water Security, Minister for Regional Development, Minister for Small Business, Minister Assisting the Minister for Industry and Trade) (14:11):** I seek leave to make a ministerial statement.

Leave granted.

**The Hon. K.A. MAYWALD:** I rise to advise the house of a new package of water saving incentives to be introduced from 1 November, which are designed to help the community make wise water decisions in and around the home. This \$24 million package over three years is estimated to save more than five billion litres of water per year from 2010. The package will cover:

- rebates of up to \$30 for the installation of low-flow showerheads (to be followed later by a program for exchanging an old showerhead for a new one);
- rebates of \$50 when \$150 is spent on eligible water efficient gardening goods, including organic mulch, compost and compost bins, tap timers and soil wetting agents;
- rebates of up to \$200 upon purchase of a minimum four-star washing machine;
- rebates of up to \$150 to replace older, inefficient toilets with dual-flush systems; and
- from 1 January 2008, rebates of \$100 in the city (or \$110 in regional areas) for home water audits to reduce water and energy consumption. Household holders will be able to have a water assessment of their properties, with recommendations to reduce water and energy consumption. During this assessment, up to two low-flow showerheads will be installed as part of the audit.

The rebates will be available to all residential properties, regardless of whether the property is connected to SA Water supply. This includes home owners and tenants. However, tenants will need to present a letter from the property owner to be eligible for the showerhead, dual-flush toilet or plumbing service. A home audit can be carried out by any licensed plumber who has registered with SA Water to carry out audits that comply with SA Water's criteria. A rebates booklet that details this package will also be available to assist residents to make wise choices about water use inside and outside the house. Under the state government's Waterproofing Adelaide strategy, we set a target of saving more than 11 billion litres of indoor household water a year by 2025. This rebate package is designed to accelerate this saving.

Reducing demand on our mains water supply forms part of our four ways to water security to secure our state's future water supplies, which includes insurance in desalination, improved storage, recycling and catchment management. The community has made a huge effort to reduce water consumption during the current drought and we hope to encourage ongoing water savings through this scheme.

### VISITORS

**The SPEAKER:** I draw to members' attention the presence in the gallery today of students from Our Lady of the Sacred Heart College, who are guests of the member for Enfield.

**QUESTION TIME****WATER SECURITY**

**Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:15):** My question is to the Premier. Has he put South Australia's water supply at risk by failing to plan and cost a proposal for a desalination plant expeditiously so that a joint state-federal funding agreement could be struck months or even years ago?

The Prime Minister has advised that if the South Australian government had provided the federal government with a clear proposal, with full costings, for a desalination plant the federal government would have been able to provide hundreds of millions of dollars towards it a long time ago.

**The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:15):** Very interesting; this is a repeat of last week's, which kind of did not work for the Leader of the Opposition. I wish we had a 'worm-ometer' in this place; it would be very interesting. There will be a casual vacancy in the upper house; maybe it should go to the worm.

However, I want to say that this government has recently announced it is committed to funding a desalination plant to serve Adelaide. So, we have announced two desalination plants: one for Whyalla, which we are prepared to put money into so that the water can go to Whyalla, Port Pirie, Port Augusta and also to parts of Eyre Peninsula, and of course BHP Billiton will be funding the other share of it to support the mining expansion; and we have also announced a more than \$1 billion commitment to fund a desalination plant as an insurance policy for Adelaide. That contrasts with the state Liberal Party's policy of coming up with a water plan by 2009; that is the difference. It is very interesting.

This government has also committed to increasing the reservoir capacity in the Adelaide Hills, and it has also committed itself to increasing water recycling in this state from the current level of around 20 per cent (where we lead Australia) up to more than 40 per cent. It is also committed to its Waterproofing Adelaide campaign. However, yesterday the Prime Minister flew into town, and what did he announce? He guaranteed \$10 million towards a desalination plant that would cost more than \$1 billion. That was his generosity; a less than 1 per cent commitment to the cost of the desalination plant—but he wanted to get a big headline in the news. No wonder the worm has turned.

*Members interjecting:*

**The Hon. M.D. RANN:** They are talking about Mr Costello. If people think that Mr Costello is arrogant now imagine what he would be like if he became Prime Minister of Australia. However, the Prime Minister said yesterday (and this is very interesting)—

*Members interjecting:*

**The Hon. M.D. RANN:** No, I am pleased that I got notice of your question; it was sort of a repeat of last week's. The Prime Minister said that there is no reason why Adelaide should not set about becoming independent of the Murray River for its water supply. That is a very interesting point the Prime Minister made, because the whole point of his \$10 billion rescue plan was to ensure that River Murray water did come down the river for Adelaide's human water consumption. Now he is saying that he wants us to be independent—that can only mean that the water will be diverted upstream. We want the Prime Minister, who promised South Australians—

*Members interjecting:*

**The SPEAKER:** Order!

**The Hon. M.D. RANN:** The Prime Minister promised South Australians a guarantee of environmental flow down the River Murray; he gave South Australians a guarantee that there would be our minimum entitlement flow. He said that we were guaranteed a minimum entitlement flow but now, apparently, we are to be independent of the River Murray in this state, but not other states; now, apparently, he is prepared to be generous and give a 1 per cent funding commitment to a desalination plant. That is how bodgie it all was yesterday.

Do members opposite want to line up with the Prime Minister? Earlier in the year the Leader of the Opposition said that he supported the federal takeover and I said I was prepared to support the federal takeover provided there was an independent commission to run the River Murray—and that is what we achieved. Of that \$10 billion we are now being told there is a

\$10 million commitment from the commonwealth towards a desalination plant that will cost well over \$1 billion.

*Members interjecting:*

**The SPEAKER:** Order!

### **ADVERTISING, FALSE BILLING**

**Ms BEDFORD (Florey) (14:20):** Can the Minister for Consumer Affairs inform the house about false billing advertising scams and what is being done about them?

**The Hon. J.M. RANKINE (Wright—Minister for State/Local Government Relations, Minister for the Status of Women, Minister for Volunteers, Minister for Consumer Affairs, Minister Assisting in Early Childhood Development) (14:20):** False billing scams have been in existence for a number of years and the problem occurs right across Australia, and South Australia is no exception. However, since November last year, the problem has been growing and, in fact, I understand that complaints this year in South Australia have reached unprecedented levels.

Businesses are charged for advertising in publications that look quite legitimate and tend to appear to be of value to the community. Common themes have been volunteering, child safety, drug awareness, occupational health and safety, and emergency services such as fire and police. However, it becomes apparent that these businesses have bought advertising space in a publication that either does not exist or has very limited circulation; that is, they get the only copy with their ad in it and, often, the advertisements were never authorised.

Something like 30 different publications have been identified. In their sales pitch, these scammers claim the publication is affiliated with a particular community group or well-known organisation—for example, Police Legacy. They contact businesses and advise that the publication has already been printed and that it is ready to be sent to them when, in fact, the business never agreed to place the advertisement in the publication in the first place.

The invoices received by South Australian businesses have varied from between \$200 to \$500, with about \$400 being the most common amount. They try to cover themselves by inserting the words, 'This is a solicitation, not an invoice for a debt incurred by you.' However, the invoice contains the same information one would expect on any legitimate invoice.

Some South Australian businesses have reported that they have been harassed by the false billers in an attempt to get them to pay for the invoices. Some also claim that they have been threatened with legal action. That sort of conduct breaches various sections of the Fair Trading Act. I am advised that one in five businesses appears to have paid the invoices that have been sent to them without realising they were being tricked. Several South Australian businesses have parted with in excess of \$3,000 each, without realising they were paying for ads that they had not authorised. Possibly, hundreds of thousands of dollars (if not millions of dollars) worth of invoices have been sent to South Australian businesses for advertising that was not authorised by the business or was authorised based on misrepresentations made to the business.

Because this is a national problem, I have alerted the federal authorities to the possible use of false ABNs for investigation, and I have also written to my interstate counterparts urging them to work towards a national approach to the problem of false billing, as the majority of these so-called publishing firms are located in the Eastern States. In the meantime, it is important for businesses here in South Australia to keep meticulous records of any advertising or marketing that is authorised by them. If they suspect that they had been targeted by this type of fraud, they should contact Consumer Affairs immediately.

### **DESALINATION PLANTS**

**Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:23):** My question is to the Premier. Has the government now received and considered the final report of the desalination working group, and when will we see a decision taken on what the government plans to do about desalination? This is the last sitting week of the month. The Premier has previously promised action by the end of October.

**The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:23):** I think you have the month wrong. November.

**ADELAIDE ZOO**

**The Hon. S.W. KEY (Ashford) (14:24):** Will the Premier tell the house why Adelaide Zoo, and not the sanctuary on the Gold Coast, was chosen to become the home of the pair of pandas from China for the next 10 years after 2009?

**The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:24):** I look forward to the day when I can stand beside Alexander Downer, whether or not he is the leader of the opposition here, at the Adelaide Zoo and together say, 'Go Pandas'. But I want to congratulate Alexander Downer—

**The Hon. P.F. Conlon:** You're just pandering to public opinion.

**The Hon. M.D. RANN:** No, it is not pandering to public opinion at all. I want to congratulate Alexander Downer in this coup in assisting the Adelaide Zoo in getting the first giant pandas ever to come to Australia. In fact, I cannot think of anywhere else in the southern hemisphere where there are pandas.

There was a lot of nonsense in the weekend papers that the mayor of the Gold Coast, former Olympic runner Ron Clarke, is wild with anger that the Adelaide Zoo has been successful in securing two giant pandas from China. I am also told that certain Western Australians are also screaming at the decision. Ron Clarke was quoted in Saturday's *Advertiser* as saying, 'Who goes to Adelaide by choice?' He also described the decision as a 'disgrace', according to the article.

**An honourable member:** He won't win a gold medal.

**The Hon. M.D. RANN:** That's right; he won't get a gold medal in diplomacy from the Chinese. I will not sink to his level of personal invective, because that is not my way, or attempt to besmirch the reputation of the Gold Coast by answering this outrageous slur. There is clearly a lot that the mayor of the Gold Coast does not understand, because pandas are not just a tourist attraction. I wish I had had more notice of this question, but I will do my best. These magnificent creatures are also endangered, and they need the help of eminent scientists, conservationists and zoologists if their species is to continue on. I can sum up in three words why the Adelaide Zoo was chosen to become the home of the pandas, and they are; Dr Chris West. Dr West—

**Dr McFetridge:** Hear, hear!

**The Hon. M.D. RANN:** Thank you for the support. Dr West is an internationally respected veterinary scientist who, I am told, was the former head of the London Zoo. Dr West came from the London Zoo to head up the Adelaide and Monarto zoos early last year. He came here by choice! He came here because Zoos SA has a very strong team of vets and scientists who, in collaboration with research programs being conducted in our universities, operates one of the best, most rigorous and largest research and breeding programs of endangered species in Australia. I am told that the only zoo that runs a bigger conservation and breeding program is Taronga Zoo, which is much larger than the Adelaide Zoo. Zoos SA's team of zoological scientists has gained respect around the world. It has been involved in breeding endangered species, including the red pandas, for many years.

Adelaide was extremely fortunate that Dr West chose to come here to head up this group of scientists and take the Adelaide Zoo and its larger sister, the Monarto Zoo, into the next exciting phase in their development. In fact, just recently I used my discretionary powers to award \$2 million to help kickstart a redevelopment of the Adelaide Zoo, starting with its gates and boundaries. I think that that is an investment in not only a leader but a zoo with a huge future.

It was Dr West who first began making trips to China more than 10 years ago to establish collaborative research programs with China on behalf of the Chester Zoo and a veterinary school in the UK. It was his interest and connections made a decade ago that prompted Dr West to approach the foreign minister, Alexander Downer, in April this year with the idea of making a diplomatic approach to the Chinese government about securing a pair of pandas for the Adelaide Zoo. Not only would this allow our vets and scientists to collaborate on a breeding program for this iconic endangered species, but Dr West had the vision that the giant panda would also increase the patronage of our already incredibly popular zoo. Annually—and I know our students here would be part of this—the Adelaide Zoo attracts about 400,000 visitors a year.

Based on the pattern established in other zoos around the world that have secured pandas, such as San Diego in the US, their mere presence could well double visitor numbers to our zoo, especially in the first five years. If and when the pandas have a baby panda (which we all want

to happen) visitor numbers are also expected to jump again. There is romance in this story. Being a private zoo, Dr West recognises that the best way to maintain and gain new sponsorship of its programs, to establish better living environments for the animals and to keep lifting the scientific and conservation standards of the zoos is to keep up the level of interest, patronage and passion for conservation within the community.

Dr West visited China earlier this year to establish Adelaide Zoo's scientific credentials to Chinese officials, and the Chinese have responded with two delegations to Adelaide to see for themselves the excellent facilities at our zoo. The decision to place the pandas into Adelaide was not based on a fly-by-night meeting at APEC between the foreign minister and the Chinese prime minister. There has been a huge amount of work going on. Adelaide also has a more comparable climate to that of the natural habitat of the giant panda. While it is much colder in China during the winter, I am told that they are well used to warm, even hot summers.

I am told that, on the Gold Coast for many months of the year the giant panda would have to be housed inside some giant climate-controlled facility. I would like to invite the mayor of the Gold Coast, Ron Clarke, to come to Adelaide, and find out why this was the appropriate choice. I suggest that it makes contact with the president of Zoos SA, the wonderfully dedicated Heather Caddick, to discover the excellent work being undertaken at Adelaide and Monarto by a fantastic team of scientists, vets, conservationists, zoo keepers, handlers, and many great volunteers and contributors who keep our zoos running so well.

The Minister for Water Security, the Minister for Tourism and I visited Monarto at the weekend to see the wonderful white rhino breeding program and, of course, to see the new baby rhino. I suggest that Ron Clarke also needs to discover for himself the many and beautiful places, food, wine and events on offer in Adelaide and South Australia before he begins bleating about losing out. But, because we are a generous people in this state, as compensation I am more than happy to send Mr Clarke a giant plastic blow-up panda, which is probably more in keeping with the nature of other tourist attractions on the Gold Coast—a gesture of goodwill.

#### MURRAY RIVER

**Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:32):** My question is again to the Premier. When will salinity levels in the River Murray require emergency action to protect drinking water supplies to South Australian families? The World Health Organisation standard set a maximum of 1,000 EC. It has been confirmed that salinity levels now at 730 EC at Morgan, and 2,690 EC at Meningie. The government recently admitted that the Premier has emergency plans to provide bottled water across the city if salinity levels reach crisis point.

**The Hon. K.A. MAYWALD (Chaffey—Minister for the River Murray, Minister for Water Security, Minister for Regional Development, Minister for Small Business, Minister Assisting the Minister for Industry and Trade) (14:32):** Salinity is an emerging problem as a consequence of the drought, and it is something that South Australia has been well aware of and for which it is undertaking significant contingency planning both at a state and national level as a consequence. The federal government, New South Wales and Victoria are also involved in those contingency plans. As a consequence of the low flows into the Murray-Darling Basin, South Australia, New South Wales and Victoria have had to renegotiate their water-sharing arrangements. Part of those water-sharing arrangements have allocated a specific amount of water to South Australia for dilution flows. These dilution flows have commenced flowing to South Australia to assist us in managing what is an emerging salinity issue.

Salinity is increasing and will continue to increase as a consequence of the drought. The number of scenarios that we are dealing with include contingency planning for any interruptions to water supply. A good example of that is what happened recently with the Morgan to Whyalla pipeline, where we were required to actually provide alternative supplies in the short term because of a breach in that system. It is normal practice for any water utility to plan for contingencies. We are, however, continuing to negotiate with New South Wales, Victoria and the commonwealth to secure South Australia's supply. Salinity is emerging as an issue that South Australia will need to watch very closely, and ensure that we have appropriate contingency plans in place. There will be a further report from the senior officials group that has been—

*An honourable member interjecting:*

**The Hon. K.A. MAYWALD:** This is the Prime Minister's contingency planning process. A report will be provided to the Prime Minister and the premiers in early November. We hope that that

will deal with issues of establishing a Murray-Darling Basin solution in regard to emerging salinity and water quality issues.

### DNA TECHNOLOGY

**Mr RAU (Enfield) (14:34):** Can the Attorney-General inform the house how recent advances in DNA technology are being applied in South Australia and the law and order benefits they bring?

**The Hon. M.J. ATKINSON (Croydon—Attorney-General, Minister for Justice, Minister for Multicultural Affairs) (14:35):** Members may recall that in the 2007-08 budget the government increased funding for Forensic Science SA. Many honourable members would be aware that, when it comes to crime, DNA technology provides our police with a useful tool to assist in solving crimes, both current and those committed in the distant past. Indeed, those who watch the current crop of CSI genre television programs might recall these latter cases as cold cases. Within Forensic Science SA we have many of those services, although we are not able to compete with their television colleagues who solve every crime within the mandatory 60 minutes.

Forensic Science SA does a sterling job in this important and ever expanding area of technology. Within Forensic Science SA DNA analysis is carried out by what is termed the Biology Group. This group of 40 administrative, technical and scientific staff all contribute to the critical areas of criminal case work, database reference analysis, intelligence processing, IT development and the presentation of evidence within the justice system.

In the recent budget DNA services received an increase in funding of \$1.4 million, and I can tell the house that this money is well spent and the results are already obvious. Enhanced by the provisions of the Criminal Law Forensic Procedures Act 2007, which was enacted in May, our DNA database is rapidly expanding. Last month, South Australia began participation in the national crime investigation DNA database and we now have 28,820 DNA profiles on the system.

*An honourable member interjecting:*

**The Hon. M.J. ATKINSON:** Well, it is true that the Premier and I did have our DNA samples taken. I am not sure, though, that they were uploaded on to the database at that time.

*An honourable member interjecting:*

**The Hon. M.J. ATKINSON:** I thought I spoke very well; they did.

*An honourable member interjecting:*

**The Hon. M.J. ATKINSON:** Well, the Russian language parts were, yes. Of course, DNA technology is of most use to our police, and Forensic Science SA has already issued 8,000 match reports. A match report, as the member for Bragg would know, is where the database matches DNA samples into a group, that is, matching a sample to a particular person or to a particular scene; I mean, Bevan Spencer von Einem, for example, for the benefit of the member for Bragg. In addition to work in our state, Forensic Science SA has also reported 1,322 interstate links to SAPOL for investigation. These are matches that could apply to persons or crime scenes interstate.

I think the best example of where we are heading with this technology can be seen from an incident that occurred late last month. Police from the Sexual Crime Investigation Branch arrested a 21 year old man and charged him with 10 counts of rape, and other offences. These offences occurred in 2003, so arguably the conventional investigating trail was well and truly cold. Such are the benefits of DNA technology to our state, and it is a great pity that the attorney-general of blessed memory, the Hon. K.T. Griffin, was so cautious and unwilling to use this technology to the full extent.

So, through the resources of Forensic Science SA, DNA analysis will remain an important tool in delivering justice, and an integral part of the Rann government's tough on crime approach.

### VICTORIA PARK REDEVELOPMENT

**Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:40):** My question is again to the Premier. What is the government's current position on the Victoria Park lease and grandstand?

**Mr Koutsantonis:** What's yours?

**Mr HAMILTON-SMITH:** We have made ours very clear, unlike you. On radio this morning the Premier denied his government is considering special legislation to push the Victoria Park project through. The \$55 million redevelopment is under renewed threat, with most newly elected Adelaide City Council members vowing to block the lease.

**The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Industry and Trade, Minister for Federal/State Relations) (14:41):** That is not what the Premier said. The project has not yet been considered formally by the Development Assessment Commission. My advice is that will happen on Thursday, and from Thursday hopefully we will know whether or not the project has received development approval from the DAC. I do not think the leader would be suggesting that state parliament should legislate ahead of a Development Assessment Commission approval. Is that what he is suggesting?

**Mr Hamilton-Smith:** You are supposed to answer the questions.

**The Hon. K.O. FOLEY:** Right, I am supposed to answer questions. I would be very surprised if the member for Bragg or the member for Unley would support a legislative approach, given their publicly stated positions on this. The deputy leader buries her head in her paperwork and the member for Unley says nothing. So I do not think the leader can come into this place and suggest he has unity on this issue.

Of course, the Liberal Party has already said that it would like to tie the funding of the Britannia roundabout to any legislative approach. Whatever decision this government takes, we will not be blackmailed by a Liberal Party opposition about tacking bits onto any potential legislation. We have made no decision on legislation, and we will not consider that until we know what the situation is, firstly, from the Development Assessment Commission, which is the planning approval body. You cannot finalise anything until that process has occurred. Secondly, one would hope that the Adelaide City Council would honour its earlier position that it would support this development and approve a lease. I have great faith in the Adelaide City Council to behave like a responsible tier of government and honour its obligation to the state government.

**The Hon. M.J. Atkinson:** I think we should have a privileges committee on that one!

**The Hon. K.O. FOLEY:** Are you suggesting I am lying? I live in great hope that the re-election of mayor Harbison will mean that this project will get the approval of the Adelaide City Council, but let us get through next Thursday and see what the Development Assessment Commission says, and then we will decide where we go from there.

**The SPEAKER:** The Leader of the Opposition has a supplementary question.

#### VICTORIA PARK REDEVELOPMENT

**Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:43):** Given the reply, I ask a question of the Premier. Why does the Premier criticise the Adelaide City Council for making decisions and reversing them, when he and his government do exactly the same thing? Today on radio the Premier said that the Adelaide City Council 'constantly makes decisions and then reverses them', yet the Premier himself has made decisions and reversed them on WorkCover levies, schools, bucket-only water restrictions, after hours emergency closures and aquatics programs.

*Members interjecting:*

**The SPEAKER:** Order! That was not a supplementary question. It is an entirely separate question. It may have been on the same subject, but it has no connection whatsoever to the previous question. Does the Premier wish to answer it?

**The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:44):** Can I just say that I made the point at the weekend when I congratulated the Lord Mayor on his re-election that I thought the low turnout was really a cry from the people of Adelaide for the city council to get its act together. I think that everyone is sick and tired of the squabbling, the constant internal factionalism, the stabbing in the back and the personal attacks. It is what the Liberal Party has been like over many years. So, I guess we are hoping that the new council—

*An honourable member interjecting:*

**The SPEAKER:** Order!



**The Hon. M.D. RANN:** —will work with us constructively for the benefit of the city and this great state.

#### GREEK ORTHODOX CHURCH

**Mr KOUTSANTONIS (West Torrens) (14:45):** Is the Premier concerned by the latest attack on the Greek Orthodox Church and community by the Liberal opposition?

**The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:45):** I am delighted to answer this question. Can I just say that the former government and the former premiers, and remember they were Dean Brown and John Olsen (they got on well) and then Rob Kerin (and I know that the Leader of the Opposition was right behind all of them), set up a discretionary account to allow for the funding of important community initiatives. This government (and former governments) has funded projects and programs put up by the Catholic Church, Anglicare and the Salvation Army; a whole range of different groups. However, for some reason, to provide funding for a Greek Orthodox Church initiative is somehow being questioned by—

**The Hon. M.J. Atkinson:** It's too exotic for the Liberal Party.

**The Hon. M.D. RANN:** That's right. We have seen a series of extraordinary attacks on the Greek Orthodox Church, and this is not the first of them. I remember announcing prior to the 2002 election that, if elected, I would instruct my Attorney-General to take a series of cases to the International Human Rights Court on behalf of groups of refugees in this state whose possessions and properties were dispossessed during the illegal Turkish invasion in 1974. And we have done that: we have provided funding.

I went to see a very famous lawyer in Nicosia, who is the son of one of the great, longest serving mayors of that divided city—like Berlin, with a wall that runs through it: on one side freedom and, on the other side, oppression and repression. Because we decided to act on behalf of a group of citizens and families in this state who had had their lands and properties ripped away from them illegally, we were condemned by the Liberal Party. What is it that the Liberal Party has against the Greek community in this state?

What we have done is fund an outstanding initiative to serve dispossessed and disadvantaged people in the northern suburbs of South Australia. I am proud of that funding, and I stand by it, in the same way that I stand by funding that we have given to other church groups that are doing good things in this state. This government receives a range of requests for funding from organisations that perform community work. Such a request was received from the Greek Orthodox Archdiocese of Australia.

Of course, I am familiar with the great work carried out by the St Dimitrios Church in the northern suburbs of this state. I was, of course, generally aware that it was planning a redevelopment and, having read its submission, I was prepared to support the project, subject to the availability of funds. I referred the matter to the Treasurer, as is appropriate, and the organisation was duly granted funds. That is not dissimilar to what happens with many other community organisations that provide services to the community, including the Catholic Church, other multicultural organisations and many non-government service providers. The funding for the Adelaide Zoo that I announced just before was undertaken by way of a similar approach.

What members opposite are saying to us is that not only do they not have faith in the Greek Orthodox Archdiocese, but they also want us to be prejudiced against it in our decisions. We will back people who are doing good things in our community to make a difference. I am staggered that the Leader of the Opposition and the shadow minister for multicultural affairs, through his senior colleague in another place, should begrudge this funding to the Greek community, which has made such an enormous contribution to the economic, social and cultural development of our state.

I am sure not just the Greek community but other groups who have received funding to assist with their worthy programs would be appalled by the attitude of the Liberal opposition. Many ethnic groups would now be wondering whether they will be targeted next in this Liberal campaign. It does not bode well for multiculturalism under any future government led by the current Leader of the Opposition—or who knows what successor.

The Cultural and Learning Centre was proposed as a centre open to all members of the public, offering seminars to new migrants from a range of countries, including the Sudan, Egypt,

Vietnam, Liberia, Ghana and other African nations. The seminar program involves help accessing government services, health services, training, school enrolment, as well as help with shopping and banking. The parish proposal also outlined using the centre as an out-of-hours language school to accommodate up to 300 students. Other activities include art and craft sessions, music and dance instruction.

As I mentioned, the grant was provided from a discretionary fund set up under the previous Liberal government. The fund allows the premier of the day to make grants to various community organisations for the benefit of South Australians, and I am pleased that this was the biggest grant made because it is about making a big difference. For some reason, the Liberals seem to have a real problem with the Greek community benefiting from the same discretionary fund that they set up. I intend to raise this extraordinary attack with Archbishop Stylianos, the Metropolitan of the Greek Orthodox Archdiocese of Australia, and Bishop Nikandros in this state. Shame on you for this filthy attack on the Greek community.

*Ms Chapman interjecting:*

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

### **WATER SECURITY**

**Mr WILLIAMS (MacKillop) (14:51):** My question is to the Premier. Why was he the last of the Murray-Darling Basin state premiers to recognise the need to provide water incentive rebates to South Australian householders? Water conservation incentive schemes, upon which the Premier's announcement on Sunday was based, have already been introduced by other Labor state governments—New South Wales, March 2006; Queensland, June 2006; and Victoria, as early as January 2003.

**The Hon. K.A. MAYWALD (Chaffey—Minister for the River Murray, Minister for Water Security, Minister for Regional Development, Minister for Small Business, Minister Assisting the Minister for Industry and Trade) (14:52):** The South Australian government takes the issue of water savings very seriously. Following the drought of 2002-03, when South Australia experienced the introduction of water restrictions for a very short period—I think it was about three months on domestic consumers—the South Australian government determined to introduce to this place legislation which introduced permanent water conservation measures in 2002-03 to reduce the use of water by domestic consumers and also to encourage more efficient use by industrial users.

South Australians then did not experience domestic water restrictions again until this year—the most extreme drought event that we have faced since the settlement of South Australia. Restrictions were introduced in October last year, and we also introduced at about that time rebates for tap timers and low-flow showerheads, and also rainwater tank rebates. The recent announcement in relation to the extension of those incentives is about ensuring long-term, better wise water use within the home. We encourage South Australians to take up these incentives and we also ask the Liberal opposition to get on board with the water issues and to start walking a little bipartisan as everyone else seems to be.

### **QUEEN ELIZABETH HOSPITAL**

**Mr KOUTSANTONIS (West Torrens) (14:54):** My question is to the Minister for Health. What is the government doing to improve facilities for research at the Queen Elizabeth Hospital?

**The Hon. J.D. HILL (Kaurana—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (14:54):** I thank the member for his question and acknowledge his strong advocacy for the western suburbs health system. The state government is committed to upgrading the Queen Elizabeth Hospital. An important part of our current \$120 million redevelopment program is a new, state-of-the-art \$19 million research laboratory. The new centre will boost the state's health and medical research capabilities.

This facility will provide state-of-the-art laboratories equipped with technically advanced research equipment. The QEH is a teaching hospital, with a proud and strong tradition in the pursuit of excellence in clinical care, teaching and research. Once completed the new research facility will allow the QEH to continue to attract and retain first-class clinicians and researchers well into the future. I had the pleasure of visiting the new facility last week (and I must say that the builders have made very quick progress in the initial stages of the project), and the researchers and clinicians I spoke to were very excited about the opportunities this new centre will provide.

The QEH has a strong role in research in South Australia—the hospital's research activities have acted as an incubator for significant endeavours in South Australia—such as reproductive medicine and sleep studies, as well as the Child Health Research Institute investigations of wound repairs—and the laboratories will provide a large, integrated space for collaboration between groups from diverse areas of medicine, including cardiology, gastroenterology and urology.

Ten groups are expected to move into the facility to undertake and expand on research, further enhancing the hospital's reputation for research excellence. Around 125 people will work in the facility, including research staff and a large number of higher degree and honours students who are in training. The facility is a three-storey building to be constructed on the old Simpson Street car park opposite the hospital, behind the Woodville Hotel. It will also provide undercover parking for staff and university researchers and will be constructed to allow for expansion in the longer term.

The government is working to expand health and medical research in South Australia through the establishment of a health and medical research council. Through our reforms, revenue from the commercialisation of research in the state supports researchers and their projects rather than going into general state revenue, which was the case previously. This is a really progressive step forward in building up our health and medical research sector and supporting our researchers.

*Members interjecting:*

**The SPEAKER:** Order!

### WATER POLICY

**Mr WILLIAMS (MacKillop) (14:56):** My question is to the Minister for Water Security. Why are call centre staff at SA Water relying on *The Advertiser* to find out what water policies are being applied in South Australia? Yesterday (that is, Monday) a constituent rang my office to complain about the lack of detail available to consumers regarding their eligibility for a rebate on some water-saving appliances. When my staff rang SA Water to find out why there were no details on the website, SA Water staff members said 'We don't know anything other than what is in *The Advertiser*.' When asked if he had any information about what rebates were available he said:

'We've only got a photocopy of *The Advertiser* and we're going by what's in that article. It has the headline 'At last some water-saving rebates'.

**The Hon. K.A. MAYWALD (Chaffey—Minister for the River Murray, Minister for Water Security, Minister for Regional Development, Minister for Small Business, Minister Assisting the Minister for Industry and Trade) (14:57):** As announced by the Premier on Sunday, and also in the statement I made to the house today, these new water incentives will start from 1 November. There is a very extensive booklet being developed that will be available, and SA Water staff are currently being educated on the new incentives. This is a terrific scheme that will provide lots of opportunities for South Australians to become more water wise in how they use their water. The scheme extends the incentives available to people to save water by \$24 million over three years. It is a great initiative and will result in \$5 billion worth of water savings per annum by 2010. That is a large amount of water.

South Australians are already responding incredibly well to the water restrictions as a consequence of the drought; we also know that they responded very well to water conservation measures that were put in place back in 2003 as result of legislation in this parliament. In fact, we saw somewhere around a 15 per cent reduction without restrictions—which is, I think, a great credit to the South Australian people. Under restrictions currently in place we have also seen 23 billion litres of water saved since the beginning of this year, and we should be congratulating the South Australian community for their efforts. Any attempt by the opposition to undermine the good work of the South Australian community should be abhorred.

### LAKE VICTORIA

**Mr PEDERICK (Hammond) (14:59):** My question is to the Minister for Water Security. Exactly how much water is held in Lake Victoria—

*The Hon. M.J. Atkinson interjecting:*

**The SPEAKER:** Order!

**Mr PEDERICK:** I will start again. Exactly how much water is held in Lake Victoria, and how much is accessible by South Australia and on what basis?

**The Hon. K.A. MAYWALD (Chaffey—Minister for the River Murray, Minister for Water Security, Minister for Regional Development, Minister for Small Business, Minister Assisting the Minister for Industry and Trade) (15:00):** I thank the member for his question and I also acknowledge the work he is doing on behalf of his community as the local member in Hammond. The regional communities are experiencing one of the toughest times that they will ever face and his advocacy on behalf of his community is to be applauded. As to the question of Lake Victoria, I think it holds about 600 gigalitres. It is a re-regulating lake; in other words, the Murray-Darling Basin Commission uses it to move water down from Hume Dam to be accessible to South Australia as we need it. It is more of a re-regulating facility than a storage facility.

#### LAKE VICTORIA

**Mr PEDERICK (Hammond) (15:00):** Again, to the Minister for Water Security, what constraints exist which prevent part of the Lake Victoria reserves of water for use by Riverland irrigators over the coming summer?

**The Hon. K.A. MAYWALD (Chaffey—Minister for the River Murray, Minister for Water Security, Minister for Regional Development, Minister for Small Business, Minister Assisting the Minister for Industry and Trade) (15:00):** All water in Lake Victoria is accounted for under the full water sharing arrangements, and it has been accounted for in the calculations of available water for each of the states. It is merely a re-regulating structure to enable us to get access to water at the times that we need it and in accordance with our usage profile.

#### GLENSIDE HOSPITAL REDEVELOPMENT

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (15:01):** Will the Minister for Infrastructure explain why the owners of the Frewville Shopping Centre were given a government undertaking to have the first option to purchase precinct 4 at Glenside Hospital? When I asked the minister on 27 September this year why he had given the owners of the Frewville Shopping Centre that first option to buy precinct 4, he claimed that it was consistent with an original undertaking given by the previous government and that he would provide the letter of say-so. In fact, he has provided the letter, and I thank him for that. It is a letter dated 3 January 2001 and it does not disclose any undertaking to give a first option to precinct 4 but, in fact, clarifies permission to demolish a small part of a heritage wall and the accompanying land to accommodate that.

**The Hon. P.F. CONLON (Elder—Minister for Transport, Minister for Infrastructure, Minister for Energy) (15:02):** How does that member get it so wrong? That is not what I said at the time. I said why. The question was why it was being sold to these people. My answer was that an obligation had already been created—I did not say on that precinct 4: I said an obligation had already been created. I note that the member for Bragg is going to a public meeting this evening to tell them how her party opposes the sale of Glenside. Here is the letter from Iain Evans; of course, everyone remembers Iain—he was the leader of the opposition in between—no, that is right, there is one before Alexander Downer, isn't there? It is addressed to Steve Condous. He said:

I refer to your letter regarding the Glenside Hospital wall. I have recently visited the site and decided to support the request of Chapley Nominees Pty Ltd to purchase portion of the Glenside Hospital site and demolish the small...

I have another letter here from Dean Brown—

*An honourable member interjecting:*

**The Hon. P.F. CONLON:** Yes, to the same thing; they had already agreed to sell a portion of the Glenside site. Of course, I am sure that, when the member for Bragg is at the public meeting tonight, she will not be telling about how their government back in 2001, I think it was—

**The Hon. M.J. Atkinson:** In 2001.

**The Hon. P.F. CONLON:** —in 2001, had already agreed to sell off parts of Glenside to this group. The reason—

**The Hon. M.J. Atkinson:** Or she'll blame the other faction.

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** Yes, she will blame the other one. She is instrumental, as I understand it, in the fact that Iain Evans is the former leader of the opposition. But the advice of our people was that an obligation had been created to the Chapleys and one on which they had acted to a degree to their detriment in providing some land to the Department of Transport some

considerable years ago. Then they had been very patient in finding that the previous government had not actually acted upon the undertaking they had given them.

When the plans for this site were examined, the advice given to us was that, given the obligation that existed, the best way to deal with this land in the sale was a direct sale to the Chapleys who already had an obligation over a part of the land. That land will be sold to the Chapleys.

*Ms Chapman interjecting:*

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** That land will be sold to the Chapleys at market value. Apparently, it is outrageous for us to do it, but it was all right for them to do it. They were going to sell a portion of the land to the Chapleys and not go to tender; we are going to sell a proportion of the land to the Chapleys and not go to tender. Apparently, it is all right for them but not all right for us. You will have to explain that one to me. The simple truth is that, years ago, you created an obligation to those people that you did not meet, and you exposed the state in that regard. Our advice is that the best way of dealing with that land is through a direct sale. I hope the media is at the public meeting tonight. I bet you that we will not hear about this at the public meeting that the member for Bragg is going to tonight about their government plans to sell a proportion of Glenside to the private group. I do not know what you have against the Chapleys, folks, but we—

**Mr Koutsantonis:** He's a Greek.

**The Hon. P.F. CONLON:** Well, it's not a very good day for the Greeks in here, is it? They created an obligation to the Chapleys and that obligation remained undischarged for many years. Our advice is that the best way to deal with this land, given the obligations already owed to the Chapleys, is to deal with them at market value. The South Australian punter will not lose, the Chapleys will not lose; they have waited a long time for you to meet your obligations and, despite your approach, we do meet obligations created by the former government.

#### HAMMILL HOUSE

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (15:06):** Will the Minister for Health give the house an assurance that Hammill House, the aged care facility within the Port Pirie Regional Hospital, will meet federal accreditation standards as required in 2008? I am advised by the member for Frome that, in 2001, following extensive community consultation, \$2 million was allocated to upgrade Hammill House to meet federal accreditation standards. The project was re-announced in the 2002-03 budget papers and then the minister announced that the government would complete the upgrade by December 2003. Four years later, while some work has been done, the facility is still well short of meeting the standards required by next year.

**The Hon. J.D. HILL (Kaurana—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (15:07):** I made a statement in this house last year, I think, or maybe the year before, in relation to Hammill House and I provided the resource that had been committed by the former government once again. I think we followed up that commitment to the letter. I will get some further advice for the member, because I do not have all of the details in my memory at this stage. I am happy to get the advice for the member. It is, of course, a lot more complex than I think her question suggests.

#### TRANSADLAIDE PAYROLL SERVICES

**Dr McFETRIDGE (Morphett) (15:08):** When will the Minister for Transport implement up-to-date documented policies and procedures in the area of payroll services for TransAdelaide employees to ensure that invalid employees are not put on the payroll system and paid, and that current employees are paid correctly? The Auditor-General's annual report states:

Audit of payroll identified the following issues: a lack of independent checking of new and terminated employees on the payroll system resulted in the risk that invalid employees may be input into the payroll system and be paid.

Another point:

There is a lack of independent checking of the validity of all current employees.

And the final point:

There is no review of payroll data processed to the payroll system which may identify input errors.

**The Hon. P.F. CONLON (Elder—Minister for Transport, Minister for Infrastructure, Minister for Energy) (15:09):** I will see if I can put my hand on it. If not, I will provide the detail. The member for Morphett has to understand that the Auditor-General looks at systems and processes for the audit, identifies risks and then the agency acts upon them. I do not have it in front of me, but the agency has acted upon some of those system risks identified by the Auditor-General, and I will provide that detail. I actually gave it to the *Sunday Mail* on Sunday but it was decided that it was not so exciting and the paper did not run it. I will provide it to the honourable member as well.

Regarding those system risks, it does not mean that the things that have been identified that could happen have happened; it identifies what the Auditor-General sees as perhaps weaknesses in the processes. I understand that most of those have been addressed. I am quite happy to provide the details. I am sure that the member for Morphett will be disappointed to find that it is not really as terribly exciting as he thinks.

#### WORKPLACE HEALTH AND SAFETY

**The Hon. P.L. WHITE (Taylor) (15:10):** My question is Minister for Industrial Relations. What is the government doing to promote workplace health and safety for South Australian employers and employees?

**The Hon. M.J. WRIGHT (Lee—Minister for Industrial Relations, Minister for Finance, Minister for Government Enterprises, Minister for Recreation, Sport and Racing) (15:11):** Yesterday I had the pleasure of officially opening Safe Work 2007, South Australia's premier occupational health, safety and welfare event. I acknowledge that the members for Morialta, Unley, Ashford and Hartley were all in attendance. The Safe Work 2007 program of events runs in conjunction with National Safe Work Australia Week, meaning that all round the nation attention is being focused on workplace safety issues.

The government commits to this event each year because we are determined to deliver safer workplaces for all South Australians. By arming workers and employers with practical information and a better understanding of how to prevent accidents, we can all work together to reduce death, injury and disease at work. Safe Work 2007 brings together presenters from unions, employers and support groups who will collectively cover a broad range of occupational health and safety topics. In particular, I welcome the involvement of leading community groups such as the Royal Flying Doctor Service and the Cancer Council of South Australia. Workers and employers will have the opportunity to learn about such things as identifying and reducing OHS risks at the workplace, achieving work/life balance, OHS for small business operators, and improving OHS standards in the mining sector.

Safe Work 2007 is a great time for everyone in the community to get quality information and advice that will put them on the path to a safer workplace. I urge all members of this house to promote the benefits of Safe Work 2007 and to work with us to deliver safer workplaces for all South Australians.

#### NORTHERN EXPRESSWAY

**Dr McFETRIDGE (Morphett) (15:12):** Is the Minister for Transport hiding further cost blow-outs to the construction of the Northern Expressway by now purchasing land, which was originally part of the Northern Expressway project, as part of the Gawler River flood mitigation plan or other similar projects? Affected residents have told the opposition that they now fear that they will be paid only a fraction of their real estate land value as it is being acquired as part of the Gawler River flood mitigation scheme, not as part of the Northern Expressway project.

**The Hon. P.F. CONLON (Elder—Minister for Transport, Minister for Infrastructure, Minister for Energy) (15:13):** I am struggling to understand the question, which, of course, had a great deal of comment.

*Ms Chapman interjecting:*

**The Hon. P.F. CONLON:** I thank the member for Bragg; she is always very helpful in providing information. She has a voice like a Ryobi power tool. If I understand it, the allegation is that we are hiding a cost blow-out in the Northern Expressway by using that money to purchase land for a flood mitigation scheme. This bloke comes in to the house time after time. And they are going after him again. They are interjecting about the public servant who they defamed in this place quite wrongly out there. They have alleged conflicts with public servants that did not exist. This is a guy—

*Mr Williams interjecting:*

**The SPEAKER:** Order!

**The Hon. P.F. CONLON:** Well, I will tell you this: I am prepared to come into this house and humbly apologise if there is anything in what he has alleged if he is prepared to come in and humbly apologise for once again getting it utterly wrong. There you go! I will come in here; I will humbly apologise if there is anything in what he says if he is prepared to do the same. Come on! Are you going to do it? Put your hand up! Do you have faith in your allegation? No. You are weak; you have always been weak. You have come into this place, you have told us that there is legionnaire's disease in the trams, public servants had conflict. He accused the fire brigade when someone died because they were not there. Just once put your mouth where your mouth is. Just tell us. I will be prepared to come in and apologise if what you say is right. Are you prepared to apologise that getting it wrong again? Will you do it? No, you won't!

**Ms CHAPMAN:** Point of order, Mr Speaker: he is clearly debating. The minister has been here long enough: we ask the questions, he gives an answer.

**The SPEAKER:** Order! There is no point of order.

*Members interjecting:*

**The SPEAKER:** Order! Can I just point out to all members, if they have a point of order there is an orderly way of drawing it to my attention, and that is to get up and draw it to my attention. Calling out, 'Debate, debate, this is debate, this is debate' by way of interjection is not an orderly way to draw my attention, and I will ignore such interjections.

## GRIEVANCE DEBATE

### WAKEFIELD ELECTORATE

**The Hon. G.M. GUNN (Stuart) (15:15):** Mr Speaker, I am pleased to have the opportunity to correct on the record some slanderous and misleading statements that have been circulated around the electorate of Wakefield imputing improper activities by the Liberal member David Fawcett. The first question which needs to be raised in this issue is: who was aware? Who got their fingerprints on this little document which was circulated? Was it the director of the local campaign up there? Was he involved? How much did the member for Light know about this? Was he involved? Who had their fingerprints on it? It is interesting to note that the Labor candidate declined the opportunity to go on the ABC and defend it. Mr Michael Brown did not want to be involved. Did he have his fingerprints on it? Earlier, when the question was raised, this is what Mr Brown had to say, as reported in *The Advertiser*.

Mr Brown, who told *The Advertiser* the previous day that it wasn't a negative brochure, received a phone call...

Well, what was it, if it wasn't a negative brochure? It was a misleading and dishonest brochure, because what it set out to do was—

*Members interjecting:*

**The Hon. G.M. GUNN:** That's right, and Abraham mentioned the member for Napier, that he lived at Springfield. That's right, and so if it is good enough for the goose it is good enough for the gander. Let us just have a look at the facts. This is what David Fawcett said:

The photo that they used on the brochure...was a photo taken at a fundraiser at a farm at Mallala, raising funds for the Women and Children's Hospital...the champagne bottle was held by Jenny Irish, who was the wife of the owner of the farm...the other person next to me was a local from Kangaroo Flat...and that was even before the election.

It was before the election, and they were using this document to try and make out that a decent, competent, hardworking person was in some way unfit to be a member of parliament. Let me say that David Fawcett has served his country well. He is a hardworking, reliable, competent member of parliament.

**The Hon. M.J. Atkinson:** About to depart.

**The Hon. G.M. GUNN:** It is obvious that the Attorney-General, Her Majesty's first law officer, supports this sort of material being circulated.

**The Hon. M.J. Atkinson:** My word.

**The Hon. G.M. GUNN:** So the Attorney-General of South Australia supports dishonest material. I challenge the Attorney-General to refer this document to the Director of Public Prosecutions, because it is false. It is false and misleading, and it tells untruths. Is that the basis of the Labor Party's campaign in Wakefield? We have not heard anything from the member for Light. I am told that he is involved in the running of the campaign. Was he aware that this pamphlet went out? Was he aware that the pamphlet went out, because surely—

**The Hon. M.J. Atkinson:** Fawcett doesn't live in his electorate. That is the only point it is making.

**The Hon. G.M. GUNN:** The point is that this photo that I have in front of me is a doctored photo. It is doctored, it is misleading, it is untrue.

**The Hon. M.J. Atkinson:** Doctored in what sense? How is it doctored?

**The Hon. G.M. GUNN:** Of course it is doctored. So the Attorney-General of South Australia, Her Majesty's first law officer, believes that this sort of material is the way that one should betray one's opponent. We will remember this. Obviously it must have his fingerprints on it. This is the same sort of material that was circulated in the electorate of Stuart when members were telling untruths about me. They were absolute untruths, and the Attorney did not have the courage to own up that he was the person who went to the library and tried to get the material. He did not have the courage, and he stood behind the librarian. That character, thank God, is no longer with us in the library. So, this is the standard. It is interesting that the leader of the federal opposition called to have the document withdrawn. They should send a letter around the whole electorate and apologise for it.

Time expired.

#### URBAN GROWTH BOUNDARY

**Mr PICCOLO (Light) (15:21):** I rise today to speak about the urban growth boundary as it impacts on my electorate and around Gawler. Minister Holloway announced the proposed changes to the urban growth boundary on Wednesday 25 July. The announcement—

*Members interjecting:*

**The SPEAKER:** Order!

**Mr PICCOLO:** The announcement included 320 hectares around Gawler East and 500 hectares around Concordia. There are two important issues which arise from the announcement on that date. First, it indicates the government's long-term intention regarding providing land for urban development, which enables a whole of government approach to plan for the area and provide services for the community; and, secondly, it helps to dampen land prices, which is an issue in terms of housing affordability.

The community reaction to the announcement of the urban growth boundary has been mixed, ranging from people who oppose it outright to people who believe that the government has gone far enough. The most common view has been that people want to ensure that the government and local councils work together to make sure they get it right. There has been quite a bit of misunderstanding in the community about what the government has decided to date. What the government has decided to date is to announce a proposed change to the boundary, and there are a number of processes to follow before anything actually happens on the ground. There is a structure plan in process, and then there is the development plan amendment report process which follows. Each of these processes will involve committee consultation.

The major issues that have been raised with me since the announcement have revolved around, particularly, the impact of potential traffic on the town of Gawler and also public transport. It is also the common view that, if the development is done well, it will be good for the region but, if it is not done well, it could create additional problems for the community.

I understand that a petition signed by 600 local residents has been submitted to the minister seeking more information about the proposed urban boundary. A great deal of anxiety has been caused in the community, as I have previously mentioned, regarding the misunderstanding of what has been decided at this point. Once you get an opportunity to talk to residents one-to-one or at community forums and you explain the processes involved, people have more confidence in the process and actually are looking forward to the release of further information as the structure planning process proceeds.



Since the announcement I have met with people in local shopping centres, my office and at a community forum I held last night in Gawler to address the issues raised by residents. The forum last night was attended by 40 people, including elected members of council in the region. Mr George Vanco, the minister's adviser, was also present and was able to provide a valuable insight into the process from here on.

Again, the views of the residents at the meeting were mixed. It would be fair to say that by the end of the forum confidence in the process had grown. Still there are people who are opposed to the urban growth boundary, which they are entitled to be, and there are still other people who suggest the government has not gone far enough and more land should be opened up.

The forum highlighted that more information is required by members of the community before they will feel entirely comfortable with what is being proposed. The structural planning process will address the key issues raised by residents last night and inform government of what needs to be addressed to ensure that the proposal meets community standards. Last night's meeting also highlighted discussion around the fact that new green sites for urban development provide a great opportunity to achieve sustainable development. It is very hard to have sustainable development in areas by retrofitting existing suburbs. Some of the pluses that this new green site provides are that new houses and whole new areas will be able to meet new environmental standards. I have no doubt that the urban growth boundary—

Time expired.

### WATER RESOURCES

**Mr VENNING (Schubert) (15:26):** In relation to what the member for Stuart has raised, and about which the member for Light has just been on his feet, for the record, I believe that the member for Wakefield is as honest, competent and diligent as any member of parliament I have ever known—and I have known plenty in my time. He is an honourable gentleman and he is a nice bloke. The scurrilous campaign against him is dishonest, misleading and in bad taste. If the member for Light has had anything at all to do with it (whether he has or has not), he should say so. He has now had the opportunity whilst on his feet to respond to accusations made earlier by the member for Stuart. He did not pick it up, so I presume by his silence that he is involved with it. I think it is disgusting. Today I want to raise the topic of the water crisis. There is no more rhetoric: I believe that the day of reckoning has arrived—

**Mr PICCOLO:** I rise on a point of order, Mr Speaker. If the member for Schubert has any evidence to suggest that I have done anything improper, he should table it. If he is trying to smear me, as he has done in the past, perhaps he should try another approach.

**The ACTING SPEAKER (Mr O'Brien):** The member for Light will have an opportunity at a later time, if he feels that he has been misrepresented. The member for Schubert can continue.

**Mr VENNING:** I am the last person in this house to smear people, but the member has had the opportunity in this house to say his part, and did he did not do so. All I can say is that I operate in a clean —

**Mr PICCOLO:** Sir, I have another point of order. As you have just indicated, I will have an opportunity later. This is not question time, which I have to respond to.

**The ACTING SPEAKER:** I suggest that the member for Schubert desist from further attacks on the member for Light. He has made his point. If the member for Light wants to respond at a later time and clarify the situation, he can. I ask the member for Schubert to make no further reference to the activities of the member for Light.

**Mr VENNING:** South Australia is on the brink of a water crisis. No more rhetoric: the day of reckoning has arrived. This drought and the subsequent water crisis could have had as large an impact on South Australia as the State Bank. We are in the early stages of South Australia's worst water crisis in history. We have known about the potential risks of this happening for about six years. We have known that we were entering a period where all the signs were showing. We have been entering this period now for 18 months, and still we have no decisions. We are only a few days away from the first day of summer—a summer which will probably cause much hardship in our state.

What will it be like in February/ March 2008, with 44<sup>o</sup> and 45<sup>o</sup> days? The demand on water will be extreme. The shallow waters of the Murray will warm, and blue-green algae will flourish. We may have to either stop pumping the Murray or, worse, keep pumping it, but warn people not to drink it. Our reservoirs are 65 per cent full, but how long will it last when people panic? People will

fill their rainwater tanks with their hose. And still this government has not even made a decision about whether it is a desalination plant or a weir or both. No decision has been made, even, to buy some off-the-shelf portable units.

Even with the Prime Minister's offer yesterday of \$10 million to assist with feasibility studies and to help pay for the desalination plant, there is still no action. I would be more than happy for us to build a desalination plant and then not need it. That would be a good result. It would be there for the next time, and it will happen even if it rains tomorrow. In the last hour we have received five inches of rain near Crystal Brook, and that is a flood. It is rather ironic that I am making this speech about a drought when we are seeing floods. Irrespective of whether or not we are blessed with rain, we must address the problem.

The Minister for Infrastructure recently told this house what the government has done—we met, we talked, we made a decision, we made a new minister, we agreed with the federal intervention, etc.—on and on. What has it physically done to ward off this almost certain crisis? Nothing! The member for Fisher made a speech last Thursday morning in this house and I think that the points he made were totally the opposite. We now have no choice but to provide emergency measures for water. The time for prevarication and rhetoric has gone. We now have to put the state into urgency mode to do what we can as quickly as we can. We have 120 days before we hit the wall—that is 1 March.

To say this issue is above politics is correct—yes, it is—but when a government is totally inept and bereft of any ideas or ability, we are here as Her Majesty's Opposition—it is our duty; it would not be responsible to do otherwise—to say how it is and to warn our people. We have put down our 19-point plan. We have a plan to do all we can to save our River Murray irrigators, especially our state's citrus trees. We can do much.

What has the government done in relation to saving water in homes and government offices? Oh, that is right! Last week, the Premier and the water security minister announced a \$24 million package of water-saving incentives. At long last, South Australians will be able to enjoy the same incentives to save water as their interstate counterparts have done for a while. In fact, our Premier was the last of the Murray-Darling Basin state premiers to recognise the need to provide water incentive rebates—we should have been the first. However, these incentives will still not be available for some weeks.

We appreciate that the state Labor government has at last introduced incentives, but is too little too late. Why did the Rann government not do it 12 months ago? A huge amount of water could have been saved if the state government banned the use of single-flush toilets, after allowing a few weeks to enable people to upgrade. In an average home, with one occupant, on average, the toilet will get flushed between six and seven times a day—that is 200 litres a day.

### ODEON THEATRE

**Ms CICCARELLO (Norwood) (15:32):** If you mention Norwood or The Parade to anyone, they immediately think of such icons as the Norwood Oval, the town hall, Clayton church and, of course, my office. However, there is another historic landmark quietly located on the corner of The Parade and Queen Street and, of course, I am talking about the Odeon Theatre which, when it was first opened in 1923 by Dan Clifford, was considered to be the most beautiful state-of-the-art theatre in the Southern Hemisphere.

Last month, I was delighted to be a guest at the celebration of the theatre's 21st birthday and to toast its continuing success as the only professional performing arts facility in South Australia dedicated to children and young people. In its 21-year history as a theatre for youth, the Odeon has been home to many thousands of young people. It has provided them with the unique opportunity and experience of participating as performers, technicians, theatre workers, artists and audience in a professional theatre setting and with the assistance of professional theatre staff. It is for that very reason that many South Australians hold the Odeon Theatre close to their heart. Whether they have performed there or watched their children and grandchildren on stage, we can all appreciate the confidence and skills that the theatre inspires and nurtures in our youth.

I am a regular patron of the theatre. In fact, I have been attending that theatre since I was eight years of age when it was a cinema. I am constantly amazed at the strength and diversity of performances that I see. Whether it is professional theatre, community not-for-profit theatre, primary and secondary schools or youth companies, it is exciting to watch young people take charge of their lives and believe passionately in what they are doing. It is therefore critical that the

Odeon Theatre continues to remain a venue which is affordable to schools, youth arts companies and young emerging artists.

I am delighted the state government remains committed to investing in the future of the theatre and our young people. The government's ARTSsmart strategy is directed towards achieving three key outcomes: engagement, partnership and lifelong learning. Our partnership with the Odeon Theatre richly embodies those qualities, giving young people the opportunities to learn, express, explore and communicate. We believe strongly in our vision for the youth of South Australia and we will never simply utter these statements as feel-good rhetoric.

That is why on the day of theatre's 21st birthday we were pleased to announce that the South Australian Youth Arts Board and the Department of Education and Children's Services committed to a further 10 years of funding for the theatre. With each organisation contributing \$84,000 per annum, that adds up to a fantastic \$1.68 million over the next decade. This funding from the state government also comes on the back of the largest single sponsorship of youth arts in Australia by BHP Billiton.

I commend BHP Billiton for its outstanding contribution, which, in partnership with the South Australian Youth Arts Board, is putting \$1 million into youth arts in South Australia over the next four years, including sponsorship of the Odeon Theatre. There are now some new programming initiatives at the Odeon Theatre which have been made possible by all this funding, and the first is the Artist in Residence initiative. Over the next three years the Odeon Theatre will have an Artist in Residence program for artists and companies creating new work or performances for children and young people.

The next year will see the Pooka Puppet company resident at the Odeon. Pooka is a brand-new, Adelaide-based puppet company under the artistic direction of Lachlan Haig and the movement direction of Ninian Donald. The second initiative is Full House, a theatre access program which will also enable the Odeon, over the next three years, to present five free full-house performances for about 500 students from disadvantaged schools. These performances were presented by the new South Australian Theatre for Young People company 'SLINGSBY presents'.

These are just two of the many wonderful arts program experiences that the Odeon is able to provide to young South Australians, they are a fine example of the great results that can be achieved through positive collaboration between state and local governments and private companies and individuals. This support and involvement is vital in ensuring the ongoing viability of the Odeon Theatre and for the development of youth arts in South Australia. I look forward to another 21 years and a new generation of artists and performers who will always be proud to call the Odeon Theatre home.

I would like to commend Jessica Machin, CEO and Director of Carclew Arts, for her dedication and enthusiasm. I would also particularly like to thank the wonderful staff at the Odeon Theatre: Bob Jesser, himself a Norwood icon, and technical manager, Matt Marciniak, as well as the other staff. The theatre was in jeopardy some years ago but, thanks to the initiative of then premier Don Dunstan, the Odeon became the home of the South Australian Film Corporation and later the Adelaide Symphony Orchestra was housed there. Since becoming a youth arts theatre it has provided wonderful opportunities for young people in South Australia to hone their skills.

Time expired.

### YORKE PENINSULA FIELD DAYS

**Mr GRIFFITHS (Goyder) (15:36):** I would like to take a few minutes to talk about a wonderful event that occurs on Yorke Peninsula every two years—that is, the Yorke Peninsula Field Days which are held at Paskeville at the end of September. These are acknowledged as Australia's oldest field days; they were established 1894 and have been going strong ever since. They have been held at a lot of different sites across the Northern Yorke Peninsula area but in 1977 the community decided to find a permanent home for the field days. Since that time they have built an amazing amount of infrastructure—pavilions are in place, there are roads, power is supplied everywhere to all the stalls, there is a water supply, and there are abundant toilets so that no one ever gets caught short. The office is also a great facility, and I want to congratulate the then committee who, back then, showed the vision to build that permanent site.

With a history spanning more than 112 years the event is now a multimillion-dollar showcase for the latest agricultural inventions and technology, and brings thousands of people to the area—indeed, I believe the latest quote was that 50,000 people went to the Paskeville field days this year. The event also has around 750 exhibitors. I think there were a few more people at

the event two years ago but with the drought and the difficulty it is causing for people, and the fact that there is perhaps a little bit less spending potential out there, some of the exhibitors decided to pull out. There was still a great range this year—we had some very big ones with a lot of large-scale machinery as well as small ones that were showcasing services they could provide—and all of them had a product or service to promote and sell, and they did a good job.

As I said, the ongoing dry conditions did affect exhibitor numbers a little but the attendance was still fantastic. I believe the fact that we can get 50,000 people, not only from the Yorke Peninsula region and the Mid North but from across the state, to come to the Northern Yorke Peninsula is wonderful; it shows that there truly is confidence in the agricultural industry and in regional communities generally.

Tuesday was a bit of a rough day, and I did not get the chance to get there; but temperatures were above average and there were hot gusty winds, so anyone who walked outside the pavilions would automatically get dust in their eyes. The rain came on Tuesday night, a bit of a front came through, and it created problems for some of the exhibits, but local SES branches that were acting as security overnight for 11 days (three days before and three days after as well as the event itself) managed to tie everything down. I believe there were about 27 marquees that needed a bit of work that night, but if the SES volunteers could not handle it local property owners came in (probably at around 2 a.m.) and worked through the night to make sure that the exhibits would still be open ready for when people came starting to come through the gate at 8.30 the next morning.

The field days were opened on the Wednesday by Mr John McGrath, who is the Deputy Chairman of *beyondblue*, a group we would all know about which is chaired by Jeff Kennett, a former Victorian premier. I think it was quite apt, with the drought and people starting to feel its effects and the fact that Mental Health Week was occurring a few weeks after the field days, to have somebody there talking about *beyondblue* and giving an account of his personal experience of losing his own son to suicide through mental health and depression issues.

The field days show a lot about the way of life and support that exists in regional communities. Events such as field days bring people together and, given the pressures that farmers face every day, it gives people an opportunity to talk to each other about what is going on in their lives. Even if you do not buy anything, you have a chance to walk around during the day and catch up with so many old friends; it is just a fantastic event. A lot of people go for all three days. It demonstrates that those of us who live in regional areas believe that we have a future. Some give up on us, but we choose to think we are strong, and the field days demonstrate that.

The committee members and volunteers do an amazing job. Mr Don Evans is the current president and he succeeds a lot of people who have made a tremendous effort and who have put in thousands of hours to get the field days event to the stage it is. In reality, it is a generation of volunteers; since 1894 (for 113 years) people have made it a reality, and I want to pay tribute to them. The event has won some great recognition in recent years. Recently it won the SA Great Regional Award for 2006 and, in 2005, it was the South Australian Community Event of the Year and The District Council of the Copper Coast Event of the Year.

As a candidate, two years ago I was there for three days, although I only managed to get there for one day this year. We had a listening post there and all the people who spoke to us expressed concerns about some things, predominantly water. I say a sincere thank you to the sponsors who support the event. The major sponsor is *The Advertiser*, which does a great job in promoting the event, and other sponsors include the National Bank, Bank SA, the *YP Country Times* (which is a great regional paper), the *Stock Journal*, Farmers Union and Elders.

It could not exist, though, without the wonderful support it gets from the people who live in the Northern Yorke Peninsula area who make their homes available to house everybody—

*Mr Venning interjecting:*

**Mr GRIFFITHS:** The member for Schubert was there. The member for Stuart went one day, as did the member for Hammond. They demonstrate that they believe in the YP field days, but it happens because people believe in it, and I congratulate all those involved.

#### **AUSTRALIAN HOUSING AND URBAN RESEARCH INSTITUTE**

**The Hon. S.W. KEY (Ashford) (15:42):** I had the privilege yesterday of being invited to a briefing on the report that has just been released by the Australian Housing and Urban Research Institute (AHURI) entitled 'Too Big to Ignore'. This report looks at future issues for Australian women's housing 2006 to 2025. I understand that, yesterday morning, minister Weatherill was at

the launch of this report, and I congratulate him and his officers from the Department for Families and Communities on their support for this research.

The researchers were Dr Selina Tually, Professor Andrew Beer and Dr Debbie Faulkner but, as per usual, in true South Australian community sector style, a number of other people contributed significantly to this project, namely Michele Slatter from the South Australian Women's Housing Caucus, Nancy Rogers of the SA Department for Families and Communities, Chelsea Lewis and Gail Jackson from the YWCA of Adelaide, Sylvia Brideoake of the Seniors Information Service (SA) and Gary Wilson from Shelter SA. Not only did they work with the department but also HomeStart Finance, Shelter SA and, as I mentioned earlier, in particular with the South Australian Women's Housing Caucus.

This caucus was re-established in 2006 because it was felt that there needed to be a focus looking at where women's housing needs would go in the next few years and, fortunately, the Australian Housing and Urban Research Institute, which is based at Flinders University, made sure that the data it had from the Housing 21 survey was available to back it up, including the research by the team, to make sure that we had the most recent and up-to-date information and also so that the predictions in 'Too Big to Ignore' could be looked at.

The report tells us that we need to make sure that the housing that will be provided in the future reflects the diversity amongst Australian women. The fact that we have women that are culturally, linguistically and financially different who have different needs has to be reflected in the housing and shelter that is provided. Women of all ages will need to sustain their housing alone. Many women already live by themselves, and this is something that is expected to increase as years go by. Without more options being available, women will not have the financial resources to be able to do this.

Indigenous Australia has a distinct and younger demographic. Aboriginal women's housing needs have become even more apparent through this report, and it is predicted that their needs will have to be taken into consideration with any future planning. We have had many reports to tell us that women have been hardest hit by public housing cut-backs. This balance will also need to be looked at. The report tells us that women will be more subject to rental stress and insecurity of tenure. Again, this will have to be taken on board with any future planning.

As we have an ageing community—certainly in South Australia, being the state with the oldest population—we particularly have to take on board that we have more women living longer. At least there is some justice in the world: that women tend to live longer than men. Other than that, many of those women live with disability, and housing needs to reflect that.

As building density increases, the issue of public space and what 'the new backyard' will look like needs to be taken on board. Also, the changing tenures that are available with regard to rental housing and the different products that are now available need to not limit women's housing opportunities but make them extended so that those options are there.

In closing, another point I want to raise is the need for universal design principles to be incorporated into new builds and renovations. I am very pleased that the South Australian public housing sector has taken this on board, but it also needs to happen in the private sector.

Time expired.

## MARINE PARKS BILL

**The Hon. J.D. HILL (Karna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (15:47):** I move:

That this bill be now read a second time.

I seek leave to have the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

South Australia's coastal, estuarine and marine environments are unique and precious resources, containing some of the most biologically diverse waters in the world. The majority of southern Australia's marine plants and animals are not found anywhere else in the world.

These environments are also valuable resources for both State and regional economies, supporting an array of activities from fishing and aquaculture to shipping and mining, while at the same time providing important tourism, recreational and cultural opportunities. Effective management is needed to protect these environments, and the plants and animals that depend on

them, from increasing human pressures whilst ensuring opportunities for ecologically sustainable development, use and enjoyment.

To meet this challenge, I am pleased to introduce to this place today the Marine Parks Bill 2007. This Bill is a significant milestone in delivering the Government's policy commitments outlined in The Blueprint for the South Australian Representative System of Marine Protected Areas, including zoning marine parks for multiple use, encouraging community involvement and developing effective mechanisms to address displaced commercial fishing and aquaculture effort.

#### Background

This Bill continues the Government's ambitious program to provide for the long-term preservation of South Australia's diverse and significant marine environment. It supports the achievement of Target 3.4 of South Australia's Strategic Plan—'by 2010 create 19 marine parks aimed at maximising ecological outcomes' and fulfils a number of the Government's national and international obligations to the conservation of biodiversity.

Importantly, this new legislation provides a sound framework for the dedication, zoning and management of marine parks:

- with clear objectives for the protection and conservation of biodiversity;
- to ensure marine parks have secure status, which can only be revoked or altered by Parliamentary process;
- to provide for marine parks to be divided into zones that are consistent with the internationally recognised International Union for the Conservation of Nature (IUCN) protected area management categories;
- to provide a multiple-use regime for the management of people and uses; and
- to address any displaced commercial fishing and/or aquaculture effort.

Marine parks are not a panacea to address all marine issues, and this Bill is just one of several tools, as stated in the Living Coast Strategy, necessary to effectively manage this environment. In addition this Bill complements existing legislation and other initiatives developed by the Government.

#### Development and consultation on draft Bill

Development of the Bill has been overseen by representatives of government bodies involved in managing South Australia's coastal waters, including the Department for Environment and Heritage, PIRSA Fisheries, Aquaculture, Planning SA and Minerals and Energy, as well as the Department of Water, Land and Biodiversity Conservation, South Australian Tourism Commission and the Local Government Association. Specialist advice has also been provided by the Marine Advisory Committee chaired by the Mayor of Mount Gambier – Mr Steven Perryman – the Scientific Working Group chaired by Professor Anthony Cheshire and the Stakeholder Reference Group ensuring input from the conservation movement, commercial fishing and aquaculture industries, local government, recreational fishers, indigenous groups and the scientific community. The Government would like to acknowledge the efforts of everyone who has contributed to this process.

Establishing marine parks requires a long-term commitment to public understanding, communication and participation. With this in mind, the Government commissioned independent market research in both metropolitan and regional South Australia to obtain a clear understanding of the broader community's perception of the marine environment. Protecting the marine environment by establishing marine parks is clearly an action the community wants the Government to take. The results of the research indicated that the marine environment is highly valued by residents living in regional coastal locations throughout South Australia, and the vast majority (76%) of respondents believe that it is under threat from human activities, particularly netting, over-fishing, pollution and litter. Overall, there is also strong support for the creation of new marine parks in South Australia, with the overwhelming majority (88%) of respondents indicating that they were in favour of the creation of marine parks to protect plants and animals.

Given this high level of interest, the Government has engaged extensively with South Australians in this process. Following the release of the draft Marine Parks Bill 2006 for public comment on 1 September 2006, 16 public meetings were held in 15 locations around metropolitan and regional South Australia, attracting interest from over 670 people and a total of 162 written submissions was received on the draft Bill. The Government acknowledges the time and effort

individuals, families and organisations have put into preparing submissions, many of which provided important and detailed feedback on the proposed legislative arrangements for marine parks in South Australia. All submissions, together with all other available information, have been considered in producing this Bill.

#### Objects

The Bill aims to protect and conserve examples of all marine habitats and the wide diversity of plants and animals that depend on them. This includes marine mammals, hundreds of fish species, thousands of invertebrates, as well as the extensive variety of marine flora. It should be clearly understood from the outset that marine parks are for biodiversity conservation and not fisheries management, a distinct and separate role performed under the Fisheries Management Act 2007.

The Bill specifies clear objects to ensure the goals of the Act can be easily understood. The primary objects of the Marine Parks Bill are to protect and conserve marine biological diversity and habitats by declaring and providing for the management of a comprehensive, adequate and representative system of marine parks; and to help maintain the natural functioning of coastal, estuarine and marine ecosystems and their interdependence with one another. Fundamental to this is the ability for marine parks to assist in building resilience and flexibility to adapt to the emerging impacts of climate change.

The Bill also provides for the protection and conservation of natural and cultural heritage; ecologically sustainable development (ESD) and use; and opportunities for public appreciation, education, and understanding of the marine environment when these activities are consistent with the primary object.

The objects emphasise that this is unashamedly conservation legislation, framed within a triple bottom line context to ensure that all marine life, as well as people's lifestyles and livelihoods, are protected for current and future generations.

As mentioned earlier, activities and uses within a marine park will need to be undertaken in an ecologically sustainable manner. The Bill adopts a definition of ecologically sustainable development, designed to ensure consistency with the Commonwealth Environment Protection and Biodiversity Conservation Act 1999 and the Intergovernmental Agreement on the Environment and other relevant policies in this area. This definition addresses the issue of maintaining the economic, social and physical well being of our communities and the functioning of our natural and physical resources.

#### Establishment of marine parks

The Bill provides that the Governor may establish marine parks by proclamation. Locations identified as marine parks will be based on the best scientific understanding, as well as endorsed design principles, to ensure the South Australian Government fulfils its national and international obligations. During consultation on the draft Bill, a wide range of stakeholders indicated a desire to provide input at this initial stage to make marine parks a success. To facilitate this, the Government has included provision for a period of comment on marine park boundaries in the revised Bill.

The Government has also listened to suggestions from stakeholders seeking the simultaneous proclamation of all 19 marine parks to provide certainty to all marine users as to the composition of South Australia's marine park system. This important step will occur soon after the proclamation of the Marine Parks Act.

As far as practicable, the proclamation of marine parks will not immediately affect existing activities undertaken in the marine environment. Any necessary restriction of activities will occur through the adoption of management plans (including zoning arrangements), which will be developed through meaningful community engagement and consideration of all relevant issues. However, the Bill does provide the Governor with the ability to proclaim interim protection orders, where necessary, for the orderly and proper management of a proclaimed marine park until a management plan is adopted.

Interim protection orders may be needed to address new or emerging pressures and would be enforced with appropriate penalties to provide the necessary level of protection. Interim protection orders will be considered on a case-by-case basis taking into account a relevant range of environmental, social, cultural and economic variables pertinent to the location. In addition, existing management arrangements under other statutes will continue to be in effect and enforced as necessary. This approach should provide certainty to all existing users of the marine

environment regarding the location of marine parks and access to resources, whilst providing necessary protection for ecosystems, habitats and biodiversity.

To deliver national commitments that marine parks have secure status that may only be revoked by the Parliament, the Bill provides that once a marine park boundary has been established and all related consultation processes completed, the Governor may only abolish or reduce the boundary following a resolution passed by both Houses of Parliament. The Bill will allow a limited degree of flexibility at the beginning of the formal process by providing that the Minister can recommend an alteration to a boundary following the completion of a consultation process after a marine park is proclaimed, provided that this occurs within six months from the date of the original proclamation.

#### Management plans

South Australia's marine parks will be zoned for multiple-use to protect and conserve marine biodiversity while providing for the ecologically sustainable use of suitable areas. The Government is committed to a transparent marine parks process, based on sound scientific advice and thorough community and stakeholder engagement to ensure, as far as possible, all cultural, social, economic and environmental issues are adequately considered. This approach has been embraced to ensure that South Australia establishes a world-class system of marine parks, while fostering community ownership and minimising impacts on existing marine activities and uses.

The fundamental tool to achieve this is management plans, the statutory instruments that describe all zones and special purpose areas within a marine park. Plans may also set out other actions the Marine Parks Minister proposes to take, such as day-to-day management of natural and cultural heritage, monitoring, signage, or special conservation needs of plants, animals or habitats in the marine park. Management plans will not override international laws of the sea and any activity in emergency situations to preserve life or property will not be affected.

In order to deliver the 19 marine parks by 2010, it will be necessary to develop management plans concurrently, commencing as soon as practicable following the proclamation of the marine park boundaries, with a view to completing them within three years. This process will include further formal opportunities for community and stakeholder input. Firstly, a notice must be issued advising the intention to develop a draft management plan and inviting members of the community to provide any economic, cultural, social or environmental information that they wish to have considered during its development. A draft management plan will then be prepared for public comment.

When drafting these provisions in the Bill, the Government sought to establish the broadest consultation process possible—enabling all interested South Australians to participate in shaping our marine parks.

The Government has now decided to expand on this undertaking and amended the Bill during debate in the Upper House. Leading representatives of a range of sectors, including conservation, local government, commercial and recreational fishers, aquaculture and tourism, will now also be contacted to provide direct comment and input to draft management plans.

It is important to note that this will occur in addition to the process previously outlined in the Bill and not instead of it. In essence this is broadening the Government's commitment to consultation on marine parks even further.

This amendment complements the amendment moved by the Liberal Party in the Upper House to establish the Marine Parks Council. These amendments will ensure that the Minister receives expertise based advice from the Council and representative based advice through the expanded mandatory consultation requirements.

It is important to note that the expanded mandatory consultation requirements include sectors not represented on the Marine Parks Council—local government, mining and petroleum industries, tourism and the general business sector.

A range of advisory committees and short term regional consultative committees will also be established to ensure members from relevant industry groups, local governments, NRM Boards, local communities and individuals with an interest in the marine environment are actively engaged during the development of marine parks in their local communities.

In response to public feedback on the draft Bill, the minimum period of public comment on draft management plans has been increased from 28 days to six weeks. This should provide



sufficient time for local communities to make meaningful comment on the proposals and for the Government to convene community meetings to discuss the proposals.

One of the other key areas of discussion has been the preparation of impact statements, outlining the environmental, social and economic implications of marine parks.

It has always been the Government's intention to release an environmental, social and economic impact statement to accompany draft management plans to ensure that all members of the community have complete information regarding the potential implications of a marine park.

Stakeholders have approached the Government and sought a guarantee that impact statements will always be prepared. To provide this certainty, the Government amended the Bill in the Upper House to provide a two stage process. First, a statement of the environmental, economic and social values of an area established as a marine park will be released prior to commencing the development of a draft management plan, coinciding with the issuing of the notice of intent.

The value statement will clearly communicate the biodiversity, habitats and ecosystems selected for inclusion in the marine park and state the known social and economic uses of the area as well. The value statement will be informed by the research of Government officers and by information provided by communities and stakeholders during public consultation on marine park boundaries.

Following the development of a draft management plan, in consultation with local communities and industries, the Government will release a full economic, social and environmental impact statement of the proposed zoning arrangements for the marine parks.

Meaningful information on the likely impacts can not be known until after the development of the draft management plan and zoning arrangements. The type of zones and their location will directly relate to the size and nature of any potential impacts.

Following this process, the Minister may adopt a revised management plan and refer it to the Governor to declare that it is an authorised management plan. A notice will appear in the Gazette advising the date on which the management plan will come into operation. Again, in response to feedback on the draft Bill, a copy of each initial management plan will then be laid before both Houses of Parliament. All management plans must be reviewed at least once every 10 years, although more regular reviews may be required.

To expand the level of accountability for marine parks even further, the Government has also determined that it is appropriate to require any future changes to management plans governing activity in the parks to be referred to the Environment, Resources and Development Committee of Parliament for review. This is to allow Parliamentary scrutiny of subsequent changes after the initial plan has been developed through an extensive public consultation process.

#### Activities and uses

The essential companion to management plans will be the development of regulations that specify activities and uses that are permitted, prohibited or otherwise regulated within each of the marine park zones. These regulations will apply to all marine parks established in South Australia to ensure consistent management arrangements. This is important from both an educational and enforcement perspective to ensure that the community and all users of the marine environment understand that restrictions within zones in one marine park are the same as those in other marine parks around the State. This will provide a consistent and adaptable approach to managing a broad spectrum of activities and uses within South Australia's marine parks.

The management and enforcement of activities in marine parks that are subject to other legislation (such as aquaculture, fishing, boating) will remain under their respective Acts, however, these activities will also need to comply with the new marine park zoning arrangements.

A proposed framework for activities and uses within each marine park zone was circulated for comment during the public consultation processes for the Encounter Marine Park Draft Zoning Plan and the draft Marine Parks Bill 2006. The regulation of activities within marine parks will not be finalised until after the Marine Parks Act is in place. The Government will continue to liaise with stakeholders and communities to inform the development of these regulations.

#### Minimising impacts on industries and regional economies

Thorough planning and pragmatic zoning, incorporating community and industry input, should ensure that South Australia's marine parks have the least possible impact on existing users of the marine environment. Some regional stakeholders have expressed concern that the

introduction of marine parks will have a detrimental effect on their community. Research into the impacts of marine parks, both interstate and internationally, suggests that while marine parks may change the traditional balance of activities, areas that have adopted multiple-use marine parks—as proposed in South Australia—often realise a greater range of opportunities or improvements in some opportunities for eco-tourism, diving, adventure sports and other such pursuits. As mentioned earlier, impact statements will be prepared to accompany each management plan outlining the likely positive and negative impacts arising from the establishment of the marine park.

Recreational fishing is an important activity in South Australia. It has been estimated that about 320,000 people fish at least once a year in our waters. With South Australia adopting multiple use marine parks, the ability of everyone in the community to have reasonable access to fish for personal use will be maintained.

Aquaculture is an important and growing industry in this State and provides significant benefits to South Australia. The needs of this lucrative industry have also been catered for with commitments to accommodate, as far as possible, existing aquaculture operations. This has resulted in an accord with the Minister for Agriculture, Food and Fisheries on the relationship and likely interactions between proposed marine parks and aquaculture developments in South Australian waters. This will enable DEH and PIRSA to work together to address key priorities from South Australia's Strategic Plan, specifically to treble exports by 2014 (T1.12) and to create 19 marine parks by 2010 (T3.4), such that each is given optimal effect without detriment to the other.

The accord identifies the general areas of the State's waters where:

- there will be little or no interaction between future marine parks and aquaculture development;
- there may be some interaction but where mutually acceptable outcomes can be reached through pragmatic planning processes; and
- further discussion will be required to resolve potential conflicts.

The accord also recognises that there are instances where existing aquaculture leases fall outside of Aquaculture Focus Locations and existing aquaculture zones. We have committed that, as far as practical, marine parks will be zoned in a manner that accommodates existing aquaculture developments, proposed developments that have the appropriate licences / authorisations in place and existing Aquaculture Management (Zone) Policies.

The Government acknowledges that there may be situations where unavoidable conflict could occur between the requirements of a marine park and either the commercial fishing or aquaculture industries. In this regard, the Government of South Australia has honoured its commitment to provide for an effective legislative mechanism to address any commercial fishing or aquaculture effort displaced by a marine park.

The Bill provides a head of power for managing displaced effort and these industries have been invited to shape and influence both the process and the formula to manage this sensitive issue. Further discussions and collaborative work will continue with key industry representatives to develop a fair and equitable process and displacement payment scheme. The fundamental tenets of managing displaced effort are that the Government will:

- work with industry to review zoning to determine if locations can be identified to deliver the desired conservation outcomes without displacing existing operations;
- work with industry to determine if relocation is viable (in certain circumstances); and
- as a last resort option, buy-out any displaced effort (using a market-based approach).

An independent review process, with further appeal rights, is also provided for affected parties dissatisfied with the outcome of the displaced effort mechanisms.

The Bill allows for the recognition of Aboriginal traditional fishing and cultural access for any native title group, which has reached a formal agreement with the Government through an Indigenous Land Use Agreement or native title determination under the Commonwealth Native Title Act 1993. The Aboriginal Legal Rights Movement in South Australia, commercial fishing industry groups and local governments have endorsed this approach.

In this regard, a whole of government approach has been adopted to ensure a sound conservation outcome whilst supporting industries that rely on the marine environment for their

livelihoods and also providing social and cultural opportunities for South Australian families, individuals and visitors.

#### Powers of Minister

A range of powers are provided to the responsible Minister for the effective administration of marine parks. They include but are not limited to:

- examining and keeping under review the need for areas to be marine parks;
- developing and implementing management plans;
- ensuring necessary restrictions and prohibitions are in place to protect biodiversity;
- consulting with relevant persons, bodies and authorities;
- promoting public education and programs to protect, maintain or improve marine parks;
- enforcing the general duty of care; and
- as far as reasonably practicable and appropriate, integrating the administration of the Marine Parks Act with other relevant legislation.

During consultation on the draft Bill, the ability for the Minister to establish a process to seek and assess community nominations for areas to be considered as marine parks received a mixed response. Sectors that rely on the marine environment for their livelihoods perceived this function as a threat, while other sectors of the community strongly supported the concept, but sought clarification of the process. The Government's focus is currently on establishing the 19 marine parks to meet commitments within South Australia's Strategic Plan and soliciting community nominations is unlikely to occur until after the 19 marine parks are established. With this in mind, the Bill has been amended to enable a more detailed process for the consideration of community nominations, in accordance with the objects of the Act. In addition, the Marine Parks Council of South Australia will provide independent advice to the Minister on areas nominated by the community to be a marine park following the amendment by Hon M Parnell in the Upper House. Following proclamation of the Marine Parks Act, further consultation will occur with stakeholders who both support and have concerns regarding this matter.

#### Permits

The Bill provides the Minister with the capacity to issue permits for activities that require specific management within a marine park such as competitions, scientific research, commercial photography, filming and sound recording. These provisions are similar to those currently under the National Parks and Wildlife Act 1972 and should ensure management consistency within South Australia's protected area estate.

In line with Government commitments to minimise red tape, there is no intention of duplicating any authorisation, permit or licence issued under any other Act. There has been speculation that both commercial and recreational fishers will require permits to fish within marine parks. It should be clear that this is not the Government's intention and these activities will continue to be governed by the Fisheries Management Act 2007.

#### Authorised Officers

The Government believes that for marine parks to be effective they should be appropriately managed and resourced – we do not want to create a system of 'paper parks'. Accordingly, the Bill provides for the appointment of authorised officers to inform and educate the community as well as to undertake necessary enforcement and compliance activities. These officers are to have similar powers to fisheries officers under the Fisheries Management Act 2007 and wardens under the National Parks and Wildlife Act 1972 to ensure sufficient operational capacity and flexibility to manage our protected areas and marine resources.

Following discussions with the Local Government Association and various local councils it has become evident that this sector is concerned about the State Government delegating powers to Local Government without expressed agreement.

Marine parks, like their terrestrial counterparts, are a community asset and all funding for their establishment and management will be met by the Government—this is not a cost shifting or cost recovery exercise.

To address Local Government's concerns, the Government amended clause 23—Appointment of authorised officers, in the Upper House to make it explicit that these officers must be in the employment of the State. However, some flexibility was incorporated to enable officers of a local council to be appointed as an authorised officer at the request of the council.

#### General duty of care

The Bill also sets out a general duty of care in relation to marine parks that requires a person to take all reasonable measures to prevent or minimise any harm to a marine park through his or her actions or activities. A person acting in circumstances prescribed by the regulations will be acting in accordance with the general duty of care.

#### Offences/Civil remedies/Appeals

As with the enforcement of most legislation, there is a range of tools available to ensure compliance. These include education (eg authorised officers advising users who accidentally drift into a restricted area), expiation notices and full prosecution for significant, blatant or repeat breaches of the Act.

The penalties for offences have been set as summary offences, some of which have a maximum penalty of \$100,000 or 2 years imprisonment. It is anticipated that these maximum penalties will deter significant offences, serial offenders and reflect the potential costs of repairing or recompensing damage to the marine environment. The Bill also provides for a number of court orders that may be used in addition to traditional types of penalties. The provisions are intended to provide guidance to the Courts, highlight the importance of protecting our marine environments and promote consistency in sentencing for serious crimes. In particular, the Court is able to exercise one or more of the following powers that require the person to:

- refrain, either temporarily or permanently, from the act, or course of action, that constitutes the contravention of the Act;
- make good any harm to a marine park, and if appropriate, to take action to prevent or mitigate further harm;
- pay any reasonable costs and expenses incurred by the Minister to prevent or make good any harm to a marine park;
- pay an amount in the nature of exemplary damages; and
- take action to publicise the contravention of the Act and/or the harm flowing from the contravention.

Another feature of the legislation is the introduction of protection and reparation orders, which may be used to ensure compliance with the general duty of care and marine park management plans.

The Bill also enables relevant parties (including the Minister, an authorised officer or any person whose interests are affected) to apply to the Court to commence proceedings for civil action. In addition, any other person may apply with the leave of the Court, however, the Court must be satisfied that such an application would not be an abuse of process and is in the public interest. The expectation of frivolous or antagonistic proceedings that may result from this provision caused some concern to parties that use the marine environment for profit. The Government believes the included provisions provide a good balance between allowing the community the right to protect its natural heritage without allowing unnecessary delays and abuse of Court processes. The provisions present no threat to those properly using the park in an authorised manner, and indeed may be of assistance to protect those with bona fide user rights from illegal competition.

A right of appeal to the Environment, Resources and Development (ERD) Court has been included to provide an independent resolution of assessment of matters including:

- conflicts in enforcing the general duty of care;
- the refusal of a permit;
- the revocation, or varying a condition, of a permit; and
- the issue or variation of protection or reparation orders.

#### Related amendments

These amendments will require related operational Acts to have regard or seek to further the objects of marine parks when making decisions about their activities that impact on a marine park. The Ministers responsible for the administration of these Acts will be required to undertake appropriate degrees of consultation with the Marine Parks Minister when administering these relevant operations. The Acts proposed for amendment are:

- the Aquaculture Act 2001
- the Coast Protection Act 1972
- the Development Act 1993
- the Environment Protection Act 1993
- the Fisheries Management Act 2007
- the Harbors and Navigation Act 1993
- the Historic Shipwrecks Act 1981
- the Mining Act 1971
- the Natural Resources Management Act 2004
- the Offshore Minerals Act 2000
- the Petroleum Act 2000
- the Petroleum (Submerged Lands) Act 1982

#### Conclusion

This Bill is a product of significant consultation. This legislation provides for marine conservation combined with ecologically sustainable use of marine parks by industry and members of the community both.

It is appropriate to acknowledge the solid foundations built by the last two Ministers, the significant negotiations that have also taken place with the Greens, Family First, Australian Democrats, Liberals, the Conservation Council of SA, The Wilderness Society, the South Australian Fishing Industry Council, the Seafood Council (SA) Ltd and the South Australian Recreational Fishing Advisory Council Inc. The Government looks forward to continuing bipartisan support in the Parliament during the debate and passage of this Bill.

I commend the Bill to Members.

#### Explanation of Clauses

##### Part 1—Preliminary

##### 1—Short title

##### 2—Commencement

Clauses 1 and 2 are formal.

##### 3—Interpretation

This clause defines terms used in the measure. Key terms used are—

- (a) coastal waters of the State means any part of the sea that is from time to time included in the coastal waters of the State by virtue of the Coastal Waters (State Powers) Act 1980 of the Commonwealth;
- (b) harm includes—
  - (i) a risk of harm, and future harm; and
  - (ii) anything declared by regulation to be harm to a marine park; andharm need not be permanent but must be more than transient or tenuous in nature;
- (c) prohibiting or restricting an activity within a marine park, or a zone or other area of a marine park, includes a reference to prohibiting or restricting access (including access by aircraft) to the marine park or zone or area.

##### 4—Meaning of zone

Clause 4 provides that a zone is an area within a marine park that has boundaries defined by the management plan for the marine park and is identified by the management plan as a particular type of zone depending on the degree of protection required within the area. It provides that the regulations will make provision for general managed use zones, habitat protection zones, sanctuary zones and restricted access zones and apply various prohibitions or restrictions to the different types of zones.

#### 5—Meaning of special purpose area

Clause 5 provides that a special purpose area is an area within a marine park in which specified activities, that would otherwise be prohibited or restricted as a consequence of the zoning of the area, will be permitted under the terms of the management plan.

#### 6—Interaction with other Acts

Clause 6 provides that the prohibitions or restrictions applying within a marine park under the measure will, to the extent prescribed by the regulations, have effect despite the provisions of any other Act.

#### 7—Act binds Crown

Clause 7 states that the measure binds the Crown in right of this State and also, so far as the legislative power of the State extends, the Crown in all its other capacities, but not so as to impose any criminal liability on the Crown.

### Part 2—Objects of Act

#### 8—Objects

Clause 8 provides that the objects of the measure are—

to protect and conserve marine biological diversity and marine habitats by declaring and providing for the management of a comprehensive, adequate and representative system of marine parks; and

to assist in—

(i) the maintenance of ecological processes in the marine environment; and

(ii) the adaptation to the impacts of climate change in the marine environment;

and

(iii) protecting and conserving features of natural or cultural heritage significance; and

(iv) allowing ecologically sustainable development and use of marine environments; and

(v) providing opportunities for public appreciation, education, understanding and enjoyment of marine environments.

#### 9—Administration of Act to achieve objects

Clause 9 provides that the Minister, the ERD Court and other persons or bodies involved in the administration of the measure must act consistently with, and seek to further, the objects of the measure.

### Part 3—Marine Parks

#### Division 1—Establishment of marine parks

#### 10—Establishment of marine parks

Clause 10 outlines the process to be undertaken to establish a marine park. It provides that the Governor establishes an area as a marine park by proclamation, made on the recommendation of the Minister. In formulating a recommendation, the Minister must seek, and have regard to, the advice of the Marine Parks Council. The proclamation must define the boundaries of the marine park and may contain interim protection orders that prohibit or restrict activities within the marine park prior to the adoption by the Minister of a management plan for the marine park. The clause provides a maximum penalty of \$100,000 or imprisonment for 2 years for contravention of an interim protection order.

After the Governor has established a marine park under this clause the Minister must, in the manner prescribed by the regulations, give public notice of the making of the relevant proclamation and, in so doing specify a place or places where copies of the proclamation may be inspected or purchased and invite submissions from interested persons within a period (of at least 6 weeks) specified by the Minister on the boundaries of the marine park.

The Governor may, by subsequent proclamation—

- abolish a marine park; or
- on the recommendation of the Minister, alter the boundaries of a marine park; or
- alter the name of a marine park; or
- on the recommendation of the Minister, vary or revoke an interim protection order.

#### Division 2—Management of marine parks

##### 11—Interpretation

This clause provides that a reference to a draft management plan includes a reference to a draft amendment to, or a draft revocation of, a management plan and a reference to a management plan includes a reference to an amendment to, or a revocation of, a management plan. It also provides that a reference to an initial management plan means the management plan first declared by the Governor to be an authorised management plan for the marine park after the establishment of the park.

##### 12—Management of marine parks

Clause 12 states that the Minister must manage a marine park in accordance with a management plan for the park.

##### 13—General nature and content of management plans

Clause 13 provides that a management plan for a marine park—

- must be consistent with the objects of the measure and set out strategies for achieving those objects in relation to the park; and
- must establish the various types of zones within the park and define their boundaries; and
- may identify and define the boundaries of special purpose areas within the park and set out the activities that will be permitted in the areas; and
- may direct the management of day to day issues associated with any aspect of the park, or the use or protection of the park (including scientific monitoring or research); and
- may provide guidelines with respect to the granting of permits for various activities that might be allowed within the park.

##### 14—Procedure for making or amending management plans

Clause 14 outlines the process to be followed for the making of a management plan. Amongst other things, it provides that the Minister must commence the process for the making of a management plan as soon as practicable after the establishment of a marine park.

##### 15—Parliamentary scrutiny

Clause 15 provides that within 28 days of the Governor declaring a management plan to be an authorised management plan, the Minister must refer the plan to the Environment, Resources and Development Committee of the Parliament. The Committee must—

- resolve that it does not object to the plan; or
- resolve to suggest amendments to the plan; or
- resolve to object to the plan.

If the Committee resolve to object to a plan, copies of the plan must be laid before both Houses of Parliament and if either House passes a resolution disallowing a plan, the plan ceases to have effect.

This clause does not apply to an initial management plan for a marine park.

#### 16—Availability and evidence of management plans

Clause 16 provides that copies of each management plan must be available for inspection and must be published on a website.

#### Division 3—Regulation of activities within marine parks

##### 17—Zones

Clause 17 provides that subject to this measure, a person must not contravene a provision of the regulations prohibiting or restricting activities within a zone of a marine park. It provides a maximum penalty of \$100,000 or imprisonment for 2 years.

Clause 17 further provides that if the circumstances of an alleged offence are constituted by a person undertaking recreational fishing by use of a hand line or rod and line, a prosecution cannot be commenced against the person unless the person had previously been given a warning in the prescribed manner and form by an authorised officer and, in allegedly committing the offence, acted in contravention of that warning.

##### 18—Temporary prohibition or restriction of activities

Clause 18 provides that the Minister may prohibit or restrict specified activities within a marine park, or a zone or other area of a marine park, for a maximum period of 90 days if the Minister considers it necessary in circumstances of urgency—

- to protect a species of plant or animal; or
- to protect a feature of natural or cultural heritage significance; or
- to protect public safety.

A prohibition or restriction under this clause may be amended, extended or revoked but the maximum period for which a prohibition or restriction may operate under this clause is 180 days.

The clause provides that a person must not contravene a prohibition or restriction under this clause and provides a maximum penalty of \$100,000 or imprisonment for 2 years.

#### Division 4—Permits

##### 19—Permits for activities

Clause 19 provides that the Minister may grant a permit to a person to engage in an activity within a marine park, or a zone or other area of a marine park, that would otherwise be prohibited or restricted under Division 3.

##### 20—Contravention of condition of permit

This clause provides that if the holder of a permit, or a person acting in the employment or with the authority of the holder of a permit, contravenes a condition of the permit, the holder of the permit is guilty of an offence. The maximum penalty is \$100,000 or imprisonment for 2 years.

#### Division 5—Affected statutory authorisations

##### 21—Affected statutory authorisations

Clause 21 provides that if the rights conferred by a statutory authorisation under another Act are affected by the creation of a zone or the imposition of a temporary prohibition or restriction of activities within a marine park, the Minister must pay fair and reasonable compensation to the holder of the statutory authorisation, or, if the Minister considers it appropriate to do so, compulsorily acquire, and pay fair and reasonable compensation for, the statutory authorisation, or any interest (or part of any interest) under a statutory authorisation.

#### Part 4—Administration

##### Division 1—Minister

##### 22—Functions and powers of Minister

This clause provides for the Minister to have the following functions:

- to examine and keep under review the need for areas to be constituted as marine parks;
- to seek and assess community nominations for marine parks after taking into account the objects of this measure;



- to prepare and keep under review marine park management plans;
- to ensure necessary protections are in place through the prohibition or restriction of activities within marine parks under the measure;
- to issue permits for activities that may be allowed within marine parks under the measure;
- to consult with relevant persons, bodies or authorities, including indigenous peoples with an association with a marine park, about the measures that should be taken to further the objects of the measure;
- as far as reasonably practicable and appropriate, to act to integrate the administration of the measure with the administration of other legislation that may affect a marine park;
- to institute, supervise or promote programs to protect, maintain or improve marine parks;
- to conduct or promote public education in relation to the protection, improvement or enhancement of marine parks;
- to keep the state of marine parks under review;
- to enforce the general duty of care;
- such other functions as are assigned to the Minister by or under the measure or any other Act.

#### 23—Delegation

Clause 23 provides that the Minister may delegate to a person or body a function or power of the Minister under the measure.

#### Division 2—Marine Parks Council of South Australia

#### 24—Establishment of Council

Clause 24 establishes the Marine Parks Council of South Australia. It provides that the Council is to consist of 10 members appointed by the Governor on the nomination of the Minister, and the Chief Executive. Of the 10 members—

- 1 must be a person who has knowledge of, or experience in, the field of commercial fishing;
- 1 must be a person who has knowledge of, or experience in, the field of aquaculture;
- 1 must be a person who has knowledge of, or experience in, the field of recreational fishing;
- 3 must be persons who have knowledge of, or experience in, the field of marine conservation;
- 2 must be persons who have qualifications or experience in a field of science that is relevant to the marine environment;
- 1 must be a person who has extensive involvement in community affairs;
- 1 must be a person who has extensive knowledge of indigenous culture, especially in connection with the marine environment.

#### 25—Presiding member and deputy presiding member

This clause provides that the Minister must appoint 1 of the members of the Council (the presiding member) to preside at meetings of the Council and must also appoint a deputy presiding member.

#### 26—Terms and conditions of membership

Clause 26 provides the terms and conditions of membership of the Council. Amongst other things, it provides that an appointed member of the Council will be appointed on conditions determined by the Governor and for a term, not exceeding 3 years, specified in the instrument of appointment and, at the expiration of a term of appointment, is eligible for reappointment.

#### 27—Vacancies or defects in appointment of members

This clause provides that an act or proceeding of the Council is not invalid by reason only of a vacancy in its membership or a defect in the appointment of a member.

#### 28—Remuneration

This clause provides that an appointed member of the Council is entitled to remuneration, allowances and expenses determined by the Minister.

#### 29—Functions of Council

Clause 29 provides that the Council has the following functions:

- to provide advice to the Minister on the establishment of marine parks, including advice on any community nominations for marine parks, and advice on the areas to be specified as marine parks;
- to provide advice to the Minister in relation to the introduction, variation or revocation of interim protection orders;
- to provide advice to the Minister in relation to a proposal to alter the boundaries of a marine park;
- to provide advice to the Minister in relation to a proposal to establish or alter a zone within a marine park;
- to provide advice to the Minister in relation to the management of marine parks, the formulation and operation of management plans under the measure, and the extent to which the objects of the measure are being achieved through the implementation of management plans under the measure;
- to provide advice to the Minister on ways to promote community participation in the management of marine parks and the conservation of relevant marine environments;
- to carry out such other functions as may be assigned to the Council by or under the measure or by the Minister.

#### 30—Council's procedures

Clause 30 sets out the procedures of the Council.

#### 31—Conflict of interest

This clause provides that a member of the Council who has a direct or indirect pecuniary or personal interest in a matter decided or under consideration by the Council must disclose the nature of the interest and not take part in any deliberations or decisions of the Council on the matter. It provides a maximum penalty of \$4,000.

#### Division 3—Authorised officers

##### 32—Appointment of authorised officers

This clause provides for the following persons to be authorised officers:

- fisheries officers under the Fisheries Management Act 2007;
- wardens under the National Parks and Wildlife Act 1972;
- police officers;
- persons of a class prescribed by regulation or persons appointed by the Minister, being person who must, in either case, be employed in the public service of the State.

This clause further provides that if an area of a marine park includes land within the area of a council, the Minister may appoint persons, nominated by the council, to be authorised officers under the measure.

##### 33—Identification of authorised officers

Clause 33 provides that a person appointed as an authorised officer must be issued with an identity card.

##### 34—Powers of authorised officers

Clause 34 provides that an authorised officer may, as may reasonably be required in connection with the administration, operation or enforcement of the measure—

- enter any place; or
- inspect any place, works, plant or equipment; or
- enter and inspect any vessel or vehicle, and for that purpose require a vessel or vehicle to stop, or to be presented for inspection at a place and time specified by the authorised officer; or
- give directions with respect to the stopping or movement of a vessel, vehicle, plant, equipment or other thing; or
- require a person apparently in charge of a vessel or vehicle to facilitate entry and inspection of the vessel or vehicle; or
- seize and retain anything that the authorised officer reasonably suspects has been used in, or may constitute evidence of, a contravention of the measure; or
- place any buoys, markers or other items or equipment in order to assist in environmental testing or monitoring; or
- require a person who the authorised officer reasonably suspects has committed, is committing or is about to commit, a contravention of the measure to state the person's full name and usual place of residence and to produce evidence of the person's identity; or
- require a person who the authorised officer reasonably suspects has knowledge of matters in respect of which information is reasonably required for the administration, operation or enforcement of the measure to answer questions in relation to those matters; or
- with the authority of a warrant issued by a magistrate, require a person to produce specified documents or documents of a specified kind, including a written record that reproduces in an understandable form information stored by computer, microfilm or other process; or
- examine, copy or take extracts from a document or information so produced or require a person to provide a copy of such a document or information; or
- take photographs, films, audio, video or other recordings; or
- examine or test a vessel, vehicle, plant, equipment, fitting or other thing, or cause or require it to be so examined or tested, or seize it or require its production for such examination or testing; or
- require a person holding a statutory authorisation or required to hold a statutory authorisation to produce the statutory authorisation for inspection; or
- give directions reasonably required in connection with the exercise of a power conferred by any of the above paragraphs or otherwise in connection with the administration, operation or enforcement of the measure; or
- exercise other prescribed powers.

35—Hindering etc persons engaged in administration of Act

Clause 35 provides that an offence is committed by a person who—

- without reasonable excuse hinders or obstructs an authorised officer or other person engaged in the administration of the measure; or
- fails to answer a question put by an authorised officer to the best of his or her knowledge, information or belief; or
- produces a document or record that he or she knows, or ought to know, is false or misleading in a material particular; or
- fails without reasonable excuse to comply with a requirement or direction of an authorised officer under the measure; or
- uses abusive, threatening or insulting language to an authorised officer, or a person assisting an authorised officer; or

- falsely represents, by words or conduct, that he or she is an authorised officer.

A maximum penalty of \$10,000 is prescribed.

#### 36—Protection from self-incrimination

Clause 36 provides that a person is not obliged to answer a question or to produce a document or record as required under this Part if to do so might tend to incriminate the person or make the person liable to a penalty.

#### Part 5—General duty of care

#### 37—General duty of care

Clause 37 provides that a person must take all reasonable measures to prevent or minimise harm to a marine park through his or her actions or activities.

#### Part 6—Protection and other orders

#### Division 1—Orders

#### 38—Protection orders

Clause 38 provides that the Minister may issue a protection order for the purpose of securing compliance with the measure. The clause states that a person to whom a protection order is issued must comply with the order and provides a maximum penalty of \$10,000.

#### 39—Action on non-compliance with protection order

Clause 39 provides that if the requirements of a protection order are not complied with, the Minister may take any action required by the order.

#### 40—Reparation orders

Clause 40 provides that If the Minister is satisfied that a person has caused harm to a marine park by contravention of the measure, the Minister may issue a reparation order requiring the person to take specified action within a specified period to make good any resulting harm to the marine park, or to make a payment or payments into an approved account for the reasonable costs incurred, or to be incurred, in taking action to make good any resulting harm to the marine park, or both.

The clause provides that a person to whom a reparation order is issued must comply with the order and states a maximum penalty of \$10,000.

#### 41—Action on non-compliance with a reparation order

Clause 41 provides that if the requirements of a reparation order are not complied with, the Minister may take any action required by the order.

#### 42—Reparation authorisations

This clause provides that if the Minister is satisfied that a person has caused harm to a marine park by a contravention of the measure, the Minister may (whether or not a reparation order has been issued to the person) issue a reparation authorisation under which authorised officers or other persons authorised by the Minister for the purpose may take specified action on the Minister's behalf to make good any resulting harm to the marine park.

#### 43—Related matters

Clause 43 provides that the Minister should, so far as is reasonably practicable, consult with any public authority that may also have power to act with respect to the particular matter before the Minister issues an order or authorisation under this Division.

#### Division 2—Registration of orders and effect of charges

#### 44—Registration

Clause 44 provides that if the Minister issues an order or authorisation under Division 1, and it is in relation to an activity carried out on land, or requires a person to take action on or in relation to land, the Minister may apply to the Register-General for the registration of the order or authorisation in relation to that land.

#### 45—Effect of charge

Clause 45 provides that a charge imposed on land under Division 1 has priority over—

- any prior charge on the land (whether or not registered) that operates in favour of a person who is an associate of the owner of the land; and
- any other charge on the land other than a charge registered prior to registration under this Division of the relevant order or authorisation in relation to the land.

#### Part 7—Appeals to ERD Court

##### 46—Appeals to ERD Court

Clause 46 states that the following appeals may be made to the ERD Court:

- a person who is refused a permit may appeal to the Court against the decision of the Minister to refuse the permit;
- a person who has been granted a permit may appeal to the Court against a decision of the Minister revoking the permit or imposing or varying a condition of the permit;
- a person to whom a protection order or reparation order has been issued may appeal to the ERD Court against the order or a variation of the order.

#### Part 8—Civil remedies

##### 47—Civil remedies

Clause 47 provides that applications may be made to the ERD Court for the following orders:

- if a person has engaged, is engaging or is proposing to engage in conduct in contravention of the measure—an order restraining the person from engaging in the conduct and, if the Court considers it appropriate to do so, requiring the person to take specified action;
- if a person has refused or failed, is refusing or failing or is proposing to refuse or fail to take action required by the measure—an order requiring the person to take that action;
- if a person has caused harm to a marine park by a contravention of the measure—an order requiring the person to take specified action to make good any resulting harm to the marine park and, if appropriate, to take specified action to prevent or mitigate further harm;
- if the Minister has incurred costs in taking action to prevent or make good harm to a marine park caused by a contravention of the measure—an order against the person who committed the contravention for payment of the reasonable costs and expenses incurred in taking that action;
- if the Court considers it appropriate to do so, an order against a person who has contravened the measure for payment (for the credit of the Consolidated Account) of an amount in the nature of exemplary damages determined by the Court;
- if the Court considers it appropriate to do so, an order against a person who has contravened the measure to take specified action to publicise—
  - (i) the contravention of the measure; and
  - (ii) the harm flowing from the contravention; and
  - (iii) the other requirements of the order made against the person.

#### Part 9—Provisions relating to official insignia

##### 48—Interpretation

Clause 48 defines official insignia to mean—

- a design declared by the Minister to be a logo for the purposes of this Part; or
- the name of a marine park proclaimed under the measure, whether appearing or used in full or in an abbreviated form; or
- a combination of a logo and a name.

##### 49—Declaration of logo

Clause 49 provides that the Minister may, by notice in the Gazette, declare a design to be a logo.

#### 50—Protection of official insignia

Clause 50 provides that the Crown has a proprietary interest in all official insignia and that a person must not, without the consent of the Minister, in the course of a trade or business—

- sell goods marked with official insignia; or
- use official insignia for the purpose of promoting the sale of goods or services or the provision of any benefits.

The clause provides a maximum penalty of \$10,000.

The clause also provides that a person must not, without the consent of the Minister, assume a name or description that consists of, or includes, official insignia, and provides a maximum penalty of \$10,000.

#### 51—Seizure and forfeiture of goods

Clause 51 provides that if goods apparently intended for a commercial purpose are marked with official insignia, and an authorised officer suspects on reasonable grounds that the use of the insignia has not been authorised by the Minister, the authorised officer may seize those goods.

#### Part 10—Miscellaneous

##### 52—Native title

Clause 52 provides that any prohibitions or restrictions applying within a marine park have effect subject to native title and native title rights and interests.

##### 53—Immunity from personal liability

Clause 53 provides that no personal liability attaches to a person engaged in the administration of the measure for an honest act or omission in the exercise or discharge, or purported exercise or discharge, of a power or function under the measure.

##### 54—False or misleading information

Clause 54 provides that a person must not make a statement that is false or misleading in any information provided under the measure, with a maximum penalty—

- if the person made the statement knowing that it was false or misleading—\$20,000 or imprisonment for 2 years;
- in any other case—\$10,000.

##### 55—Continuing offence

Clause 55 provides that a person convicted of an offence against a provision of the measure in respect of a continuing act or omission—

- is liable, in addition to the penalty otherwise applicable to the offence, to a penalty for each day during which the act or omission continued of not more than one-tenth of the maximum penalty prescribed for that offence; and
- is, if the act or omission continues after the conviction, guilty of a further offence against the provision and liable, in addition to the penalty otherwise applicable to the further offence, to a penalty for each day during which the act or omission continued after the conviction of not more than one tenth of the maximum penalty prescribed for the offence.

##### 56—Offences by bodies corporate

Clause 56 provides that if a body corporate commits an offence against the measure, each member of the governing body, and the manager of the body corporate, are guilty of an offence and liable to the same penalty as is prescribed for the principal offence where the offender is a natural person.

##### 57—Additional orders on conviction

Clause 57 provides that if a person is convicted of an offence against the measure, the court may, in addition to any penalty it imposes, make one or more of the following orders:

- an order requiring the person to take any specified action (including an order to take action to make good harm to a marine park or to rectify any other consequences of a contravention of the measure, or to ensure that a further contravention does not occur);
- an order that the person pay to the Crown an amount determined by the court to be equal to the costs of taking action to make good harm to a marine park or rectifying any other consequences of a contravention of the measure;
- an order that the person pay to the Crown an amount determined by the court to be equal to a fair assessment or estimate of the financial benefit that the person, or an associate of the person, has gained, or can reasonably be expected to gain, as a result of the commission of an offence against the measure.

#### 58—General defence

Clause 58 provides that it is a defence to a charge of an offence against the measure if the defendant proves that the alleged offence was not committed intentionally and did not result from a failure on the part of the defendant to take reasonable care to avoid the commission of the offence.

#### 59—Criminal jurisdiction of ERD Court

Clause 59 provides that offences constituted by the measure lie against the criminal jurisdiction of the ERD Court.

#### 60—Confidentiality

Clause 60 provides that a person engaged or formerly engaged in the administration of the measure must not divulge or communicate personal information obtained (whether by that person or otherwise) in the course of official duties except—

- as required or authorised by or under the measure or any other Act or law; or
- with the consent of the person to whom the information relates; or
- in connection with the administration of the measure; or
- to an agency or instrumentality of this State, the Commonwealth or another State or Territory of the Commonwealth for the purposes of the proper performance of its functions.

#### 61—Service

Clause 61 provides for the service of documents for the purposes of the measure.

#### 62—Evidentiary provisions

Clause 62 provides the evidentiary provisions required by the measure.

#### 63—Regulations

Clause 63 provides that the Governor may make such regulations as are contemplated by, or necessary or expedient for the purposes of, the measure.

#### Schedule 1—Related amendments

Schedule 1 makes related amendments to various Acts as required as a consequence of the measure.

Debate adjourned on motion of Ms Chapman.

### HEALTH CARE BILL

Adjourned debate on second reading (resumed on motion).

(Continued from page 1221.)

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (15:48):** At the close of my previous contribution on this matter, I had highlighted the development of other major hospitals, principally in metropolitan Adelaide, since World War II, and the expansion of hospital services. In particular, I identified the diversity of services currently provided in many of our hospitals across South Australia. Hospitals provide a broad spectrum of services far beyond perhaps their original charter to provide medical, emergency and surgical services, or quarantine services, which was a large area of responsibility in the early part of the 20<sup>th</sup> century.

After World War II—indeed, four months after the cessation of hostilities—the then state government appointed a committee to inquire into and report on the advisability of consolidating the state's health services into a single department under the minister for health. So, this proposal by the government, I suggest, has its genesis back in 1945. There have been rigorous attempts, particularly by Labor governments, to try to bring this about with the slow death by a thousand cuts of local voice and community board management through extinguishing the role of direct management. Whilst they might have some advisory role as an advocate for their community with no power of enforcement or management, that was the development.

In April 1946 the committee was appointed and the terms of reference identified. The committee found that the government-controlled health services in the state had developed in two directions. First, there was the field of preventative measures embraced by public health provisions, and so on. Secondly, there were curative measures comprising the provision of hospitals. The principal services were under the control of the minister for health, but, in addition to the 14 hospitals wholly financed by the state and directly controlled by the hospitals' department, 39 hospitals were subsidised by the state.

The responsibility of the director-general of medical services, in respect of these hospitals, was limited to advising the minister about grants to them. The end result was a patchwork production lacking in planned development and coordination. It was really a far cry from what exists today and what we are asking to move on from. Quite clearly, under the Playford administration in this state, consideration was given to how there could be a more coordinated role given the fact that there were only 14 hospitals—a minority—wholly financed by the state. With the introduction of a subsidy, there was a partial funding of the other 39 hospitals, so there needed to be some management of that. Centralising the regulation of hospitals that received state money did certainly have some merit, but that contrasted with the principle of decentralisation and divergence of authority, which services in South Australia had developed.

In the decade 1937 to 1946 gross state expenditure on hospitals and health increased by over 120 per cent. The committee believed that, since the public purse was involved to such an extent, and since in any case it seemed to be a more efficient method of administration, it was time to change direction. It accordingly recommended the establishment of the Department of Health, with medical services controlled by a commission of health, and chaired by a full-time director-general. The commission and its department were to be given wider powers of control and administration to integrate the range of services offered, and, indeed, some of the existing statutory bodies were consequently to be delivered in their powers. It was 30 years before the South Australian Health Commission, which in some respects was foreshadowed by the Shannon report of 1946, came into existence.

A federal referendum at the time of the national elections in September 1946 approved the transfer to the commonwealth of the power to provide pharmaceutical, sickness and hospital benefits and medical and dental services, although not so as to authorise any form of civil conscription. The involvement of the commonwealth government in medical and health services had far-reaching results, but, until the details of that involvement were revealed, there was a degree of uncertainty amongst state planners about the appropriate course to take.

Indeed, at the opening of state parliament in June 1947, the year in which the Shannon report was received, the Lieutenant-Governor said that the commonwealth proposals to control hospitals and medical services had left the states uncertain as to what policy they should pursue in such matters. I note that Dr Brian Shea was appointed as director-general of medical services in 1967. We saw further development as we moved into the Dunstan administration and the Bright report, to which I referred at some length. Dr William Andrew Dibden, I just recognise his position as director-general from July 1977.

The matter which I think is important to appreciate is the extent of the government health department as it was in 1971. This was at the time preceding the debate for the current bill that we are being asked to repeal. At that time, in August 1971, the state government ran two teaching general hospitals in the metropolitan area, seven general hospitals in the country and six psychiatric hospitals in the metropolitan area. In addition, the state subsidised two teaching special hospitals and two long stay hospitals in the metropolitan area and 54 general hospitals in the country. Together these facilities and those run by the commonwealth government provided a total of 8,336 beds.

I know that Dr Sherbon and others in today's world say that bed counts are no longer relevant for the purposes of assessing the delivery of services as a key performance indicator but,



nevertheless, it is not difficult to appreciate that we have in the last 30 years, since the SA Health Commission Act was passed, had a very substantial reduction in the number of total beds. I think it is fair to say that that is most particularly pronounced in the area of mental health.

So, we had the Bright report, the proceedings on the legislation. That had recommended the unified control of all health services by an independent health commission, and it was also clear that there was the notion that hospitals and health centres should be administered by autonomous governing bodies. That was of central importance in the planning of the commission. That was, I think, attempted to be hijacked by the then Labor government but, nevertheless, rescued by the opposition and its submission at that time. I mentioned the establishment of the commission. I will not further detail that. It was progressive over a period of time.

But what I do wish to mention is that there are dangers in centralising control and not having people on the ground at the local level who have a legislative responsibility to manage what is going on. The direct consequence of that is that all the way up the chain, to the person who has the legal responsibility, we have a flow of people saying, 'Well, it is not my responsibility, it is his,' with the next person saying, 'It is not my responsibility, it is hers,' and with the next level saying, 'It is not my responsibility,' and it goes to some panel or advisory group and then it goes on to someone else. This is the danger when you centralise all the power in one reservoir of power.

I can give you the classic example of what happened in the late 1970s, when the meat scandal broke. It is argued, I think, that this is one of the most significant political issues which was made public and which caused very significant embarrassment to the Dunstan government, which then had to be carried by the Hon. Des Corcoran who had become premier upon Don Dunstan's retirement in 1979. So, for the last few months leading up to the 1979 election, at which Dr David Tonkin was successful, we had the breaking of the scandal, which was essentially that there had been a discovery of grave irregularities within the health commission (the former hospitals department). It was alleged that staff members at the Northfield wards of the Royal Adelaide Hospital were pilfering the meat supply and selling it for their own gain.

There had been allegations of mismanagement as early as 1975. The Auditor-General's annual report strongly criticised what it called a lack of elective internal audit and controls over many of the hospitals department's activities in response to the massive thefts of meat from South Australian hospitals. There was a request for the Auditor-General to investigate the matter, and the examination disclosed that the internal control was weak or non-existent, budgeting was poor and ineffective, and records inadequate. It was an all-round bad show.

Even I would come to the defence of poor Peter Duncan, who was the minister for health for six months leading up to the 1979 election—hapless, as he has been post-politics, and certainly more infamous. He was only there for six months, poor fellow. And, not only was there an election, but his premier resigned because he was too sick and there was a new premier. Poor old Des Corcoran gets trotted in, there is a huge auditor-general's report, a huge meat scandal, and outrage by the public. Poor old Des and poor old Peter Duncan had to take it on the chin.

**Mrs GERAGHTY:** I have a point of order, sir. While, clearly, the member is enjoying herself, I am not sure that what she is sharing with the house actually relates to the bill.

**The ACTING SPEAKER (Mr Koutsantonis):** I deeply apologise to the member for Torrens but, alas, I was not listening to the member for Bragg. I apologise to the house for my inattentiveness, but the continuation of the monotone voice turned me off. I will attempt to strain through it but, as far as I can hear, she has not breached standing orders. The member for Bragg.

**Ms CHAPMAN:** Thank you, Mr Acting Speaker. I am shattered if you have lost interest in listening to my speech and are concerned about the monotone contribution by the objector. However, I was coming to the defence of the former minister for health, Peter Duncan, who had had a career as attorney-general in the 1970s and the pleasure (although I am not sure about the benefit to South Australia) of being the minister for health in the dying days of the Dunstan-Corcoran administration. So, this has direct relevance.

I reaffirm to the house, for those who are listening attentively and perhaps to make sure that we capture those who are not, that, when it comes to control and consolidating and centralising that level of responsibility, everyone down the chain will blame everyone else, and it gets back to the chief executive officer and he or she has to take the call. The danger is that you have all these people underneath you who are making decisions or failing to investigate or, as the Auditor-General found in this instance on the meat scandal, have a lack of effective internal audit and controls and are generally not keeping alert on their watch—so much so, that we had trucks

lining up at the hospital and people were piling the meat into the back of the trucks and taking it out of the hospital and selling it to their mates.

That is what was going on. It was a wicked scandal at the time, and it demonstrates, when you centralise control and you do not have people out there sharing that responsibility and keeping an eye on what is going on, how dangerous this situation can get. So, I urge the minister to reconsider again making the chief executive under this bill directly responsible for everything, making him the employing authority—

*An honourable member interjecting:*

**Ms CHAPMAN:** Well, you can ask some questions about it, but it says that the minister becomes responsible. However, as I pointed out, ministers are busy people. They do not do two things: first, they do not know what is happening in their department every day, and they cannot; and, secondly, if something goes a little bit wrong, I can tell you the department does not rush up to tell the minister. When it becomes a serious situation or there is a risk of exposure, then of course they rush into the minister's office as quickly as possible to explain why they were not responsible.

It is not adequate security for the \$3 billion a year that is now being spent on health and/or administered by the state Department of Health. It is either their money, the commonwealth's money, earned money, interest earned from services or returned revenue from services. \$3 billion a year is administered by the Department of Health. Dr Tony Sherbon, or his successor at any time, will be responsible under this bill for that, and there is no way that any minister in a government is able to keep a very close eye on all the mishaps. We have some protective mechanisms such as the Auditor-General's report and so on, but, frankly, they come a year late. A lot can go on in the time that passes in that situation. So I think this is a very major warning to the government about what can go wrong.

I have detailed the period post-1976 as to what happened with the SA Health Commission Act which we are now repealing, and the amendments that have been made. I think I have referred to the Jennifer Adamson (now Jennifer Cashmore) period. We have had the introduction of amendments which were very significant by Dr John Cornwall. From memory, Frank Blevins was also assisting the government for a short time as minister for health during the 1980s, and Martyn Evans (although I do not recall his period of time exactly).

Dr Don Hopgood, who as members will recall was the deputy premier, was also minister for health during the period preceding Martyn Evans. We had a number of different ministers, but we also had a number of reviews. I referred to John Cornwall, but I also mention, for those who are following the history of the continuing review of governance in health, that we also had the review, after the Bannon period, of Mr John Uhrig. He produced his great report—

*The Hon. J.D. Hill interjecting:*

**Ms CHAPMAN:** John Uhrig. He presented his magnificent report—

**The Hon. S.W. Key:** He was a great environment minister, too.

**Ms CHAPMAN:** Mr Acting Speaker, I am not receiving the attention of the members, because the interjection suggests that Mr John Uhrig was a minister. He was not, of course: he is an eminent—

*The Hon. J.D. Hill interjecting:*

**Ms CHAPMAN:** John Uhrig.

*The Hon. J.D. Hill interjecting:*

**Ms CHAPMAN:** The minister further interjects that he thought I was speaking about Dr John Cornwall, I am back on the myriad reports we have had on this legislation that we are about to repeal, and Mr John Uhrig, an eminent figure of management in the private sector, was called upon to conduct a review. However, history shows us that much of his review's major recommendations were not supported.

In October 1986, Professor Andrews was appointed as the chairman. This is very important, because from time to time his office and that of the minister disagreed in their interpretation of the Health Commission Act, which stated that the exercise of the functions of the commission were subject to the general control and direction of the minister. That is very important, because that is exactly what is happening in this bill again—all the day-to-day management and control to the CEO (or chief executive, as the position is now called). The minister has overriding

power, but the precedents show that they have already had a fight about who should have what delegation of power in this regard and, again, we had reform to try to manage that.

I think I also mentioned that, after Dr McCoy's period as chairman of the SA Health Commission, we again saw some legislative change coming in under the Brown-Olsen periods for streamlining and securing some clarity with respect to the powers of the minister and the chief executive, bearing in mind that, throughout this period, although it had been changed from time to time, boards still continued to exist, operate, manage and maintain—as they do right to this day—the power and authority to determine what services they deliver, who they employ and the management of their assets, specifically protected in the legislation against ministerial interference or any direction by the minister on those topics. Moreover, I mention that, during the Armitage-Brown period of time—

**The Hon. J.D. Hill:** Recent years; living memory!

**Ms CHAPMAN:** I have to mention minister Armitage. He introduced a bill for an act to provide for the administration of health services in the state and to repeal the act that we are also attempting to repeal today by the governance bill. He explained (and I am sure the minister will be interested in this) that 'the Commonwealth Grants Commission had estimated that South Australia spent 6 per cent more than the national average on health services, largely because of the above average levels of service delivery'. He said that the health policy of the new government aimed to position the state's health services to meet the requirements of the future, and included the abolition of the South Australian Health Commission.

There were other proposed initiatives, such as the introduction of regionalisation, the integration of health services and the devolution of decision making into areas where services were provided. This was the era of taking it back to the people—doing it in a regional manner and asking them to do all the cuts (which, frankly, I thought was fairly politically smart); getting the regional boards, as subsequently developed, to make the hard decisions, to rationalise and regionalise the delivery of services across a significant area.

So, the Mid West Coast, the Riverland, the South-East, the Upper South-East and other regions around South Australia looked very carefully at what services they provided at each of their facilities; they made their own local decisions about what those priorities were and took the hard decisions. It was publicly described by one newspaper columnist at the time as the biggest shake-up that the state's health services had faced since the creation of the Health Commission 20 years earlier, and that the proposed legislation (as it was at the time) highlighted the distance that had been travelled on the road from colonial surgeon to Health Commission.

We now have the current situation. We have a chief executive who is about to have enormous responsibility transferred under this bill. He already has 25,100 employees, many of whom are people who work in our hospitals and health services—doctors, nurses and the like, nurses being the overwhelming majority at nearly half that number. A very significant proportion—on the figures provided by the Auditor-General just a couple of weeks ago, nearly a quarter of the workforce—under the responsibility of the chief executive are administrative, headquarters, clerks and advisers operating in the general management of the public service of health, as distinct from those who we would say are at the coalface of health, delivering the services in the local community—in hospitals, and so on.

It is a major staff. Perhaps I am one of the few people who is not critical of the chief executive's salary—a salary of over \$300,000 a year—because I think, if you get a good one, they are worth every penny in any department. I am happy to be on the record of saying that, if they do a good job, pay them well, but if they do not do a good job, get rid of them. With this extra responsibility, I raise the caution of how dangerous that can be in the hands of one person who is not sitting next to but provides information to the minister of the day on a regular basis and who has to be answerable to and responsible to the minister. They have to present the minister with an annual report at the end of each financial year and within certain time frames and, of course, the minister has an obligation to provide that to the parliament.

I do not doubt that, if the minister rings up the chief executive of the health department and says, 'I need to see you about this issue or that issue' there would be a response and, no doubt, an appropriate response from his department, as there should be. But how does the minister know what is happening on every day in this department? How can he possibly know that?

The Health Care Bill, as I say, is stated to have this rationale of the need to reduce the existing fragmentation and unnecessary duplication of planning, funding and governance arrangements so that South Australia has a streamlined health system providing for the needs of

the community. I must have referred to half a dozen quotes covering the last 35 years, in fact since 1945's 46th report of how that has been a desirable option. The creation of the unified single public health system is the objective. For the life of me, I cannot see how getting rid of these boards will produce that to the extent that the outcome is that we get better health services for patients and people in South Australia.

The centralising of strategic action and the control and employment of all the staff in the hands of the CEO and, ultimately, the minister, really leaves a situation where the minister is the determinant of all strategic development, and his chief executive is the person with the absolute authority to be able to execute that. I will now refer to the interstate experience. In 2004, New South Wales commenced changes to its governance structure with the passing of the Health Services Amendment Act—and I will refer to that shortly. In Victoria—at least as of a few months ago—a governance reform panel reported in May 2003.

In Queensland, there were two reviews of governance in 2005, as a result of which the government released a new health action plan. In Western Australia, the health reform committee reported in 2004. In Tasmania, the Minister for Health instituted an inquiry in about May this year. I do not know the recent status of those inquiries in the other states and/or legislative reform to their governance model. New South Wales has already done it and so members would think that, before this bill coming into this parliament, there would be some review and assessment of what has happened in New South Wales to see whether a change in the governance structure has resulted in an improvement in health outcomes, a cost saving or some other benefit that would warrant our following that course.

The reason why it is such a critical precedence to what we are discussing is that, when one reads the Health Service Act 1997 operating in New South Wales and its Health Services Amendment Bill (which they debated in 2004), it is pretty much word for word what is being presented in this bill by this government. It is the same bill as the then minister for health Morris lemma presented to his parliament in New South Wales. Members would think that it would be something at which the government would look and clearly analyse its benefits before presenting the bill.

When outlining the bill, Morris lemma said that the objects of the bill were: first, provide the area health services to be governed by their chief executives and consequently abolish the existing area health boards—sounds familiar. Secondly, provide the establishment of area health advisory councils to give advice in respect of certain matters affecting the operation of the area health services—sounds familiar. Thirdly, provide that statutory health corporations may be governed by their chief executives as an alternative to being governed by health corporation boards—sounds very familiar so far.

Four, to provide the establishment of an advisory council to give advice in respect of matters relating to the operation and provide for the establishment of a health executive service. Senior health executives were employed under the Public Sector Employment and Management Act 2002 of New South Wales. They did their little stunt in relation to anti-WorkChoices a little earlier. We lagged a little behind in that our state government did not jump in and legislate to make it operational until 2006. They had done it a few years before—in fact, they had done everything a few years before.

We have the control and management of area health services and statutory corporations under legislative review and a new model of governance as set out by the New South Wales then minister for health, Morris lemma. It is all the same. It is incredible—there is nothing new. They repeat the same thing. Members will be pleased that I will not go through every health care plan in operation under each state Labor government around this country that has rewritten their plans. They all say the same.

I can pick up the Western Australia one or the Tasmanian one and I get the same stuff. It is a bit like plagiarising the health care plan of other states. I wonder who wrote this one for South Australia because, if we paid a lot of money, I would have to ask some questions about why. There are whole phrases that are just lifted from other state's health plans so I hope we did not pay too much money for this, because I believe it would be unreal to expect payment for something that was just lifted from another state.

Morris lemma's announcement of his government's reform is almost word for word what we are doing here: amalgamation of the seven health area services; encouragement to build better clinical networks and enhance academic and teaching links; assisting in improving the distribution of the health workforce; all the new factors that are affecting health—population distribution, make-

up and growth, health workforce distribution, patterns of clinical referrals, patient flows—and the need to be able to cut out all these people out who have had a say for the last 100 years (or, in the case of New South Wales, 200 years) and give it all to the CEO.

Mr Lemma also claimed there would be a \$100 million saving in health arising out of his government's reform. I note that there has been an omission of any similar promise by this government in this bill—for good reason, I think. Quite frankly, I have not seen in any report that I have read in relation to the subsequent three years in New South Wales that its health service delivery suddenly saved \$100 million as a result of its new governance procedure.

If it is there it is not very transparent, and you would think that, if it actually saved money, they would have rushed out and said, 'We have achieved this incredible saving as a result of getting rid of local boards restructuring and letting the decision-making rest with the central control of head office.' Oh no; we have not had them waxing lyrical from the mountains of success as a result of governance reform giving the benefits they claimed. It is the same old stuff: simpler, more direct, accountable governance arrangements. It is all an excuse for getting rid of the local people, not letting them have their say, having direct management involvement in service delivery to their communities, and taking on the central control.

The opposition in New South Wales made the point during debate (and I think this is important to note) that the bureaucracy had not only expanded in the years of the Carr government, but that there had also been a burgeoning—even a bursting—of extra public servants. Well, what about South Australia? We have a situation where 25,100 people are employed in the minister's department. He is happy to rush in here and tell us when he has increased the number of nurses, even if they only work one day a week. He tells us over and over again how many extra nurses and doctors he has, but what about the 80 extra executive positions he created when the minister introduced the metropolitan regional boards?

I have been out to a number of the regional boards—for example, the administration headquarters for Central Region, at that stage headed by Dr David Panter at the Hampstead Rehabilitation Centre. It had its offices in one of those heritage buildings, corridor after corridor of people, some of whom had been transferred from headquarters and some of whom had been advertised for and taken on. So, far from actually making the savings they expected from getting rid of the Women's and Children's Hospital and the Royal Adelaide Hospital board, and each of the unit boards, whose meetings were held mostly for a nominal income, we actually got a whole mass of new public servants.

*The Hon. L. Stevens interjecting:*

**Ms CHAPMAN:** The former minister shouts that that's not true.

*The Hon. L. Stevens interjecting:*

**Ms CHAPMAN:** I apologise; she did not shout, she interjected quite politely to the effect that that was not true. However, I urge the former minister to look at what actually happened. She may have aspired to contain the expansion, the breeding program they must have had in there to support the expansion of bureaucracy, but it got away from her.

The former minister needs to look at the Auditor-General's Report and the continued increase in numbers. She will be pleased to know that in the last few years they have given us a breakdown of how many doctors and how many nurses (and the full-time equivalents), how many clerks and how many administrators—not to mention the 65 who get paid more than \$100,000 a year. We have paid out close to \$2.5 million in the last financial year to get rid of three of them.

I encourage the former minister, who interjects about the workforce, to have a good look at the Auditor-General's Report and see the costs incurred even under the interim arrangements introduced by this government—which they are now scrapping, because even those regional boards are about to get the chop. My concern is that if you pick up *The Sydney Morning Herald* or *The Australian* you will still see, on a regular basis, the same sad story that we see in South Australia—that is, people telling tales about the horrific experiences they have had (usually as a result of attending the emergency department of a major public hospital); the distress, pain, suffering and sometimes fatal consequences of failing to receive attention.

Just recently there was a woman who complained of having a miscarriage in an emergency department in New South Wales. Well, let me tell the house that we have had one of those here in the last 18 months at the Flinders Medical Centre. A woman went to the emergency department for assistance (and she went public about this) and, as a result of failing to be attended to, miscarried

on the floor and had to clean up her own mess. Ultimately, she left the hospital and the state, because she was so horrified by the experience.

If we were to have any of the national reporting bodies (all of the people who provide us with these reports each year, and I will refer to those in a minute because they are very important when we look at the new health performance council's role) come to us saying, 'These governance reforms have been magic. They have been brilliant. They have not only saved us money, but they have helped patients to get access to health services,' then I think it would be important for us to have a look at.

In South Australia, on health we spent \$3 billion last year and we are going to spend another \$3 billion this year and, as I have said, that is a combination of state government funding, commonwealth funding, revenue earned from health services in South Australia, some interest and some other smaller grants and the like. But overwhelmingly, it is from the state and commonwealth governments. Yet, the key performance indicators from the reports that we have, including the state of public hospitals report, the productivity report and the Australian Institute of Health and Welfare report, tell us that we are still the seventh lowest of all the states and territories in this country for money spent per capita on public hospitals. Compare that to the statement that I read out from Dr Armitage's time. Even after the State Bank collapse, they were able to make a very significant contribution.

These reports tell us that our readmission rates for patients is the highest in the country. We are at 4.8 per cent when the average is 2.8 per cent. We are second to bottom in four or five categories in the emergency department relating to patients seen on time. We are the worst performing state in the country for elective surgery, and I might say that last year in 2005-06 (the last reported year) we did 800 fewer elective surgery procedures than in 2004-05. The government's own website in February this year tells us that 1,085 people were waiting more than 12 months for their elective surgery—a 21 per cent increase since June 2006. The average waiting times have blown out under Labor and they are a disgrace—yet all that money and no delivery of service.

If we could go to New South Wales and see a monumental shift in improvement of its position on these key performance indicators where there is a national comparison as a result of its governance reform, then, sure, we would be looking very carefully at the analysis of that, and we would obviously, if there were a successful outcome for New South Wales, we would have to review our position as to the success of that and look more carefully at what it was doing.

Apart from all those, we have had just this week the disclosure that, in the past 12 months, the number of hospital workers injured at work has more than quadrupled than that of the past three years. So, the report from last year states that over the preceding three years the claims of injuries to hospital workers (nurses, attendants, etc.) who are carrying out their daily functions with patients at the coalface has increased four times. There is something going wrong with the management.

I heard the Minister for Industrial Relations tell the parliament today how proud he is of SafeWork SA's performance and how it is going so well and all the general palaver about how fabulous it is. His government's own workers, whom he provides workers compensation for, have had a massive increase in claims as a result of his government's management of workers compensation. He cannot even blame WorkCover for this one. WorkCover does not provide compensation for state government employees: the government does. It manages its own. I have been watching this in the education department and the health department because they are by far the single biggest employers in state government and by far the biggest cost in relation to workers compensation claims.

The increase in the value and number of those claims is alarming. When the Minister for Health comes in here and tells us how he is under pressure to ensure that we retain, retrain and offer incentives to both attract and retain people in the health workforce and we have a fourfold increase in injury for those who are working in these facilities, then, in my view, that is a very unsatisfactory situation. If I were the Minister for Industrial Relations or the Minister for Health, I would be asking some serious questions about what is happening there because, in the precious workforce numbers that we have of people out there at the coalface, we need every one of them to be able to ensure that they are fit, willing, able and capable to undertake those duties. We are desperate for them. We are hardly going to attract new people into the industry of providing health services at whatever level if they face a workplace environment provided by the state government which fails to look after them and which costs the rest of the community a heck of a lot of money.

Under Labor, valuable health funds have been used to build up bureaucratic systems rather than provide extra patient services, and clearly the government has not provided a better health system. Even the governance changes in New South Wales have not made one scrap of difference to those outcomes for New South Wales. If there is some report hidden away, firstly, I wonder why they are not swinging out at the Premier. Lemma is out there saying, 'Wasn't I a fabulous health minister? Look what I have achieved.' There is deathly silence about that issue. For the first time since Labor's State Bank collapse, the South Australian government can invest real dollars into health. We have a booming economy courtesy of the federal government's economic policies and windfall tax collections via the GST and related taxes. There is no excuse not to be meeting most of our health demands.

There is no excuse for the poor performance of this state and, here we are, with a Labor government which has been squibbing on the promised levels of health funding for service delivery and which has an open cheque book when it comes to the expansion of the Public Service within the health department. Now we have a situation where South Australia has a very low per capita spend on our community for mental health, which is alarmingly low, and I think that is a tragedy.

As I said, the government has announced that it will abolish the regional boards, but the bureaucracy will stay. What a familiar ring: out goes the board but the bureaucrats all stay. What savings, if any, will come from that? What is the purpose of having them out there if they are 10 or 15 minutes away from the rest of their colleagues sitting in Hindmarsh Square? I ask this question: how is that possible that they are able to provide any level of benefit of service out there in those circumstances? Why are they not coming back to headquarters?

Why are we not having some cost savings in relation to bureaucracy when these things are dismantled, rather than just in relation to the good people who take on these board positions. I will, in fact, refer to those now. Members of the regional metropolitan boards that are about to be axed, as I understand it, are to stay in their positions until June next year, or until such date as the implementation of this legislation. Most of them, as I understand it, are prepared to stay on.

In the weeks after the government announced the health budget for this year, their health plan and the announcement about the Marjorie Jackson-Nelson hospital, I was horrified to hear the statement by Ray Grigg, the chairman of the Central Northern Adelaide Health Service. He was concerned about the government's complete bypass of his own board. He had been there for a couple of years. He tried to assist with the government's reform; he was kept completely in the dark about this health plan; failed to be consulted about that and, yet, here is this public announcement.

Ray Grigg publicly spoke out about the way that they had been treated. I wish to record and thank those people who have been on the board for the service they have given and the work that they have undertaken: Mr Ray Grigg, Professor Carol Gaston, Ben Yengi, Professor Derek Frewin, Juliet Brown, Dr Kay Roberts-Thomson, Dr Mike Rungie, Peter Bicknell, Tanya Hosch, Dr Tamara Mackean, most of whom will stay on for the transition period, as I understand it. I certainly thank them for that contribution.

The Southern Adelaide Health Service board of directors, chaired by Clive Armour, is to go west, so to speak. Other members of the governance committee are: Ray Blight, Bevin Wilson, Dr Richard Wilson, Ian Yates, Professor Anne Edwards, Robyn Pak-Poy, Dr Helena Williams, Elizabeth Furler, Graham Inns and Alice McCleary. I am not sure why some people have been given titles and some have not in the annual report. I do not mean any disrespect if I read those names incorrectly from the 2006 annual report. I thank them also for their service.

For the board of the Women's and Children's Hospital—boy oh boy, have they had a hard road to haul. It has very little capital funding from the state government; some sections of its hospital have been described as war zones; it has heavily relied on the generosity of organisations such as the McGuinness McDermott Foundation; and they have been told that, under the restructure under the new health plan, a whole lot more people could come from the Modbury Hospital, because obstetrics will be closed there, yet—hello?—they will not get any extra money and there will be no extra beds or cots to facilitate this. I think they are facing a very difficult period.

One senior paediatrician who has come forward has even asked the government to consider—if it is going to build a new, great hospital on North Terrace—the Women's and Children's Hospital going to join them to at least have a chance of having some decent facilities. The answer—no. Not, 'Look, we'll consider it' but, 'We have considered it and—no.' The people on this board will be chaired by the Hon. Carolyn Pickles, who is known to some members. Other members include Dr Elizabeth Rozenblds, Professor Justin Beilby, Mr Peter Bleby, Mr Greg O'Connor, Ms Jane Cooper, Mr David Everett, Ms Judy Gillett-Ferguson, Dr Di Hetzel, Ms Alice

McCleary, Ms Ruth Miller, Professor Dorothy Scott, Dr Nicola Spurrier, Professor Don Robertson, Dr Nigel Stewart and Ms Debra Walker.

In acknowledging this board, I want to say that it has been very interesting to read of the work done by that board. With some data information provided by the department to enable them to do this, they have identified what needs to be done at that hospital, giving the government a report at the end of 2006 highlighting major areas of risk if the government fails to deal with matters. This is not just not liking the paint colour in a children's ward or a little bit of paint falling off an area of the facility: these are high risk indicated features of this hospital which can cause a direct health negative to its patients—who are children—and, of course, the women who now go there for obstetric and gynaecological services, and also the staff.

The risk of infection control is identified as extremely high in this report. I think it is a very brave board that makes a recommendation as to what should happen, but that is its job, and that is good. I give credit to the Hon. Carolyn Pickles and her board for undertaking that work and presenting it to the government. It is not their fault that the government says, 'Oh well, bad luck, you're not going to get a feature in our capital works program. We'll put it on the list and we'll think about you in the next century.' The board has done the work, and I give them credit for that. Of course, they have not spoken out because they are still employed on the board.

It is probably unlikely that one would see a chairman with the Labor pedigree of Carolyn Pickles do so. She would not want to do something to perhaps embarrass a government of her own political persuasion. Nevertheless, I give her credit for actually presenting the report to the government. It has now become publicly available through FOI and been widely read. It highlights an area for which she has taken up the challenge. They are just a few. A whole lot of boards are going, apart from the Repatriation General Hospital, which, as I have indicated, will retain its board.

I also want to refer to the fundamental difference between the government and the opposition. This is a fundamental philosophical difference between the Australian Labor Party and the Liberal Party of Australia; that is, we do not like central control. We actually support what has been described as subsidiarity. I mention it because it exposes the fundamental difference between us and them. This is the underlying principle of decentralisation; that is, that decisions should be made at the level closest to the community affected by those decisions. That is a summary of its definition. It is important, and it is why the Liberal Party supports and respects levels of government, whether it be local government, our own state parliament, or the federal parliament. It is why we recognise the federal system, and it is why we support and endorse the protection of decisions that are made at a local level. That is the fundamental difference.

For those who have been following this debate carefully, they would appreciate that in the last 50 or 60 years, but particularly since 1972 and the debate that preceded the act that we are about to repeal, at every opportunity Labor administrations centralise, and they muck up. When Liberal administrations are in power they decentralise, and they clean up. I do not doubt for one moment that, come 22 March 2010, the Monday morning after the next state election when the Liberals are in power, we will be cleaning up again.

*An honourable member interjecting:*

**Ms CHAPMAN:** Sure, we can count. You have the numbers in here to press ahead with central control again, and you will muck up again.

What is interesting is that, even if the government was to say, 'Well, look; we can find some little example around world where this is worked', the British tried the central model, and it did not work. When I was in London in October-November last year, the nurses union was marching in front of the houses of Westminster against the shabby management of health by the then Blair administration. It had mucked up. It tried to do a little regionalising to get rid of the local units, but that did not work. Nobody in Streaky Bay, Port Augusta, or down to the South-East at Bordertown was actually out there taking responsibility for the decisions to be made on the health service delivery in those areas.

It is a fundamental flaw, and it has been repeated historically over and over again, but for some dogged reason the Australian Labor Party, like a dog with a bone, will not let it go. There is not a morsel of meat left on the bone, yet the government still keeps trying to gnaw away at a dead idea—a dead ideology, which causes damage financially and, therefore, damage to the people of South Australia every time it tries to do it. If the government came up with one example of where this type of governance has produced better outcomes in the world, I would be happy to listen to it.



I wish to refer to the health performance council. In terms of the measures that the government is introducing to give a local voice, to ensure a level of accountability to the parliament, and to provide a high level of advice to the minister on health developments and directions, we are going to have a health performance council. When this health performance council was first initiated in October 2006, I noted that the minister proposed to establish 'a new high level independent health performance council which will monitor and review the health system, provide advice to the ministers on health outcomes, and will have a reporting role directly to the parliament.' That is a snapshot of his quote about what was to be done, and it was to coincide with the dissolution of the boards, which is what this bill is all about.

One of the aspects of this new performance council was that it would have even a federal representative on it, and on the face of it that would not be such a bad idea. If you needed one at all, perhaps it would not be a bad idea to have a federal person on it to keep abreast of what is happening nationally and coordinate all the other data and reports. At the time I was very concerned to note that, when the minister made the announcement about the new health performance council, he had not even asked the federal department whether it wanted to put someone on it, and guess what!

When he did ask, they did not want to come on it. Why would they want to come on to a South Australian health performance council, which they have absolutely no power to influence, and then take the bucket for all the negative aspects? If all the key performance indicators were not met, if the directions were not adhered to, if there had been a failure of any of the processes or bad outcomes for patients and complaints from the professional and clinical side, whether medical nurses and the like, why would they line up to be part of a system over which they have absolutely no control and be prepared to carry the can?

Nevertheless the minister told us that the health performance council will be an independent body, and that he will have access to high level advice, independent from the department. What is all this about? He has a 25,100-person department; yet he needs a second body to give him high level advice. What on earth is going on here? What is his department doing? That is supposed to be one of its roles. In fact, the health department already has what it and the minister have described as a high level unit for the purposes of providing advice to him.

That unit publishes a Social Health Atlas of South Australia, a thick comprehensive document (the third edition came out in about 2006, and the first edition back 15 or 16 years ago), and minister Hill commended it as a major resource for policy makers, planners, service providers and community members working towards the future health and wellbeing of South Australians and, in particular, to deal with issues of healthy life expectancy and inequality in health. He pointed out that it was available on the website. There was interactive software to access all this information.

There is a whole production team in his own department to coordinate data and statistics and put all this together and tell him what is happening in health, who they are servicing, profiling areas that need service, giving him advice on what needs to be done—every statistic-collecting capacity available already exists in his own department, yet he says he will have a health performance council, comprising people he will appoint, to give him high level advice.

Already available to the Minister for Health is a wealth of Australian Bureau of Statistics information—probably too much! When you go on to its website, it is like a war zone trying to access the information you want as there is so much of it. We have the Public Health Information Development Unit, to which I referred, which publishes the atlas and provides all the reports, data, information, assessments and so forth to the minister.

We have the Australian Institute of Health and Welfare, which gives us an annual report on every state and territory health division around the country. We have the State of Our Public Hospitals Report, another annual report that tells us what they are doing, whether they are performing and how they are going in comparison with other states. We have the Productivity Commission report every year, again to advise us on the performance of the public sector, amongst other things, and health departments in each of the states and territories around the country.

We have the annual report that the minister brings to the parliament every year—not just of his department but also on all the boards under that, including the regional boards and country health units. He comes in one by one and tables them. They tell us—perhaps arguably a sanitised version—what is happening around the state in health. Nobody writes a report telling all the bad

things, so one has to say that by way of advice they are not as valuable to the minister as to what might be comprehensively going on in those units, but at least they are a resource.

We have the Auditor-General's Report, which tells the minister every year if there has been a muck-up in the department, what is being done about it and what his department is saying it will do about it, and, if there is a qualified audit, how it is being remedied or what instruction the Auditor-General has issued by way of recommendation to effectively remedy that. Then we have the budget papers. They are prepared by Treasury under the hand of the Treasurer, and it is unlikely to expect that there will be any glowing disclosure of what the government is doing about something that is awful in the performance level, but it sets out in the subprograms the key performance indicators, and generally some statistical information (albeit skeletal) about the performance of these programs, and an indication in a summary form about those that are performing, whether they will be continuing and, if not, sometimes a brief explanation as to why they are being excluded from funding in the forthcoming budget, or what programs are being introduced to assist those currently being aided by such a service.

We have myriad pieces of information that are not only available federally but also at the state level, currently collated by thousands of people in the health department, yet the minister says he needs a health performance council to give him high level advice. Let me say this: the quality of the advice that he gets will be significantly impeded by one factor—one important factor. It will not matter how brilliant are the qualifications of the people he appoints, and I hope they are people who have very broad experience in health administration and health service delivery.

Hopefully, he will have a broad spectrum of people who know and understand the complexities of a public health service and who are able to manage the competing interests in an unbiased way to give him that advice. But it will be impeded by a very important factor—that is, this health performance council will be serviced by a secretariat of people out of the department. It does not have a budget to employ its own staff, and it does not have the capacity to have its own allowance to undertake consultations. It will have a secretariat, so I am advised in the briefings, of people from the department. We will have two, three or four people—I do not know how many the health performance council will get—out of the department who will have to prepare an annual report.

Members must remember that the chief executive is the new employing authority, and he will be the boss of these people. These people will not have a relationship of responsibility and accountability to the health performance council, no matter how brilliant the composition of that council as appointed by the minister may be. They will be responsible, legally and in every way, to the chief executive. The chief executive may say to these people, 'I know you have to go to a meeting to take minutes for the health performance council but I still need you to do this.'

Secondly, when it comes to the collation of information and data, what they will be handing on to the health performance council is the data that has been prepared in their own department. How can this be an independent health performance council that reports to the minister who brings the reports to this parliament if the people who are doing the preparation work and providing the data are collating it from material that I have just told members is available publicly and also data out of their own department?

Are they going to go to the health performance council and say, 'Here is the data on our emergency health problems, and it is showing a rather dangerous deficiency in the capacity of our metropolitan hospitals to attend to these people. We have this list of outcomes, and it is very difficult, but this is the data here'? Will they provide information that will be the downfall of their own department?

This is ridiculous. This is a situation where we will have a health performance council advising the minister on what clearly will be sanitised information from the department because there is a direct link, a loyalty and an obligation between those employees and the chief executive. Do you think they will go in there and say, 'The chief executive has misunderstood and has failed to deal with this'? That is not going to happen. So, how can we expect the health performance council to genuinely investigate, call on information from the health department, identify and assess the services that are being delivered, assess the long-term direction of where we should be going through all of the services in health, and also be able to understand that they will be totally impartial, without having their own independent employed staff directly responsible to them?

So I urge the minister: if he is serious about having a health performance council which has this role and which he has identified will also be important so as to be able to identify the significant trends, identify where things are going wrong and give advice on the priorities for future health

systems, reviews and so forth (I suppose it is a bit like a continuous Menadue report or a continuous committee that sits), then, for goodness sake, give them some slack and some capacity to be able to perform independently, as the minister says they should be able to do.

As to the four year report, I do not know how much use it will be for us to receive a four year, in arrears, report, the first of which will be due not before 2012. That is two years after the next election. Perhaps that is convenient: I do not know. But, what is the point of having a four year report? I say that in all sincerity. At the moment, we have an annual report from the department which is tabled by the minister. Under the new structure we will have one, presumably. We may have a separate report from Country Health SA—I am not certain how that will apply—and one from the department itself under the chief executive. But, whatever the number, we will have that report. They already give us a whole lot of information.

In fact, they explain trends and why there has been a large number, or an increase, or a failure to achieve certain time limits and outcomes. They have all that in the annual report. So, we do not need the performance council, which will be using the same people and the same data to provide that information, trotting into the parliament and saying, 'We have been transparent and accountable about what we are doing because we are going to give you another report.' What utter nonsense!

At first blush, a health performance council may have looked like a good idea but, on careful analysis, I am gravely concerned that not only will it be a waste of time and money (whatever it will cost to set this up, and the time of the expert panel he may appoint to give him advice, when we have thousands of people in the department to give that advice) but it will also be a false presentation to the people of South Australia that they will get a higher level of accountability and transparency, which they clearly will not. I think that is shameful and disappointing, but I think it is a reality. Therefore, I do not feel very confident that the health performance council will achieve its goals.

I also wish to canvass the question of adverse events. There is a new procedure with respect to the disclosure of information for two purposes. They are to ensure that we make information available for research and also to ensure that, when an adverse event occurs, we have a full, frank and open admission of information to make sure that we get it right next time. The principle is the same. I was advised in committee that that is largely a replication of what is in the legislation under the current act, and that it will be protected. There is, I think, an extension to protect those who come forward and make a statement. If a nurse comes forward to disclose information in relation to an adverse event, he or she is protected. I think that, largely, that has been considered.

The other area that I wish to briefly raise is the private hospital regime. Members will recall that, at the outcome of my contribution, I indicated that one of our concerns was that the bill only partly deals with governance—namely, of public hospitals—and gives us a hint that, although it would still provide for a licensing and registration structure for the future of private hospitals in operation in this state, it would be the subject of review. During all the time that we have spent reviewing the public sector aspect, why have we not dealt with the question of our private hospitals?

I am very concerned about this. I have made some public statements with respect to my concern about the minister's statements. For example, on 15 November 2006, he made a statement on ABC Radio—a promise, in fact—that local hospitals would also retain their assets and funds. However, in the draft we saw an opt-in, opt-out idea. Unfortunately, with the submissions that have been made, I think we have seen some pull-back with respect to the government.

Some will say, 'That is typical: they throw out an ambit claim. They throw in a red herring with a draft ready to pull out, when they know that they will get a knock-back in the community on that. It makes them look good, because they have listened and they have amended it, so when the final draft comes out they have taken the edge off that.' However, they have said, 'No, we are going to presume that you are incorporated in the subsequent units unless you elect otherwise. So, you can hold your own assets at the local level.' They backed off that one at 100 miles an hour.

However, what has not happened is this: according to what we have been advised, no apparent review has been undertaken at all in relation to the licensing and regulation of our private hospitals. We have a number of private hospitals in the state. There are 13 private hospitals in country regions. They are: Ardrossan Community Hospital, Hamley Bridge Memorial Hospital, Blackwood and District Community Hospital, Keith and District Hospital, Moonta Health and Aged

Care Service, Noarlunga Private Hospital, Northern Yorke Private Hospital, Riverland Private Hospital, McLaren Vale and Districts War Memorial Hospital, Mallala Community Hospital, Mount Gambier Private Hospital, South Coast Private Hospital and Stirling District Hospital. These are the hospitals that currently, through the SA Health Commission Act (which we are about to repeal), have a licence to operate and, subject to complying with the terms of that licence, they largely look after themselves. They are commonwealth funded.

It is fair to say that some of them have a bit of a hybrid role. They are a private hospital, but they undertake some duties for the purpose of providing public health under state funding. An example is the Keith and District Hospital, which, from memory, has about 15 or 16 beds; some acute and some aged. It is a commonwealth funded facility, but it has two beds that are funded by the state government because it is on a highway and provides a service primarily for potential trauma with respect to accident victims, and that obviously justifies making available some facility for public beds.

I think it is a very sensible mutual arrangement, where a local community decided, when the SA Health Commission came into effect, that it would not be wrapped up into this whole bill. The community decided that it would elect to stay independent, and it did, and we have a licensing procedure for it to be able to be registered and, therefore, able to operate. The state government—and, indeed, this government—has continued to maintain that position. It has a relationship with them where it has said, 'We will give you some money. We do not want to have our own hospital there; it may not be justified financially,' and so on, 'However, we need to have some public beds available. We will provide the funds for two beds to be kept open,' which is obviously to staff them, and the like.

These hospitals frequently service communities where no other hospital is available for acute services; there is only a small number of them relative to the number of towns and communities in South Australian regional areas. As members will appreciate, they may also draw people from nearby districts who travel to the hospital to receive services because they do not have a private hospital in their local town. Therefore, they do have a bigger captive market and they undertake a very important and responsible role in those towns and districts in particular.

I was very disappointed and concerned to read in the minister's contribution that he considered that there needed to be a review of this area, yet he did not want to do it in this bill. Even though we are completely repealing the old bill, he did not want to review it because he did not want to confuse matters. How ridiculous is that? This is not confusing the matter. We are doing a comprehensive repeal of this legislation and considering a whole new structure, yet he is saying, 'I do not want to raise the private hospitals matter.'

I will translate that to the current act and we will review that because we do need to review it. It does need some changes, but I do not want to confuse the matter.' That is code for 'I will not tell you what I will do about these hospitals.' I think that is a very unsatisfactory situation. It just indicates the government's level of respect for and understanding of how important these hospitals are in their communities and the services they provide.

The government is saying that the public sector is good enough to think about and to review its governance and so on, but then is saying that, in relation to these private hospitals—there are only 13 of them, for goodness sake—we will not confuse the matter by introducing the reforms that we have in mind for them. My concern is that is really code for the minister saying, 'Yes, I will deal with these in due course. There will be some things that they will not like either, but why upset people in country communities now when we are trying to placate them by telling them about how we will give them a voice in the community, when we could be on a path of significantly changing the operation of these private hospitals and what obligations and responsibilities will be imposed on them under a licensing scheme and the cost of it. We will not do it now.'

That is the answer from this government: 'We will not do it now but, in the future, get ready, it is on its way.' I think private hospitals have every reason to wonder why they deserve this lower status. Why do we deserve to be dismissed at this point when a comprehensive review is being undertaken? What will happen to us? Are we an endangered species? Will we be overburdened with bureaucracy? Will we be squashed out of the equation and, if so, what will the government do about it?

Another issue is the performance of the department once the chief executive has complete responsibility. I have not seen this chief executive's current contract of employment. I expect it requires (as with most of them at a high level) a level of demand that certain duties be undertaken and a commitment to their job description. I do not know whether any performance clauses or

bonuses are available, but it is my understanding that some rewards for achieving profit lines are operating under this government.

One I was told about recently involved SA Water and that executives have a profit bonus share; that is, a bonus payable in the event that they achieve a certain increased profit for the corporation. I do not know how widespread that is across departments or corporations. In SA Water's case, it has an obligation to hand over its profit every year to the government. There has been much criticism over time of the government's taking the cream off the top and failing to provide sufficient capital works to maintain the infrastructure at a reasonable standard.

I think this question is important considering that this chief executive will have such an extraordinary power at the end of this process. Is he under any bonus arrangements? Is there some benefit to him if he is able to shave off a portion of the budget or if he is able to make some cost savings? Will any benefit be payable to him if he is able to close a service without World War III breaking out in the local community? We are entitled to know what bonuses and incentives are there, if any, to perform and, in particular, if any others in the department enjoy that—

**The Hon. J.D. HILL:** Mr Speaker, I rise on a point of order. I have listened to the deputy leader now for close on 3½ to four hours. She is now asking questions about the performance arrangements in relation to the CE of the department, which strikes me as being completely outside the legislation that is before the parliament. It does not relate to his contract of service one iota. I ask you to draw her attention to the matter that is being debated.

**The SPEAKER:** I have to admit that I have not been closely following the deputy leader's speech. She is required to speak to the bill and cannot address other issues that perhaps would be better suited to a grievance. She needs to speak to the legislation in question. I will listen to the deputy leader's speech and, if I think she is straying from the subject matter, I will draw it to her attention.

**Ms CHAPMAN:** Thank you for your indication, Mr Speaker. As you were not possibly listening to my riveting contribution, let me explain that I had been—although not in a disparaging way—calling upon the government to identify if there are any performance arrangements with the chief executive, because this bill (which I am sure you would have read thoroughly) is about the change of governance of health administration in South Australia. One of the most significant features of it is that the chief executive, who has a very important role already, will get all the power. Once the local boards go, the chief executive will be responsible for all staff and the employing authority (which he has under the public administration legislation), and they will not be responsible to any other board. It is important if there is any performance outcome. I have made that contribution and I only repeat that for your benefit so you understand the importance of it to this debate.

In the area of health advisory councils the government proposes to introduce, as a means of continued advocacy, representation from local communities. The metropolitan boards go altogether and there are various other boards that disappear (the Ambulance Board, and so forth), and we will have governance by chief executives who are all accountable to the chief executive of the health department. So, the chief executive of the SA Ambulance Service will no longer sit independently and report to the Minister for Health (as he now does, having been transferred from emergency services); he will be accountable to the chief executive of the health department (Dr Sherbon).

All the local unit boards and regional boards in country hospitals and health services will be abolished and those regions and areas, and the bureaucracy attached to them, will be accountable to one incorporated board—namely, Country Health SA—which will have a chief executive accountable to the chief executive officer. There will be some CEOs in the metropolitan boards to which I have referred (Central, Northern, Southern, and the Women's and Children's health service aggregate regional groups) who will survive the transition, and those chief executives will also be directly responsible to the chief executive of health.

A number of concerns were raised by country health boards. I visited a number of those boards and had discussions with them, having viewed their hospital and health services and allied health facilities. Indeed, I enjoyed having the opportunity to apprise myself of the facilities out there, how they were functioning, and of the importance of the services they were delivering, and I met with local clinicians and general practitioners, who are well known (particularly in country areas) for playing a very important role in services both to the hospitals and the public.

They certainly have a very strong role, whereas I think it is fair to say that there is such a variety of other clinicians who play a very important role in our metropolitan hospitals, through

sheer proximity and the level and diversity of services they provide. They expressed their concern; as did patients or former patients, patients on waiting lists, people concerned about the provision of services, people seeking new services for their area (such as the introduction of a chemotherapy facility), and people who were desperately trying to save services, such as obstetrics at Kimba and Cleve, rather than having to drive to the Whyalla or Port Lincoln hospitals.

Whether they were trying to save services or seek new services, or whatever, I was able to enjoy the hospitality of a number of the boards and members of the public as well as concerned community members—often people who had a role either at an executive level or as members of local government. They also play a very strong role in the provision of services and keep a close eye on service delivery in their areas because, as local employers, they understand how important it is to attract and retain other industries and a workforce in rural and regional South Australia.

They are very familiar with its importance and in places such as Elliston, on the west coast, the local hospital (as I am sure the minister would know) is the biggest single employer in town. It was not unusual to go through towns and find that, apart from the local school (if they still had one), the health service was the major player in the financial security and survival of the town because of the workforce it employed. It gave an opportunity for a number of people, both skilled and unskilled, to be available to undertake work in those facilities and to continue to be able to live in rural and remote regions, and I thank them for that.

I have viewed a number of submissions presented to the government—and not just because some of them are on the website (I am hoping that all of them will be). We have viewed those and I propose, during the committee stage, to refer to a number of the concerns raised on particular issues. However, I think it is fair to say that, of the submissions received, the most significant concern has been that if they are to become an advisory body to the minister on issues important to their local area, be an advocate for their community, and if they are to receive complaints or concerns from their local community and ensure that those are passed on (so that they become a complaints body with an advisory and advocacy role for their community) what happens with the advice they give? Will it be taken on board? Is there any process by which they actually have some accountability from the minister or his department when they present that advice, or will they come together at monthly or bimonthly meetings (or whenever they choose to meet), present reports and send emails, and have absolutely no response whatsoever?

I think that in the initial period of consultation on this matter most of the community was prepared to carefully consider what the government was presenting in a genuine attempt to try to improve the situation—which was important to do. Most of the community were also prepared to consider that the government was attempting to relieve local boards of the burdensome and cumbersome responsibilities that were sometimes beyond their capacity so that they were not having to deal with the tiresome exercise of trying to balance the books with a limited budget and always having to put up submissions for extra money, and feeling as though they were not getting anywhere with the frustration of running it. So, there was almost a feeling that this was an attempt by the minister to rescue them from this responsibility and that it was all too hard, that health was so complex and difficult and something that really was far beyond the capacity of ordinary volunteers out in the community.

But it became pretty clear to me, and to other members who will speak on this bill, that these board members started to see through this, and they said, 'Health has always been complex. We might have new pieces of equipment that we do not understand or how it operates now, or we may have a variety of product to choose from, but we have chief executives, matrons and the directors of nursing. She soon comes into us and tells us whether or not this is useful, and we listen to her advice.'

We still have the experts, so to speak, at a clinical level and we have the access to the people in the department to call for some advice on the selection of a particular product or service. We have people who can tell us whether or not we are complying with quality controls and what needs to be done to do that. We make sure then that we follow through on that. We see that as the minister, his apparatchiks or members of the new Country Health SA board or other employment at this point—Mr George Beltchev, for example, or any of his employees at Port Augusta—coming around to tell us that, essentially, in a nutshell, we are too dumb to make these decisions anymore. We are not capable of making these decisions anymore.'

It is a gross insult to the people of these communities who, as I have outlined as briefly as I could during this morning's presentation, have served in extraordinary ways, consistently and continually, for over 100 years in the case of some hospitals, in the management of hospital

administration. Not only that, these people, in this and earlier generations, have run organisations, businesses and local governments in those communities and have become members of this parliament, or members of the federal parliament. They have been successful in business and have operated multimillion dollar councils.

These are the very people who have generated the wealth in this state, the agrarian development of this state and the mining development of this state, which was massive in the 19<sup>th</sup> century and which had a major revival in the last century, as it is undergoing now. These are the very people who are living out in these communities, who have earned the money to pay the tax to provide those funds to the Treasurer, hopefully, to dish some back out into the regional and country parts of South Australia in order that they may have a share of the tax that they have generated from decisions they have made to provide for the wealth of this state.

It is not good enough for a minister of this government or any of his department to go out there and say to these people, 'You are not capable of doing this anymore,' after over 100 years of their generation and previous generations in these districts building these hospitals, raising money for them and making sure that they provide services for the people, whether it was in the prevention of contagious diseases in the early part of last century, or whether it is to ensure that we improve the mortality rates of babies in providing obstetric services, or whether it is to provide for post-war rehabilitation and health services for those from South Australia who came back to those communities wounded and often needing major rehabilitation. To say to these people, after all that, that they are effectively too dumb to even manage the local hospital board and that you need some guru down here in Hindmarsh Square to manage it all is a damn insult.

Every member of this house, particularly those in the government (and I know that there is at least one of them who covers the area of Whyalla, the west and the north) ought to appreciate, and I am sure she does, the significance of the contribution of these people. Of course, I do not think we will see a contribution from her to this debate because her hospital in Whyalla is one of the chosen four. She gets a regional hospital. She gets what the government pronounced as 'an enhancement of services'. So, she is one of the lucky ones. She also happens to be the only regional member that the Australian Labor Party has in this parliament in this house.

I hope that the remaining members on the government side of this house listen carefully to what is to be said by other members who represent these people out there and have a very clear day-to-day understanding of the importance of the work they have done. They should be congratulated at this point for undertaking, often for no financial reward and at financial cost to themselves and in the sacrifice of personal time with their families and their enterprise or employment, this service free of charge; yet they are about to be axed and they are about to be told that they can be an advisory council.

Here is the great and final blow for these people, the nail in the coffin: the process by which they are to survive. At present, the SA Health Commission allows for a winding-up procedure of boards. If they do not want to function anymore, if it is too difficult for them to operate and they want to give it all over to headquarters, they can do that. There is a winding-up procedure. They can transfer assets, if they have inherited gifts or bequests, for example. That can all be done. That is going to go in this legislation.

The minister will have the absolute power to dispose of any HAC. The danger of this is that, if he does not like their advice or if he does not like the information they give him about what is happening and what needs to be fixed in their district, he can get rid of them. So far, I have not seen any provision in the legislation, which means that, in his obligation to get rid of them, he actually has to put them into another HAC. He cannot just exterminate them, but he can effectively do that by transferring them into another HAC which they neither want to be a part of, nor is it of any benefit.

I will give members an example. Under the legislative reform as provided, the minister can, if he is of a mind to, discontinue a particular HAC, say, Streaky Bay. As part of the western Eyre Peninsula regional HAC, it is coming up with a few ideas that the government does not like. What does he do? He could, of course, make a decision to do that. He is obliged to consult back with the relevant parties. If they cannot agree, he is obliged to go through a mediation process. If agreement is not reached on that, he can get rid of them, but he can only get rid of them by putting them into another one. There is nothing in the bill to protect them against him putting them in with Ceduna, Port Lincoln or Whyalla as a neighbour. He may put them into Mount Gambier. It would seem to be an odd combination.

Let us assume that the people of Streaky Bay—who have a beautiful hospital, a magnificent facility providing all sorts of services: allied, aged, health, acute, etc.—say, 'Look, if we are to continue as a HAC, we want to stay with our western Eyre Peninsula area, or, if we're not allowed to stay there, we'd rather move to Port Lincoln, but don't put us in with Ceduna, because we don't see that there's a cohort of population or a transfer of our services with that town. We don't shop there as much; we provide our own services and, if we need something that we can't get, we usually go down to Port Lincoln rather than go up to Ceduna.' I do not know if that is the case—I am just using this as a hypothetical example.

The minister can say, 'No, I don't like you; you people are too difficult. You're raising too many issues; you're complaining because you haven't got an obstetrics service up there; you're complaining I'm not giving enough transport allowance or ambulance support to get from your hospital to another, because I'm closing down some of your services—or my CEO is—and I'm asking you to transfer to those other services.' So, that is the hypothetical. There is no protection for these people.

They have been lining up to provide this responsibility and this job free of charge for over a hundred years in some districts, and now the sand is just thrown in their face—'We don't need you anymore; in fact, you are obstructing us in a governance structure which is necessary for contemporary 21st-century health delivery. You're in the way—you're going. You can be an advisory council—that's the sop we give to you. You can tell us about the complaints in your community, but we don't have to listen to them. We don't have to do anything with them. We have no obligation to even report back to you, and we can even get rid of you if we don't like you.' It is an utter sham and an insult to these people that our local communities have been treated in this way.

It is a matter that they have raised with me because opposition people are often the only people that they can speak to. They go to their local member and then they come to the opposition member and raise these concerns. They are terrified of what will happen if the consulting group comes marching into their local town to tell them what is going to happen and they buck the system and raise a complaint other than as a concern. If they go beyond saying, 'Minister, would you respectfully take this into account and consider it and allow us to still call ourselves boards rather than councils? From all the submissions that have been received, please understand that health services are critical to our local community, to the support and the very survival of our township,' and say instead, 'This is just not acceptable,' they know the consequence. The consequence is ruthlessly obvious in the provision of capital works and improvement in financial funding for people in the country.

They have seen this government's capacity to rip out financial savings, even when the commonwealth comes along and Christopher Pyne says, 'Well, I'm going to give you some extra money to fund beds.' They do not give any extra money back to the local hospitals. They treat that as a savings, for goodness sake! Yet these people are providing that service out in the regional areas. They take away some of the support of the regional officers out there but not back here in the city. So they know the direct consequence for their bucking the system. They can plead with the minister, they can ask that their submissions be respectfully considered but, at the end of the day, they know what is coming.

It is a tragic situation, because the outcome is that we are not going to see a benefit to health as a result of the cherry-picked portion of the Menadue reforms being placed in this legislation to give the chief executive the power and authority to select workers, where they will work, and in which facility across the state. If he wants to move them or close down a service, he will have absolute control to be able to do that, subject to the current contractual arrangement of that employee. He can move them around wherever he likes. They do not even have a set of permanency rules (like teachers do), because they have not needed one.

They do not even have a structure worked out to secure the arbitrary transfer of people. In the health industry, they come new into the facility, and there is opportunity for employment under the new system. This is the best that I can put it at. I can only hope that if the government does not see a demonstrable improvement in these services, it will be prepared, at least between now and 20 March 2010, to review the decision, offer some amendment, take it on the chin when they muck it up—as they have, I think, with this legislation—and be prepared to amend it. Otherwise, as usual, we will have a major cleanup, Monday morning 21 March 2010.

**Ms SIMMONS (Morialta) (17:45):** I rise to speak in support of the Health Care Bill. South Australia enjoys a health-care system made up of excellent medical and support staff. However, we know from the work done by John Menadue and the Generational Health Review—and I



acknowledge and was glad to hear that the Deputy Leader of the Opposition acknowledged what an important and contemporary document this is—that the governance of our health system is in need of major reform if it is to keep abreast of changes and the future needs of the health-care industry in this state. This is the first review of the health system since the Bright report, which was published over 30 years ago.

A key feature of the public debate generated during the Generational Health Review, as demonstrated in the publication of 'First Steps Forward: South Australia's Health Reform: New Governance', dating back to September 2003, states that the review process and the principal element in its final report was a 'sustained criticism of the current governance arrangements of the South Australian health system'. It states:

John Menadue's concluding comments specifically targeted governance reform as the linchpin of health system improvement. He said, '...we were consistently reminded of poor governance. Governance is a crunch issue where, in my view, good public policy and sectional interests collide. It results in duplication and fragmentation of care. Many clinicians also told us that the present governance arrangements result in serious concerns about quality and standards'...

The publication continues:

The current governance of the health system as envisaged in the South Australian Health Commission Act allows for highly decentralised decision-making and a great degree of autonomy amongst constituent units.

Examination of day-to-day issues reveals examples of tensions and troubles between health units. These include poorly coordinated services, lack of joint or cooperative planning, inconsistent and contradictory regional boundaries, conflicting service eligibility criteria, and duplication of services. Some of the reported problems included; poaching staff from each other in times of shortage irrespective of the consequences; differential employment conditions; uncoordinated ambulance diversions leading to unanticipated demand pressures shifted from one hospital to another with little warning; early discharge without sufficient planning for community support services.

Similarly, there has been criticism of the role and the conduct of the Department of Human Services...in terms of role clarification, micro management, over engagement in service delivery, and operational issues and lack of strategic focus.

We know that if reforms are not made to our hospital system it will eat up our total state budget by the year 2048. This bill will improve governance arrangements. It provides for the CEO of the Department of Health to have direct responsibility and accountability for managing the public health system and not just funding it. This will ensure a greater capacity for the health system to act as a coordinated strategic and integrated system. In fact, as John Menadue says in today's *Advertiser*, 23 October:

The federal Liberal plans to introduce hospital boards in SA would be...the worst possible thing to do in South Australia.

He goes on to say:

The key to reform in South Australia was getting rid of the hospital boards—they maintain little fiefdoms, silos, they look after their own patch and resist integration.

That is how far behind in the time warp of thinking the federal Liberal health policy really is. In this bill, although the metropolitan health regions will continue to exist, there will be no boards and the CEOs of the metropolitan regions will report directly to the CE of the health department.

Similarly, in the country we currently have 43 hospitals which are separately incorporated. These hospitals will be combined to form Country Health SA, which will be incorporated as a hospital in its own right. There has been evidence in the past of the system not working. Internationally, trends in health reform and health service development emphasise the need to develop better service systems and better integration of care and services.

Again, if we go back to the Menadue report we can see that with these reforms the significance of effective and appropriate governance structures is often highlighted. Put simply, governance arrangements in South Australia are not keeping up with the needs and demands of a modern integrated system of health services. Similarly, the South Australian ambulance service will be transferred to the Department of Health, again with the CEO of the ambulance service reporting directly to the CE of the health department. All these legislative changes will facilitate and improve governance arrangements in our hospital system.

I would now like to highlight a few of the significant changes which will make a real difference in creating this strategic new system. The legislation seeks to set up a health performance council made up of persons appointed by the Governor on the nomination of the minister. These members will be persons who collectively have the knowledge, skills and

experience necessary to carry out its functions effectively, and can represent the diversity of South Australia's population. There will be increased accountability of the council. They will report to parliament annually and four-yearly, with the minister tabling the four-yearly report in parliament. To support the work of the health performance council we will establish health advisory councils, which will provide advice and advocacy, and have the ability to manage assets, gifts, funds and trusts for country hospitals.

In country areas they will also be able, where they wish, to transfer their assets to the new Country Health SA board. They will not have responsibility for the management of health services or the employment of staff. This fundamental change has been well received by the country hospital boards to whom I have spoken. These health advisory councils will consist of appointed and elected positions, the majority of whom will be local community members elected at an annual general meeting. So the local community will reflect the needs of the local council, contrary to what the Deputy Leader of the Opposition said earlier today. The minister will have the capacity to appoint up to three members but, essentially, it will be locals who will advise on local health issues. We recognise the importance of this, and this is what is reflected in these councils.

The minister will also have the capacity to set up health advisory councils to provide advice and advocacy for certain population groups (such as veterans or ambulance volunteers) or on ethical issues. The new governance system will see the abolition of the boards of the three metropolitan regions and country hospitals, which will now be established as incorporated hospitals with sites and their own CEO, and a continued concentration, which we need in this state, on the delivery of primary health care. The regional CEOs will report directly to the CE of the health department, who will be responsible for the administration of incorporated hospitals. The staff of the incorporated hospitals employed under the bill will have the same terms and conditions and protection of accrued rights and entitlements that they currently enjoy.

Lastly, I would like to comment on the establishment of the SA Ambulance Service as the primary provider of emergency ambulance services in this state. Consistent with the model in the hospitals, a CEO will be appointed who will report directly to the CE of the health department. There will be provision for certain groups to be exempted at the minister's discretion—for example, the Royal Flying Doctor Service, the state emergency helicopter and hospital retrieval teams. The Minister will be able to provide licences for non-emergency ambulances and the SAAS is able to direct a person holding a restricted ambulance service licence to provide an emergency ambulance service in the case of a state emergency.

I commend this bill to the house, as I believe the new governance arrangements will ensure a greater capacity for the health system in this state to act as a coordinated, strategic and integrated system to help meet the challenges of health pressures into the future.

Debate adjourned on motion of the Hon. G.M. Gunn.

### **OCCUPATIONAL HEALTH, SAFETY AND WELFARE (PENALTIES) AMENDMENT BILL**

The Legislative Council agreed to the bill with the amendment indicated by the following schedule, to which amendment the Legislative Council desires the concurrence of the House of Assembly:

No.1. Clause 5, page 3, lines 5 to 14—

Delete proposed subsections (1) and (2) and substitute:

- (1) A person is guilty of an offence if—
  - (a) the person, without lawful excuse, acts in a manner that creates a substantial risk of death or serious harm to another who is in a workplace; and
  - (b) the person—
    - (i) knew that his or her act or acts would create that risk; or
    - (ii) was recklessly indifferent about whether his or her act or acts would create that risk.

Maximum penalty:

- (a) in the case of a natural person—imprisonment for 5 years or double the Division 1 fine;

- (b) in the case of a body corporate or an administrative unit in the Public Service of the State—double the Division 1 fine.

**CRIMINAL ASSETS CONFISCATION (SERIOUS OFFENCES) AMENDMENT BILL**

The Legislative Council agreed to the bill without any amendment.

At 17:57 the house adjourned until Wednesday 24 October 2007 at 11:00.